

**Oregon Prescription Drug Monitoring Program**

Prescription Drug Monitoring Program Advisory Commission

Tina Kotek, Governor



**Oregon Prescription Drug Monitoring Program Advisory Commission  
Prescribing Practice Review Subcommittee  
February 10, 2026, 3:30pm, Meeting Minutes**

**Meeting Contact:** Stephanie Vesik, Stephanie.g.vesik@oha.oregon.gov, 971-200-9463

**SubCommittee Attendees:**

John Mahan (Addiction Psychiatrist, Jackson County)

Curt Hawkinson (PA, Medical Director, Salem Health)

Jordana Gaumond (Medical Director, Oregon Medical Board)

Helen Turner (APRN, Dean, OHSU School of Nursing)

Kathi Norman (PA, psychiatry practice owner)

Dean Sidelinger (State Health Officer, OHA)

**SubCommittee Absent:**

Tamby Moore

**OR PDMP Staff Attendees:**

Liz McCarthy

Drew Simpson

Stephanie Vesik

Several members of the public were in attendance

**Approval of Minutes**

Minutes from July 2025 and October 2025 were approved (motion: Turner, second: Gaumond).



## **Presentation:** Risky Prescribing Trend Review (Liz McCarthy)

Risky prescribing trends

Impacts of adding Schedule V medications to PDMP

High MME (Morphine Milligram Equivalent) measure review

Early exploration of overlapping opioid dispensations

### **Key Trend Notes**

Total prescribers flagged for risky prescribing decreased from 2018–2022.

Updates to the co-prescribing and opioid-naïve measures in 2023 increased flagged counts temporarily.

Introduction of Schedule V opioids and pregabalin slightly increased counts but minimally affected co-prescribing/tri-prescribing rates.

Only the opioid-naïve measure increased meaningfully between 2025 Q1 and Q2.

### **High MME measure Review**

The focus of discussion was on high MME measure, which looks at prescribers who have more than 20 patients receiving daily opioid doses of greater than 200 MME, excluding buprenorphine, tramadol, and liquid opiates. After reviewing several options and their potential impact, the subcommittee discussed the purpose of this measure, its relationship to patient safety, and how to balance education with clinician workload. Members expressed that the goal of the measure is not to penalize providers but to promote awareness of practices that may carry higher risk.

Following this discussion, the subcommittee voted unanimously to update the high MME criteria. Under the new criteria, educational letters will be sent to prescribers who have 20 or more patients in a quarter receiving 150 or more daily MME (down from the previous threshold of 200). This change will first be reflected in letters related to late-2025 data. Members emphasized that this measure is educational only and that the group can revisit and adjust the criteria in the future based on outcomes and feedback.

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The committee also began an initial conversation about how to analyze situations in which patients receive overlapping prescriptions for opioids. Due to time limitations, this discussion will continue at the next meeting, and members were invited to submit questions or requests for additional analysis ahead of time.

During the public comment portion of the meeting, community members and patient advocates expressed concerns about the potential impact of the high-MME change. Commenters shared personal experiences and highlighted challenges faced by people living with chronic pain, including fear of involuntary tapering, difficulty accessing care, and the risk of being misinterpreted by numerical thresholds. Some urged the committee to consider the difference between safe, stable long-term prescribing and inappropriate or unsafe prescribing. Others recommended stronger integration of pain-management expertise and patient-outcome tracking.

Subcommittee members thanked the public for their input and emphasized that feedback is taken seriously. They reiterated that the updated measure is intended to support education and awareness, not to serve as a rule or enforcement tool, and noted that measures can be modified in the future based on data and community needs.

**Next Steps:**

Next meeting date to be determined, Stephanie Vesik will issue a follow-up email proposing new options since the Doodle poll results were inconclusive.

**Adjournment**

Meeting adjourned at 4:30 PM.

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