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May 8, 2013

**Written Testimony of Rob Bovett before the
Oregon House Committee on Health Care
in Support of A-Engrossed Senate Bill 470**

Chair Greenlick, Vice-Chair Keny-Guyer, Vice-Chair Thompson,
and Representatives Clem, Conger, Harker, Kennemer, Lively, and Weidner,

Thank you for the opportunity to provide this written testimony in favor of A-Engrossed Senate Bill 470. I regret that I cannot join you for the hearing today, as I will be at an international drug policy conference in South Carolina. This bill will improve the Oregon Prescription Drug Monitoring Program (PDMP) by making it a better tool to provide enhanced healthcare and safety for all Oregonians, and deserves your strong support.

The Oregon PDMP, unlike those operating in many other states, is specifically designed to **not** be a law enforcement tool. I don't need any more business. What we all need is fewer Oregonians getting addicted to prescription drugs in the first place, and less resulting tragedy on lives, families, drug endangered children, and our communities.

The Oregon PDMP is designed to be a valuable tool to improve healthcare, by empowering our practitioners with information regarding potential prescription drug abuse, as well as potentially dangerous drug interactions. The Oregon PDMP is a tool of **prevention**. But, like most prevention tools, our PDMP is only as valuable as it is actually used by prescribers and pharmacists.

Therefore, as a result of hearing from numerous doctors, pharmacists, the Oregon Health Authority, and our Governor's Prescription Drug Abuse Task Force, we have put together Senate Bill 470 to improve the use and functionality of our PDMP as a prevention tool.

On the reverse side of this written testimony, I have provided a brief explanation of the bill, as well as my thoughts on the Dash-A10 amendments. I have also included a graph showing drug abuse trends in Oregon, as shown by one of our most reliable data sets, namely drug treatment admission percentages by primary drug of abuse.

Please support A-Engrossed Senate Bill 470, and pass the bill out of Committee with a "do pass" recommendation.

Summary of proposed improvements to the Oregon PDMP

Senate Bill 470A

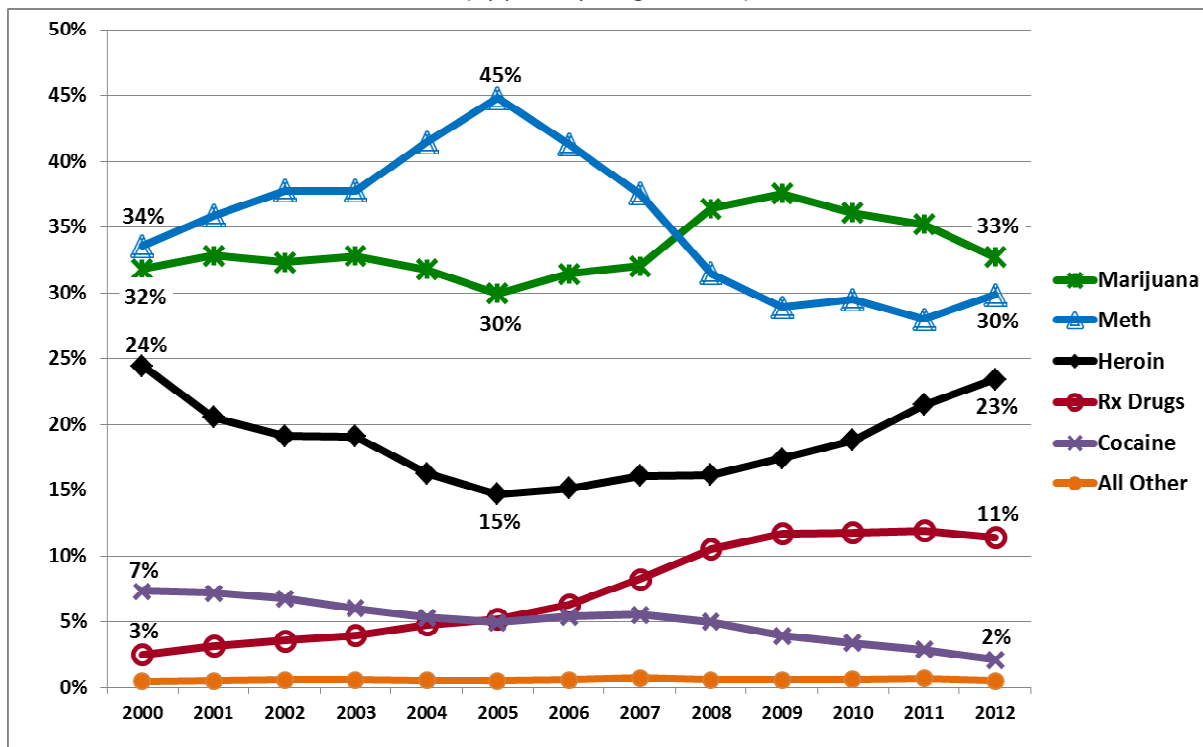
- Refines the data points kept in the PDMP that are helpful to healthcare.
- Permits a prescriber to utilize their staff to access the PDMP.
- Allows local public health authorities to use de-identified PDMP data.
- Protects PDMP data from potential public records issues.
- Permits a prescriber to review prescriptions dispensed under their own DEA number.
- Allows the State ME to access PDMP data for autopsies and death investigations.
- Allows the Board of Pharmacy to add additional prescription drugs to the PDMP, such as those with a high potential for dangerous interactions or abuse (for example, Tramadol).*
- Authorizes the PDMP to send out automated notices to prescribers and pharmacists when the system detects a dangerous potential drug interaction, or potential abuse.
- Authorizes prescribers and pharmacists in neighboring states who treat Oregonians to access the Oregon PDMP, in order to provide better healthcare.

* Dash-A10 Amendments

It is my understanding that the Chair and others may prefer to not grant this type of authority to the Board of Pharmacy, and the Dash-A10 amendments would remove that provision from the bill. I am not opposed to the Dash-A10 amendments, if that is the desire of the Committee. It was my idea to provide the Board of Pharmacy with that type of authority, for purposes of efficiency and latitude. However, that is simply not a key component of the bill, so I'd prefer to see us proceed without that provision, rather than substitute in some other alternative.

Oregon Drug Treatment Admissions

(by primary drug of abuse)



Data source: Oregon Department of Human Services (DHS)