

2025

Representing Concerns of Patients in Oregon

A report from the Oregon Pain Management Commission



Oregon
Health
Authority

INTRODUCTION

The Oregon Pain Management Commission (OPMC or Commission) was created by the Oregon Legislature in 1999. Its mission is to improve pain management in Oregon through education, development of pain management recommendations, and related research and policy analysis. One of the duties of OPMC, per ORS 413.570(1)(c), is to represent the concerns of patients in Oregon on issues of pain management to the Governor and the Legislative Assembly. Since there is no specific reporting requirement in statute, the Commission has not previously provided such reports before its 2024 report, but plans to send a similar report each year from now on. The Commission welcomes feedback from the public, the Legislature and the Governor's office on the format and content of this report. Thank you to those who testified at public meetings and responded to report surveys for taking time to share their concerns.

SUMMARY AND COMMISSION RESPONSES

This report contains the findings of a thematic qualitative content analysis of surveys and testimony delivered to the OPMC between 7/1/2024 and 4/30/2025.

Themes - Members of the Public:

The themes below are summarized from testimony at the OPMC meetings as well as two public surveys.

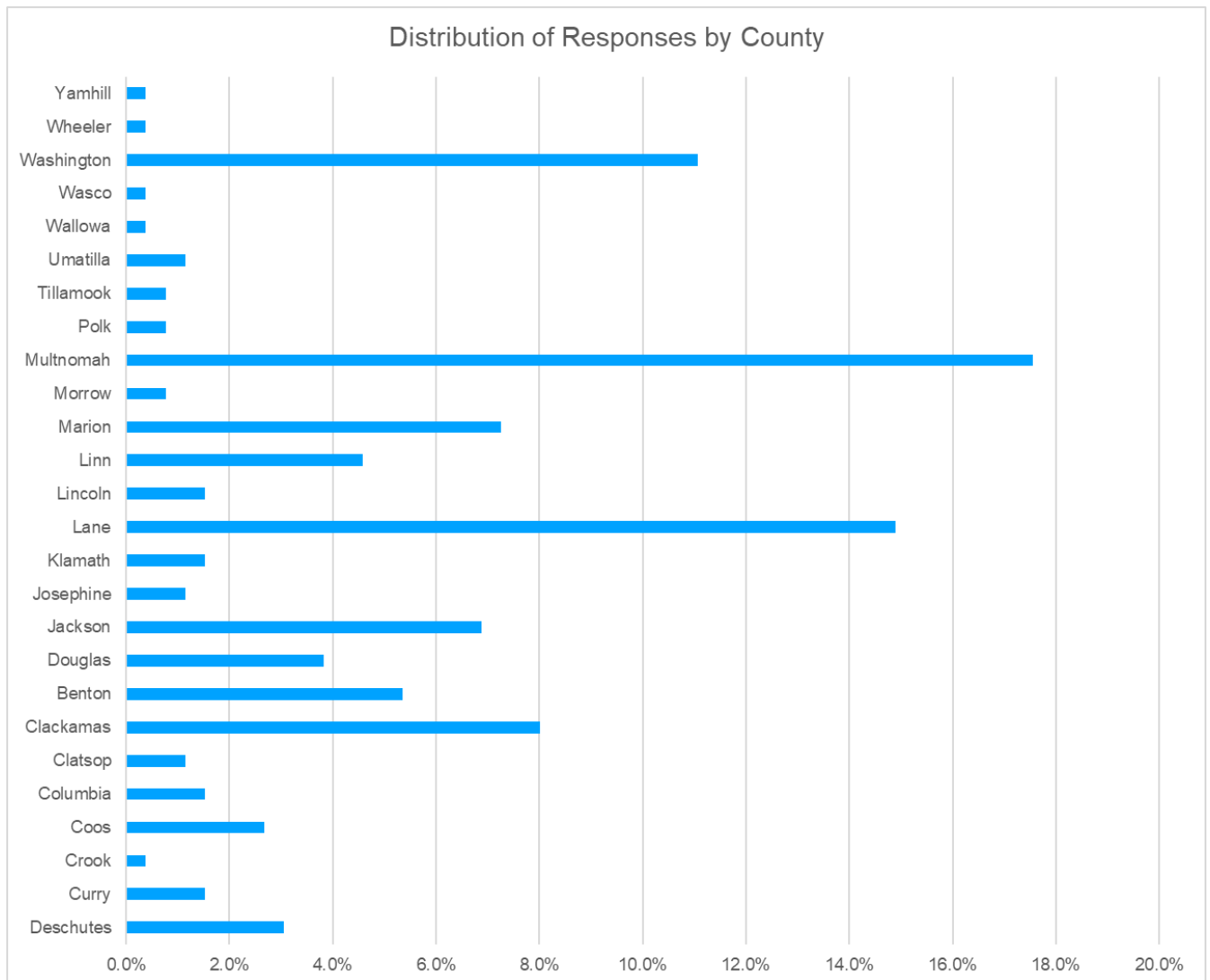
1. **Limited Access to Pain Management Care:** Many respondents described losing care after their prescribers retired, moved, or changed practice. In many cases, patients experienced difficulties finding new providers, or were unable to find a new provider. Rural residents, Medicaid enrollees, and those requiring multimodal approaches (e.g., physical therapy, acupuncture, pain psychology) face particularly significant access barriers.
2. **Systemic Stigma and Disbelief:** Patients frequently reported being treated with suspicion or moral judgment, especially when using prescribed opioids. Experiences of being labeled "drug seekers," being disbelieved by providers, and of social isolation related to chronic pain were consistently represented across surveys.
3. **Policy and Guideline Misapplication:** There was widespread concern over rigid interpretation of pain management guidelines—especially the CDC Guidelines for Prescribing Opioids for Chronic Pain – 2016 1/ —leading to forced tapering (gradual or abrupt reductions in medication prescribing), being required to switch to buprenorphine, or outright dismissal from care. Respondents requested availability of more flexible, individualized approaches.
4. **Public and Provider Education Needs:** Patients and advocates emphasized the need for provider education on modern pain science, including neuroplasticity and central sensitization. Respondents called for accessible patient materials and more pain-trained providers.

