



TO: Assembly Committee on Health

FROM: Joshua Sebranek, MD, President  
Wisconsin Society of Anesthesiologists

DATE: October 13, 2015

RE: AB 366 – Pain Clinic Certification

As a specialty medical society counting Pain Medicine specialists among our members, we thank you for the opportunity to provide testimony in regard to AB 366 – Pain Clinic Certification. We applaud and encourage Representative Nygren’s efforts as author of this bill and other H.O.P.E. legislation, and look forward to continuing to work with him and other interested lawmakers to fight the scourge of heroin and other illegally used drugs.

Pain Medicine is a highly advanced sub-specialty of the medical specialty Anesthesiology. Pain Medicine physicians are among the most highly trained physicians in the world. After college, they complete medical school, a general residency, specialized residency training in Anesthesiology and finally fellowship training specifically in Pain Medicine before being eligible to sit for Board Certification in the sub-specialty.

Pain Medicine is much more complex than simply the treatment of pain by prescription pills. Treatment of severe or chronic pain may involve the long-term prescription of narcotic or opioid medications. Our members recognize all too well that these medications can lead to drug dependence if not properly prescribed and monitored, and can be diverted to the black market if prescribed to the wrong individuals. But true pain medicine also involves the administration of intravenous nerve agents with x-ray and fluoroscopic assistance, implantation of surgical devices, and even the delivery of powerful medications directly into the nervous system to impair targeted nerves. Knowing how to choose among and integrate these therapies is what our members know how to do.

We understand and support the intent of AB 366 – to provide state monitoring of those clinics that hold themselves out as pain medicine specialty clinics – and help prevent the spread of so-called “pill mills.” We are concerned that the definition of “pain clinic” in AB 366 is so broad as to require oversight of many more clinics than we believe the author intends. Narcotic and opioid medications can be prescribed by any licensed physician, but a Family Physician or surgeon or Ophthalmologist prescribing a limited supply is not practicing “Pain Medicine” or operating a “Pain Clinic.” Some general practitioners assume responsibility for managing chronic pain medications for patients they have known for years; again a situation likely not the intended target of AB 366. Yet, we believe the current definitions in AB 366 would capture all of these.

In addition, because medical specialties or sub-specialties are rarely, if ever, defined in Wisconsin law, we are always concerned with attempts to do so because of the unforeseen consequences for quality of care, access to care, reimbursement and patient safety that may result from a definition that is too narrow or too broad or



simply inaccurate. This is, however, a most worthy cause and reason for attempting to codify Pain Medicine, and we are eager to help create an accurate and appropriate definition that will allow Wisconsin to properly monitor for “pill mills”, but do so without inadvertently subjecting to monitoring a vast array of more general clinics and medical practices and without unintentionally impacting Pain Medicine practice and care negatively. We look forward to continuing to work with Representative Nygren in this regard.

Respectfully submitted,

Joshua Sebranek, MD, President  
Wisconsin Society of Anesthesiologists



To: The Assembly Committee on Health  
From: Guy DuBeau  
Counsel for the Wisconsin Society of Anesthesiologists  
Date: October 13, 2015  
RE: AB366 – Pain Clinic Certification

I would like to thank the Committee for this opportunity to be heard on this important piece of legislation and give special thanks to Representative Nygren for his work on the H.O.P.E. bills. I am counsel for the Wisconsin Society of Anesthesiologists (the Society). I am also honored to represent a number of health care provider specialty groups and while they have not asked that I appear on their behalves here, the work I have done for them helps me realize how significant and far reaching this legislation is.

As I believe the Committee knows, pain medicine is a boarded subspecialty of Anesthesiology. It is the Society's desire that those who hold themselves out as practicing in this area adhere to the highest standards of patient care. We share the goal of seeing pain medications only be prescribed responsibly and in a manner that does not lead to dependence.

The Society has reviewed the initial drafts of the bill, specifically the definition of "pain clinic" and has identified some issues that may interfere with its chances to be passed and its efficacy if passed. I would like to identify those issues here and ask that you accept them in the spirit in which they are intended.

The Society is concerned by the definition of "pain clinic" initially proposed in s. 50.60. As worded, the definition of pain clinic hinges on the question of whether patients are prescribed certain drugs. First, this definition does not comport with the medical community's understanding of what is a pain clinic. Perhaps more importantly, it would potentially capture every general practice clinic in the state. It is not uncommon for general practitioners to quite legitimately have long-term patients in their care who receive chronic pain management drugs. By making the definition of pain clinic hinge on what drugs individual patients receive, this creates a record keeping requirement on the front end to know if one's clinic even qualifies as a pain clinic (or demonstrate that one does not). Because of the scope of this perceived administrative



burden, the Society fears general practice clinics would resist these efforts for that reason alone.

Society members are the physicians who oversee the operations of clinics typically thought of as “pain clinics.” The Society favors a definition of “pain clinic” that mirrors the industry understanding of that term. Specifically, we believe a “pain clinic” would be defined as a place where health care professionals practice, or advertise that they practice, “pain medicine” in order to address “pain syndromes.” These are concepts recognized in the industry which have specific, generally agreed upon meanings. The Society believes such a definition will capture the “pill mills” the legislation is designed to address. It will incorporate concepts that have meaning in medical parlance and will dramatically reduce the front end administrative burden on uninvolved clinics, making ultimate passage of this important legislation more likely.

The Society appreciates your consideration of these thoughts and stands ready to assist in any manner where Representative Nygren or other members of the Committee might feel its expertise is useful.

Respectfully submitted,

Guy DuBeau on behalf of the Wisconsin Society of Anesthesiologist

Partner  
Chair, Litigation Practice Group