



# CIAAG

CHRONIC ILLNESS ADVOCACY  
& AWARENESS GROUP

January 26, 2022

Arizona State House  
1700 W. Washington Street  
Phoenix, AZ 85007

RE: SB1162

Dear Arizona State Senate,

Thank you for the opportunity to provide my testimony today regarding Senate Bill 1162. Since the issuance of the 2016 CDC Opioid Guidelines we have seen record-breaking increases in both over-doses and suicides. For years, people with chronic pain, chronic disease and painful conditions have reached out to their Representatives desperately seeking their assistance to rectify this overstep into their private medical care. It is vital the right to regulate medicine, including investigations into provider practices, be conducted by the State Medical Boards who have the medical expertise to analyze the facts.

Failure of public-health policy to address the needs of people with painful illness and/or conditions has caused many individuals to commit suicide in a desperate attempt to relief the physical suffering they are experiencing. My own father, Thomas Deluca, of Phoenix Arizona, committed suicide as a result of the debilitating pain he was experiencing as a result of prostate cancer. Additionally, he lived with severe back pain, which only worsened throughout his life. Unable to endure the unrelenting pain he was experiencing he shot himself in his own backyard, just 5 days after Father's Day, 2020.

I will never forget the last conversation we had. In retrospect, I believe he waited to say good-bye to his 3 children on that Father's Day afternoon in 2020. Upon ending our call he told me to never stop fighting. Not for myself and not for others. That we all deserved to live without suffering. To this day it still pains me to know my father died all alone, in intense pain and the worst part of it all is that it was wholly avoidable. There were medications available to alleviate

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the physical suffering he was experiencing. But, instead of receiving treatment, he received judgment, he received medical abuse and was left with no hope and that all of this was at the hands of the very individuals appointed to ensure his health and safety, *his doctor*.

CIAAG was founded in 2017 as a result of my personal experience; detailed below for the committee's consideration:

Upon seeking medical treatment at a local emergency room I was denied the appropriate care, instead being advised that "opioids were no longer used" and sent home to self manage the acute pancreatic attack I was experiencing. As a result, I spent the next several months being bounced doctor to doctor seeking treatment with some providers accusing me of "drug-seeking" and other providers advising there were new laws/regulations that prohibited them from providing me care I needed. Many physicians cited fear of DEA as a reason to deny my treatment while acknowledging they were well aware I was in serious medical duress.

My Primary Care Physician even advised they had forcibly tapered nearly their entire patient load in response to the new recommendations and that they "were not going to risk losing their license for me or anyone else." Of course, referring to how (in their belief) providing me opioid based pain relief would cause their medical license to come under scrutiny by the authorities and cause them undue legal issues. As a patient, it was shocking to hear those charged with my medical safety and well-being were perfectly fine with leaving me in a life-threatening medical emergency rather than to provide an opioid based medication, even when, in their medical opinion, it was a necessity at the time.

After 7 months of being bounced doctor to doctor, experiencing medical abuse and outright denial of care, I had finally found a doctor willing to take me on as a patient without labels and to reassess my condition. This physician quickly discovered that I was suffering from a condition called Superior Mesenteric Artery Syndrome (SMAS), in which my stomach and two parts of my intestines had ***collapsed inside my abdomen preventing me from eating food and causing debilitating pain***. I was quite literally, starving to death and vomiting violently any time I attempted to consume solid food. Superior Mesenteric Artery Syndrome can only be developed genetically or as a result of rapid weight loss and/or medical error. My development of Superior Mesenteric Artery Syndrome (SMAS) was a ***direct result*** of the denial of appropriate medical care during an emergency due to overly restrictive policies on opioid prescribing that created

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wide-spread fear among providers to prescribe/provide opioids based medications even in the most dire of circumstances.

As a result of these events, I now live with intractable pain every day, am disabled and have been mostly homebound for the past 4+ years. Prior to these events, I was a healthy individual working full-time as a Commercial Account Executive and Risk Manager in the field of Liability Insurance. I was a contributing member to society and at the beginning of a very promising career. In one day, my entire life was altered, solely due to public-health policy overstep and special interest influence over the private medical care of the citizenry.

Amending Section 32-3248.01 of Senate Bill SB1162 to exclude individuals with intractable pain and chronic pain from dose limitations on prescriptions for opioid based medications will help protect these citizens rights to access the individualized patient care they need.

Relief of suffering is an International Human Right. We must ensure any and all laws developed to prevent drug misuse are not interfering with the safe and necessary medical care of the citizenry. Therefore, urge the Committee to Vote YES Amending Section 32-3248.01 of Senate Bill SB1162 to ensure a safe pathway for people with chronic intractable pain to receive the necessary care they need without undue barriers and/or provider fear.

Additionally, I urge the Committee to Vote YES on Amending Title 32, Article 4, by adding Section 32-3248.03 and amending Title 36, Chapter 4, Article 1, by adding Section 36-420-02 relating to controlled substances.

Amending Title 32, Article 4, by adding Section 32-3248.03 and Amending Title 36, Chapter 4, Article 1, by adding Section 36-420-02 relating to controlled substances to Senate Bill 1087, will clarify the ***rights of our healthcare professionals*** to prescribe opioid analgesics medications for short-term use for the treatment of pain in an emergency room setting or outpatient department of a healthcare institution.

Timely execution of medical care in an emergency setting can mean the difference between full recovery, further injury and/or patient death. It is of vital importance that our healthcare professionals are able to provide the necessary care in a medical emergency without undue concerns about corporate and/or personal legal liability issues.

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Voting YES on the provisions in Section 32-3248.03 and Section 36-420-02 will aid in the delivery of safe, effective medical care within our emergency rooms and healthcare institutions.

I thank you for your time and consideration.

Lauren Deluca, CPCU, API, AINS  
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