



Oppose SB 355 B-Eng.

SB 355 B-Eng. will create a government operated database, violate the privacy of millions of law-abiding Oregonians and expose the personal medical information of those who use pain medications, Ritalin, anxiety and sleep medications to monitoring and security breaches.

Despite the absence of foundational work, SB 355 will move ahead and:

- Leaves no future policy input by legislature because this implements final law
- Allows pharmacists and doctors access to a database report on *any* patient
- Authorizes DHS to allow other states to have access to this database
- Gives DHS an additional **\$250,000** for start up purposes
- Funds the program with a **\$25 licensing fee** for doctors and pharmacist
- Create an Advisory Commission dominated by medical stakeholders; only one IT expert

RISKS OF SB 355:

No Foundational Work: After 6 years, the legislature should have answers, including benefits, risks, privacy and security analysis, and an actual fiscal before passing law.

Absolutely No Evidence PMPs Work: Despite all argument for why this is necessary, there's no nationwide evidence-based evaluation that these programs actually work.

At the December 2008 conference put on by the Pain Commission and Board of Pharmacy, one keynote speaker stated that there has been very little research available to guide this program and there has been no outcome evaluation of Harold Rogers grants.

The other keynote speaker said that if these programs are administered improperly it undermines pain management and proper prescribing. The program administrator from Virginia said that no one has used the program data to advocate for more treatment and there's no data to show these programs have improved access to care or drug treatment.

Internal Breach: 60-80% of security breaches are internal (those authorized to access). This database will have access by thousands, making it particularly vulnerable.

External Breaches of PMP Happen: Virginia pharmacy database was breached on 4/30/09 exposing 8 millions of Virginians to real risk. Disclosure of patients' names, addresses and prescriptions leaves individuals vulnerable to being targeted in their homes.

Database Errors – Wrongly identified: Proponents expect to database over 5 million Oregon prescriptions a year. With similar and identical name, individuals can be mis-identified and denied critical medicine. Like the no-fly list – you may not be able to get off.

Nationwide Database (if we thought Real ID was bad): This law would allow other states to access Oregon's database containing very sensitive information. If the risks of a nationwide Real ID database were bad, this is a nightmare...