



## Testimony in Support of [HB 2128](#)

March 10, 2017

**To:** Chairman Greenlick and members of the House Committee on Health Care

**From:** Steve Buckstein, Senior Policy Analyst and Founder, Cascade Policy Institute, a non-profit, non-partisan public policy research organization based in Portland

HB 2128 is a common-sense response to Oregon's overreach when it became the first state to require a prescription for drugs containing pseudoephedrine in 2006. Only Mississippi has followed our lead.

While our prescription-only law was meant to reduce the incidence of meth labs in the state, federal government data show that by the time our law went into effect, we had already seen an 89 percent drop in the previous two years. Why? Because Oregon adopted its earlier behind-the-counter law for pseudoephedrine drugs in 2004.

As federal data in Figure 1 of Cascade Policy Institute's [2012 study](#) show, Oregon reported 467 meth lab incidents in 2004, and just 50 by 2006. By 2010 we reported 12 meth lab incidents. So, the overwhelming drop came before our prescription-only law even went into effect. As shown in Figure 1, our two neighboring states of Washington and California showed similar declines over the same period; and they only put these drugs behind the counter, as all states were required to do by [federal law](#) starting in 2006.

While I don't have access to the meth lab incident data from more current years, we do know that according to [recent reports](#) from the U.S. Customs and Border Patrol, 99.8 percent of meth seized in the United States in 2015 was produced in Mexico.

Let's be clear: Neither putting pseudoephedrine drugs behind the counter nor making them prescription-only did anything to reduce meth use and abuse.

Requiring prescriptions simply inconveniences Oregonians who want to treat minor cold or seasonal allergy symptoms, something consumers in 48 other states don't have to bother with.

Oregonians have to make an appointment, take time off work to visit their doctor, ask for a prescription, and then go to the pharmacy to buy a product they previously could purchase by just asking their pharmacist.

A [2014 study](#) found that this prescription requirement increased consumer prices for these drugs by 35 percent.

Making pseudoephedrine Rx-only is also likely to result in some patients relying on less effective treatments or avoiding treatment altogether due to additional cost and hassle. This could result in more lost work time for individuals and lost productivity for employers.

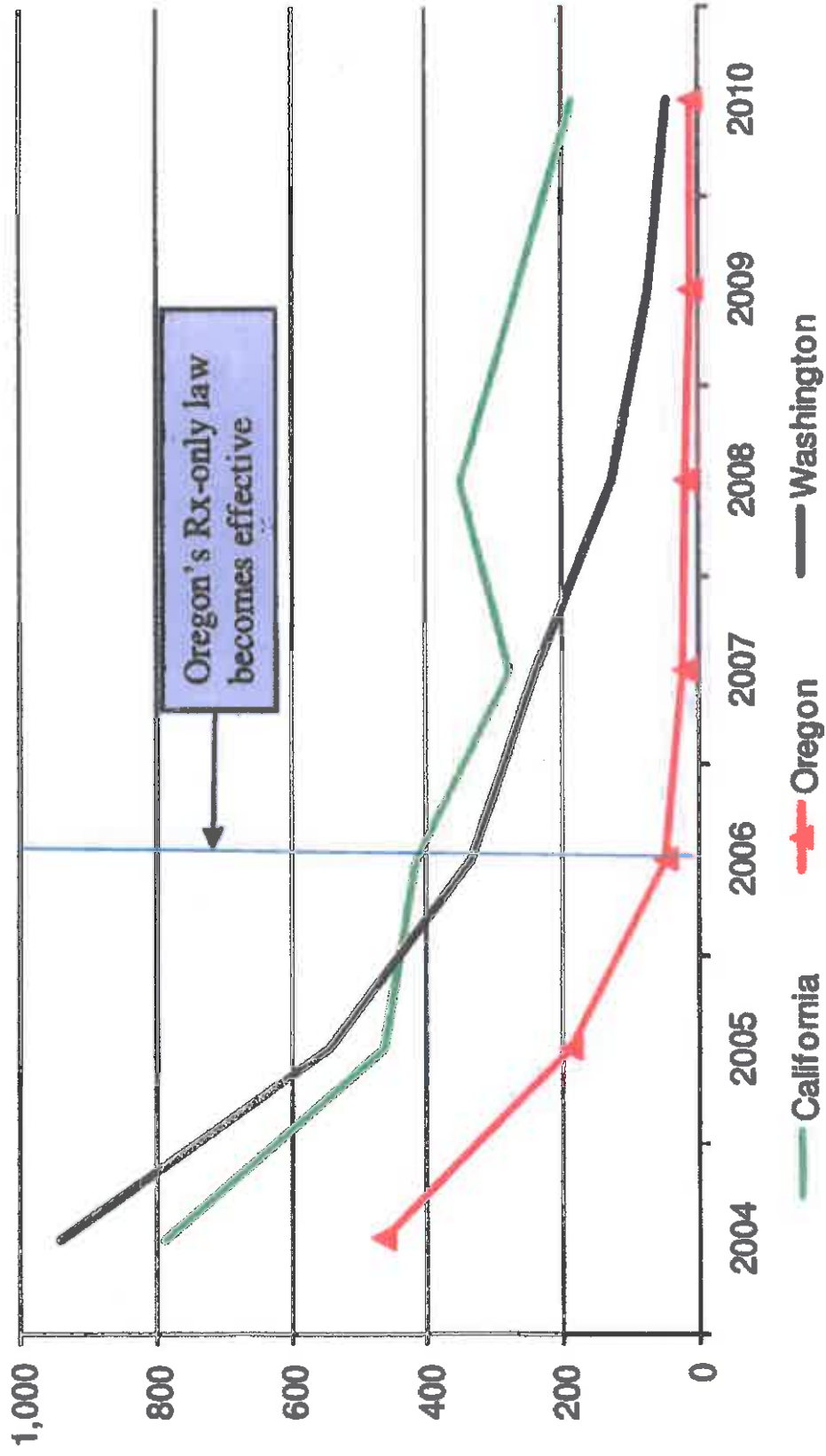
It's time to recognize that we solved most of the meth lab problem by placing these drugs behind the counter in 2004. We didn't need to overreach with our prescription-only law in 2006.

It's time to repeal the prescription-only restriction and let honest consumers buy the cold and allergy medicines they prefer, just like people in 48 other states.

Thank you.

Figure 1 follows

**Figure 1: Methamphetamine lab incidents**



**Source: El Paso Intelligence Center (EPIC)**

From "Making Cold Medicine RX Only Did Not Reduce Meth Use"  
By Christopher Stomberg, Ph.D. & Arun Sharma, Cascade Policy Institute, February 2012