5. Insurance Limitations and Disparities: Coverage exclusions, prior authorization delays, and low provider reimbursement rates were cited as barriers to availability of needed pain care. Medicaid recipients reported systemic inequities compared to commercial plan enrollees.

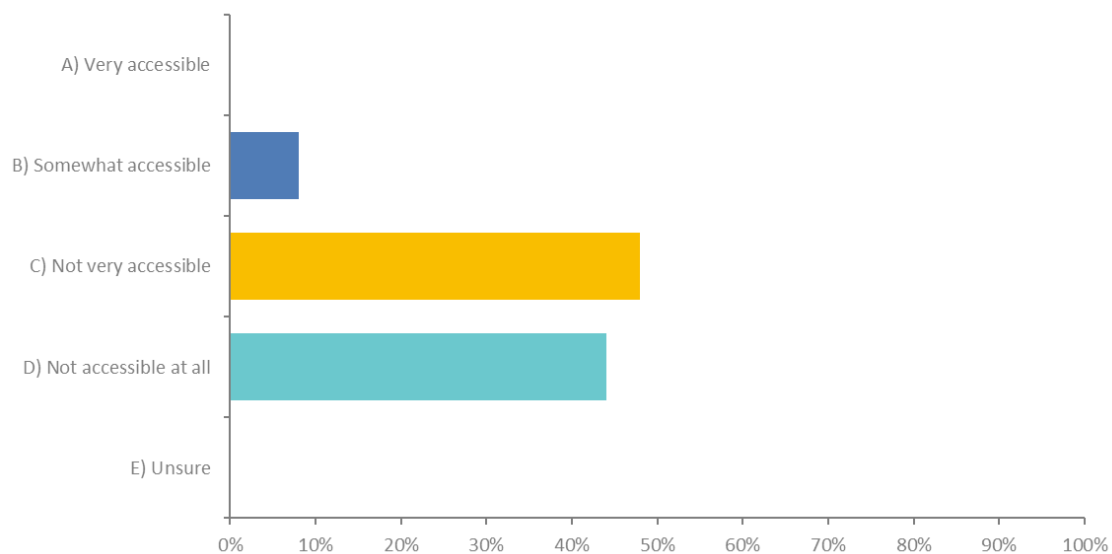
Survey Responses – Members of the Public

The Commission invited members of the public to participate in a ten-question survey developed by OPMC. The survey was open from March to April, 2025. The Commission distributed the survey via its listserv and announced it at public meetings. Altogether, 44 respondents completed the short answer, multiple choice and ranked choice questions in the survey. The questions and results are below:

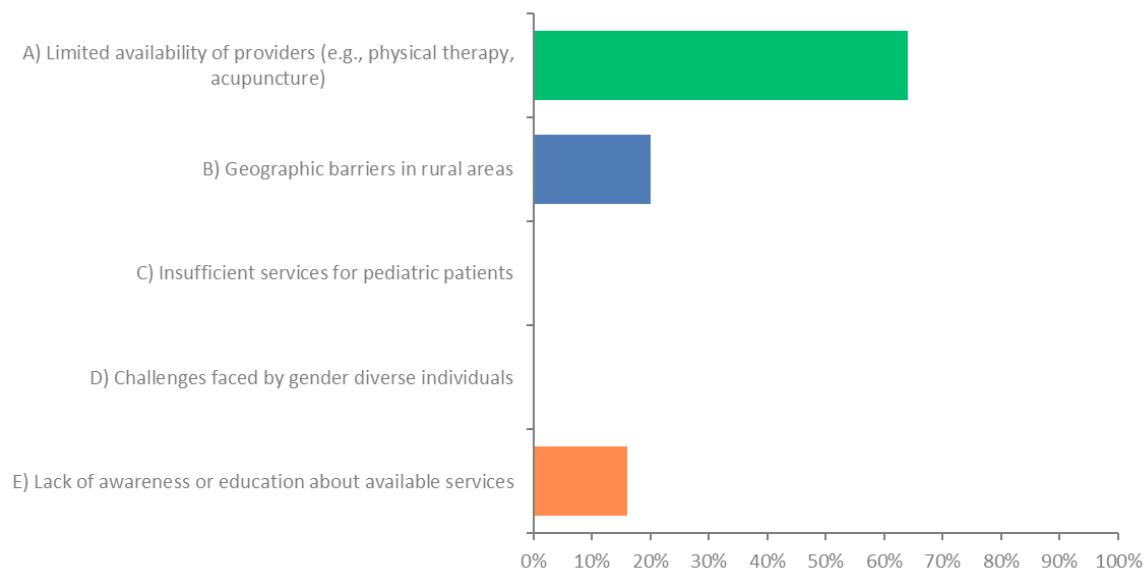
Response distribution by County:



