

OTHER VIEWS

Help solve the opioid crisis with alternatives

The terrible pain caused by the opioid crisis has reached every community in our country. So many of us have heard from Oregonians whose loved one died from an opioid overdose after struggling with addiction — all because they filled an opioid prescription. And our nation's overdose death rate soared to record highs during the coronavirus public health emergency.

Preliminary data from the Centers for Disease Control and Prevention released in August show that drug overdose deaths in 2020 rose nearly 30%, to a record-setting 93,331. Opioids, including prescription pain medication, caused a staggering three-quarters of those deaths — a record 69,710 lives lost. Sadly, Oregon has been hit hard with a nearly 44% increase in overdose deaths over the past two years.

Putting a stop to this opioid crisis requires a multifaceted response with economic and social dimensions. It also requires us to look at the underlying policy and commercial factors that drove the epidemic to reach such staggering heights of tragedy and despair.

Health care providers have taken steps to try to reduce the contribution of prescription drugs to the opioid epidemic.

According to the American Medical Association, physicians and other health care professionals' use of state Prescription Drug Monitoring Programs increased 64.4% and opioid prescriptions decreased by 37.1% from 2014 to 2019. Yet, opioid overdoses continue to be a problem, largely driven by illicit forms of opioids. Health care providers need access to a variety of options to manage their patients' pain, but often administrative and financial barriers get in the way of comprehensive, multidisciplinary pain care and rehabilitation programs.

In order to increase access to safe and effective non-opioids across America's health care landscape, we are pushing for passage of the bipartisan Non-Opioids Prevent Addiction in the Nation Act. This legislation would address the barriers within Medicare reimbursement policies that lead providers to prescribe opioids. By fixing the policy, providers could more easily offer non-opioid pain management alternatives to Medicare patients undergo-

Under the current system, Medicare does not allow adequate reimbursement for alternatives to opioids. Instead, the program shoehorns almost all non-opioid pain management treatments — drugs, devices, and biologics — used in outpatient surgery into payment "packages" that don't allow for separate reimbursement for individual treatments. As a result, providers can either take a financial hit to prescribe the alternative pain management treatments or be fully reimbursed when they prescribe opioids — even if alternatives would be more appropriate for the patient.

That's why it is critical to pass the NOPAIN Act. By directing Medicare to allocate separate reimbursement for pain management alternatives approved by the Food and Drug Administration, we can ensure patients undergoing a surgical procedure have a choice when deciding which treatment is best for them.

Importantly, this legislation would not prohibit or stifle patient access to physician-prescribed opioids for chronic or acute pain in any way. Instead, the NOPAIN Act would create an equal playing field that gives doctors and their patients more autonomy when choosing between differing opioid or non-opioid

With so much pain and hardship wrought by the opioid epidemic, Congress must spearhead innovative policy remedies that help address the structural causes of the crisis. The NOPAIN Act is one such remedy. By fixing Medicare's reimbursement policy to ensure patients across the country have a choice between differing pain management treatments, we can help combat one of the major drivers of this addiction epidemic.

U.S. Sen. Jeff Merkley is a cosponsor of the NOPAIN Act. Dr. David Russo is a physiatrist and pain management specialist at Columbia Pain Management, PC, in Hood River and a member of the Oregon Medical Association.



The world record high jump



ANDREW CLARK

A SLICE OF LIFE

spitting cobra is a beautiful animal, sleek and shiny black, and if filleted and lightly fried in butter quite delicious too — a light and pleasant taste.

By contrast, eating a python cooked the same way, which I had only one opportunity to try, was what I would envision as eating a piece of truck tire. You chew and chew and chew until your jaw muscles are fatigued and there is no discernible difference in the texture. Butchering a cobra, or any snake, is interesting too.

The paired organs — lungs and kidneys and testicles — are not bilaterally symmetrical as in mammals but rather they are in-line, one in front of the other, and other

organs are also streamlined length-wise. I do not like to kill animals, including cobras, but one place where we lived in Tanzania had occasional spitting cobras come into the yard and, with our five young children running around playing, the risk was too great. One might accidentally bump into a cobra.

I did kill several with a simi knife, a slim half-size machete, and it is quite a duet of movement sparring with the cobra only a few feet away. I was happy to wear glasses because their aim is for the eyes, and I had

venom on my glasses several times. The venom is extremely painful, very disabling and permanently damaging. My Maasai veterinary staff taught me how to judge how far a cobra can strike, which is the length of how high the cobra is standing up, and that turned out to be handy knowledge while doing the cobra-killer dance with a too-short knife.

