July 1, 2024

The Honorable Karen Spilka
MA Senate President
Massachusetts State House, Room 332
Boston, MA. 02133

Subject: Help Improve Care for Those Living with Pain

Dear Senate President Spilka,

The MA House has taken an important step to continue this legislature's work to improve the treatment, services and coverage of those struggling with substance use disorder (SUD) in the Commonwealth by passing **H.4758 - An Act Relative to Treatments and Coverage for Substance Use Disorder and Recovery Coach Licensure**. I want to applaud House leaders who also demonstrated their care and support for another large and important constituency negatively impacted by the SUD crisis who are often forgotten – MA residents suffering with debilitating chronic pain.

As someone who lives with chronic pain every day and has seen the many devastating impacts it can have on those who are affected through my roles at the Massachusetts Pain Initiative (MassPI) and the U.S. Pain Foundation, I am writing to urge you – along with fellow members of the MA Senate – to continue to use your position to improve access to pain care for those who are suffering and need a strong voice within the legislature by either **passing H.4758** as is or by **including the pain-related provisions in H.4758 in a similar Senate bill**.

Pain is the most common reason Americans access the health care system. A study in the CDC's *Morbidity and Mortality Weekly Report* on April 14, 2023, reported that 20.9% of U.S. adults or 51 million Americans experienced chronic pain in 2021 and that 6.9% or 17 million experienced high-impact chronic pain that interferes with a person's ability to function on a daily basis.[1] This translates to approximately **one million Massachusetts residents** with chronic pain and 380,000 with high-impact chronic pain. High-impact chronic pain devastates a person's quality of life, negatively affecting all aspects of daily functioning including sleep, work, social activities and relationships.

In the context of the opioid crisis, many people with chronic pain are struggling to access the multi-modal care they need. Those that were maintained on stable doses of opioid pain medication have been tapered off their medication due to doctors' fear of scrutiny for prescribing. We, at MassPI and the U.S. Pain Foundation, hear regularly from patients who have been dropped from care completely and/or are having difficulty finding a doctor to treat them. Many primary care practices do not want to take on chronic pain patients. Doctors simply do not know what to offer pain patients and do not have the time it takes to properly manage their conditions.

There is no cure for chronic pain and in most cases no single treatment that will substantially reduce the pain. Pain control is a matter of combining several pharmacological and non-pharmacological treatments to get the pain down to manageable levels, often referred to as a multimodal, integrative approach. The particular combination of treatments is different for each person with pain. Consequently, people with chronic pain need access to a broad range of treatments to try.

H.4758 includes several key provisions that will significantly help those in the Commonwealth who are struggling with pain. These include:

- Making certain non-medication treatments such as acupuncture or physical therapy currently being offered by insurers to comply with the Division of Insurance Guidance pursuant to the CARE Act available to patients with no prior authorization requirements.
- Ensuring there is parity for non-opioid medications – meaning there are no utilization controls like prior authorization or step therapy on non-opioid medications that are more restrictive than those on opioids.
- Requiring insurers to annually distribute educational materials to members and providers about their pain management plans
- Requiring practitioners to complete training on the full range of evidenced-based pain management treatments specified in the Pain Management Best Practices Task Force Report issued by the U.S. Department of Health and Human Services, and;
- Having pharmacists distribute educational materials for patients on the non-opioid pain management treatments specified in the above Task Force Report.

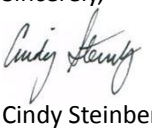
The legislature has done a tremendous amount of work in this area over the past decade, but there is still more important work to be done to create a brighter future for those impacted by SUD as well as those impacted by chronic pain. We respectfully ask that you

[1] https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7215-H.pdf

pass **H.4758 or include the important pain-related provisions discussed above in a similar Senate bill**. Thank you for considering our views on this matter.

Please feel free to contact me at cindy@uspainfoundation.org or by phone at **781-652-0146** with any questions or comments you may have.

Sincerely,



Cindy Steinberg

Policy Council Chair,
Massachusetts Pain Initiative

Director of Policy and Advocacy,
U.S. Pain Foundation

Massachusetts Pain Initiative: *The Massachusetts Pain Initiative (MassPI) is a 501(c)(3) non-profit, all volunteer organization founded in 1996 whose membership is largely health care providers across the state who treat people living with pain. MassPI is dedicated to alleviating needless suffering from persistent and acute pain and to improving the quality of life for all people affected by pain in the Commonwealth.*

U.S. Pain Foundation: *The mission of U.S. Pain Foundation is to empower, educate, connect, support and advocate for people living with chronic conditions and serious injuries that cause pain. U.S. Pain Foundation is a 501(c)(3) non-profit organization dedicated to serving the over 50 million Americans who live with chronic pain as well as their caregivers and healthcare providers.*