

Submitter: Stefan Kertesz

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: SB607

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Dear Chair Nosse, Vice-Chairs Goodwin and Nelson, and members of the Oregon House Committee on Behavioral Health and Health Care:

I write to support Senate Bill 607, directing the Oregon Health Authority to study the composition of its Oregon Pain Management Commission (OPMC). I endorse mandates to include the voices of patients and families affected by pain in research, in policy and in bodies like the OPMC.

I am Professor of Medicine at the Heersink UAB School of Medicine in Alabama. For 27 years, I have cared for homeless-experienced populations with high rates of pain. In offering this letter, I do not represent formal positions of UAB School of Medicine or the US Department of Veterans Affairs.

Since 2002, I have been federally funded to research addiction, primary care and pain, with over 110 scientific publications. I have closely followed national policy on opioids since 2006, and Oregon policy since 2018, when I sent a letter from 3 opioid experts to the Director of Oregon's Health Evidence Review Commission, offering to brief her personally about risks of a proposed policy to mandate opioid taper in Medicaid. Our offer was declined, but I was gratified that Oregon's HERC did not take up the policy.

It bears emphasis that we were influenced both by research and by reports from patients. Those patient concerns were often downplayed by program leaders at the time, but scientific data eventually proved the patients were prescient. In fact, efforts to correct past overprescribing did catch patients with pain in a deadly crossfire. To date, more than 12 papers document risk of harm after opioid reduction, including one concerning suicides in Oregon.

A more inclusive composition of groups like the OPMC could have facilitated proactive dialogue. This lesson applies broadly, not just for pain care.

In federally funded Health Care for the Homeless Programs, there had historically been a resistance to including homeless-experienced clients on governing boards. Eventually, that change happened, both locally and in a powerful National Consumer Advisory Board. All of us learned that a strong consumer voice led to better policies and research, and more impact, precisely because plans included affected populations from the start. It exemplifies the lesson of the early AIDS epidemic: “nothing about us without us.”

Senate Bill 607 honors the law that established the OPC. That law (ORS 413.570) mandated 3 goals: (a) pain management recommendations; (b) to develop ways to improve pain care; and (c) to represent the concerns of patients with pain to the Governor and the Legislature.

The last, it must be acknowledged, can't happen without inclusion of patients. And we know now that this inclusion can prevent mistakes.

Today's OPMC website reflects a disappointing lack of guidance from patients who receive pain care in Oregon. Right now, the OPMC's, “information and support” page for patients links to just two external sites, both of which are problematic, and seem to reflect inadequate vetting.

One is a commercial website created by Boston Scientific to promote adoption of its patented spinal cord stimulator device; promoting commercial interests in this way reflects inadequate vetting. The other is just a dead link. Elsewhere on the site, there are some OPMC-created downloadable PDF's. These aren't bad. But they are dated, and don't link to contemporary sources of pain support.

Policy-guidance organizations can produce better work when they include the people they seek to serve. This is an appropriate time to explore the composition of the OPMC. The work of the Commission will be stronger as a result.

Respectfully,
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