



May 8, 2013

Members of the House Health Care Committee:

My name is Bill Cross and I am representing the Oregon Pharmacy Coalition. I am here today to support SB 470-A which amends the Prescription Drug Monitoring Program.

Adopted in 2009 by the Oregon Legislature, the Oregon Prescription Drug Monitoring Program (PDMP) is designed to be a valuable tool to improve healthcare and safety for Oregonians. The PDMP has been a positive factor in the care of Oregonians who receive controlled substances by allowing prescribers and dispensers to have a complete record of medication histories and dispensing of controlled substances prior to prescribing or dispensing these medications to patients.

The Oregon State Pharmacy Association (OSPA) and the Oregon Society of Health-System Pharmacists (OSHP) believe that the PDMP has provided the benefits to the people of Oregon intended by the Legislature. However, the functionality and information available to pharmacists and prescribers would be enhanced with the adoption of the provisions in SB 470-A.

Key changes include the addition of several important data elements which would improve the usefulness of the program. Information about refills provided and days' supply dispensed by the pharmacy would be helpful when evaluating an individual patient's drug therapy. SB 470-A would also allow practitioners in neighboring states, especially Washington, to have access to the PDMP for Oregon residents that may seek care in adjacent states.

The most common barrier for pharmacists and prescribers using the PDMP data is the time involved to access the data. To expect the pharmacist and/or prescriber to stop in mid-process to personally go to the computer and take the added time to access the database is a major interruption. It is a deterrent to use of the data. SB 470-A allows designated staff members to access the database to assemble the patient drug regimen in advance of the visit which will make the system more useful and increase its use among prescribers and dispensers. Pharmacy technicians, who assist the pharmacist in the practice of pharmacy under the direct supervision of the pharmacist, would be permitted to access the database by request of and on behalf of the pharmacist so the information is available to the pharmacist when he/she needs it. Pharmacy techs currently access PPI in the course of filling prescriptions and are subject to HIPPA regulations.

Another important provision allows the Board of Pharmacy to develop a list of additional drugs that have a high potential for misuse and for the PDMP to begin to collect data on these drugs. Current national statistics reveal that the concurrent use of other centrally-acting drugs, such as antidepressants and anti-psychotics, increases the risk of inadvertent death with opioid narcotics; and, having these drugs appear in the list would assist practitioners in the safe prescribing of these medications. In an effort to address concerns about the broad language in the bill with regard to additional drugs that the Board of Pharmacy could add to the PDMP, we have developed the -11 amendment which requires the Board to find that the abuse or potential for dangerous drug interactions warrants the monitoring of the drug in the interest of public health and safety before including it in the PDMP.

OSPA and OSHP urge your support of SB 470-A which would improve both the functionality of the Prescription Drug Monitoring Program and its use as a valuable tool for health care.