

Chair Sanchez and members of the committee:

My name is Diana Roberts and I live in Prineville, Oregon.

I am writing in support of House Bill 3045. Our adult son, who resides in Hillsboro, Oregon, lives with a severe and persistent mental illness. He obtains his medications through the Oregon Health Plan

Our son has found it difficult to find the “right” medication for his mental illness. In the past 11 years he has tried five “antipsychotic” and three “mood” medications. I support anything that will help him access appropriate psychotropic medication because medication is necessary for his psychiatric stability. Conversely, I am alarmed by anything that makes it harder for him to obtain his medications.

When our son decompensates, he becomes paranoid and confused. He may adjust or quit his medications. Obtaining and taking the right medication in the correct dosage becomes next to impossible for him. Without medication, he becomes a safety risk until he consistently takes the “right” medications again.

Happily, our son is now stable. I asked him to tell me about a few problems he has experienced accessing mental health medication. Here is what he said:

“That doctor I had last summer was awful. She insisted on writing my prescription to be filled every two weeks. That meant I had to take the bus across town twice a month and hassle with the pharmacy to get my meds. When I asked her ‘why?’ she said that ‘this is just the way I prescribe.’”

“Also, she changed my meds without talking to me. I was taking one pill twice a day and that worked for me. She changed it to once a day without talking to me. I don’t know why and the single pill didn’t work for me.”

(These problems were solved when a new doctor became his prescriber.)

“A few years ago, when I was very ill, they suddenly changed my medication. They said it was the same stuff, but the old pill was purple and the new one was bigger and a different color. The new pill made me feel awful. I was sure they were trying to poison me. I don’t think they really were, but I was sick and paranoid at the time. Which just made it worse. They should never ever change your meds without talking to you about it first.”

He also talked about other challenges getting his medications: “ Very often, the pharmacy does not have enough medication on hand for my full refill. I have to remember to phone them several days ahead of needing more so they can get more transferred from another pharmacy. Otherwise, I run out and don’t have any pills. Also, several times they have tried to fill an old prescription instead of the new one and that takes a lot of time going and back and forth with my doctor and the pharmacist to get things fixed.”

I would like to add my worries about meeting our son's medication needs following a stay on local hospital psychiatric/behavioral health units. He is discharged because a doctor determines that he is not dangerous; however, he is still paranoid, easily confused and unable to plan or follow through. He usually leaves the hospital with a "handful" of pills and a couple of prescriptions. He has NEVER taken this medication or filled these prescriptions. He has shortly and always ended up in jail or back on a hospital behavioral health unit. This has happened at least a dozen times and I just do not understand this vicious cycle.

Our son now has medications that are helping him. He has a doctor/prescriber who listens to him and works with him. Any kind of barrier to getting his medications is significant and frightening because his mental illness poses other challenges every day, and psychiatric medication is key to his continued recovery.

Thank you for whatever you can do to remove barriers for our son and other Oregonians who, through no fault of their own, require thoughtfully prescribed and easily accessed psychotropic medications to stably live in our community.