

OREGON STATE PUBLIC HEALTH DIVISION

Office of the State Public Health Director

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Date February 3, 2016

TO: The Honorable Representative Mitch Greenlick, Chair
House Committee on Health Care

FROM: Katrina Hedberg, MD, MPH
State Health Officer
Public Health Division
Oregon Health Authority

SUBJECT: HB 4124, Relating to prescription drugs

Chair Greenlick and members of the committee, I am Dr. Katrina Hedberg, State Health Officer at the Oregon Public Health Division. I am here to testify on HB 4124, which would both increase routes of access to the Prescription Drug Monitoring Program (PDMP) by authorized users, and increase access to naloxone, a lifesaving drug that reverses opioid overdoses.

Addressing the epidemic of opioid overdose in Oregon is a top public health priority. In 2014, 169 Oregonians died from a prescription opioid overdose, down from a high of 239 deaths in 2006. Nationally, opioid overdose deaths are at an all-time high, and controlling this epidemic is a top priority of the federal Department of Health and Human Services. In 2013, about one out of four Oregonians received a prescription for opioid medications. That same year, more than 5,000 people received prescriptions for controlled substance medications from 4 or more prescribers and filled them at 4 or more pharmacies, which may be an indicator of abuse or diversion. Oregon's rate of non-medical use (i.e. abuse) of prescription pain relievers ranks the second highest in the nation. In addition to the loss felt by the families of overdose victims, each opioid overdose death results in an estimated \$34,000 annual work loss cost, and an estimated lifetime loss of \$1 million due to the premature deaths of opioid overdose decedents.

HB 4124 includes two provisions that help us address opioid overdose. The first provision would allow authorized users of the Prescription Drug Monitoring Program to access the system through their own health information technology systems. This does not change who can access the PDMP, rather it provides another mechanism for providers to access the PDMP through their existing work flow. Providers have requested integration of the PDMP with their electronic health record systems to make PDMP data more readily accessible with the intent of improving patient care.

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This bill clarifies the privacy and security criteria that must be met for a health IT system to access the PDMP, including the following. First, the authorized PDMP users must also be authorized to access the health IT system it is using to connect to the PDMP. Second, the IT system cannot retain any PDMP information within its databases, with the exception of auditing recordkeeping or maintaining a patient electronic health record in compliance with current law. For example, existing law allows a provider to query the PDMP, copy text, and paste into a patient's electronic health record. Finally, the health IT system must comply with all federal and state security and privacy laws (including HIPAA), as well as any other requirements established by the Oregon Health Authority by Administrative Rule.

The second provision of HB 4124 would allow pharmacists to prescribe and dispense the drug naloxone to individuals who have completed the existing training on safe and effective administration. Naloxone is the antidote for opioid overdose and has been used for decades to reverse opioid overdose. Naloxone is not a controlled substance. Increasingly, naloxone "rescue" programs are emerging among first responder organizations, such as emergency medical services, law enforcement agencies, and public health needle exchange programs. Oregon law currently allows naloxone to be prescribed to third party individuals who may witness a friend's or relative's overdose (not unlike epinephrine for emergency use by lay people).

In summary, HB 4124 takes important steps in reducing the misuse, abuse and unintentional overdose of opioids in Oregon. Thank you for the opportunity to testify, I would be happy to answer any questions you might have.



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