

Council

- Tammy Baney, Council Chair, Commissioner, Deschutes County
- Jim Diegel, Vice Chair, President and CEO, St. Charles Health System
- Mike Ahern, Commissioner, Jefferson County
- Ken Fahlgren, Commissioner, Crook County
- Megan Haase, CEO, Mosaic Medical
- Greg Hagfors, CEO, Bend Memorial Clinic
- Chuck Frazier, Citizen Representative
- Linda McCoy, Citizen Representative
- Stephen Mann, DO Board President, Central Oregon Independent Practice Association
- Mike Shirtcliff, DMD President and CEO, Advantage Dental
- Dan Stevens, Senior Vice President of Government Programs, PacificSource Health Plans
- Marc Williams, MD Behavioral Health Practitioner

February 24, 2013

Chair Monnes-Anderson and members of the Senate Healthcare Committee:

The members of the Central Oregon Health Council and their Psychopharmacology Initiative Committee thank you for the opportunity to share our concerns regarding SB 164. This bill creates barriers for the successful implementation of efforts to improve education and communication about psychotropic medication utilization in our community which we believe will result in better health and better care at a better cost in our region.

Over the last two years, the Psychopharmacology Committee in collaboration with NAMI Oregon has worked diligently to create educational materials for consumers and families in our region. These efforts include what is known as “Academic Detailing”—providing evidence-based information through education and outreach to providers that will guide drug therapy and prescribing decisions. This has been provided at no cost to our community by volunteer psychiatrists and clinical pharmacists, and has had early success.

The onerous regulations imposed by SB 164 would effectively dismantle these efforts, limiting communication to peer-reviewed journals and published clinical trials, and only allow for those who meet the standards of the United States Food and Drug Administration (the pharmaceutical companies) to educate prescribers—and generally, only about their own brand-name prescriptions. This would effectively eliminate education about generic equivalents within our community.

Our efforts are in their infancy, but the local information we have been able to disseminate has helped our region’s providers understand how their prescribing patterns are impacting the health of their patients and the ability of our community to sustain a healthcare system. Our volunteers are the only people talking about the use of generic medications in algorithms of care—an essential component to the success of the Triple Aim in our region.

The Central Oregon Health Council has committed significant resources to improving the prescribing practices of our community in ways that support quality care and careful stewardship of the dollars we are responsible for. Our providers are just beginning to see the value of understanding how prescribing practices improve more than just patient care—they improve the entire health system. SB 164 will effectively stop our efforts in their tracks.

We ask that you oppose SB 164. Thank you for your consideration.