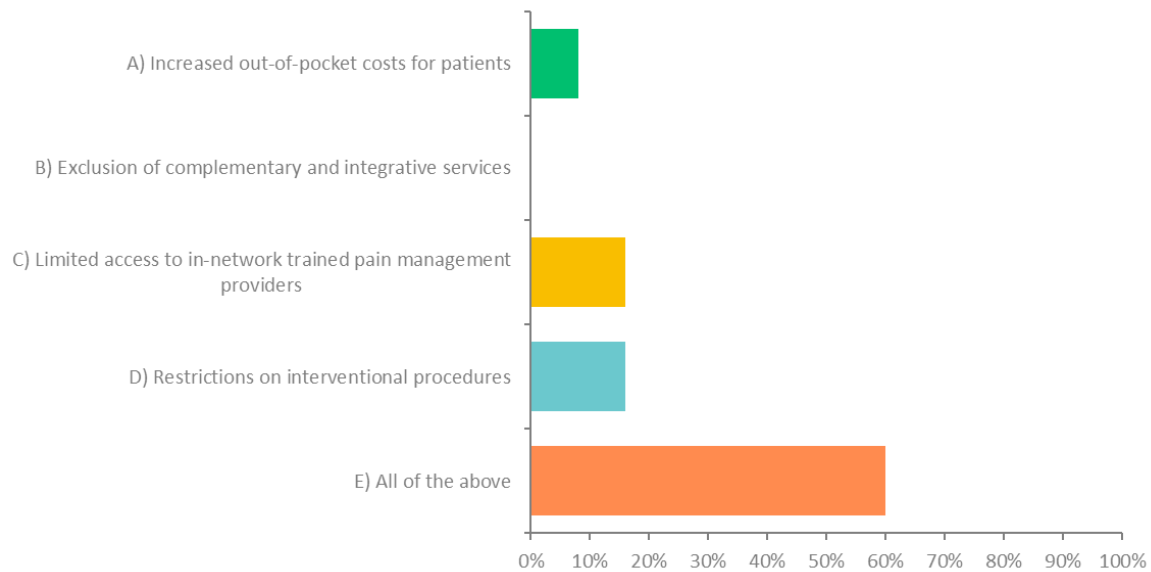
1. Rate the accessibility of pain management care in Oregon, particularly in rural areas and for specific populations.



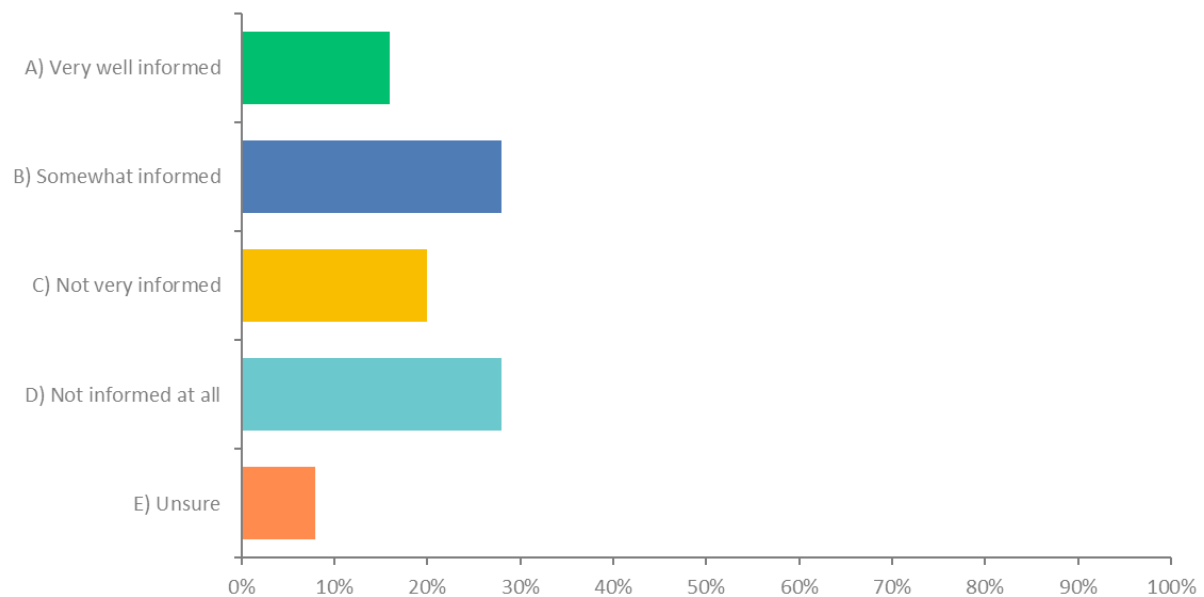
2. Which of the following issues do you believe most significantly affects access to multimodal pain management services for vulnerable populations in Oregon?



