

Good Afternoon, Senator Bailey, Representative Perry, and members of the committee. My name is Susan Dudley Gold of Saco and I'm testifying today in favor of LD 2096 on behalf of the Chronic Pain Support Group of Southern Maine.

I endured a year and a half of unremitting pain before being diagnosed with rheumatoid arthritis in 1992. As a result, I have had five joint replacements, experience pain daily, and currently require infusions every four weeks to treat RA. Following my diagnosis, I founded the Chronic Pain Support Group of Southern ME, which I facilitated for 15 years.

Pain seriously impacts the lives of those of us who live with it. The overwhelming fatigue that pain brings can make it difficult even to get out of bed in the morning. It can rob us of our ability to reliably meet the obligations of family and jobs.

Many members of the pain support group, including myself, have struggled to find the right treatments, and in most cases, right combination of treatments to ease our pain. Too often the new drug or therapy doesn't work to address our pain or stops working and we have to seek out other treatments. Treating pain is a complex business. Each person is unique and responds or doesn't respond to treatments based on their own particular body, medical history, and other individualized factors. Many factors can be involved in causing pain, and too often doctors have been unable to identify the cause of the pain.

For those reasons, people with pain need to be able to have access to many different therapies and treatments. If a new drug or a different treatment offers the potential of being able to live without debilitating pain, people need to have the option of trying it. This also applies to people who relied on opioids to ease pain and can no longer get them and need to explore other ways to manage pain.

Promising options to treat pain are out there but may be too expensive or not covered at all by insurance. Even those who work full-time, with employer-provided health insurance plans, may not be able to access the treatments that work best for them. This bill will go a long way in providing Mainers with the means to access drugs that may help them manage or eliminate pain altogether.

We do respectfully ask, however, that the committee consider revising the bill to include chronic as well as acute pain and to expand coverage to include both pharmacological and nonpharmacological treatments.

Well-established nondrug therapies, such as acupuncture, massage, and other treatments have been shown to be effective in reducing pain in many people, especially those who live with chronic pain.

Thank you again for allowing me to speak today on this important issue. I'm happy to answer any questions the committee may have.