

PRELIMINARY STAFF MEASURE SUMMARY**CARRIER:**

Senate Committee on Senate Health Care

REVENUE: No revenue impact**FISCAL: Minimal expenditure impact****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 2/16, 3/11

WHAT THE MEASURE DOES: Eliminates requirement under the Prescription Drug Monitoring Program (PDMP) that pharmacies must report to Oregon Health Authority within one week of dispensing a prescription drug. Directs the Oregon Health Authority to develop a rule for a time frame in which a pharmacy should report.

ISSUES DISCUSSED:

- Ability for real time reporting
- Technology and administrative costs
- Patient pick-up date versus dispense date
- Community and independent pharmacies

EFFECT OF COMMITTEE AMENDMENT: -1 Amendment: Requires pharmacies to report to the Oregon Health Authority no later than 72 hours. Removes authority for OHA to make rules for adopting time frame. Removes emergency clause.

BACKGROUND: The Prescription Drug Monitoring Program (PDMP) was established in 2009 by Senate Bill 355 to help better manage prescriptions. The PDMP is a web-based system for Oregon's licensed retail pharmacies to submit data on prescriptions for all Schedule II, III, and IV controlled substances. These are drugs designated by the federal government to have low to high potential for abuse and psychological or physical dependence (e.g., morphine, oxycodone, and methadone). In 2013, 156 Oregonians died due to prescription opioid poisoning and 1,510 were hospitalized due to unintentional or undetermined drug poisoning.

Under the PDMP prescribers have no later than one week to submit information after dispensing the drug (ORS 431.964). Authorized practitioners and pharmacists can request reports on their patients to determine information on the dispenser, prescriber, name, and quantity of drug. Law enforcement and licensing boards may also request information. Senate Bill 470 was passed in 2013 which included authorization for the PDMP to collect additional data on patient sex and refills, allowed access to prescribers in neighboring states who treat Oregonians, and allowed public health authorities to use de-identified PDMP data. In 2014 the PDMP reports that there were 350,200 queries by health care providers and 356,598 by pharmacists.

Program Design and Evaluation Services, in 2012, and Acumentra Health and Oregon Health Sciences University, in 2013, conducted surveys on registered and non-registered PDMP users. The Oregon Health Authority reports frequent barriers identified in those surveys including time constraints in the clinical practice setting, office staff inability to access the system, and out-of-date information.

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This summary has not been adopted or officially endorsed by action of the committee.