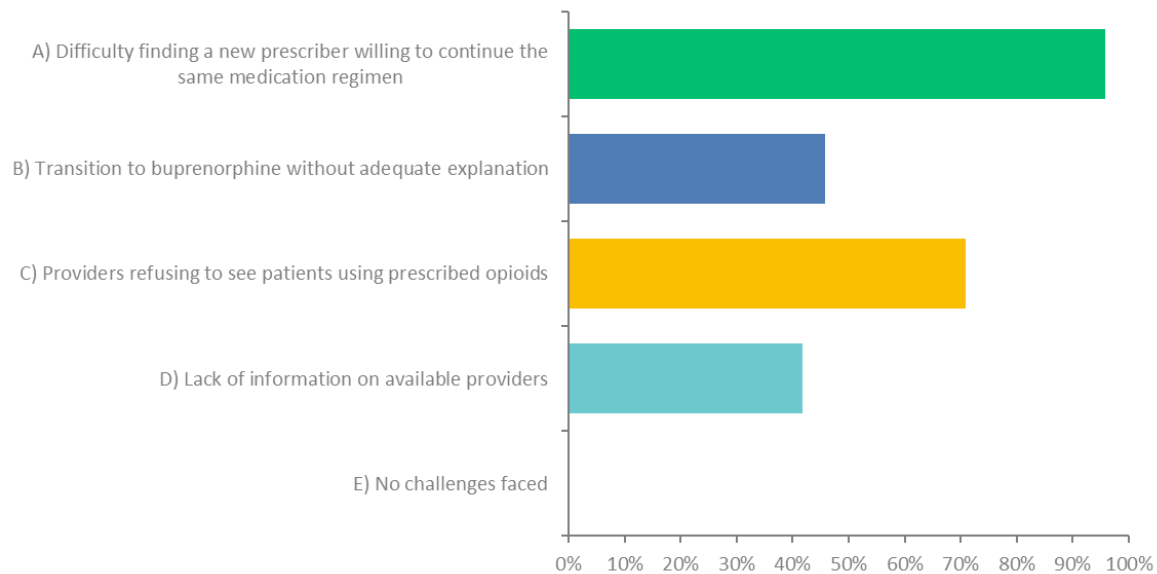
3. What do you believe is the most significant impact of insurance limitations on access to pain management treatments?



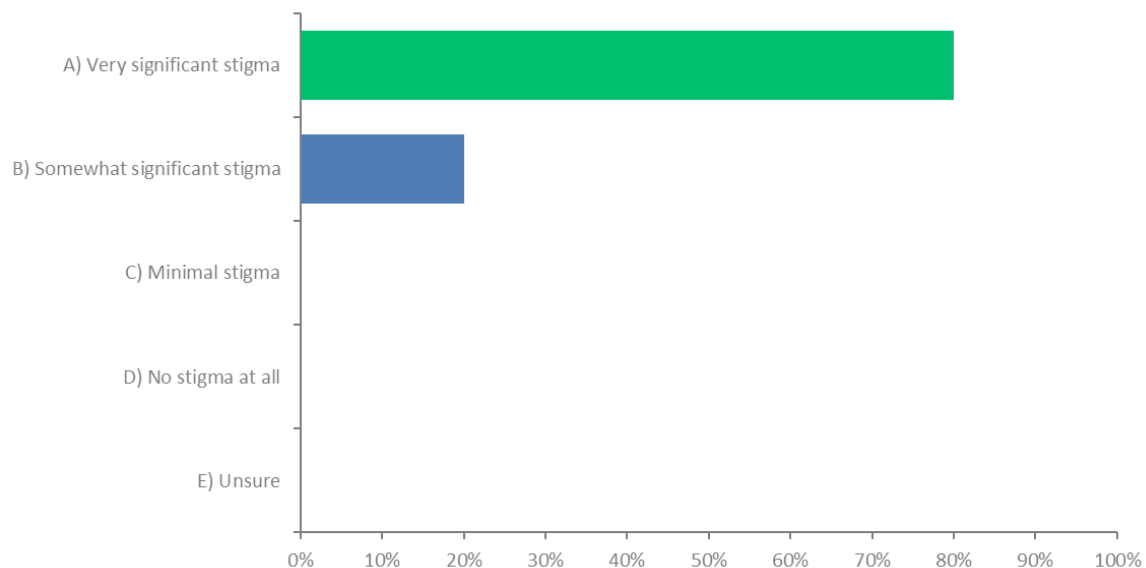
4. How well do you think patients are informed about key concepts related to chronic pain management, such as neuroplasticity and central sensitization?



