

## Vote No on SB 470A

### Stop Mission Creep of PDMP, Protect Privacy of Prescription Records

Until we know whether the federal government will have unchecked access to Oregonians' information, this is the wrong time to undertake *any* expansion of the Prescription Drug Monitoring Program (PDMP).

#### Federal Drug Enforcement Agency is Trying to Circumvent PDMP Privacy Protections

The PDMP is not and never should be a law enforcement tool. In setting up the PDMP in 2009, the Legislature made this commitment with a provision that makes it unlawful for any law enforcement agency to access private patient or prescriber data without a warrant based on probable cause.<sup>1</sup> Despite this safeguard, **our fears of warrantless release of private medical information have come true**, as the federal Drug Enforcement Agency (DEA) has made repeated requests to PDMP for records, using only an administrative subpoena, which does not require a showing of cause or approval from a judge.

In at least one case of which we are aware, records were released to DEA. In other instances, the PDMP has declined to hand over the records, citing the state law warrant requirement. DEA and the State of Oregon are now in court battling over whether DEA can get the records. The ACLU of Oregon has filed a motion to intervene in the case, asserting that the DEA's use of administrative subpoenas to access patient and prescriber records is an unlawful invasion of privacy.

#### In Uncertain Times, SB 470A Significantly Expands PDMP to Collect and Share Too Much

- Threatens federal and state privacy laws by providing to the Board of Pharmacy the authority to add *any* prescription drug to the list of those monitored through the PDMP.
- Deploys an alert system to notify all of a patient's doctors or pharmacists of multiple prescriptions triggered by a vague standard of "potentially dangerous."
- Opens access to unlimited numbers of staff in a doctor or pharmacist office, regardless of professional licensure or lack thereof, with no additional accountability mechanism for staff misuse of the database or the records.
- Opens up access to the database to practitioners in CA, ID, and WA.
- Adds new data points to the list of information collected about patients and their prescriptions, including "sex," seemingly unrelated to effective health care delivery.
- Compromises original intent of the program, which is not meant to be a tool for law enforcement or to "evaluate a practitioner's professional practice,"<sup>2</sup> by providing for the program to query all prescriptions entered under one prescriber number ("DEA number").

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<sup>1</sup> ORS 431.966(2)(a)(C)

<sup>2</sup> ORS 431.966(1)(b)

