



MEMORANDUM

To: Rep. Rob Nosse, Chair, House Behavioral Health and Health Care Committee
Rep. Christine Goodwin, Vice-Chair, House Behavioral Health and Health Care Committee
Rep. Travis Nelson, Vice-Chair, House Behavioral Health and Health Care Committee
Members of the House Behavioral Health and Health Care Committee

From: Courtni Dresser, Vice President of Government Relations

Date: March 28, 2023

Re: OMA Comments in Opposition of HB 2642 – Oregon Prescription Drug Monitoring Program Queries

The OMA would like to express our concern for HB 2642 which will mandate that prescribers query the PDMP for every medication prescribed and for every refill. While we have worked diligently to build Oregon's Prescription Drug Monitoring Program into a valuable tool to provide patients with the best care possible, we have some reservations about HB 2642 as written.

As the opioid crisis became a nationally recognized challenge, the OMA worked directly with the Oregon Health Authority and with the Legislature to enhance the PDMP to make it a more valuable tool. A few of those enhancements included:

- Delegating access to the database to members of the practice staff
- More extensive and useful information reposted by the pharmacist into the PDMP
- Required registration of prescribers
- Integration of the PDMP data into the electronic medical record

Medical record integration has been a game changer for the physician community by allowing for easier access to health information. Thanks to the efforts of the Emergency Department Information Exchange (EDIE) and other Electronic Health Record (EHR) systems, prescribers already have access to PDMP data without requiring a separate query.

The OMA's main concern with HB 2642 is this bill, as written, is extremely overburdensome on Oregon's healthcare team. Additionally, due to the integration of the PDMP with EHRs, the prescriber may not have control of when the EHR shows a PDMP record and when it does not. Those systems are not set at the individual prescriber level within large systems.

Despite our concerns with HB 2642 as written, if the bill moves forward, we believe some sideboards and exemptions via an amendment would make this bill workable at the physician level while allowing the PDMP to continue being a valuable tool.

Possible amendment concepts include:

- Limit queries to specific schedules of controlled substances
- Limits for the type of prescriptions being filled to allow for clinically appropriate refills
- Accommodation for various integrated systems
- Exceptions for appropriate clinical situations such as a public health emergency, etc.

Thank you for the opportunity to share the OMA's concerns about HB 2642. We look forward to working with Legislators, OHA and stakeholders to continue to improve the PDMP.

The Oregon Medical Association (OMA) is the state's largest professional organization engaging in advocacy, policy, community-building, and networking opportunities for Oregon's physicians, physician assistants, medical students, and physician assistant students. The OMA's members speak with one voice as they advocate for policies that improve access to quality patient care, reduce administrative burdens on medical professionals, and improve the health of all Oregonians. Additional information can be found at www.theOMA.org.