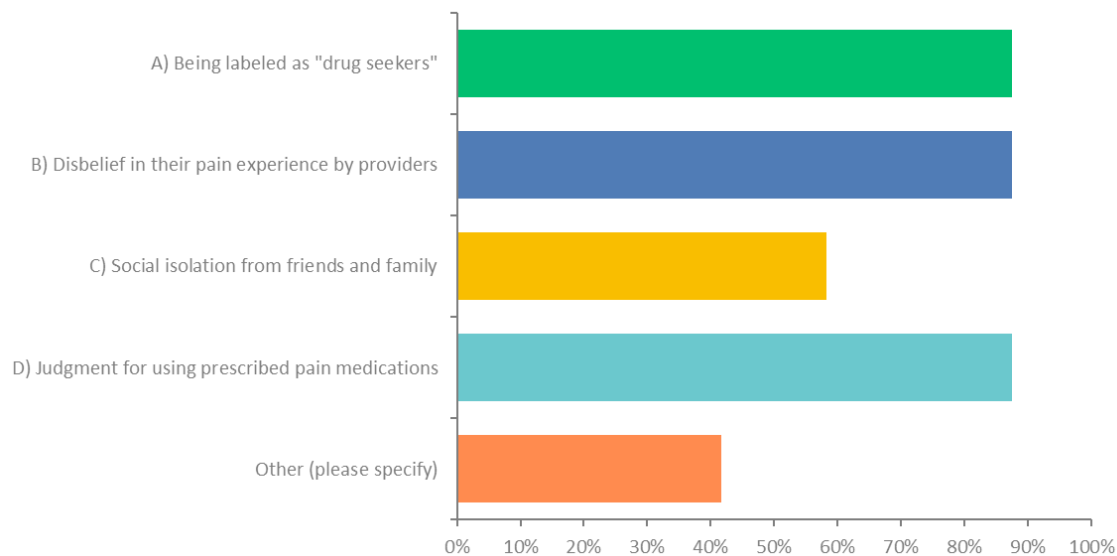
5. What challenges have you or someone you know faced when trying to find a new prescriber for chronic pain management after a previous provider has moved or retired?



6. How would you describe your perception of stigma faced by individuals experiencing chronic pain in the healthcare system?



7. What types of stigma do you believe individuals with chronic pain commonly face? (Select all that apply)



8. Of the issues listed below, which you would like policy makers to address: Please rank from most important to least important.

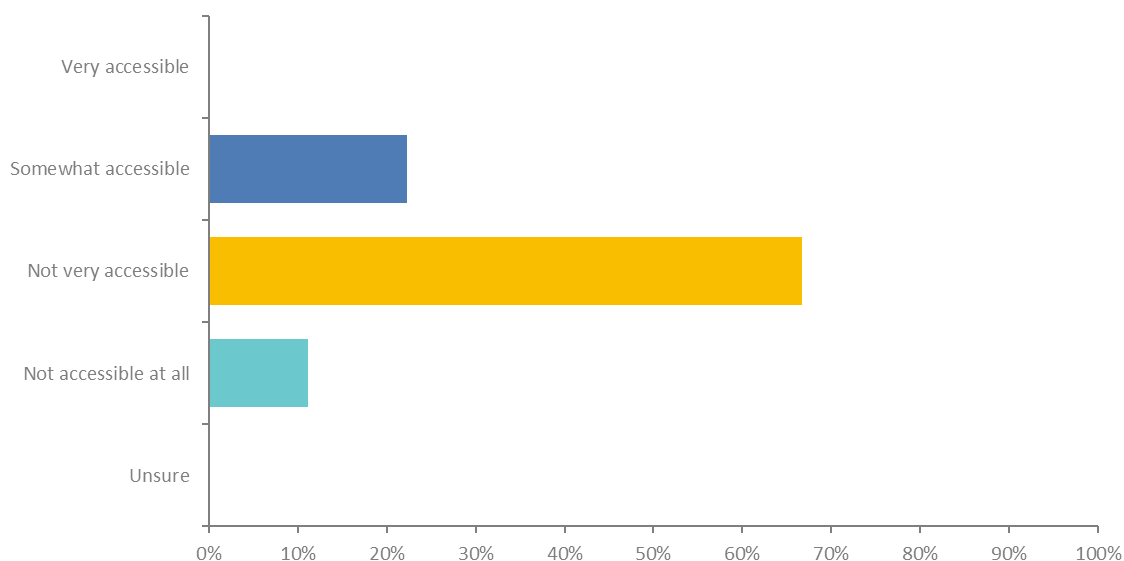
	1	2	3	4	5	TOTAL	SCORE
Improving access to comprehensive pain treatment in rural access	24.00% 6	32.00% 8	20.00% 5	12.00% 3	12.00% 3	25	3.44
Policies on prescribing opioids for pain management	56.00% 14	8.00% 2	20.00% 5	8.00% 2	8.00% 2	25	3.96
Insurance coverage	20.00% 5	20.00% 5	36.00% 9	16.00% 4	8.00% 2	25	3.28
Continuing education for licensed healthcare providers	0.00% 0	20.00% 5	12.00% 3	44.00% 11	24.00% 6	25	2.28
Policies that are specific to special populations	0.00% 0	20.00% 5	12.00% 3	20.00% 5	48.00% 12	25	2.04

