OREGON MEDICAL ASSOCIATION

MEMORANDUM

To: Rep. Mitch Greenlick, Chair, House Health Care Committee
Rep. Rob Nosse, Vice-Chair, House Health Care Committee
Rep. Cedric Hayden, Vice Chair, House Health Care Committee
Members of the House Health Care Committee

From: Mark Bonanno, OMA General Counsel and Vice President of Health Policy

Date: February 8, 2017

Re: HB 2114

Chair Greenlick, Members of the Committee, thank you for the opportunity to testify on HB 2114 and expand on the Oregon Medical Association's (OMA's) comments mainly as they relate to potential unintended consequences.

As indicated by Dr. Antoniskis, the Co-Chair of the OMA's Opioid Task Force, the OMA clearly supports the good intent of HB 2114, in that, the bill seeks to further reduce the misuse and abuse of opioids.

The OMA would like to add the following points for the Committee to consider: (1) we would prefer to see practitioners continue to be enlisted as agents of change through use of clinical guidelines rather than the imposition of criminal penalties; (2) we would prefer to see the endorsement of forward-looking and flexible clinical practice guidelines rather than codification of one particular standard; and (3) we would prefer to see how we regulate the delivery of health care in Oregon continue to take into consideration issues unique to a largely rural state.

Practitioners as public health partners versus law enforcement targets

We do not believe criminalizing prescription writing achieves better patient care. In fact, if practitioners fear prosecution for writing prescriptions for opioids or opiates, we expect the pendulum for the public health issue of properly treating pain will swing all the way back to under-treatment of pain. Therefore, we urge the Committee to consider removing criminal penalties from the bill. Practitioners already are subjected to investigation and potential discipline for over-prescribing by licensure boards such as the Oregon Medical Board.

Endorse clinical practice guidelines rather than codify them

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We understand, value and participate in the important work being done by public health experts and professionals to develop meaningful clinical practice guidelines regarding prescribing opioids for the treatment of chronic pain. Oregon has worked hard on its own enhancement of federal guidelines issued last year by the Centers for Disease Control (CDC). The Oregon Health Authority's Prescribing Guidelines Task Force issued its Oregon-specific additions to the guidelines in early December 2016. The OMA has endorsed these Guidelines. Further, the Oregon Medical Board officially endorsed these Guidelines as agency policy at its January 2017 board meeting. We think endorsing rather than codifying guidelines as a matter of state policy allows for better patient care because we do not lock the state's practitioners into one rigid standard to follow. The silver lining in this current public health crisis, is that far more focus is being placed on clinical research regarding the effective treatment of pain through medication and non-medication therapies. We expect clinical practice guidelines to continue to evolve and improve upon existing standards of care. All we are pointing out is that we should let guidelines remain guidelines that can be updated as evidence-based standards evolve, and not lock them into clinically inflexible statute.

Factor in rural health care delivery

The OMA understands that similar legislation without criminal penalties passed in Massachusetts. However, Oregon is unique due to its rural areas. We also have to deliver care effectively to Oregon's rural population. The trip to a pharmacy in rural Oregon may require an hour drive and for a patient in a legitimate episode of pain, and mandating a supply limit that might require multiple car rides does not seem to help patient care.

We also note that the current form of the bill simply lumps opioids and opiates into the same category regardless of the classification of the drug. In other words, Schedule III, IV, and V drugs, such as some cough syrups that contain codeine, that have far less risk of potential addiction, are treated similarly to Schedule II drugs. There should be more flexibility for Schedule III, IV, and V drugs.

Endorsing clinical practice guidelines versus codifying a select provision of a guideline would not result in some of the unintended consequences highlighted above.

The Oregon Medical Association serves and supports over 8,200 physicians, physician assistants and student members in their efforts to improve the health of all Oregonians. Additional information can be found at www.theOMA.org.

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