

Dear honored members of the House Committee on Health Care,

I am here to request your approval to move HB 2303 on to a full floor vote in hopes that it might become law here in Oregon. At the not so young age of 35, I was diagnosed with mild persistent asthma. I'm a very hands on, do it yourselfer type guy, so upon receiving my diagnosis I was able to start adapting and adjusting to life with this chronic illness. With each doctor visit, I was able to ask questions and dig in a little deeper as I learned how to manage my condition. One of the new realities I deal with is that any time I get sick with a head cold, it will start moving immediately to my sinuses, and also toward my bronchial tubes. That is unless I intervene first with the wonders of modern medicine. One of the things I have found as I learn how to manage my condition is how to get in front of the episode. As soon as I get sick, I increase my use of inhaled corticosteroids. I also, depending on how bad the illness is, may start using my rescue inhaler (which I don't normally need). The other drug I start taking is pseudoephedrine which is a wonder drug at keeping my sinuses clear and free of infection. I tried phenylephrine when it was first released, and begrudgingly keep some of it "in stock", but it creates more side effects and is a poor decongestant in my experience.

I want to say that when the law first changed, I was not opposed, in principal, to having a doctor write a prescription for pseudoephedrine. What I have learned since that change is that in reality it's not as easy as it sounds. I work for a wonderful small business that has been forced with recent changes in the health care marketplace to change insurers. Since I've been on the job with this employer (nearly 7 years) we have changed insurers twice (so we're on number three now). Each time it's a pain staking task to find a new doctor, establish a relationship, and then finally be able to ask for access to pseudoephedrine. Once the relationship is established, modern technology like MyChart (which most clinics use) makes future requests easier, but even then there is a wait time of typically 12-24 hours – all the while if I'm out of pseudoephedrine then I'm on the verge of losing my opportunity to get in front of the infection and to keep it from turning into a full blown sinus infection. Not to mention, for those folks who are less tech savvy, or perhaps not aware they can message their doctor, then they would be forced to drive in to request a prescription.

I'll close with a story that further illustrates my desire to loosen the restrictions currently in place on pseudoephedrine: I recently tagged along with my wife to one of her many prenatal doctor visits. The doctor (who was filling in) was recommending "Sudafed" for my wife as a possible relief agent for a cold she was suffering with while pregnant. I jokingly said "well, you better get a prescription now" to which the doctor replied "you don't need one for Sudafed". That triggered a lengthy, somewhat awkward, discussion about Sudafed and how it is currently illegal to have it, or more specifically the original active ingredient, out on the shelf. She claimed it was on the shelf at the local Fred Meyer – possibly under the Kroger brand. We went by there after the visit and they had Sudafed "PE" brand name drugs, as well as Kroger store brand drugs, but all of them had (as they should according to law) the active ingredient phenylephrine. My point is that even doctors are not infallible human beings when it comes to talking with their patients about pharmaceuticals. The informed patient is always his or her number one advocate, and being forced to see a doctor or consult with one doesn't make us any safer than the residents in our neighboring states. Pharmacists, along with doctors, are also professionals and are every bit as capable at spotting a true individual in need of the drug pseudoephedrine, versus someone looking to abuse the drug in an unintended way.

I would like to thank you for your time today in hearing this testimony in favor of HB 2303.

Respectfully,

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