Testimony Before Mississippi State Board of Medical Licensure - March 7, 2018
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The Mississippi Academy of Family Physicians represents over 1050 family medicine doctors, residents, and medical students across the state of Mississippi. While we believe the Board made some positive steps in addressing our original concerns, we still believe that these regulations are punitive to our patients who have been on a responsible pain treatment regimen for years. We need practical solutions to address the issues with addicts and addiction, we do not need to punish the patients who handle taking medication responsibly. We need proactive ways to address pill mills and yes, a few bad doctors. We do not need to punish the vast majority of doctors who are writing an appropriate number of prescriptions, adequately monitoring patients, and working within their practice to ensure there are no addictions formed.

We urge you to hear the concerns of providers who are actively providing patient care to Mississippians and allow us all to be part of the solution and developing appropriate language to fit the needs of our communities.

When I was here last time, I spoke to you about a typical patient, Mary, a 68-year-old female with congestive heart failure, diabetes, coronary artery disease, chronic kidney disease, and bad knees. In addition to these physical issues, Mary's husband passed away last year, and she takes a small dose of a benzodiazepine a few times a month to help with sadness and anxiety. Unfortunately, it's patients like Mary who are the ones being punished with these regulations. A one-size-fits-all regulation is not the answer.

Please consider the following issues we have with the proposed regulations:

- Rule 1.2(K) – Pain Management Practice; the proposed rule change would decrease the percentage to be classified as a pain management practice from 50% to 30%. This will place a new burden on existing practices falling within the 25-50 percent range, a burden for doctors to choose between rushing to obtain a pain management practice certification or turning away long-time patients and referring them to pain management clinics, which in most cases have up to a year's wait before getting an appointment. We respectfully ask that the board compromise and change this to 40%.

- Rule 1.7(H) – Restricts opioid prescriptions for Acute pain to a 10-day supply. This is a one size fits all regulation when you consider physicians know their patient's history of treatment and other risk factors. We would like to see language that allows for a longer prescription to be allowed to treat a patient's acute pain when needed in the professional medical judgment of the licensee and the following conditions are met: (a) the duration of the pain is expected to exceed 7 days; (b) the condition is documented in the patient's medical record; and (c) the licensee documents

that no alternative to a Schedule II opioid was appropriate or sufficient to abate the acute pain associated with that condition.

- Rule 1.7(J) – Strongly discourage concurrent opioid and benzodiazepine prescriptions and the regulation references 1.7(H) which specifically limits the amounts physicians are permitted to prescribe. These medications can be prescribed concurrently when physicians are given the ability to use their professional judgment in making decisions for the patient. We ask that the board remove the reference to regulation 1.7(H).

- Rule 1.7(L) lays out new requirements for point of service drug testing. We, again, ask for clarification on what physicians are expected to do with the uranalysis results. The CDC recommends utilizing a drug screen to open a dialogue and strengthen the physician patient relationship. This proposed rule implies that if drugs are found in the urinalysis, the physician must terminate the relationship with the patient, such further treatment (or at least prescribing) is no longer allowed. Additionally, patients in the primary care world are already underserved and many of them are on fixed incomes or Medicaid. This rule requires that they pay for point of service drug testing at least three times a year. We think point of service drug testing should be at the physician's discretion based off the history of the patient.

- Rule 1.7(M) prohibits physicians from prescribing methadone outside of a pain management practice. Physicians, even those outside of a pain management practice, have been trained to adequately use methadone to treat addiction. We ask this regulation to be deleted.

We believe in fighting this epidemic; however, we don't believe we should fight this epidemic at the expense of the legitimate chronic pain patients across Mississippi. As you all know it can be difficult to get patients who are stable on a pain regimen for many years comfortable on another medication; therefore, we ask that these regulations apply to patients beginning on a Schedule II medication once the regulations go into effect.

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 the proposed regulations will leave many of these patients, like Mary, inadequately treated for their manageable and chronic pain. 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. *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. Thank you.*