



## **Testimony**

*March 14, 2017*

### **SB 50: Pain Management Commission Continuing Education**

Presentors: Dr. Jim Rickards, Chief Medical Officer, Oregon Health Authority and Denise Taray, Pain Management Commission Coordinator, Oregon Health Authority

Chair Monnes Anderson and members of the committee, I am Dr. Jim Rickards, the Chief Medical Officer for the Oregon Health Authority.

And I am Denise Taray, the Pain Management Commission Coordinator for the Oregon Health Authority

First, I would like to provide a bit of background on the Oregon Pain Management Commission before moving to the recommended updates to existing legislation pertaining to the Commission's work.

The Oregon Pain Management Commission began as a demonstration project created by SB 1140 in the 1999 legislative session. Subsequently, the Commission was established in SB 885 by the Legislature in 2001. Its purpose under the legislation is to develop pain management educational programs, recommendations and curriculum; represent patient concerns to the Governor and Legislature; and create ways to improve pain management in Oregon through research, policy analysis, and model projects. The Commission also is charged with developing a mandatory pain management educational program for health care professionals under specified licensing boards.

The pain educational program is defined to include the Commission's web-based training Advancing Pain Management in Oregon and six (6) additional hours of continuing education in pain management, end of life care or a combination of both. The Oregon Pain Management Commission recommends an interdisciplinary approach for optimal treatment of chronic pain. Pain management should be collaborative and address a person's biological, psychological and social needs.

Chronic pain can disrupt a person's family and social relationships, ability to work, and overall well-being. Just as an individual's pain may be caused by many factors, its

treatment and management may require a combination of physical, psychological, pharmacological and social methods that address the whole person. That means providers – including physicians, behavioral health providers, social workers, physical therapists, massage therapists, acupuncturists and chiropractors and others – work together to help individuals address pain.

Interdisciplinary care is determined by the individual's needs. It may include treatment for conditions that contribute to pain including depression, anxiety, insomnia, chemical dependency, and post-traumatic stress disorders. While interdisciplinary pain management often begins with and is coordinated by the primary care provider, all providers should be able to recognize complex pain so they can address the whole person's complex needs as they relate to that pain.

Inadequate pain treatment, over-reliance on medications for pain management and lack of knowledge of biopsychosocial-informed care contribute to the serious public health concerns related to opioid medications.

Oregon's Prescription Drug Monitoring Program reported in 2012 that 20 percent of Oregonians (about 760,000) live with chronic pain<sup>1</sup>. For too many of them, treatment is focused on prescription drugs, particularly opioids. Public Health data for 2013 indicates that almost 1 in 4 Oregonians received a prescription for opioid medications<sup>2</sup>; opioid medications accounted for 54 percent of the prescriptions in Oregon's Prescription Drug Monitoring Program's data system<sup>3</sup>; and more drug overdose deaths involved prescription opioids than any other type of drug<sup>4</sup>.

Public health, behavioral health, health systems, academic institutions, policy makers, and law enforcement officials in Oregon are working together statewide and at the local level to reduce the risks associated with the use of opioid medications. Those efforts in particular are concerned with reducing abuse, addictions and unintentional overdose deaths. Existing statute requires 10 types of health care professionals to complete the Pain Management Commission's online module on pain management. Those providers are:

- Physician
- Physician assistant
- Nurse
- Nurse practitioner

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<sup>1</sup> [http://www.orpdmp.com/orpdmpfiles/PDF\\_Files/Reports/Statewide2012.pdf](http://www.orpdmp.com/orpdmpfiles/PDF_Files/Reports/Statewide2012.pdf)

<sup>2</sup> [http://www.orpdmp.com/orpdmpfiles/PDF\\_Files/Reports/Statewide2013.pdf](http://www.orpdmp.com/orpdmpfiles/PDF_Files/Reports/Statewide2013.pdf)

<sup>3</sup> [http://www.orpdmp.com/PDMP\\_2015v02262015.pdf](http://www.orpdmp.com/PDMP_2015v02262015.pdf)

<sup>4</sup> <https://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Documents/prescription-drug-overdose-state-plan.pdf>

- Psychologist
- Chiropractic physician
- Naturopathic physician
- Acupuncturist
- Pharmacist
- Dentist
- Physical therapist
- Occupational therapist

Effective management of an individual's severe and chronic pain may involve more than one health care provider. All professionals responsible for assessing the needs of an individual with acute or chronic pain should have the information and confidence to treat safely and effectively. All professionals should share the basic pain education and speak a common pain language. To ensure that all professionals involved in pain management receive ongoing education, the Oregon Pain Management Commission recommends that the Legislature expand the requirement to complete the online pain management training to additional professionals. The commission recommends that ORS 431.590 be amended to add these nine types of professionals to the pain education requirement:

- Pharmacy technician
- Expanded practice dental hygienist
- Optometrist
- Clinical social worker
- Professional counselor
- Marriage and family therapist
- Massage therapist
- Speech-language pathologist
- Certified Alcohol and Addictions Counselor

Optometrists are included because SB 152, passed by the Legislature in 2015, extended to optometrists the ability to prescribe opioid pain relievers for eye pain.

Finally, the Commission recommends changing the continuing education requirement from a one-time training to one that is taken every four years. The Commission is required to update its education program every two years. The pain management educational program is intended to be included in a licensed health care professional's continuing educational requirement already in place and as a minimum for those

professions without a continuing educational requirement. Requiring health care providers to complete the pain education program every four years will provide them with updated research and treatment recommendations that will improve their skills at working with other professionals on shared decision making and involving patients in their own care planning.

Opposition to the pain management educational requirement includes criticism stating the on-line module is rudimentary and too simple. The Oregon Pain Management Commission's module is brief and intended to provide basic information so all healthcare providers share one common language and understanding of pain care. The additional six hour requirement is intended to provide a provider with advanced pain management training specific to their professional and clinical interest.

In summary, the Commission is asking the Legislature to increase the types of health care professionals in Oregon who are required to complete pain management training, and to increase the required frequency of this training from a one-time requirement to once every four years.

Thank you for the opportunity to testify today. The Oregon Health Authority supports SB 50 and hopes you will as well.