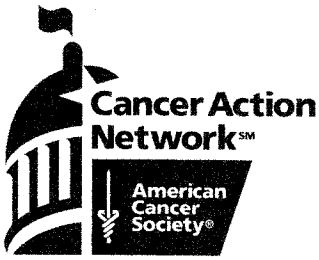
EXHIBIT 8
DATE 1/26/2011
HB 83



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January 25, 2011~~January 24, 2011~~

Representative David Howard, Chair
House Human Services Committee
Montana House
Helena, MT 59620

Chairman Howard and Members of the Committee:

For the record, my name is Kristin Page Nei, representing the American Cancer Society Cancer Action Network (ACS CAN) and its project, the Montana Pain Initiative. We would like to be listed on the record as a supporter of HB83.

ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society that supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Pain is part of daily life for many cancer patients, and is particularly common in those with advanced disease. Cancer survivors may experience pain that continues long after active cancer treatment concludes. Pain affects an estimated:

- 30% of patients newly diagnosed with cancer
- 30%-50% of patients undergoing treatment
- 70%-90% of patients with advanced disease

Fortunately, nearly all cancer pain can be relieved using prescription pain medications and other treatments. When pain is assessed and managed appropriately across the entire cancer experience – from diagnosis, through treatment and into survivorship or as part of end of life care – studies have consistently shown that patients often have better health outcomes and also report significantly improved quality of life.

Despite the fact that effective treatments exist, fewer than half of people with cancer receive adequate pain relief. Indeed, under-treatment of pain remains a significant public health problem in the United States. This is particularly true in medically underserved populations. Uncontrolled pain can devastate quality of life and severely limit daily functioning, affecting work, sleep and relationships. Pain also drives up costs, estimated at $100 billion annually in healthcare expenses, lost income, and lost productivity.

Numerous studies have documented a variety of barriers that contribute to inadequate pain control. Some of these barriers include:

- Lack of knowledge about the importance of pain control on the part of patients, survivors, their families, and other loved ones;
- Insufficient training and lack of knowledge of medical standards, current research, and clinical guidelines for appropriate pain assessment and treatment among healthcare professionals;
- Misperceptions and confusion about addiction, dependence and tolerance[1] – which contribute to peoples' fears about using pain medications and physicians' reluctance to prescribe them;
- Lack of understanding about state policies that regulate prescribing practices and fear among healthcare professionals that they will be subject to investigation, disciplinary action, or criminal prosecution if they prescribe or dispense certain pain medicines.

ACS CAN strongly supports the primacy of clinical decision-making between patients and their health care providers. We must not enact additional barriers that would chill health care professionals' willingness and ability to provide pain medication and pain management when treating patients with cancer and other serious or life-threatening illness.

We also recognize and support the strong societal interest in preventing abuse of controlled substances. In recent years, medical professionals have increasingly been enlisted to fight on two connected fronts: (1) addressing the pervasive public health problem caused by under-treatment of pain, and at the same time, (2) combating drug abuse patterns that have been shifting from illicit to prescription drugs – including a dramatic rise in diversion and non-medical use of opioid analgesics.

In considering enactment of a prescription drug registry such as the proposal now before the Committee, it is important to ensure that well-intentioned efforts to curb illegal use of these drugs do not cause harm to the patients these medications are intended to help. People with cancer pain should not be forced to suffer from pain. Nor should they be limited in their access to medications that can relieve it because of the illegal and abusive actions of others. Distinctions must be drawn between those with legitimate needs for pain medications and those with illegal intentions to avoid placing further stigmas on use of prescription pain medication.

ACS CAN supports efforts to prevent abuse and misuse of opioids. We stand ready to work with the Committee and drug enforcement officials to maintain carefully balanced policies that do not interfere with patient care. In doing so, we should target the sources of drug diversion – forgery, pharmacy thefts, and improper prescribing. In addition, a properly designed Prescription Drug Registry, such as the proposed program here, that would allow health care professionals access to real time data and monitoring of all schedules can be another important tool.

Unfortunately, many physicians have sought to reduce the risks of opioid prescribing by not treating patients in pain, or not treating them with the controlled substances medicines they may require to relieve it. One of ACS CAN's goals in working to promote better pain control is to

[1] A copy of the consensus definitions for these terms from three US national organizations (the American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine) is provided with this testimony.

help healthcare providers and their patients become more sophisticated about the risks and benefits of opioid therapy – the risks of diversion, abuse and addiction, as well as their benefits in managing acute and chronic pain.

In our efforts to improve cancer pain, we must improve pain management for all patients. To that end, ACS CAN in partnership with the American Cancer Society developed the Montana Pain Initiative. The MTPI is a grassroots, interdisciplinary coalition dedicated to improving the quality of life of Montanans with pain by removing the barriers to effective pain assessment and management through research, education, and advocacy.

