COMMENTS – MEDICARE RESTRICTIONS ON OPIATES/OPIOIDS

I apologize for the length of my comments. Just as my medical condition is complicated, so are the reasons that you should not implement these changes in coverage of legitimatelly prescribed opiates.

I am a Medicare Advantage patient. I am also a chronic pain patient, having more than one source of intractable chronic pain that can only be controlled with opiates. My medical issues causing the pain have been documented, so my pain is not being treated solely based on anecdotal evidence. When I was 16, I was in a car accident, where the car was going in excess of 100 mph, hit a car, flipped many times then ran through the front door of a house. Needless to say, I had injuries. I had a concussion and whiplash as well as other back injuries. I was lucky, though, that nothing was broken, at least at the time. I was told at the time that I would have headaches and back and neck pain the rest of my life. I didn't take that to heart, and although I had severe migraines on average 10 times per month, the back and neck pain didn't become severe until I was in my thirties.

At that time I sought help through a pain management practice that did not prescribe opiates. It helped for a bit. Then I was treated by a pain specialist that did prescribe opiates, in conjunction with different procedures on my back. This did help for some time, as well. I was discharged from this practice and was still working, but then my back started "going out" again to the point that I could not walk or even take a step without agony. Before that the only medications for my back pain had been anti-inflammatories, Opiates are the only medications that work. I even spent a week at Mayo Clinic. They have an excellent program for diagnosing a patient. I was hoping that surely these doctors could figure out exactly what was wrong with me and tell me I needed this prescription and all would be well. What I found out was that in addition to fibromyalgia, the disks that had been compressing the nerves in my lower back had been doing so for so long, that even if somehow the disk could be removed or moved away from the nerve, there was too much nerve damage.

Before being prescribed long-term opiates for chronic pain, I had tried physical therapy, epidural injections, rhizotomies on my lumbar spine, chiropractic treatment. I had also been prescribed occasional opiates for migraines as well as acutte back pain. But those were only a few days supply, as is appropriate for acute pain. When the pain became constant and unbearable, I went to my primary care physician, who had treated me for 20 or so years, and my first words were, "I can't take this any more." He then prescribed adequate pain relief - MS Contin. In 2014, Kentucky changed it's laws and after about 12 years, my physician was afraid to prescribe opiates for anything other than acute pain. I had 30 days to find a pain specialist to continue with the ONLY therapy that worked and made the pain bearable. I have been with this pain specialist for many years. Over those years my dosage has been reduced from 260 Mg MS Contin twice daily, to 60 Mg MS Contin twice daily, with 10 Mg Hydrocodone, three times daily as needed for pain.

I will probably be facing another reduction in my dose of MsContin the end of this month, thanks to the CDC Guidelines that came out in 2016. **The same guidelines that you are using as partial support for your new prescribing rules and the levels that trigger a soft or hard edit by the pharmacy. Keep in mind that those same CDC guidelines were written by non-pain specialist physicians, and based solely on one VA study. Since when does anyone base anything on one very small study? Since when do all patients have the same response to pain and require the exact same dose? Morphine has no maximum dose. I was on the verge of suicide just from the unrelenting pain. Opiates saved my life and I cannot imagine how many suicides there will be if we are headed where it seems we are headed.**

I also wish that you would look at the un-manipulated data when addressing this serious medical crisis. **In reality only 8% of the reported "Opiate-Related Deaths" are actually from patients who are taking legitimately prescribed opiates. The rest are deaths from other causes, but because they might have opiates in their system, they are reported as "opiate-related"**. We patients are not the problem and the sooner the government and it's regulatory agencies realize this the sooner you can start to actually address the real problem. In the meantime, instead of putting a very arbitrary limit on medications, **make drug screening every two months mandatory if you are being prescribed opiates for chronic pain. Make pharmacy checks for multiple prescriptions from other pharmacies a requirement.** This will probably eliminate a great deal of the people who are "drug seekers" or looking for prescriptions so they can sell them. Then, go after the doctors who are over-prescribing based on the number of patients they have. I am not speaking of doctors who are true pain specialists. I realize there is a problem, but I am not it. Overprescribing is a big part of this. But, **opiates aren't as big a problem or cause of death as alcohol or tobacco**. (At least if you look at the data before it is manipulated.)

I have been a model patient. Even my primary care physician mentioned that. Any doctor I see knows exactly what meds I take. I willingly submit to any urine/blood test, which I have had every two months for the past 4-5 years. I have a 100-pound safe with a 5-digit combination, a key, as well as fingerprint verification for storage of my meds. I am a perfect example of a compliant pain patient. I do not drink alcohol AT ALL. I take my medications exactly as directed, and the meds I am prescribed PRN for breakthrough pain, I only take when needed. The high from opiates disappears soon after a patient starts therapy. The pain relief, however, does not. I do not take these meds to “get high”. I take them to survive the pain.

If you introduce these proposed policies, there will be many unintended consequences, such as disability claims, unemployment and increased need for social services. Instead of helping the opiate problem, you will force many to seek illicit and dangerous drugs for their pain - if you think the heroin with fentanyl problem is bad now, just wait. And if that happens, consider the effect on the children of these people. Doctors will do anything to protect their license to practice medicine.  **If this becomes policy, I fear that many more doctors will just stop treating pain altogether. This is inhumane and denying adequate pain treatment should be cause for malpractice awards.** And seven days for an exception - are you kidding. You know that is not adequate time.

I strongly urge you to consider the consequences of this proposal. I also believe that my doctors are the best people to decide my treatment plan, not CMS/Medicare. You know nothing about me or how my body metabolizes these drugs. You know nothing about my previous medical history and how I got where I am today. You wouldn't do this to insulin for a diabetic, or thyroid medicine for a patient with hypothyroidism. Please don't do this to all the patients who will suffer. There are other, more effective ways to address the opiate issue.

Thank you for your consideration of my comments.

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