

Pain and Addiction Leaders Raise Alarm on Oregon Force Tapering Opioid Proposal

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For immediate release: 3/12/2019

More than 100 of the foremost leaders in pain and addiction medicine, public health, and bioethics have raised critical concerns about a proposal in Oregon to deny opioid pain medications to a broad population of Medicaid patients.

On March 14, the Oregon Health Authority will vote on a proposal that would force Medicaid patients off opioid medications without their consent. The move, which would affect patients with more than 170 medical conditions, is an unprecedented attempt by a state government to arbitrarily deny opioid analgesic medications to broad classes of patients without regard for their individual conditions or if they have benefited from this class of medicine.

The expert letter, whose signatories included the current and several former presidents of professional medical associations and leaders of patient advocacy groups, characterized the policy as being scientifically unsound.

“(Oregon’s) broadly drawn policies for non-consensual forced opioid tapering lack evidence of benefit or safety and entail significant risks of harm,” the letter states.

The Centers for Disease Control, the Federation of State Medical Boards, and all other government or professional guidelines on opioid prescribing do not recommend forced tapering patients currently on opioid therapy, other than in situations where adverse events put the patient at risk. Non-consensual, forced opioid tapering risks destabilizing a patient's physical and mental health in ways that have resulted in increased pain and suffering, disability, and even suicide.

Oregon's proposal may also place physicians in the untenable position of having to choose between violating the ethics of their profession - to do no harm - or complying with the state-issued mandate.

Oregon proposes to replace opioid therapy with integrative and complementary treatments like yoga or counseling services. While the experts laud expanded coverage for such modalities, there is no firm evidence that these treatments offer sufficient pain care for patients with complex conditions. Most importantly, these treatments do not mitigate risks associated with opioid tapering.

The experts also warned Oregon Health Officials of the dangers of proceeding with this untested practice, especially as the state lacks the infrastructure to ensure that patients would be carefully monitored, supported, and cared for during or after any forced, non-consensual opioid taper.

The risks of involuntary tapering and the importance of facilitating access of medications to patients who need them have been highlighted by a growing chorus of health experts from many sides of the opioid debate, such as the American Medical Association and media outlets such as the New York Times, Reuter's, Los Angeles Times, and Medpage. Oregon's forced tapering proposals, in particular, have garnered attention as the most aggressive in the nation. The international watchdog organization, Human Rights Watch, highlighted Oregon's forced tapering proposals in its recent report outlining human rights violations in pain care, as have the opinion pages of the New York Times and the Wall Street Journal.

The authors of the letter concluded: "(Oregon's proposal) is a large-scale experiment on medically, psychologically, and economically vulnerable Oregonians, at a moment when Oregon has already seen a significant reduction in opioid prescribing and prescription opioid-related deaths."

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The Oregon Health Authority Health Evidence Review Commission (HERC) hearing and vote on the proposal will take place on March 14th, 2019 from 1:30pm-4:30pm at the following location:

Human Services Building  
500 Summer Street NE

Rooms 137A-D  
Salem Oregon 97301

Links to the hearing agenda and any updates:

Oregon HERC website: <https://www.oregon.gov/oha/hpa/dsi-herc/Pages/index.aspx>.  
Written comments are welcome at [herc.info@dhsoha.state.or.us](mailto:herc.info@dhsoha.state.or.us).