May 7, 2019

To: Chairman Prozanski, Vice-Chairwoman Thatcher, and members of the Oregon Senate Committee on Judiciary

I would like to encourage you to vote in favor of HB 2303. As a local community pharmacist, I have seen customers and patients suffer because of the current law requiring a prescription for pseudoephedrine. I wrote and gave verbal testimony addressing those concerns for a similar bill back in 2017 (HB 2128). However, it seemed that the biggest concerns preventing passage back then were related to fears that methamphetamine labs would start returning to Oregon at rates seen in the early 2000's.

To address those concerns, I would like to walk you through a thought experiment to demonstrate that it is probably easier for individuals to get large quantities of pseudoephedrine via the prescription route versus the NPLEx behind-the-counter purchase of the medication. Please note, I am *not* arguing that we have a methamphetamine lab epidemic right now. I am giving an example of why it will continue to be cheaper and easier to import illegal methamphetamine from the Mexican super labs, as Representative Post has laid out in his testimony in March to the House Committee on Health Care (and I assume will again at your meeting on May 8th), and why you should *not* expect a spike in the creation of methamphetamine labs here in Oregon.

Without going into extreme details, let us examine a very plausible alternative to paying a bunch of people to buy the federal maximum of pseudoephedrine (in other words, "smurfing").

First, you need to get a prescriber on board. Since you are already breaking the law by making methamphetamine, why not tack on identity theft of a prescribing health care provider (preferably one out of state)? Being one of only two states that require a prescription for pseudoephedrine, many patients and providers outside our state are not aware of the prescription requirement. Heck, if you sound professional enough and there are no other red flags, you probably could get a prescription filled without leaving a DEA number since you wouldn't be expected to give one in your own state (pharmacies have ways to look them up).

Second, why give authorities any hint of who you are? Make up the name (and other details) of the "patient" getting the prescription. Then send in the "friend of the patient" to pick up the medication. If the pharmacy gives you any problem about needing to see identification, either provide a false one, or walk out saying "I left mine at home and I will let [the patient] pick it up when he gets in tomorrow." Then just never return to that pharmacy.

Third, repeat at multiple pharmacies, with multiple profiles (you can't have the vigilant pharmacist who checks the PDMP on every fill of pseudoephedrine find you just filled 15 other prescriptions last month at 15 different pharmacies). Consider calling in prescriptions for fake families of four on vacation to make each trip to the pharmacy worth it.

As you can probably see, a team of a handful criminals could easily purchase large amounts of pseudoephedrine. It will be harder to track you down because you never leave real identification

anywhere and you don't have a bunch of people who may identify you as their buyer in a "smurfing" operation.

If we adopt the behind-the-counter sales with NPLEx, we put hard stops to excessive purchases of pseudoephedrine. If there is a "smurfing" operation, law enforcement will have a way to get evidence of who purchased what and when to help build a case or track down suspects. And with most pseudoephedrine being obtained behind-the-counter, any prescription for it will warrant a closer look by the pharmacist to make sure it is valid, with or without the PDMP (prescription drug monitoring program).

I hope this testimony brings some doubt to opponents claims that HB 2303 will remove important safeguards; and realize it replaces them with stronger ones.

Thank you for your time.

Sincerely,

Michael Foster Holman, Pharm.D.

Salem, Oregon