

February 20, 2023

In support of Senate Bill 607

I am a 63 year old woman who had a massive, traumatic fracture of my ankle in 2013. Previous orthopedic doctors told me I'd probably be in a wheelchair by 2018. I'm still walking. I no longer have the mobility to walk for any distances or length of time. My fracture was repaired with a plate and 11 screws, 3 of which are drywall length and two of those are screwed into my tibia. One of those exceptionally long ones of the three goes side to side holding my ankle bones together and in place. I had delayed healing, lost cartilage in my ankle and have bone on bone pain with weight bearing and movement.

I am also on Supplemental Security Income due to this process, Lyme disease and pituitary failure-all of which contributed to significant bone loss and the fracture that I experienced. It is incredibly painful to walk on an ankle that looks like a Frankenstein experiment. When I fractured my ankle, my orthopedic doctor said the ankle was "kibble and bits" and the surgeon assumed those bits would eventually grow back together. I am currently in 5 mgs of oxycodone at night to alleviate a pain and allow me to sleep. As a Care Oregon patient, I cannot find anyone who will accept me and manage my care as a pain patient. I've tried acupuncture, gabapentin, and over the counter pain medications. This is not a soft tissue injury that can be massaged away. Just because I find myself low income, I no longer have the same options as wealthy person to find a qualified doctor to prescribe opiates. Again, these are low dose and I am a senior citizen. The attitude that prevails at the top level regarding the use of opiates needs to change. Pain management is a legitimate reason to prescribe this type of medication. The use of opiates is a private conversation between a physician and their patient, not between a board and individual medical doctors. Much of this conversation has been dominated by political beliefs of the Board. This needs to stop. For those of us who are at the end of the aging spectrum, and who are low-income CareOregon patients, we need to be supported in achieving some sort of quality of life. I am requesting access to prescribing doctors who should not be demonized for supporting long term care for chronic pain patients.