

Dear Chair Patterson, members of the Committee,

For the record, my name is Amara McCarthy, and I testify to oppose HB3258.

In this legislative session, three bills were introduced based on The 2018 Secretary of State audit of the Prescription drug monitoring program (PDMP).

Of the three PDMP bills this session, steaming from the SOS, one was SB559 (I previously opposed this bill). SB559 included requirements that veterinarians partake into the PDMP medication surveillance network. This bill had major opposition from the veterinary community as well as people living with disabling incurable pain conditions. All for good reasons.

During the hearing for SB559, concerns came up when the SOS Audit Manager Ian Green was observed presenting misleading and inaccurate data and facts to the committee to support SB559. I bring up SB559 because it is relevant and significant that SB559 did not move forward as a bill, but major parts of the bill were then stuffed into HB3258. Amendments were added that altered the bill significantly after the public hearing.

Given the recent and alarming conflict of interest issues with the Secretary of State Shemia Fagan, and her audit department pushing an outdated 2018 PDMP audit — and as HB3258 is founded on this audit, I ask as an Oregonian, and as a person living with rare progressive painful conditions, that this bill is not moved forward. I would like to see a thorough investigation done on the SOS PDMP audit, for additional COI concerns. To obtain up to date accurate PDMP information and data from other states Nationally.

You can see, other states are in fact removing or decreasing PDMP surveillance in many areas not increasing it. The illicit drug market has only increased in strength and danger, while the SOS pushed for increase surveillance on medications that are not a threat. In actuality, over surveillance has lead to a reduction in patient care for those suffering progressive pain conditions.

Increasing surveillance and reliance on the PDMP will not improve overdoses. It will strain a health system already strained and cause hardships to the patients that need attentive care. Passing this HB3258 will move Oregon in the wrong direction.

Oregon is earning a solid reputation of being a hostile state to patients. Adding schedule five medications to a PDMP system that does nothing to combat illicit drugs, will only strain a medical system that is overstrained. Leaving less time for patients and providers. HB3258 is illogical. I urge the committee to hold off on moving this HB3258 forward.

In closing, one of my greatest concerns with HB3258 is this section of the bill that reads; *“Requires authority to disclose prescription monitoring information to director of division of authority that administers state medical assistance program, director of division of authority that administers prescription drug program within state medical assistance program and Centers for Medicare and Medicaid Services for specified purposes.”*

This section is incredibly confusing to interpret, it could be read to mean, those on OHP will be subjected to less privacy rights than non OHP members, or that ALL Oregonians will have another level of surveillance placed upon their privacy rights that goes beyond even the PDMP itself.

This is a scary thought and one the public does not fully grasp. Oregonians did not agree or consent to this.

Suggested reading, Dosing Discrimination: Regulating PDMP risk scores by Jennifer D. Oliva, UC Law, San Francisco; O’Neill Institute for National & Global Health Law at Georgetown Law  
[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3768774](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3768774)

Thank you very much for your consideration and time, reading my testimony,

Amara McCarthy