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To: The Honorable Representative Mitch Greenlick, Chair
House Committee on Health Care

From: Katrina Hedberg, MD, MPH
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Subject: HB 2257, -1 amendments related to the Prescription Drug Monitoring Program

Chair Greenlick and members of the committee, I am Dr. Katrina Hedberg, Health Officer and State Epidemiologist with the Public Health Division of the Oregon Health Authority (OHA). I am here today to provide information on HB 2257-1 amendments that relate to Oregon's Prescription Drug Monitoring Program (PDMP).

Since 2011, Oregon has made tangible progress in controlling the opioid overdose epidemic: opioid prescribing has declined 30% and prescription opioid deaths have decreased by 34%. Nonetheless, our opioid related death rate is still 2.5 times higher than it was in 2000.

The PDMP, administered by the OHA Public Health Division, is a tool that allows healthcare practitioners to effectively monitor their patients' prescriptions for controlled substances, including opioids. Enrollment and utilization of the PDMP have both increased markedly after passage of HB 4143 in 2018; currently 94% of the top 4,000 highest-volume prescribers of Schedule II-IV medications (which includes opioids) are enrolled in the PDMP, up from 55% in March 2018.

The -1 amendments address several additional statutory changes necessary for the PDMP to be most effective in addressing risky prescribing practices and align with evidence-based practice for PDMPs.

Expanding authorized access to groups who have oversight of medical and dental practice in our state will improve patient safety. Currently medical and pharmacy directors who oversee clinic or health systems operations have access—the amendments allowing access to dental directors and Coordinated Care medical directors will enhance oversight of prescribing practices.

Expanding PDMP to collect data on gabapentin (i.e., Neurontin) is important. Recent data show gabapentin, that taken in combination with other controlled substances, can increase risk of adverse events; however, because gabapentin is not a controlled substance, it is not included in the PDMP. Further, OHA will continue to track emerging drugs of potential abuse so that these may be added to the PDMP at a future date.

Including the reason for the prescription (i.e., diagnosis code) as a variable to be collected on prescriptions and recorded in the PDMP will help distinguish patients for whom opioids are being prescribed outside current guidelines from those for whom the prescriptions might be appropriate (e.g. cancer, hospice, end-of-life).

Allowing for evaluation of prescribing practices and peer-to-peer comparisons has shown in other states to be an effective means of changing opioid prescribing practice. OHA will analyze PDMP data to provide these comparisons (i.e. "prescriber report cards"), which will make the PDMP a more effective and evidence-based tool in confronting the opioid epidemic.

Confidentiality of PDMP data is crucial; the -1 amendments further strengthen patient confidentiality by specifying that, when providing PDMP data to external researchers, the goal must be to "benefit the health and safety of Oregonians."

Thank you for the opportunity to testify. I would be happy to provide further information to the committee.