



MEMORANDUM

To: Senator Monnes-Anderson, Chair, Senate Committee on Health Care
Senator Kruse, Co-chair, Senate Committee on Health Care
Members of the Senate Committee on Health Care

From: Courtni Dresser, OMA Government Relations
Bryan Boehringer, OMA Government Relations

Date: March 11, 2015

Re: Support of SB 626 -1

OMA supports SB 626 with the -1 amendments. The amended bill removes the requirement on the health care provider to check the PDMP prior to prescribing or dispensing a drug that is classified in schedule II-IV.

The OMA supported adoption of the PDMP when it was first introduced and has continued to support enhancements to the program that make this a valuable tool for physicians to address the increasing challenges with drug seeking and opioid abuse. This included SB 470 (2013), which, among other improvements, allowed for delegated access. However, at this time, the OMA does not support the mandatory use of the PDMP due to the PDMP's complicated registration process and non-streamlined application in the physician's workflow.

The OMA has begun discussions with staff of the Oregon PDMP to investigate streamlining the registration process. According to the 2014 Annual Report by the OR PDMP, only 42% of all Oregon-licensed controlled substance providers have a PDMP account. Based on feedback from our members, the registration process, which requires submission of a paper form signed by a notary, is a barrier. A simplified registration process that is available online or tied directly to a licensee's renewal/registration with their licensing board would greatly increase the likelihood of registration and subsequent use of the PDMP. The OMA is also working with the PDMP staff to consider options to make using the PDMP simpler, including incorporating the PDMP directly into the physician workflow through simplified log in processes and EHR integration.

The OMA does wish to express concern about the provision in SB 626 -1 that expands access to the PDMP data to district or county health officers. Our understanding, based on conversation with the bill sponsor and local county health officials, is that this provision is intended to be used by local public health officers in investigations related to overdose deaths. The OMA understands this will need to be defined through the rule-making process and wants to ensure the data is not misused to inappropriately target prescribers.

Thank you for your support of SB 626 with the -1 amendments.