

Submitter: Wendy Sinclair

On Behalf Of:

Committee: House Committee on Behavioral Health and Health Care

Measure: SB607

Good afternoon, Chair Nosse, Vice-Chairs Goodwin and Nelson, and members of the Oregon House Committee on Behavioral Health and Health Care. My name is Wendy Sinclair. I'm a co-founder of the Oregon Pain Action Group. The Oregon Pain Action Group is a volunteer organization created to help patients self-advocate. And although I am not speaking in official capacity, I am a member of the Oregon and Nationwide Doctor Patient Forum and the National Council of Independent Living.

In 2014, I became permanently disabled when a drunk driver crashed into my vehicle crushing my spine which would never completely heal, leaving me in intractable pain. My situation was complicated due to my incurable genetic disorder that makes it harder for me to heal. When my doctor told me I would never have my old life back I was devastated, but I tried to find a new normal. However, I wasn't prepared for the discrimination I would face simply for taking pain medication as prescribed. If I hadn't lived through it, I wouldn't have believed the bias against patients. That's why consulting people with lived experience is vital to a group that speaks for us.

Due to misapplication and misinformation, the prescribing pendulum swung too far against prescribing opioids and now under-prescribing is a huge problem in Oregon just like it was in 1999 when the Oregon Pain Management Commission was legislatively created due to the harm of under prescribing.

New data and information is showing that pain patients aren't the cause of the opioid epidemic and therefore actions taken to curb prescribing misses the mark for reducing overdoses. The crisis is from illicit opioids primarily fentanyl.

For many years the Commission worked to ensure the Oregon pain population had a voice, representation, and advocacy. They requested 2007s SB880 which protected pain medication prescribers. Although opioid pain medication isn't appropriate for everyone, it can be beneficial for some patients, and it should be available as an FDA approved option when the provider believes it is in the patient's best interest.

In 2016, the Commission's meeting minutes reflect a change in their ideology. They state they used to advocate for opioids when needed, but they no longer support that ideal. My hope is that there should be no blanket opinion when it comes to medical treatments, instead it should be based on the individual.

This bill isn't meant as an offense to the Commission. It is simply prudent to study the membership of a group that was created legislatively, since it hasn't been studied since its inception. In the name of openness, which is something I think we can all agree is

positive, we should always have layers of oversight for any group. We stand on this principle in Oregon as a foundation of transparency, which is an important aspect to our government and the groups it creates.

I appreciate the time the members of the Commission put into their work, and I hope this bill is a positive example of inclusion and transparency.

Thank you, Health Care Committee, for considering this bill.