74th OREGON LEGISLATIVE ASSEMBLY - 2007 Regular Session **MEASURE: SB 34 B**
STAFF MEASURE SUMMARY **CARRIER:**
House Committee on Health Care

REVENUE: May have revenue impact, statement not yet issued
FISCAL: May have fiscal impact, statement not yet issued

Action:		Do Pass as Amended, Be Printed Engrossed and Be Referred to Ways and Means by prior reference
Vote:		9 - 0 - 0
	Yeas:	Bonamici, Bruun, Cannon, Flores, Gelser, Kotek, Maurer, Richardson, Greenlick
	Nays:	0
	Exc.:	0
Prepared By:		Sandy Thiele-Cirka, Administrator
Meeting Dates:		5/4, 5/21, 5/22, 5/24, 5/31

WHAT THE MEASURE DOES: Requires the State Board of Pharmacy to establish and maintain an electronic database to collect and centrally store pharmacy records for controlled substances (Schedule II, III, and IV) dispensed to individuals around the state. Directs the Board to adopt rules for the operation of the electronic prescription drug database. Authorizes the State Board of Pharmacy to contract with a state agency or private entity to operate the database. Specifies conditions under which the board can disclose database health care information. Directs the Board to notify patients: 1) before a patient receives a medication authorized by a prescription for a controlled substance; 2) That the prescription information will be entered into the database; 3) that there has been a request to search the database for information about the patient; and 4) that the patient may review the information in the database every six months at no cost. Outlines and requires the Board to maintain records on the information disclosed from the database and that the individual patient information be removed from the database three years from the date the data is entered. Declares that the Board, a person or entity required to report or authorized to receive or release controlled substance prescription information is immune from civil liability under specified conditions. Asserts that providers are not required to utilize information in database when making prescribing decisions. Prohibits information contained in the database from being used for commercial purposes. Creates the 12-member Electronic Prescription Drug Database Advisory Commission, outlines the appointment process for membership, the role and responsibilities of the commission, and the terms of office. Authorizes the Attorney General to impose no greater than a $10,000 civil penalty for violation of the Act. Prohibits a pharmacist from not filling a valid controlled substance prescription solely because the pharmacists cannot receive patient information from the database. Prescribes that the database be operational 24 hours a day, seven days a week, and capable of immediate response before the Act is operative. Directs the Board to notify Legislative Counsel when the database meets this requirement. Declares emergency, effective on passage.

ISSUES DISCUSSED:
- Doctor shopping and pharmacy hopping of controlled substances
- Review of other states' prescription drug monitoring programs
- Benefits of a centralized prescription drug database
- Concerns associated with breach of security and/or identity theft
- Issues around individuals' right to privacy
- Misuse and abuse of prescription drugs
- Fiscal impact and current funding levels
- Current funds housed in the Board of Pharmacy
- Review of proposed safeguards
- Importance of 24/7 capability
- Section by section analysis of –A12 amendment

EFFECT OF COMMITTEE AMENDMENT: Authorizes the State Board of Pharmacy to contract with a state agency or private entity to operate the database. Directs the Board to notify patients: 1) before a patient receives a medication authorized by a prescription for a controlled substance; 2) That the prescription information will be entered

into the database; 3) that there has been a request to search the database for information about the patient; and 4) that the patient may review the information in the database every six months at no cost. Outlines conditions of when the Board can disclose database information. Outlines and requires the Board to maintain records on the information disclosed from the database and that the individual patient information be removed from the database three years from the date the data is entered. Declares that the Board, a person or entity required to report or authorized to receive or release controlled substance prescription information is immune from civil liability under specified conditions. Directs the Board, upon request from an individual, to remove erroneous information from the database. Outlines the appointment process for the 12-member Electronic Prescription Drug Database Advisory Commission. Changes the terms of office from five years to four years. Authorizes the Attorney General to impose, no greater than $10,000 civil penalty for violation of the Act. Prohibits a pharmacist from filling a valid controlled substance prescription solely because the pharmacists cannot receive patient information from the database. Prescribes that the database be operational 24 hours a day, seven days a week and is capable of immediate response before the Act is operative. Directs the Board to notify Legislative Counsel when the database meets this requirement.

BACKGROUND: Proponents of Prescription Drug Monitoring Programs (PDMPs) report that these programs serve several functions: they provide resources for prescribed controlled substance data collection and analysis at the state level; they provide funding for existing programs; and they facilitate the exchange of collected prescription data between law enforcement, licensing boards, pharmacists and providers. The primary purpose of PDMPs is to reduce the abuse of controlled pharmaceutical substances.

Opponents of PDMPs raise concerns about the privacy of individuals whose names and other identifying information is entered into these databases including how information will be used, who has access to the data and the potential for identity theft when personal data of this nature is located in a single database.

In September 2006, The National Alliance for Model State Drug Laws issued *An Evaluation of Prescription Drug Monitoring Programs* Report. Two principle findings highlighted in the report are: 1) The presence of a PDMP reduces the per capita supply for prescription pain relievers and stimulants and this in turn reduces the probability of abuse for these drugs; and 2) States more proactive in their approach to regulation may be more effective in reducing the per capita supply of prescription pain relievers and stimulants than states that are reactive in their approach to regulation.

Oregon is one of 23 states that are in the process of designing or planning a PDMP system. The Oregon Board of Pharmacy has received a $350,000 grant through the Harold Rogers Prescription Drug Monitoring Program, established by the U.S. Congress in 2001 to support states in the development and implementation a controlled substance prescription reporting program. The grant moneys are intended to fund costs associated with planning, developing, establishing, and operating the program for two years.