



March 10, 2017

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

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

RE: HB 2518: Changes to the Prescription Drug Monitoring Program

Chair Greenlick and members of the committee, I am Dr. Katrina Hedberg, Health Officer and State Epidemiologist for the Public Health Division of the Oregon Health Authority. I am here today to provide information on HB 2518.

Over the past 15 years in Oregon and across the US, there has been a dramatic increase in overdose deaths and hospitalizations due to prescription opioid pain medications. From 2000 to 2011 the rate of prescription opioid overdose deaths increased more than 300% (from 1.4 to 5.6 deaths per 100,000 population); since 2011 the rate has decreased slightly but remains more than 3 times higher than in 2000. In 2010, drug overdose deaths surpassed motor vehicle traffic deaths and remains the leading cause of unintentional injury death.

In 2016, opioids were prescribed to Oregonians at a rate of 960 opioid fills per 1,000 residents, almost enough for one opioid fill per Oregonian. In 2014, Oregon has the 2nd highest rate of non-medical use of prescription pain relievers.

In 2009 the Oregon legislature took steps that gave the healthcare community an important tool to address this problem. The legislature enacted SB 355 that directed the OHA to implement Oregon's Prescription Drug Monitoring Program. The PDMP has over 15,000 authorized users who in the last quarter of 2016 made over 305,000 queries for patient reports on prescription controlled substances dispensed to patients. PDMP data show that prescribing of opioids has decreased by 10 percent in the fourth quarter of 2016 when compared to the fourth quarter of 2015. Evaluation of Oregon's PDMP has shown it to be a useful tool that

healthcare professionals can use to improve patient safety and inform prescribing decisions.

HB 2518 includes a number of enhancements to the PDMP system, and also changes how the PDMP would deliver services to the healthcare community. The Brandeis PDMP Center of Excellence has produced national recommendations for best practices for PDMPs. Best practices included in HB 2518 include: expanding access to the PDMP by authorizing medical or pharmacy directors or their delegates for the purpose of operating a health system, or clinic; interstate data sharing; and collection of method of payment and phone number.

As amended, HB 2518 will improve access to PDMP information for medical directors and pharmacy directors who have responsibility for monitoring practice and ensuring patient health and safety. The bill also authorizes the state to implement interstate data sharing with other states that share the same role based use cases, user authentication processes, and data use restrictions. This enhancement would be implemented on a case by case basis with proper vetting and auditing of the use of the interstate agreements under Oregon's terms and conditions of use. For practitioners in Northwest Oregon, along the Columbia Gorge, as well as along the Idaho border, this enhancement will improve access to knowledge needed to ensure patient safety.

Collecting method of payment for prescriptions in the PDMP would help practitioners identify dangerous prescribing situations. A recent study conducted by Oregon State University School of Pharmacy researchers found about 13.5 percent of opioid fills dispensed to Medicaid patients weren't in the Medicaid claims database, most likely because they were cash purchases. These cash purchases are an indicator of risky prescribing and doctor shopping. Collection and use of method of payment information is a best practice identified by the Brandeis PDMP Center of Excellence.

In 2016, the Oregon legislature enacted HB 4124 authorizing pharmacists to prescribe as well as dispense naloxone, an opioid overdose rescue medication, at pharmacies throughout Oregon. This legislation has helped to make naloxone more readily accessible, with the goal of reducing deaths from opioid overdose. HB 2518 would add naloxone to the medications reported to the PDMP, which would allow OHA to track naloxone dispensing in Oregon. This information would help communities across Oregon understand if, and to what extent, pharmacy prescribing is increasing naloxone availability at the community level.

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One component of the bill, the requirement for state health licensing boards to provide OHA with licensing information of controlled substance prescribers or dispensers is not likely to increase enrollment or use of the PDMP.

Thank you for the opportunity to testify. I'm available to answer questions.