

Date February 18, 2021

TO: The Honorable Representative Rachel Prusak, Chair
House Committee on Health Care

FROM: Cara Biddlecom, Deputy Public Health Director
Public Health Division
Oregon Health Authority

SUBJECT: HB 2074, Prescription Drug Monitoring Program fee increase

Chair Prusak and members of the committee; my name is Cara Biddlecom and I serve as the Oregon Health Authority Deputy Public Health and Policy and Partnerships Director. I am here today to provide information on HB 2074.

Since 2011, The Prescription Drug Monitoring Program (PDMP), administered by the OHA Public Health Division, has successfully operated as a valuable tool for providers and pharmacists. The PDMP helps providers provide high quality care by tracking the controlled substance prescriptions a patient receives and the quantity and strength of each medication; it assists providers and pharmacists in identifying potential prescription medication abuse, aids in preventing drug diversion, and facilitates improved coordination of care between providers. The PDMP allows healthcare practitioners to improve patient health and safety. Many Oregon providers rely on the program, in 2020 alone use of the program increased by 60%.

Oregon has seen tangible progress in combatting the opioid epidemic. Between 2015 and 2020, prescriptions for opioids decreased by more than 30% and risky high dose opioid prescribing decreased by over 60%. Most notably, since a peak in 2006, prescription opioid deaths have decreased more than 50%. While the decrease in fatal overdoses is encouraging, the rate of opioid overdose hospitalization in Oregon has generally increased since 2000 demonstrating a need for continued attention and innovation to confront the on-going epidemic.

The PDMP supports equity in clinical decision making by providing a neutral source of information to inform safe prescribing decisions for communities of color and tribal communities, which according to the Substance Abuse and Mental Health Services Administration have been disproportionately impacted by the opioid epidemic. The PDMP is also an important tool to inform future research into race/ethnicity disparities related to prescription of opioids and other controlled substances.

The program is primarily funded through an annual fee on all Oregon healthcare licensees which has remained \$25 since the program was established. Since that time the cost of operating the program has increased significantly as new legislative mandates broadened the scope of the program and new evidence based best practices were implemented. These improvements include integrating the PDMP into the electronic workflow of providers, interstate data sharing, improved user interface, collection of new and elective data elements, and prescriber peer comparison tools for prescriber self-evaluation.

The \$25 fee is no longer sufficient to maintain and operate an ideal PDMP.

HB 2074 increases the fee paid by healthcare licensees to fund the program from \$25 annually to \$35 annually. This will allow stable, sustainable funding to maintain and operate the program.

I would like to thank the committee for the opportunity to share this testimony and am happy to serve as a resource if there are any additional questions.