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New York, New York
10118

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May 8, 2019

Governor Kate Brown
Office of the Governor
900 Court Street NE, Suite 254
Salem, OR 97301-4047
Phone: (503) 378-4582

CC: Tina Edlund, Health Policy Advisor to Gov. Brown; Dr. Dana Hargunani; HERC members

Dear Governor Kate Brown,

We are writing to express our serious concern over a policy proposed by Oregon's Health Evidence Review Commission (HERC) that would mandate involuntary opioid dose reductions for Medicaid patients with some chronic pain conditions. This practice is not encouraged by any medical or professional guidelines because it can destabilize patients' physical and mental health. While we believe that the overprescribing of opioids has caused great harm, policy solutions like this one risk hurting patients, as the Centers for Disease Control and Prevention (CDC) underscored in recent statements opposing mandatory dose reductions. We urge you to call on HERC to vote against this proposal on May 16 in an effort to prevent the unnecessary suffering of tens of thousands of vulnerable Oregonians.

Human Rights Watch has documented the dangers of involuntary opioid dose reductions. In a December 2018 report, we found that patients who had benefited from long-term opioids were nonetheless being forced to lower doses by their physicians, who feared liability or regulatory oversight. While studies show that patients' health can improve when they choose to lower their dose voluntarily, the opposite appears to be the case for those tapered without their consent: HRW found that patients could no longer work, support loved ones, or in some cases even go to the toilet unassisted. Patients also felt increasingly isolated, contemplated suicide, and in some cases, turned to illicit drugs or alcohol.

The HERC's proposal continues to promote the involuntary tapering of patients with neck, back, and spine conditions as well as fibromyalgia — in total, more than 170 diagnoses. While we commend HERC for certain

revisions to this policy, including allowing providers to slow or temporarily stop a taper, ultimately, the policy still mandates involuntary dose reductions for a broad class of patients, and therefore still risks doing serious harm. Even if treatment options are expanded, opioids are an essential medication and, so long as they are prescribed appropriately, should continue to be an option for those with these painful conditions.

No medical or professional guidelines recommend tapering patients off opioid medications involuntarily. Some guidelines, such as the CDC guideline on opioid prescribing issued in 2016, have been misinterpreted as supporting such practices. But last week, three authors of the guideline wrote in The New England Journal of Medicine that it "does not address or suggest discontinuation of opioids already prescribed at higher doses." The authors wrote that while some patients may succeed with a dose reduction, "other patients may find tapering challenging" or "have adverse psychological and physical outcomes." Ultimately, the CDC authors concluded, "policies should allow clinicians to account for each patient's unique circumstances in making clinical decisions." This article was accompanied by a press release from the CDC, as well as a statement from the CDC Director on April 10 noting that the guideline "does not endorse mandatory or abrupt dose reduction or discontinuation, as these actions can result in patient harm."

Unfortunately, Oregon's proposed policy would fly the face of these recent CDC clarifications. While the policy claims to be patient-centered, it would in fact tie doctors' hands and force them to enact dose reductions against their better clinical judgment, even when they destabilize a patient physically or mentally. Indeed, Oregon's proposal is more extreme than any in the nation both because it mandates the full discontinuation of opioids – a taper to zero – and it does so for a broad class of patients. We commend Oregon for its willingness to make non-opioid treatments, and particularly non-pharmacological treatments, more widely available to Medicaid patients. But while the scientific evidence shows that these treatments can be a useful tool to some patients, there is no indication that providing these services in the context of a forced taper can replace opioids or prevent the harm associated with mandated tapers.

Medical experts and advocates have repeatedly brought these arguments to the attention of the Oregon Health Authority, HERC, and other state officials: most recently, a letter from more than 100 leading physicians and other experts found that there is no evidence available to suggest that this policy would protect patients from harm, and no evidence to support the decision to target patients with the aforementioned diagnoses. The HERC itself found that there was "insufficient evidence" regarding the harms or the safety of involuntary tapering – and yet it has endorsed a policy that would mandate this practice. Now that the CDC has also come out against mandatory tapers and policies that misapply

its guideline, we hope that Oregon will reconsider.

We call on the Governor to urge the Health Evidence Review Commission not to pass this dangerous and ill-conceived policy on May 16, and to include opioid therapy as a treatment option for all pain conditions addressed in this proposal. The lives of tens of thousands of Oregonians — who could suffer from increased pain, disability, suicide, or overdose as a result of this policy — are at stake.

Sincerely,

Laura Mills

Researcher
Health and Human Rights
Human Rights Watch
www.hrw.org
millsl@hrw.org