



**Statement from the Alliance to Advance Comprehensive Integrative Pain Management
Virtual Public Meeting Re: Proposed Additional Benefits for Health Coverage Plans, Colorado
Dept. of Regulatory Agencies, Division of Insurance**

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Good morning. My name is Amy Goldstein, and on behalf of the Alliance to Advance Comprehensive Integrative Pain Management, I'd like to thank you for the opportunity to speak to you today about the Division of Insurance's Request for Information related to proposed additional benefits for health coverage plans.

Our coalition comes to you with a unique perspective in your pursuit to understand the complexities involved in the issues at hand, as we are a multi-stakeholder collaborative, comprised of organizations representing people living with pain, public and private insurers, purchasers of healthcare, government agencies, patient and caregiver advocates, researchers, policy experts, and 37 professional trade organizations representing the full spectrum of healthcare providers—all in an effort to advance a person-centered model of care focused on maximizing function and well-being that includes biopsychosocial care.

All working toward the same goals to advance access and utilization of evidence-based comprehensive pain care, reduce opioid misuse and overdose while controlling costs – this is no simple task and certainly includes differences of opinion. That said, our coalition brings together seemingly disparate stakeholder leaders who value the robust and practical discussions about where the rubber meets the road. While waiting for the optimal results from studying these issues, we can each do our part now to improve access and utilization of quality, affordable, sensible, conservative care for pain and substance use disorder. Cost effective yet affordable care, by the way, that improves the quality of life and functional outcomes of people with pain and also increases satisfaction of the health care providers who are able to provide this best practice for pain during a time of devastating provider burnout.

It is with this broad perspective that I come to you to talk about the treatment of people living with pain, how we can minimize substance use disorders and overdose, and how we can do so cost effectively.

After years of research, studies, task forces, and committee meetings across the nation, it is now widely accepted that effective treatment of pain requires a multidisciplinary, multimodal, evidence-based, patient-centered approach. According to the Pain Management Best Practices Inter-Agency Task Force Report that was released by the United States Department of Health and Human Services in 2019, this type of pain care includes non-pharmacological and pharmacological options that are best for the individual person living with pain, and

include both patient self-management and communication between providers and patients. Furthermore, nearly all clinical guidelines adopted in recent years related to pain management recommend first-line use of non-pharmacological treatments.

And more, the National Governors Association just released a report, *Expanding Access to Non-Opioid Management of Chronic Pain*, providing guidance to Governors sharing innovative examples in many states and levers for action. There is also an ongoing demonstration in Colorado Medicaid that reveals cost-effective treatment using chiropractic, acupuncture and massage therapy for people with spinal cord injury.

However, despite the widespread guidance in favor of non-opioid and non-pharmacological treatments, people with pain often find themselves unable to receive this optimal care. Why? Because opioid analgesics are typically the most accessible and affordable pain treatment for patients, even where alternatives are preferred by the patient and provider. In fact, in a survey conducted by the U.S. Pain Foundation in August 2020 of more than 1,500 persons living with pain, over 75% of respondents said that cost prevented them from accessing one or more treatment options, with over half of those covered by insurance citing high copays, and two thirds citing insurance limits such as prior authorization and annual caps on treatment. The survey found that cost is most often a barrier to massage therapy, acupuncture, and chiropractic care—treatments that have been accepted by the Department of Defense and the Veterans Health Administration as effective treatments for chronic pain for many years. These are also covered by Medicare and Medicare Advantage plans.

So, you've heard about the patient perspective, but how do our coalition's participating insurers feel about patient access to non-pharmacological pain therapies?

Just last month during our symposium on equity, our coalition had the pleasure of hearing from David Elton, the Chief Strategy Officer from United Health Ventures, a part of the UnitedHealth Group, which is one of Colorado's largest health insurers. UnitedHealth is the largest commercial payer in the US, and their "big data" is clearly telling them that earlier access to conservative non-pharmacological therapies for people with pain improves outcomes, lowers costs, and avoids surgeries and ER visits. Using UnitedHealth data based on zip codes, Dr. Elton presented a map which illustrated about 2 million episodes of back pain at a zip code level alongside a map from the CDC representing the overall opiate prescribing rate per county—these maps showed startlingly similar concentrations, which Dr. Elton said was unsurprising given that about 50% of opioid morphine milligram equivalents, or MMEs, are prescribed for back pain, and about 75% of opioid MMEs are prescribed for musculoskeletal conditions. He then layered into the maps the number of available chiropractors, acupuncturists, and physical therapists, as well as patient utilization of these services, clearly illustrating that patients do access these services when they are accessible, but that there are significant barriers to access in many parts of the country, including Colorado.

When patients are able to receive the types of care proposed in HB 20-1085, they improve faster and the costs associated with their care go down. In a review of Colorado insurance claims from 2018, Oliver Wyman found that 13% of patients treated for pain incurred over

\$2,500 per person in pain-related claims that year, and that these individuals had roughly eight times the healthcare costs of all remaining insured members.

So, how can we reduce the cost of care associated with these patients, while providing them optimal healthcare? It has been widely shown that utilization of alternatives to opioids can save money by reducing the need for other more expensive interventions, including emergency department and inpatient services, costly imaging such as MRIs, surgeries, lab services, and injectable drugs. In fact, Wyman's analysis found just that, showing that among patients with more than \$2,500 in pain-related claims, all of these expensive interventions were used less by patients who received the alternatives to opioids proposed by HB 20-1085, as compared with those who did not.

Leading experts agree that the evidence to support the non-opioid, non-pharmacologic, opioid-sparing treatment proposed by HB 20-1085 is strong, and that the time is now to move forward and make this happen. The CDC publicly declared an opioid epidemic over seven years ago, and officially recommended the use of alternatives to opioids as a first-line treatment for pain in 2016. In 2018, Colorado passed legislation to establish a study committee related to opioid and other substance use disorders, and in 2019 that committee released a final report in which they formally recommended adoption of the bill that would ultimately become HB 20-1085. In 2020, that bill made it all the way to the Governor's desk before being vetoed. With approximately 50 million adults in the United States living with daily chronic pain, and with opioid overdose rates in Colorado failing to decline in recent years, Coloradans cannot afford to wait for action any longer.

The Alliance to Advance Comprehensive Integrative Pain Management thanks you for your diligent work on these issues, and strongly urges that a bill similar to HB 20-1085 be introduced and passed in the 2021 legislative session.

In closing, these high-touch, low-tech, relatively inexpensive, highly cost-effective, patient centered modalities as recommended in this bill will yield better patient outcomes, minimize opioid misuse and overdose while controlling costs for those who pay for services as well as the patients who use them.

Thank you very much for the opportunity to speak today.