



Leaders in Multidisciplinary Care Since 1988

July 30, 2018

To Whom It May Concern:

I am writing on behalf of the Academy of Integrative Pain Management (AIPM) regarding the proposal from the Chronic Pain Taskforce to deny coverage of opioids for most chronic pain conditions beyond 90 days, mandate the taper of current patients receiving opioid therapy, and instead cover only a variety of non-opioid treatments for people living with long-term pain. While AIPM strongly supports increased utilization of nonpharmacological treatments and educates practitioners on the benefits of an integrative approach to treating pain, we are gravely concerned with the access to care issues that would be implicated if this policy were to be adopted as it is written.

Under the current proposal, each opioid prescription must be limited to seven days of treatment. While intended to reduce the number of opioids in circulation, the reality is that patients in severe pain and with limited mobility, who cannot transport themselves without securing a driver in many instances, will have to arrange to see their health care provider and/or refill their prescription once each week—and that is assuming there are even appointment slots available for the increased number of visits this would require.

Further, between six weeks and 90 days, the use of opioids will only be allowed if a number of conditions are met, including that they must be prescribed in conjunction with therapies such as spinal manipulation, physical therapy, yoga, or acupuncture. We strongly support use of these therapies in patients for whom they are indicated; however, the proposal makes no plan for ensuring that these therapies are geographically accessible to patients, or that there is a sufficient supply of providers for these therapies.

Wait times for appointments are at an all-time high, both nationally and in Oregon. According to a 2017 survey, physician appointment wait times went up an average of 30% from 2014 to 2017, and the average wait time for a new patient at a family medicine clinic in Portland is already at 39 days.¹ Wait times are the longest they have ever been since data began being collected in 2004, which is a significant indicator that the nation is experiencing a shortage of physicians. From a specialty care perspective, as an organization with extensive experience in this realm, we can attest that there is a shortage of certified, credentialed, and/or boarded pain management specialists. It is highly likely that the health care system simply cannot absorb the number of new appointments that this policy would require, leaving patients dealing with severe pain without adequate treatment if they are unable to secure an appointment every seven days.

Geographic accessibility of health care providers is a major concern in a state such as Oregon. According to the Oregon Office of Rural Health, approximately 35% of Oregonians live in rural and frontier communities and rely on the physicians, physician assistants, and acupuncturists who provide care locally.² While these are wonderful places to live and work, meeting the unique healthcare needs of rural citizens is challenging, as was recognized

¹ 2017 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates. Merritt Hawkins, an AMN Healthcare company. Accessed July 30, 2018.

<https://www.merritthawkins.com/uploadedFiles/MerrittHawkins/Content/Pdf/mha2017waittimesurveyPDF.pdf>

² Rural Health. Oregon Medical Board. Accessed July 30, 2018. <https://www.oregon.gov/omb/Topics-of-Interest/Pages/Rural-Health.aspx>

by Governor Kate Brown in 2017 in an official proclamation that recognized that these residents “...face accessibility issues, provider shortages, and a growing aging and underinsured population.”³ In fact, practitioner shortages in Oregon’s rural areas were the impetus for the Primary Care Loan Forgiveness program that forgives the student loans of practitioners who complete a service obligation in a qualified Oregon rural community.⁴

Access to nonpharmacological treatments for pain is particularly challenging for many rural residents, as practitioners such as acupuncturists, chiropractors, physical therapists, occupational therapists, massage therapists, and yoga practitioners tend to be located in urban areas. We at AIPM are avid advocates of increased utilization of these nonpharmacological treatment modalities and work hard to grow the pool of highly trained integrative health care practitioners. However, we are very concerned with the ability of rural residents living with severe pain to access this type of care without undue burden, particularly if their ability to receive *any* opioid treatment whatsoever hinges on their ability to access care that is unrealistically attainable to them within the community in which they reside.

As the largest pain management organization in the nation, AIPM represents nearly 2,500 clinicians across the country who treat pain. We embrace, as part of our mission statement, an integrative model of care that is patient-centered; considers the whole person; encourages healthful lifestyle changes as part of the first line of treatment to restore wellness; is evidence-based; brings together all appropriate therapeutic approaches to reduce pain and achieve optimal health and healing; and, encourages a team approach. Further, because effective, high-quality pain care often requires multiple providers and multiple interventions to help people with pain achieve optimal wellness, our highest policy priority is to ensure access to, and adequate insurance coverage for, integrative pain care. **Unfortunately, we believe that the policy proposed by the Chronic Pain Taskforce would be the most dramatic and restrictive opioid policy in the country, that it is unsupported by current treatment guidelines related to opioid prescribing, including the CDC Guideline for Prescribing Opioids for Chronic Pain, that the current health care system cannot cope with the additional appointment slots necessary for the policy to work appropriately, and that the non-opioid alternatives that would be covered in place of opioids are not sufficiently accessible to a large portion of Oregon’s population.**

We strongly suggest that you thoroughly evaluate appointment availability and practitioner accessibility, in both urban and rural areas, before moving forward with this proposal.

Respectfully submitted,



Katie Duensing, J.D.
Director of Legislative and Regulatory Affairs
Academy of Integrative Pain Management

³ National Rural Health Day. State of Oregon Proclamation, Office of the Governor. October 5, 2017. Accessed July 30, 2018. <https://www.oregon.gov/omb/Topics-of-Interest/Documents/National-Rural-Health-Day-2017.pdf>

⁴ Brochure, see page 6-7. Oregon Office of Rural Health. Accessed July 30, 2018. http://www.ohsu.edu/xd/outreach/oregon-rural-health/about/upload/OORH_Brochure.pdf