The primary activities of the Montana Pain Initiative (MTPI) are to:

- Improve public policy to reduce barriers to appropriate pain management;
- Improve provider practice to ensure effective pain assessment and management;
- Institutionalize effective pain management policy and structure in long-term care facilities, home health agencies, and rural community hospitals, including Indian Health Services and Tribal Health facilities;
- Work with lawmakers to reduce the incidence of addiction and diversion while keeping patient care as the primary focus;
- Conduct public engagement and patient advocacy to improve knowledge of pain management issues; and,
- Evaluate the impact of MTPI activities.

Resultant efforts to curb abuse and diversion have created barriers to effective pain management including fear of regulatory scrutiny by some providers, interference with legitimate medical practice through suggestions that opioid analgesics are a last resort in pain treatment, and undue burdens in requirements for prescribing and dispensing of opioids. [2]

Our goal through the Montana Pain Initiative is to improve pain management policy and practice in Montana. This includes ensuring that prescription pain medications are available to patients who need them while keeping those medications away from those who intend to misuse them.

We have been meeting with the various stakeholders since the original bill was introduced two sessions ago. The group has worked through concerns and you now have before you a sound bill that has patient safety as its top priority.

In addition to working on the proposed language for this legislation, members of this coalition have worked together on two major projects that will help Montanans who are experiencing pain through provider education and practice improvement.

The Montana Board of Medical Examiners voted unanimously to adopt the Federation of State Medical Boards' Model Policy for the Use of Controlled Substances for the Treatment of Pain. The Board of Pharmacy has also adopted model pain policy. In partnership with Montana

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[2] Guang-Shing Cheng. "Regulatory Scrutiny Cited in Pain Undertreatment - Brief Article - Statistical Data Included." Family Pratice News. Jan 15, 2000. FindArticles.com. 10 Jun. 2008. http://findarticles.com/p/articles/mi_m0BJI/is_2_30/ai_59616009

Attorney Mike McGrath and the Montana Board of Medical Examiners, we acquired approximately $25,000 in funding to mail "Responsible Opioid Prescribing: A Physician's Guide" written by Scott Fishman, MD and commissioned by the Federation of State Medical Boards, to over 3000 prescribing providers in Montana. The books were mailed in December of 2009. Seven and one-quarter (7.25) *AMA PRA Category 1 Credits* will be awarded to prescribers completing an on-line exam.

We look forward to working with the coalition supporting the Prescription Drug Registry (PDR) during implementation and to periodically evaluate the PDR to ensure that it is effectively addressing the drug diversion problem without impeding access to needed pain medications.

Thank you for your consideration of HB83.

Respectfully Submitted,

Kristin Page Nei
Montana Government Relations Director

Cancer Action Network™
American Cancer Society®

Advocating for Balanced Prescription Monitoring Programs

Prescription Monitoring Programs (PMPs) have been proliferating across the country in recent years as a means to identify and reduce diversion of prescription medications. PMPs are created to monitor prescribing of certain controlled substances, including many types of prescription medications used to control cancer-related pain in patients and survivors. PMPs detect illicit prescribing and dispensing and identify patients who are obtaining prescriptions from multiple sources.

Thirty-five states have now adopted laws establishing PMPs, but they are able to address drug diversion that occurs only from prescribing practices. PMPs do not identify other sources of drug diversion, such as theft from pharmacies that actually occurs without medicines being prescribed or dispensed.

PMPs can be barriers to pain management

Little research has examined the impact PMPs have on reducing medication diversion, but several recent studies indicate that PMPs may influence healthcare professionals to limit or avoid prescribing strong pain medications for fear of being investigated by state regulators and law enforcement officials. Such practice can lead to increased prescriptions for weaker, less effective pain medications, and decreased access to appropriate medication for legitimate pain patients.

35 states have now adopted laws establishing a PMP

Alabama	Idaho	Maine	New Mexico	Pennsylvania	Vermont
Arizona	Illinois	Massachusetts	New York	Rhode Island	Virginia
California	Indiana	Michigan	North Carolina	South Carolina	Washington
Colorado	Iowa	Minnesota	North Dakota	Tennessee	West Virginia
Connecticut	Kentucky	Mississippi	Ohio	Texas	Wyoming
Hawaii	Louisiana	Nevada	Oklahoma	Utah	

Enactment of the National All Schedules Prescription Electronic Reporting Act (NASPER) in 2005, a federal grant program for states to create or improve a PMP, has triggered renewed PMP activity in several states. Evidence indicates this trend will continue, with a number of states now considering PMP legislation.

PMPs Must Be Balanced to Support Pain Management and Patient Care

Combating illegal use of prescription drugs is a public health imperative. But issues of addiction and abuse should not impede treatment for persons who legitimately need prescription medicines to relieve their pain. To ensure that PMPs are balanced and do not interfere with pain management for cancer patients and survivors, the program must:

1) Monitor multiple schedules of medications (e.g., at least Schedules II-IV)
2) Be administered by the state Department of Health or Board of Pharmacy
3) Create a multidisciplinary Advisory Council
4) Require frequent evaluation of program's effectiveness

ACS CAN, the nonprofit, nonpartisan advocacy partner of the American Cancer Society, supports efforts to prevent illegal use of prescription pain medicines. We stand ready to work with states to ensure that PMP efforts promote carefully balanced policies that do not interfere with patient care.

September 2008