Commissioner Perspectives

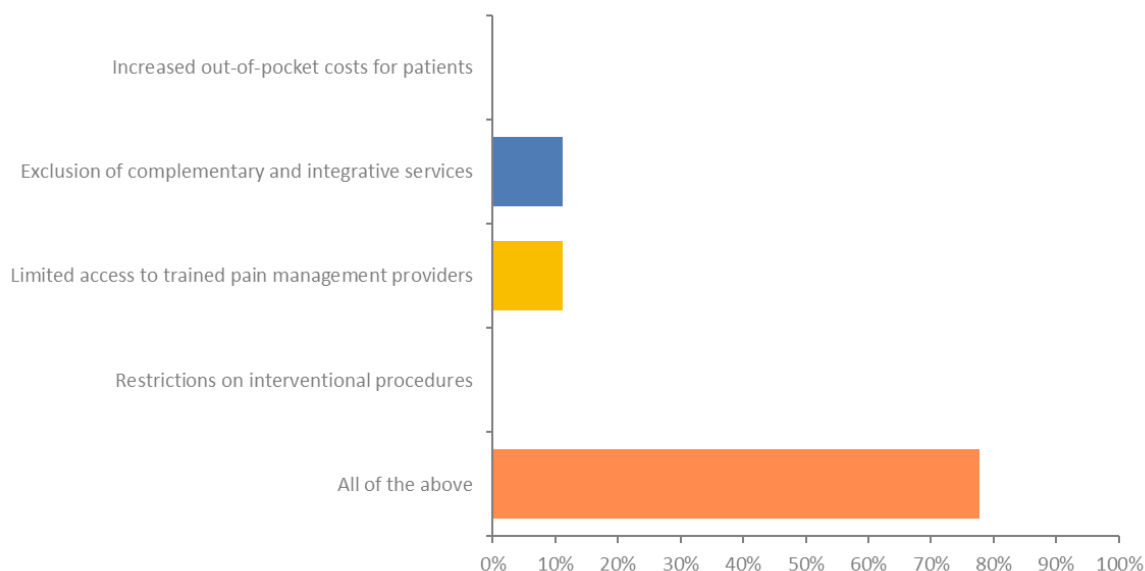
- 1) Staff surveyed Commissioners regarding patient concerns they are aware of based on their interactions and clinical work with people in pain in Oregon during this reporting cycle. The list is sorted from the most-frequently reported concern to the least-frequently reported. Access to providers who offer pain management care—especially multimodal pain management services—is limited in Oregon. It is particularly limited in rural areas, for pediatric patients and for gender-diverse individuals. The shortage exists for a variety of provider types, including primary care, physical therapy, chiropractic, osteopathic manipulation, acupuncture, massage therapy and behavioral health.
- 2) Insurance limitations pose a barrier to optimal results and limit access to treatment by providers trained in pain management. Cost sharing and insurance exclusions of certain services including complementary and integrative services and interventional procedures can prevent patients from accessing optimal care.
- 3) Patients most commonly benefit from a multimodal approach to pain management, including pain-focused physical therapy, complimentary and integrative care, and pain psychology. Patients are often not adequately informed by their providers on key concepts related to chronic pain such as neuroplasticity and central sensitization.
- 4) When a patient’s current prescriber has moved, retired or is no longer prescribing, the patient often can’t find another prescriber or primary care physician who will continue to prescribe their preferred regimen. For example, some providers may transition patients to buprenorphine rather than other opioid medications that are preferred by the patient. Others refuse to see patients with chronic pain, especially if they use prescribed opioid medications.
- 5) People in pain are dismissed and stigmatized by the healthcare system and in society. They say some providers and others discriminate against them and don’t believe them about their experience of pain. Many patients report a sense of isolation. They feel singled out as “drug seekers” or “addicts” if they use medications as prescribed, or even if they do not use medications with risk of dependence.
- 6) The relationship between opioid medications and chronic pain and substance use is complex. Some members emphasized the importance of opioids as a chronic pain treatment for some patients. Others emphasized that use of prescribed pain medications can lead to addiction and said loss of access to prescribed medications can lead some patients to seek medications on the street. Some patients with chronic pain have substance use disorders and others do not.

Members of OPMC were also sent a survey to complete between February and March. The survey included similar questions and answer choices provided to members of the public that were worded a bit differently to reflect the nature of their relationship. Eleven of 17 members submitted responses; these questions and results are below:

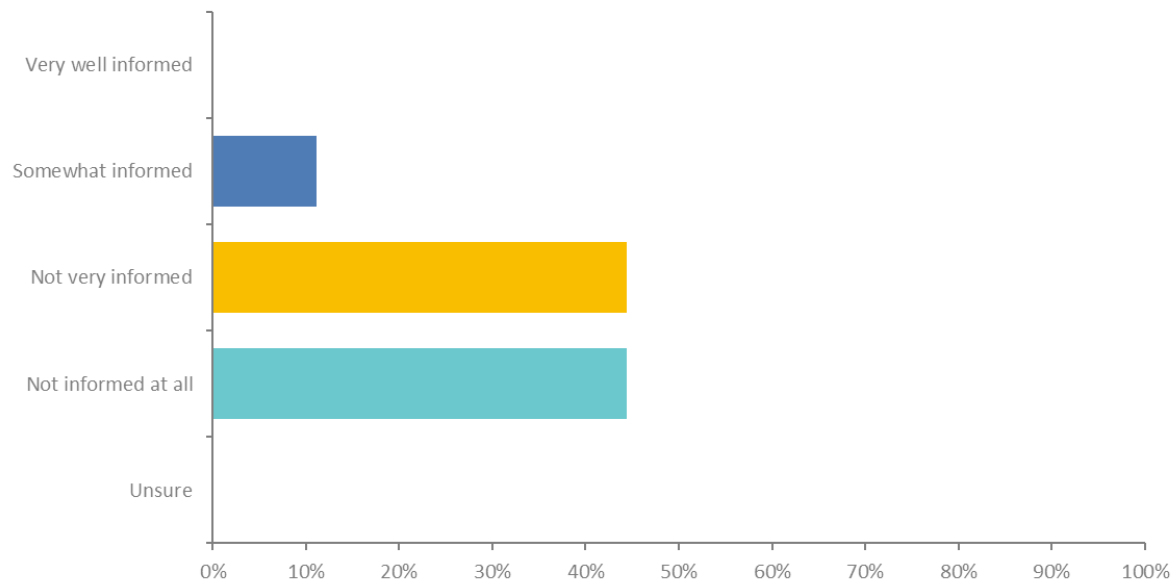
- 1) Rate the accessibility of pain management care in Oregon, particularly in rural areas and for specific populations? Please select the option that best reflects your opinion.



