



Good Afternoon Honorable Members of the Committee.

My name is Lauren Deluca and I am the founder of Chronic Illness Advocacy & Awareness Group which was formed as a result of my own healthcare struggles in 2017 when I was diagnosed with Chronic Pancreatitis.

After my diagnosis I was unable to obtain the appropriate healthcare despite having a document diagnosis of autoimmune chronic pancreatitis. I was rejected admittance from multiple local hospitals despite being in an acute pancreatic attack; which is then your pancreatic enzymes released to digest food stay in the pancreas and actually start digesting the organ itself. It is known to be just as painful as cancer and is one of the top 10 most painful conditions known to man.

When I went into attack I didn't understand why no physician or medical facility or even my health insurance advocate; who was assigned to me in order to help me navigate the healthcare system were able to provide me the appropriate care I needed. I soon learned the CDC Guidelines were playing a large role in the restricted access to the medical care I needed to get my body out of the acute pancreatic attack. After nearly 2 months I came out of acute attack and was bounced from doctor to doctor; pain clinic to pain clinic. Each time I was turned away with nearly every physician and local hospital specifically sited Massachusetts Chapter 52 as a reason they can no longer prescribe despite the physicians expressing they "knew" it was medically warranted. Hospitals, private practitioners and pain clinics throughout the state sited the DEA and government oversight as being a reason to reject my care which forced me to endure approximately 6 weeks of extreme suffering that no individual should be put through; I lost 20lbs in three short weeks and to this day still have difficulty eating solid foods.

I had to step down from my position as a Commercial Insurance Agent in November due to the additional medical complications I am having as a result of not being able to access the appropriate medical care from May 2017 to December 2017. I would like the committee to please note, that an acute pancreatic attack can turn fatal at any moment so not only was I not receiving appropriate care for 8 months I also spent 8 months of my life in fear that I may die due to a legal loophole and doctors being too afraid to help me.

Given these facts - myself as a Massachusetts constituent and as the Founder of Chronic Illness Advocacy & Awareness Group; we respectfully request the committee repeal Section 41 from House Bill 4367 "An Act Relative to Combatting Addiction, Accessing Treatment, Reducing Prescriptions and Enhancing Prevention."

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Chronic Illness Advocacy & Awareness Group and its members acknowledge that a physician's sole motivation in recommending medical care must be for the well-being of the patient based upon individual's unique medical needs. Chronic Illness Advocacy & Awareness Group and its members affirm that ALL Massachusetts constituents should have access to licensed and qualified medical professionals who maintain their medical-decision making authority within their area of expertise. We also affirm that the physician-patient relationship and encounter is akin to "lawyer-client privilege" and a vital in the medical decision-making process to determine a patient's appropriate healthcare treatment and management.

In addition, imposing non-evidenced-based treatment and prescription limitations on non-established "best practices" and benchmarking physicians against one another without insight into the patients individualized medical chart, and/or imposing sanctions on medical professionals impedes the vital physician-patient relationship. This creates a dangerous and potentially life-threatening environment that prompts practitioners to focus on government sanctions and criminal penalty liability above their Hippocratic Oath to the practice of medicine. Furthermore, this course of action evokes undue pressure on Massachusetts practitioners to overly restrict patient care, treatment access, and critical prescriptions to the chronic illness and the disabled; based on fear of the DEA and of government reprisal.

This has certainly been the case for myself, thousands of Chronic Illness Advocacy & Awareness Group members, and countless other Massachusetts citizens whom this legislature inadvertently marginalized by the passing of (BILL # CHP 52) and will continue to further marginalize under the aforementioned SECT 41 House Bill # 4367.

We respectfully, requests that the committee take into consideration the real Public Emergency thrust upon the Disabled and Chronically Ill Massachusetts Community as a result of the aforementioned legislative actions. Therefore, Chronic Illness Advocacy & Awareness Group calls on this legislature to hear from it's disabled and chronically ill constituents who have been considered collateral damage in Massachusetts's equivalent of a social-experiment.

Chronic Illness Advocacy & Awareness Group supports all positive efforts in addiction treatment medicine but cannot advocate one class of medical treatment at the expense of another. Consequently, a "One Size Fits All" approach to treating patients with medicine and pharmacological treatment in attempt to combat Opioid Diversion and Abuse will simply not suffice. Rather, more restrictions and government oversight and regulations will only further deter doctors away from treating the chronically ill and we will continue to be denied treatment despite our legitimate need to access care; will not solve this dilemma but rather further compound the issue.

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It will force opioid naive patients; the disabled; the elderly; the most vulnerable class of citizens to turn to the streets to find relief. The state will have unknowingly forced marginalized; untreated; disabled and chronically ill patients to Massachusetts streets for a \$10 bag of heroin to self-medicate to try to find relief from their unrelenting pain. This only further fuels the already unprecedented heroin and acetyl-fentanyl overdose and addiction crisis, which should be the real debate.

We are Chronic Illness Advocacy & Awareness Group believe pain relief is a human right and to deny this is barbaric. There must be a balance that protects both substance abuse patients as well as chronic illness and chronic pain patients that does not sacrifice one class for the other.

In closing I would like to note; in 2013 the Massachusetts Supreme Court Opined on the undue burden of liability placed on physicians and interference of the physician-patient relationship and has ruled in support of “allowing doctors to focus on what they do best, caring for their patients.”

I would like to submit to the panel my written testimony along with some photographic evidence of my physician decline as a result of my inability to access the appropriate treatment for my chronic illness.

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