Testimony in Favor of LD 2904:

An Act to Ensure Access to Non-opioid Medication for Pain Relief

February 13, 2024

Good afternoon Senator Bailey, Representative Perry, and members of the Health Coverage, Insurance and Financial Services Committee. My name is Dr. Nick Gallagher. I am here today, on my own accord, as a lifelong Mainer, an addiction medicine doctor, and a person in long term recovery. I come in strong support of LD 2904, which is intended to ensure commercial insurers provide parity of access between opioid and nonopioid medications for patients seeking to manage acute pain.

As an addiction doctor and Mainer, we continue to seek better ways to get a handle on the opioid epidemic in our state. According to the latest Maine Drug Data Hub report, there were 9,654 overdoses, and 607 fatal overdoses statewide from January–December 2023.

The defining characteristic of an addiction is the inability to control a behavior, regardless of the extent and seriousness of negative consequences. This has become increasingly evident to me as I have watched patient after patient lose everything they hold dear and with tears in their eyes tell me, "I just can't stop". And I have seen patients committed to their treatment, who have worked tremendously hard, sometimes over the course of years to rebuild their lives but have ended up, not unexpectedly, experiencing a relapse, being arrested, and losing all they have struggled to attain. And I say not unexpectedly because medically speaking, experiencing a relapse is incredibly common. In fact, relapse occurs in at least 40-60% of those in recovery and too often, also leads to arrest, incarceration or death.

In healthcare, we try to address chronic disease, including addiction, through the lens of patient-directed, compassionate, consent-based care. And one of the key strategies for addressing the opioid epidemic is to prevent addiction in the first place and to support those stable and in recovery by providing tools to protect against relapse. A significant portion of initial opioid use and triggering of relapse still begin with medications prescribed to treat serious, acute pain - such as from an accident or surgery.

Adding to the challenge - it has been decades since there has been a significant medical breakthrough for the treatment of moderate-to-severe acute pain. Fortunately, several non opioid pain management medications are making their way through the FDA process that offer an opportunity to fill the gap between NSAIDs and opioids for moderate-to-severe acute pain.[1]

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[1] DAVID THOMAS AND CHAD WESSEL, THE STATE OF INNOVATION IN PAIN AND ADDICTION, BIO INDUSTRY ANALYSIS 18 (Feb. 2023), https://go.bio.org/rs/490-EHZ-999/images/BIO_The_State_of_Innovation_in_Pain_and_Addiction_2017_2022.pdf.

Unlike opioids, these drugs work in the peripheral nervous system and not the central nervous system.[2] These drugs, which are expected to become available to patients and prescribers in the next year, focus on specific voltage-gated sodium (NaV) channel proteins called NaV1.7 and NaV1.8 that are involved in the transmission of pain signals through the sensory nerves to the spinal cord and brain. By selectively targeting these mechanisms in the sensory nerves, pain is treated by stopping it where it begins – in the functioning of NaV1.7 and/or NaV1.8 in the sensory nerves. Some of these medications are on track for potential FDA approval as soon as 2024.[1]

This bill would ensure that patients and prescribers have the opportunity to access these new classes of treatments. – either because they are living with substance use disorder and use of opioids would threaten their recovery, or because they and their healthcare providers agree it is important to avoid the risks associated with use of opioids/narcotics. Considering how the opioid crisis continues to ravage our state, it is vital that we permit patients and their healthcare providers determine the best course of pain management.

Providing access to effective, non-opioid, non-narcotic medications to treat acute pain as soon as it becomes available will reduce the chance a patient without a substance use issue will develop one, and will provide an non-opioid alternative to those living with substance use disorder who are in various stages of treatment and recovery. By prohibiting insurers from imposing processes like prior authorization, step therapy, and exclusion from preferred drug lists that would disadvantage these drugs, they relieve pressure on patients and providers to use opioids when that is not their best treatment option. .

I grew up in Maine, it is my home and I love it here. Over the last 3 years I have seen incredible progress in terms of how we view substance use disorder and those suffering from it. Drug use and addiction is not a moral failing or a weakness - but it can be devastating. We should do everything in our power to prevent someone from developing SUD or falling back into relapse. I urge you to pass LD 2904.

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[2] The NAV channel was discovered when a Pakistani teenager who entertained street crowds by walking on hot coals and sticking knives through his arms sparked the interest of scientists who then found a genetic defect that renders its carriers unable to feel pain. As reported by NPR: “Scientists at the University of Cambridge in England pinpointed the cause: a defect in a gene that codes for a protein on the surface of pain-sensing nerve cells. They found mutations in a gene for a particular protein called the 1.7 sodium channel. This is a sort of gate that opens and shuts on the surface of the nerve cells. When the gate opens, sodium ions flood into the cell, causing it to fire. In children with the defect, the gate is welded shut. So their pain nerves cannot fire… Pain experts think that if they can find a drug to block the same protein that is disabled in the Pakistani children, it could be the safest and most effective painkiller ever devised.”Studies that investigated treatment with the selective NaV1.8 inhibitor VX-548 for acute pain following abdominoplasty surgery or bunionectomy surgery showed significant pain relief.

Sincerely,

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