Greetings! My name is Katie Patterson and I am the current President of the Mississippi Academy of Family Physicians representing 1,050 family medicine physicians, residents and students. I practice in Indianola, MS doing full spectrum Family Medicine.

We, as family physicians, recognize the urgency of this health epidemic and want to be part of the solution. Before you adopt restrictive regulations please allow physician concerns to be heard and an opportunity for those providing care to the patients of Mississippi to provide input to help develop the most appropriate language to fit the needs of our community.

We truly appreciate the work of the Governor's Task Force and find many of their conclusions useful, however we are concerned with the unintended consequences of the proposed regulations on our patients, the citizens of Mississippi.

I want to tell a story about Mary who is 68-year-old female with congestive heart failure, diabetes, coronary artery disease, chronic kidney disease, and really bad knees. She can't have surgery due to her multiple co-morbidities, can't have non-steroidal anti-inflammatories because of her kidneys, can't have steroids because of her diabetes, but uses 1-2 hydrocodone per day to enjoy life with her children and grandchildren. She can go the park with them or a little league game when she medicates. She takes one pill every morning just to get out of bed. Her husband of 40 years died last fall and she has occasional sadness and anxiety that requires a small dose of a benzodiazepine a few times a month, which would be indirect violation of proposed Rule 1.7I. Mary comes religiously to your clinic, never misses an appointment but does tell you that paying her copay sometimes is

difficult on her fixed income and sometimes getting to the clinic is difficult due to her not driving. Her PMP report is spotless, one physician, one pharmacy. This is a patient I see every day in my practice, and my colleagues across the state in Family Medicine see very similar patients. An extra office visit or drug screen that isn't covered by insurance could leave them choosing between another vital medication or a meal. The new regulations as proposed in rule 1.7K would require Mary to undergo drug testing at each encounter. This drug testing requirement isn't specific and doesn't qualify the type of test and could cost her anywhere from $20 - $1500 depending on the practice. Also concerning is that scheduling drug tests will allow those who are obtaining drugs for diversion to know when screening will occur, which is convenient for them to take their medicine on the day of appt. In Rule 1.7E we are instructed to not prescribe any controlled substance to any patient who has consumed any other controlled substance or other drug not in the treating licensee's directions. The CDC recommends utilizing the drug screen to open a dialogue and strengthen the physician patient relationship. One of the unintended consequences of this proposed rule would result in termination of a patient from a practice, resulting in patient's seeking an alternative method of pain control including street drugs. This is already happening without the current regulations in place.

Many of Mary's specialists have already said they will discontinue prescribing pain medication once the regulations go into effect, and some have already stopped prescribing after their proposal. Mary like hundreds, maybe thousands of other patients in our state will return to primary care to take care of them. That's what we do. Many of our members are concerned by Rule 1.14A6 changing the percent of pain

patients to 30% of a practice to be defined as Pain Management Medical Practice. In small towns and rural areas this could easily become a reality for many physicians due to the lack of Pain Management Clinics, the wait time to be seen in Pain Management Clinics, and specialists no longer filling controlled substances due to the proposed regulations. The requirement of the completion of 100 interactive live hours of CME in Rule 1.14J5 may also take physicians out of their practices both urban and rural and further decrease access to care for all patients.

Mary is one of those highly functioning, non-abusers who legitimately need low dose opioids for their quality of life and to perform daily activities. All of the proposed regulations will leave the vast majority of these patients, like Mary, inadequately treated for their manageable and chronic pain. Many patients will suffer withdrawals, some will commit suicide.

The PMP is a great source of information and more and more Family Physicians are utilizing it in their daily routine. The proposed regulations in Rule 1.3 and 1.7J reads that a PMP report must be run on all new patients in a practice and every 3 months for patients being prescribed controlled substances. Clarification is needed to ensure that we won't need to run a report on every new patient only those being prescribed a controlled substance.

Limiting prescriptions to 7 days with an additional 7 days allowed as in Rule 1.7H also becomes a one size fits all regulation. Many patients have a much lower pain tolerance and require longer periods of treatment. Complex surgeries, broken bones, and other ailments must

be adequately treated and an explanation of how this is to be accomplished is not presented in the current regulations.

While there is a lot of good in these proposed regulations, the Board of Medical Licensure does not regulate all providers, and these drastic regulations on physicians will drive patients to mid-level providers who could possibly provide a lower level of care and create further patient issues including a worse state of addiction in Mississippi. I think we all can agree that there is room for improvement regarding physicians' prescribing practices; however, the practice of medicine should not be pushed into regulations that will injure or hurt our patients. Please allow the physicians in our state to practice medicine and utilize their knowledge and skill to appropriately and safely prescribe based on individual patient needs and medical history. We all are advocates for getting drugs off the streets and safe opiate guidelines for the protection of the citizens of Mississippi; however, let's not lose sight of our duty to care the for the legitimate non-addicted pain patients who have been caught up in this opiate crisis.

We, the Mississippi Academy of Family Physicians, ask that the Board have a more through dialogue with physicians who are concerned about the unintended consequences that these proposed regulations will place on our ability to care for our patients. We want to be part of the solution and are willing to provide insight into how our specialty delivers the highest quality of care to our patients.