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Title: Improved Access to Non-Opioid Treatment Modalities
Introduced by: Lee Begrow, DO, for the Kent County Delegation
Original Author: Jayne E. Courts, MD
Referred to: Reference Committee A
House Action: **APPROVE AS AMENDED**

Whereas, the opioid epidemic has led to increased emphasis on non-opioid treatment approaches to pain, and

Whereas, in response to the opioid epidemic, several new laws were passed in the State of Michigan in 2017 and became effective in 2018 which have further reduced the accessibility of opioid-containing medications for the management of pain, and

Whereas, research is increasingly showing that opioid therapy for chronic, non-malignant pain is ineffective and may lead to hyperalgesia, and

Whereas, patients need access to non-opioid forms of treatment to help treat their chronic, non-malignant pain, and

Whereas, the sudden reduction in access to legally prescribed opioid-containing medications has been implicated as possibly contributing to the increased use of illegal heroin and synthetic opioid-containing medications, and

Whereas, the Michigan Department of Licensing and Regulatory Affairs (LARA) and the State Board of Pharmacy elected to add gabapentin to the list of controlled substances, limiting access to a non-opioid medication which has been widely and effectively used to treat chronic pain, especially neuropathic pain, thus limiting access to another non-opioid treatment for chronic pain, and

Whereas, access to other proven modalities for effective pain treatment, such as physical therapy, occupational therapy, and complementary and alternative medicine therapies which are non-opioid treatment approaches, is of increasing importance in light of the sudden reduction in access to opioid-containing medications and gabapentin, and

Whereas, third party payers and the Centers for Medicare and Medicaid Services (CMS) have not improved access to non-opioid treatment options for chronic pain through a reduction in co-payment fees, a reduction in prior authorization requirements, a reduction in required prior treatments, and/or an expanded list of acceptable indications for the various therapies, and

Whereas, this lack of improved access is leading to increased patient dissatisfaction, decreased ability for physicians to provide adequate care for their patients with chronic pain or any type of pain, possible increased use of illicit drugs by chronic pain patients as a way to cope, and possible increased opioid-related overdose deaths as a result of the sudden reduction in access to legally prescribed opioid-containing medications; therefore be it

RESOLVED: That MSMS work with third party payers in the State of Michigan to improve access to non-opioid treatment modalities including, but not limited to, physical therapy and occupational therapy as recommended by the patient’s physician; and be it further

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56 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA
57 to work with the Centers for Medicare and Medicaid Services to improve access to non-opioid treatment
58 modalities including, but not limited to, physical therapy and occupational therapy as recommended by the
59 patient's physician.

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62 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$25,000 or more as this resolution directs MSMS to engage in
63 payer advocacy.

Relevant MSMS Policy:

Addiction Treatment, Facilities, and Services (Pending final approval by the 2019 MSMS HOD)

MSMS supports enhanced availability of and access to addiction treatment, facilities, and services within the State of Michigan. (Res64-18)

Relevant AMA Policy:

Workforce and Coverage for Pain Management H-185.931

1. Our AMA supports efforts to improve the quality of care for patients with pain, ensuring access to multiple analgesic strategies, including non-opioid options and interventional approaches when appropriate, with a focus on achieving improvement in function and activities of daily living.
2. Our AMA supports guidance on pain management for different clinical indications developed by the specialties who manage those conditions and disseminated the same way other clinical guidelines are promoted, such as through medical journals, medical societies, and other appropriate outlets.
3. Our AMA will advocate for an increased focus on comprehensive, multidisciplinary pain management approaches that include the ability to assess co-occurring mental health or substance use conditions, are physician led, and recognize the interdependency of treatment methods in addressing chronic pain.
4. Our AMA supports health insurance coverage that gives patients access to the full range of evidence-based chronic pain management modalities, and that coverage for these services be equivalent to coverage provided for medical or surgical benefits.
5. Our AMA supports efforts to expand the capacity of practitioners and programs capable of providing physician-led interdisciplinary pain management services, as well as an expanded behavioral health workforce to improve the availability of services to address the psychological, behavioral, and social aspects of pain and pain management within multidisciplinary pain clinics. Patients and their caregivers should be involved in the decision-making process.
6. Our AMA supports an expanded availability of comprehensive multidisciplinary pain medicine clinics for patients in both urban and rural areas, and an improvement in payment models for comprehensive multidisciplinary pain clinics services such that such services can become more financially viable.

Alternative Medicine H-480.964

Policy of the AMA on alternative medicine is: (1) Well-designed, controlled research should be done to evaluate the efficacy of alternative therapies. (2) Physicians should routinely inquire about the use of alternative or unconventional therapy by their patients, and educate themselves and their patients about the state of scientific knowledge with regard to alternative therapy that may be used or contemplated. (3) Patients who choose alternative therapies should be educated as to the hazards that might result from postponing or stopping conventional medical treatment.