February 16, 2015

TO: MEMBERS OF THE SENATE HEALTH CARE COMMITTEE

FROM: MICHAEL MILLARD, OSPA & OSHP

RE: TESTIMONY ON SB 71

Good AFTERNOON. My name is Michael Millard. I am a practicing pharmacist and I am representing the Oregon Society of Health-System Pharmacists (OSHP) and the Oregon State Pharmacists Association (OSPA). I also serve on the Prescription Drug Monitoring Program Advisory Committee but am not representing it at today's hearing. I am here today to express our concerns about SB 71 as drafted but our support for amendments that would improve the effectiveness of the PDMP.

OSHP and OSPA strongly support the Prescription Drug Monitoring Program and applaud the improvement in information available to providers caring for the citizens of Oregon. The program has been an effective and useful tool to the pharmacists practicing in Oregon.

In terms of the electronic reporting requirements for pharmacies, our associations would support the addition of a specified modification in statute rather than a rule adopted by the OHA. Rulemaking may result in a changing requirement over time or lack of appropriate legislative control of a large statewide regulatory requirement that effects every Oregon citizen.

OSHP and OSPA do not perceive the need for the regulations regarding frequency of prescription reporting to be changed. While the current utility of the PDMP is for longer term abuse and misappropriation of controlled substances, current technological realities prevent the PDMP from being used to catch individuals that are making a quick run to try to obtain drugs over a one or two day period short of real time automated transmission at the time of dispensing. In general, OSHP and OSPA support making the PDMP data be available "real time". While "real-time" may not be realistic right now, our profession generally agrees that we should strive for it. However, for pharmacists in a variety of different practice settings (retail and independent community pharmacies, and hospital and long-term care facilities) "real-time" is not feasible and daily reporting at this time would be challenging for some. We estimate that

only half of pharmacies would be able to comply with a daily or frequent reporting requirement, it would prove administratively and/or technologically burdensome as well as costly.

To clarify, I have listed some issues that have been described for more frequent reporting.

- This impacts long term care in a different manner than most. They have an exemption, but still have to report when they fill an employee prescription or for an independent resident in an assisted living setting. Unfortunately, the reporting is a manual process, so it takes time to do it. Because this is a miniscule portion of the overall business, yet the reporting takes so much time, the IT staff that currently does the weekly report would need to train others to do it if it was daily.
- Daily reporting would be an immense challenge to community pharmacies. IT vendors have a difficult enough time with configuring for weekly. Independents would likely have even a harder time.
- A daily feed requires extra IS/IT time in most pharmacies - but the process is the same. Administrative burden would be significant because these transfers have to be scheduled and staffed - though most schedules are automated.
- The dispensing date doesn't necessarily correlate to the "pick-up" date of the prescription.
- One general problem in pharmacies is that pharmacists enter the minimum day supply based on the directions. So a prescription with the label of 1-2 q 3-4 hours prn would add up to #16 per day so an Rx for a quantity of #30 would be entered into the PDMP as a two-day supply. This does not reflect the actual consumption of the medication by the patient.

For these reasons, we would suggest no more frequent reporting than every 72 hours, excluding weekends and holidays, be considered. This would essentially make the reporting twice as frequent. This would strain the current IT systems to meet this requirement, with little appreciable improvement in the usefulness of the data.

Other policies to consider would be to collect from all dispensing outpatient entities, including pharmacies in the VA system when located in Oregon, Emergency Departments and Immediate/Urgent Care clinics, and Methadone clinics (if pts sign permission/waivers), as well as full interstate integration to improve the care of patients that cross state boarders.

Also, it would be beneficial if the state would change the way it accept reports if there is a zero value so it can be automated and doesn't put the burden on the pharmacy to enter the information manually. Currently, Oregon does not allow zero report files so if the pharmacy has a zero report to submit, it must be done manually. With the current 7-day reporting rule, it’s no problem because if the pharmacy has zero, you just don’t submit until the 7th day and it’s not too burdensome. But if daily reporting is required, it would become burdensome.

In conclusion, OSHP and OSPA are in support of SB 71 if appropriately amended to improve the utility of the PDMP without adversely impacting the capabilities of pharmacies to comply with the reporting requirements.

Thank you for your time and consideration and I would be happy to answer any questions you may have.