March 6, 2023

Senate Committee on Health Care / Senate Bill 559 / Oppose

Dear Chair Patterson, Vice-Chair Hayden, and Committee Members:

My name is Gordana Nichols. I am a mother of a chronic pain patient. My family fosters for a local animal shelter. Professionally, I am a System Architect for a major healthcare organization, and I designed and implemented several Electronic Health Records systems.

I believe that my professional and personal experience puts me in a somewhat unique position to comment on SB559, and I am writing this testimony to express my adamant opposition to it.

Opioid epidemic:

While it is indisputable that opioid misuse contributed to the epidemic of drug overdoses, the current data shows that most overdoses are caused by illicit drugs, and not prescribed opioids.

Reacting to the drug overdose crisis, in 2016 CDC issued opioid prescribing guidelines. Even though numerous pain and addiction medicine experts, as well as professional medical associations and pain patients and their advocates have criticized the guidelines as not being evidence based [1,] they were implemented as a "rule" in many states. This caused a different crisis – one of inadequate pain management causing harm, human suffering, and degraded quality of life, forced tapering of chronic pain patients (some on successful pain management for decades), abandonment of pain patients, and unnecessary scrutiny of provider practices [2,3]. The guidelines were misinterpreted and misapplied in many states, Oregon being one of them [4].

In 2022, CDC had issues revised opioid prescribing guidelines, explicitly stating that the "central tenet of the guideline: that the recommendations are voluntary and intended to be flexible to support, not supplant, individualized, patient-centered care"[5]. This prompted many states to propose changes to the opioid prescribing practices, attempting to protect both prescribers and patients. The latest example is Colorado SB144 [6].

Prescription drug monitoring program (PDMP)

The desire to track controlled substance prescribing existed in the US since early 20th century, and one of the first documented tracking system dates to 1914.

The primary function of PDMP is help in identifying concerning prescribing practices such as the use of multiple prescribers and pharmacies ("doctor shopping") and prescribing possibly harmful combination of medications.

Even though scientific evidence on the effectiveness of PDMP on reducing overdose deaths is mixed [7], the program has gained popularity as a tool to assist in addressing the US opioid crisis, and is implemented in virtually all USA states.

PDMP effectiveness has some notable limitations. Evidence has shown that, unless PDMP is integrated in EHR system and easily accessible via a simple link, the requirement to use PDMP database may pose a significant burden on prescriber's workload. Accessing PDMP outside of the EHR requires a provider to leave a patient record, access PDMP website or portal, log in, performs necessary tasks, close the program, and return to the patient record. This process may take 5 – 7 minutes and interrupts provider's workflow [8]. Most practitioners have 15 minutes of allotted time per patient, and one can only imagine the impact of the care if nearly half of this time is spent on PDMP.

Impact on PDMP requirement on veterinary practices:

Unlike EHR system implemented in healthcare organizations, software solutions for Veterinary electronic medical records (to my knowledge) do not have a good way to integrate PDMP into a patient record. This means that an additional time will have to be spend accessing and checking PDMP.

Veterinary patients are animals, not humans. Most medications prescribed in veterinary practice are either inappropriate for human use, or simply prescribed in doses too small to be used by humans.

Controlled substance prescribing in veterinary practice amounts to an extremely small percentage of overall prescribing. Further, the most abused medications (fentanyl, oxycodone, hydrocodone) are rarely if ever prescribed in veterinary medicine, especially as a take-home medication. "Veterinarian shopping", albeit a possibility, is rare – there was 1 case per 30 million people (6.5 cases per year) of incidents according to one national survey[9].

Veterinary practices are already overwhelmed and understaffed. There is a shortage of veterinary care, especially in rural areas. Requirement to use PDMP will pose an unnecessary and possibly critically detrimental burden on veterinarians.

Veterinary practice is already regulated by DEA, Oregon board of pharmacy and the Oregon board of veterinary medicine. Why imposing additional regulations for a statistically insignificant prescribing data.

Veterinarians do not treat people. The access to medical record of a pet owner may result in HIPPA violation and is a definite patient privacy concern. This access, as well as recording pet medication into a PDMP may present extreme problems to owners who are on pain management. Further, there is a possibility that pets may be denied medication because of their owner's prescriptions.

I am asking the Committee to vote in opposition of the SB559. While the bill may have been written with the best of intentions, it has minimal, if any, impact on opioid crisis, and will cause unnecessary harm to both pets and their owners.

References:

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