78th OREGON LEGISLATIVE ASSEMBLY – 2015 Regular Session **MEASURE: SB 626**

Final STAFF MEASURE SUMMARY **CARRIER:**

Senate Committee on Senate Health Care

REVENUE: No revenue impact
FISCAL: No fiscal impact

Action:
Vote:
Yeas:
Nays:
Exc.:
Prepared By: Zena Rockowitz, Administrator
Meeting Dates: 3/11, 3/23, 4/20

WHAT THE MEASURE DOES: Requires reporting no later than 72 hours after dispensing prescription drug under the Prescription Drug Monitoring Program (PDMP). Permits disclosure of information to district or county health officer, practitioner or pharmacist in automated system to notify of potentially dangerous drug interaction or multiple practitioners prescribing drugs, upon request to persons comparing information, for research and epidemiological study. Requires OHA to adopt rules related to institutional review boards and prohibition on further disclosure of identifying information. Permits local public health authority to disclose information without identifying information. Applies to prescription drugs classified as schedules II through IV. Creates operative date of January 1, 2016. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Privacy and security of data
- Takes input from Prescription Drug Task Force and community doctors
- Limited use by providers
- Real time access
- Information for seniors with multiple prescriptions

EFFECT OF COMMITTEE AMENDMENT: Amendment A -4: Removes 72-hour reporting requirement. Prohibits disclosure to district or county health officer. Permits Oregon Health Authority (OHA), upon request, to disclose de-identified data set to local public health authority for research and epidemiological study. Requires that before OHA implements automated system, they must complete a testing process to ensure capability of successfully notifying practitioner or pharmacist without high rate of error.

BACKGROUND: The Prescription Drug Monitoring Program (PDMP) was established in 2009 by Senate Bill 355 to help better manage prescriptions. The PDMP is a web-based system for Oregon's licensed retail pharmacies to submit data on prescriptions for all Schedule II, III, and IV controlled substances. These are drugs designated by the federal government to have low to high potential for abuse and psychological or physical dependence (e.g., morphine, oxycodone, methadone). In 2013, 156 Oregonians died due to prescription opioid poisoning and 1,510 were hospitalized due to unintentional or undetermined drug poisoning.

Under the PDMP, prescribers have no later than one week to submit information after dispensing the drug (ORS 431.964). Authorized practitioners and pharmacists have the option of requesting reports on their patients to determine information on the dispenser, prescriber, name and quantity of drug. Law enforcement and licensing boards may also request information. Senate Bill 470, passed in 2013, included authorization for the PDMP to collect addition data on patient sex and refills, allowed access to prescribers in neighboring states who treat Oregonians and allowed public health authorities to use de-identified PDMP data. In 2014, the PDMP reports that there were 350,200 queries by health care providers and 356,598 by pharmacists. Program Design and Evaluation Services, in 2012, and Acumentra Health

and Oregon Health and Science University, in 2013, conducted surveys on registered and non-registered PDMP users. The Oregon Health Authority reports frequent barriers identified in those surveys including time constraints in the clinical practice setting, office staff inability to access the system and out-of-date information.