The event I remember best was with a very large male of more than 7 feet in length who came for a visit in our back yard. He and I had a very active fight, weaving and dodging. I wounded him multiple times. He tried to escape by running under our truck, so I ran around the truck intending to block him and finish him off. Cobras can move very fast, he did not even slow down and we were on collision course.

There is an 'wives tale about how some snakes can lunge straight up when they feel the need, even more than their length. So what about old wives and their tales? Does that make any sense? Surely not. But wait a minute. A lot of wisdom originates from experience, correct? And what if those old wives are right?

My instantaneous calculation was that if he was 7 feet long and could lunge at least his length and maybe a half-length more, his mouth would be at about 10 or 11 feet. For the sake of safety and according to the old wives, I would need to clear 12 feet at

So I did. I made a soaring leap over that cobra, returned to the fight and finished

him off, dissected and filleted him, and we enjoyed an excellent appetizer as mentioned above.

However, the problem of making a world record high jump where the ground is packed and hard is not making the actual jump — that's the easy part. It's coming down that is the problem. If you've ever fallen off your roof or out of a tree you will know what I mean and empathize.

Several months ago I mentioned that I had established four world records in track and field events. This is the third. The others were hippopotamus and buffalo and now this cobra. It's been fun, but I can't write about the fourth one because it involves a tryst atop a huge granite rock, pheromones, inquisitive lions away from whom I set the 50-meter dash record, and a very, very close encounter in which we nearly became recycled biomass out on the

Serengeti. Two postscripts. First, if you would like to know more about the Serengeti, an ecosystem unique in the world, the December National Geographic has a wonderful article between pages 34 and 133. Second, if you would like to see a spitting cobra spit, just Google "spitting cobra" and you will see it and many other species of this handsome genus of animals.

Dr. Andrew Clark is a livestock veterinarian with both domestic and international work experience who lives in Pendleton.

The tradition of change



J. MARK **BROWNING**

OTHER VIEWS

radition: The way we pass customs or beliefs to each other, from one generation to the next, to secure the continued practice or shared value persists.

Tradition, or common practice, tells us this time of the season we are to look forward to the next year, to set our goals, resolutions and affirm all that it will take to improve upon our fortunes and futures.

Here at Blue Mountain Community College, we have a rich tradition of serving our students and communities through educational opportunities that result in brighter futures. May this tradition always persist! However, adjustments are needed. The tradition of our commitment to serve is and must remain constant. How we apply that commitment to action is however in need of change.

Our world is changing daily around us. The education consumer has spoken. Loud and clear. We must be more adaptable and innovative in our approaches, our delivery methods and our expected outcomes and

The emerging industries, along with

very strong futures in many traditional fronts, suggest a myriad of opportunities for our students and for BMCC. We need to adjust. A number of community colleges across our country are heading into these new approaches with vigor and equally encouraging results. We as consumers vote through our choices as to how we spend our money. Education customers should expect the same. You learn of new opportunities in a quickly growing field such as data and cyber security. Why should you have to wait until the next start of an academic year to begin? Why should you have to wait even until the next quarter or semester? Shorter-term courses, more focused training with an eye to outcomes are critical to our future success. A new Blue, if you will,

moving forward. These types of shifts in delivery approach will require all of us to adapt and change. Funding partners such as the Oregon Legislature and the Higher Education Coordinating Commission will need to rethink how they support not just BMCC but all of the 17 community colleges. The role each of those 17 plays in our various regions and communities is unique and acutely needed to ensure the long-term sustainability of our economies and citizens. Here at BMCC this is going to require

all of us, primarily faculty, staff and admin-

istration, to think, plan and act differently.

To think, plan and act proactively, to truly be "students first" and put their interests and outcomes foremost in our efforts. This is a tradition which we have held to strongly here at BMCC over the years previous. New markets, new industries, new methods and consumer trends really are mandating that we change our approaches for everyone involved: our students, our business and industry partners and the region.

This work will begin as we start to formulate our long-term outlook, budgetary supports and operational plans in early 2022. It's never easy changing or adapting a tradition, to be sure. But the outcomes that await students who are readily employable — who have the skills and abilities to succeed in their endeavors — make any effort worthy of our time and commitment.

Lastly, both Kym and I would like to thank the BMCC community, the Pendleton and area communities who have been so welcoming of us as we've started our next chapter of our lives here. You have been warm in reaching out, so very helpful in getting settled — it truly is feeling like

May each of you enjoy the season and have a wonderful new year ahead. Go Timberwolves.

J. Mark Browning is the president of Blue Mountain Community College.