

# Policy Is Not a Dirty Word

By Katie Duensing, JD, Director of Legislative and Regulatory Affairs



I know, I know. You saw the word “policy” in the title and your eyes glazed over. Or, just as likely a possibility, you felt a feeling of dull rage, the kind you can only know when you give so much of yourself to improve the lives of your patients only to have your profession regularly spoken of with disdain by policymakers.

You’re not wrong to be frustrated—it’s not an easy time to treat people living with pain—but bear with me, because that is exactly why your continued support of AIPM and our policy endeavors is so vital.

reaching hundreds of policymakers) aiming to influence more than 70 policy proposals in 30 states and federally, AIPM/SPPAN had some fantastic successes.

- **Prevented dangerous opioid-related “step therapy” in Maine.** LD 1031 was introduced as “An act to establish reasonable and clinically appropriate exceptions for opioid medication prescribing limits.” Considering Maine’s 100 MME/day opioid dose ceiling, it would be easy to assume this a good thing. As introduced, the bill would

they ensure the patient has access to follow-up and/or emergency care.

- **Secured step therapy reform in Colorado** when they passed SB 203, a bill that we strongly supported. This will help to ensure that patients are able to receive the optimal medication for their particular situations, as determined by their health care providers, and will result in an overall financial savings to the patients and the health care system.
- **Improved access to naloxone and improved education in New Mexico** when they passed HB 370, which requires certain persons to provide opioid overdose education and naloxone to statutorily specified “at risk” citizens in order to prevent opioid overdose deaths. We sent multiple letters of support for this legislation.

These are merely a sampling of the successes that AIPM has worked to achieve on your behalf, and we will continue to be actively engaged with such policies in the future.

What’s more, with access to, and reimbursement for, integrative pain care as our highest policy priority, we will be holding our inaugural Integrative Pain Care Policy Congress October 21-22 in San Diego. This project, led by SPPAN director Amy Goldstein and in partnership with other groups, is bringing together leaders from more than 65 national and state organizations who represent the full scope of licensed and certified health care professionals involved in pain care, along with insurers, HHS agencies, regulators, people with pain, researchers, and policy experts. Collectively, we will agree on a definition of comprehensive, integrative pain care and focus on next steps to promote optimal models to provide this kind of care.

As a member of AIPM’s policy team, I offer my deepest thanks to you, our members, for helping to make what we do possible. Without your support, we would be unable to speak out on behalf of those living with pain and the practitioners who so selflessly care for them.

We look forward to continuing to make policy strides with you into 2018! ◻



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During the first nine months of 2017, there were 1,250 pain-related bills considered across the nation. Of those, 268 aimed to impact prescribing and dispensing of pain medication and 173 related to prescription monitoring programs. And, while we’d be the first to say that there isn’t enough attention paid toward access to integrative care, there were still 72 such bills introduced this year. If these numbers feel dizzying, it’s because they are—which is why our team watches them for you, your practice, and your patients. We ensure that these bills don’t go unnoticed, and we work tirelessly to ensure that they don’t cause negative unintended consequences for people living with pain and those practitioners who care for them.

This year, after sending more than 80 letters to various committees (thus

have created a “medical necessity” exception to the ceiling. However, to access the “medical necessity” exception, a provider would have to confirm that no less than 16 separate actions were taken and/or treatments were tried prior to exceeding 100 MME/day, some of which were over-burdensome, costly, and outright dangerous to patients. However, the bill was substantially amended prior to passage and our concerns were resolved.

- **Greatly expanded access to high quality care in Michigan** in rural areas through the use of telehealth thanks to the recent passage of SB 213, a bill that we strongly supported. The new law allows a health professional to prescribe a controlled substance via telehealth if