

Measure: HB3258

Dear members of the Senate Committee on Health Care, my name is Wendy Sinclair. I oppose HB3258. I am a founder of the Oregon Pain Action Group and I'm a member of the Chronic Pain/Opioid Task Force for the National Council on Independent Living and a member of the Doctor Patient Forum.

This bill, along with a few others in this session, is based on the outdated information in the 2018 Secretary of State PDMP audit. We now have more quality data and evidence that shows illicit opioids are the drivers of the epidemic. With record-setting overdoses and prescribing of opioids severely down, we see there is no correlation between prescription opioids and overdoses. The AMA, CDC, FDA, and other organizations have recognized patient harm from the ideologies the audit was based on. We must protect vulnerable acute/chronic and intractable pain patients.

This bill was originally proposed to include schedule five drugs in the PDMP. The benefit, which makes more work on our already over-burden, understaffed medical system, has not been proven to be necessary or beneficial. Should we put this additional strain on medical clinics who are already understaffed, just to include drugs that are known to have a low risk of addiction? Medications such as Lomotil (anti-diarrheal medication) and Robitussin AC (cough medicine) are schedule V drugs which would increase the requirement for reporting and could negatively impact providers and pharmacies. It will also increase a patient's number of prescribers which could cause a messiness that hasn't been accounted for.

However, another part of the bill is more problematic. SB559 was a bill that would have required veterinarians to report our pet's medications to PDMP and connect it with its owners. This bill received opposition and was stopped, but now we find the essence of that bill repackaged and put into this bill as an amendment. Already, many pets are not able to access any pain care even when on palliative care or after surgery. Pets are suffering from a system that is content to neglect their pain, just as it has done with human patients in recent years. We've heard from people who are unwilling to get surgery for their pets or get them spayed or neutered because they don't want their pet to suffer.

The assertion that people harm their pets to get their medication is not true. There is no evidence that suggests this is happening, but we do know that pets are going without pain care and this bill threatens their wellbeing even more.

For some patients who have rare and intractable painful diseases, pets provide a noticeable amount of comfort and companionship. If this bill passes, they will have to think twice before getting a pet as something that was once very

beneficial (pet ownership) could be detrimental (negatively affecting our PDMP report).

We need to return to the facts and quality evidence. The facts are that very few pain patients ever struggle with addiction (evidence says less than 1%) and the risk of addiction is much lower for patients who are treated with opioids by their provider.

We can't risk harming patients and their pets based on theories or ideologies absent of proof or based on outdated information. We also can't further stigmatize a protected class of people just because they are disabled with painful conditions requiring medication. To assume this group is capable of despicable actions against their pets, just because they are disabled with painful diseases is akin to assuming the worst of another protected minority group. This should never be allowed.

In addition, patients are concerned that this bill allows their protected health information to be shared with the Medicaid Director, Prescription Drug Program, and Centers for Medicaid and Medicare (CMS). There is no caveat that only those on Medicaid or Medicare would have their information shared for billing purposes or other purposes related to an insurance claim, but this information is shared to essentially police providers. Our providers are already leaving Oregon and refusing to treat pain patients. Patients are already being abandoned.

Patients need protection, not more of the same. Many other states are passing bills to protect their patients in pain, yet Oregon has bills that could create more harm. I ask you to vote, NO on this bill. Reject the on-going narrative that has already harmed so many. Please stand up for disabled and intractable pain patients who only want to have the same rights to privacy of their health information as everyone else and to pet ownership without additional scrutiny. We ask that you send a message that you will protect our minority group and honor them without the stigma and bias that has guided actions against patients in recent years.