

April 1, 2015



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Written Testimony before the Senate Health Care Committee in favor of

Senate Bill 661

Chair Monnes Anderson, Vice-Chair Kruse, and Members of the Committee:

My name is Dr. David Russo and I'm a board-certified, physical medicine and rehabilitation pain management specialist in active practice with Columbia Pain Management, PC. Our Center is a regional comprehensive and interventional pain management center located in the Columbia Gorge serving a rural catchment area of over 70,000 people in 5 rural counties. I routinely treat patients with severe intractable pain caused by injuries and diseases such as stroke, spinal cord injury, brain injury, multiple orthopedic traumas, and neuromuscular disorders. In my practice I also routinely encounter patients with addiction and substance use disorders who attempt to obtain narcotic medications for purposes other than legitimate medical use. I'm here to ask your support in passing Senate Bill 661 that would require health benefit plans that cover opioid analgesic drug products to cover abuse-deterrent opioid analgesic drug products at no greater cost than other preferred drugs under plan.

Unfortunately, prescription drugs, especially opioid analgesics—used to treat both acute and chronic pain— have increasingly been implicated in overdose deaths. From 1999 to 2013, the rate for drug poisoning deaths involving opioid analgesics nearly quadrupled. In Oregon, a state that according to a 2014 CDC report ranks 4th in the US for prescribing long-acting opioids, toxic overdoses and deaths resulting from abuse and misuse is a problem that is plaguing our communities—especially, in my

April 1, 2015

experience, communities in low resource and rural parts of our state. In fact, according to the Oregon Center for Health Statistics and Vital Records, more Oregonians die from prescription drug overdose than from heroin and cocaine overdose combined.

Scientific studies and epidemiological analyses confirm that a portion of these overdoses and deaths could be prevented or thwarted by the wider use of abuse-deterrent formulations of commonly prescribed opioid analgesics. Abuse-deterrent formulations make it more difficult for abusers to tamper, crush, or manipulate a drug for a purpose that it was not intended. Moreover, prescription of these abuse-deterrent formulations would not negatively impact treatment for the legitimate patient who is prescribed one of these medications for a medically-indicated purpose.

In summary, abuse-deterrent formulations are a key tactic for stemming the tide of overdoses and deaths caused by prescription drug misuse and abuse in our state. Alongside other commonsense public policy measures, such as a well functioning Prescription Drug Monitoring Program; enhanced health care provider education, awareness, and accountability; community-supported drug take-back programs for unused medications; removal of barriers to access overdose reversal medications; and continued support for treatment of addiction and intractable pain, passage of SB 661 will give health care practitioners like me an indispensable tool to help personalize and tailor medical treatment for patients suffering from intractable pain, reduce risk of unintentional overdose and death from prescription opioid analgesics, and deter the diversion of these medications away from the legitimate medical patient and into our communities and schools.

Thank you for your time. I'm happy to answer any questions.