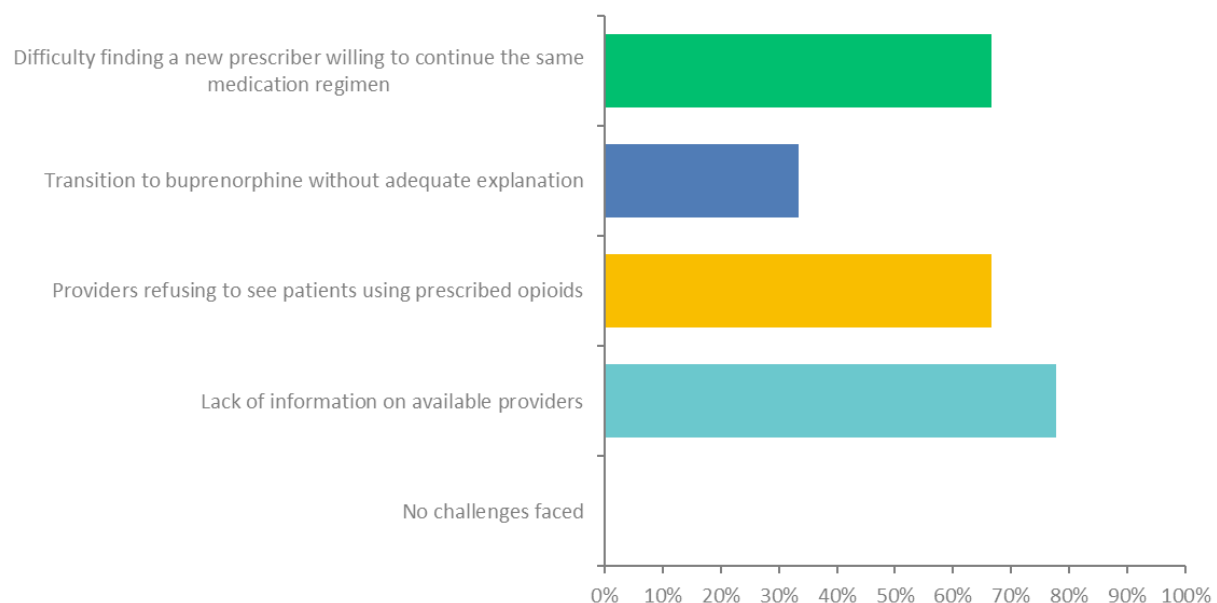
2. What do you believe is the most significant impact of insurance limitations on access to pain management services? Please select the option that you believe has the greatest impact.



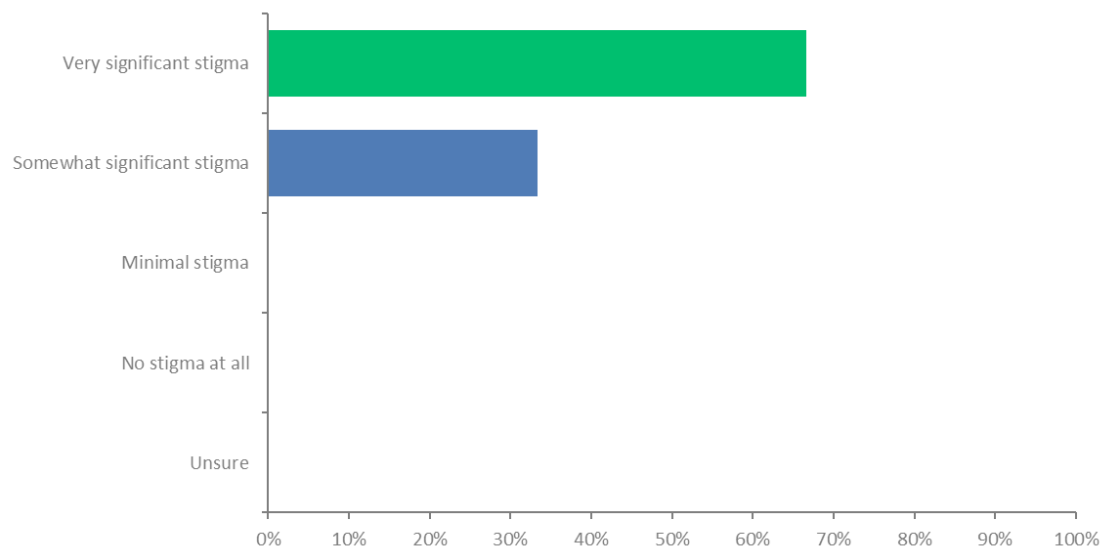
3. How well do you think patients are informed about key concepts related to chronic pain management, such as neuroplasticity and central sensitization? Please select the option that best represents your perspective.



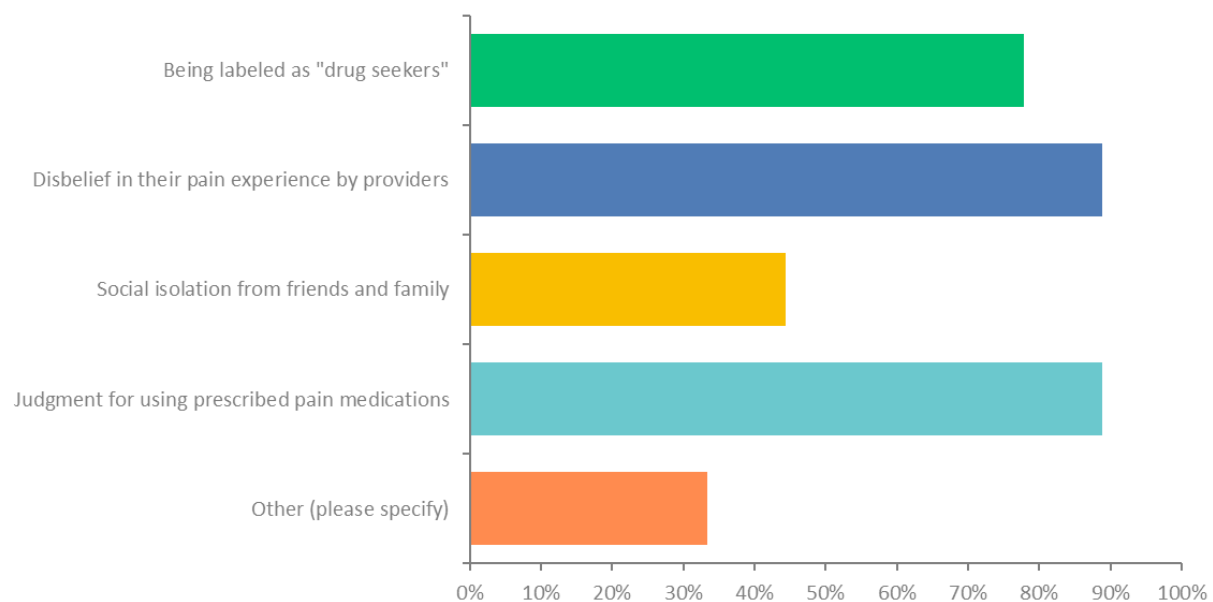
4. What challenges have you or someone you know faced when trying to find a new prescriber for chronic pain management after a previous provider has moved or retired? Please select all that apply.



5. How would you describe your perception of stigma faced by individuals experiencing chronic pain in the healthcare system? Please select the option that best reflects your experience or perception.



6. What types of stigma do you believe individuals with chronic pain commonly face? Please select all options that apply.



7. Of the issues listed below, which you would like policy makers to address? Please rank from most important to least important.

	1	2	3	4	5	TOTAL	SCORE
Improving access to comprehensive pain treatment in rural areas	44.44% 4	44.44% 4	11.11% 1	0.00% 0	0.00% 0	9	4.33
Policies on prescribing opioids for pain management	0.00% 0	0.00% 0	44.44% 4	22.22% 2	33.33% 3	9	2.11
Insurance coverage	33.33% 3	22.22% 2	0.00% 0	33.33% 3	11.11% 1	9	3.33
Continuing education for licensed healthcare providers	22.22% 2	11.11% 1	22.22% 2	44.44% 4	0.00% 0	9	3.11
Policies that are specific to special populations	0.00% 0	22.22% 2	22.22% 2	0.00% 0	55.56% 5	9	2.11

Conclusion

Both commissioners and members of the public shared several common concerns regarding pain management in Oregon. They strongly agreed that access to pain care is limited, particularly for rural, Medicaid-insured, and other underserved populations. Both groups also highlighted systemic stigma, reporting that patients are frequently disbelieved, judged, or labeled unfairly when seeking pain treatment. Additionally, both emphasized the impact of insurance barriers, including limited coverage and low provider reimbursement, as significant obstacles to effective pain care. Disruptions in care due to provider turnover and the resulting risks were also acknowledged by both parties.

However, there were some differences in emphasis. Members of the public focused more on the misapplication of pain management guidelines—particularly the negative consequences of rigid enforcement, such as forced tapering and patient dismissal. They also prioritized the need for improved education for both patients and providers on current pain science. In contrast, commissioners placed more emphasis on the complexity of balancing pain management with concerns about medication and substance use, advocating for individualized treatment approaches while following standardized protocols.

1/. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>