Statement

of the

American Medical Association

to the

Committee on Energy and Commerce
Subcommittee on Health
United States House of Representatives

RE: Examining Public Health Legislation to Help Local Communities

November 20, 2013

(202) 789-7481
Division of Legislative Counsel

Statement

of the

American Medical Association

to the

Committee on Energy and Commerce
Subcommittee on Health United States House of Representatives

RE: Examining Public Health Legislation to Help Local Communities

November 20, 2007

The American Medical Association (AMA) appreciates the opportunity to provide our views on H.R. 3528, the "National All Schedules Prescription Electronic Reporting Reauthorization Act of 2013" (NASPER 2013). In short, passage of NASPER 2013 and full appropriations is urgently needed to ensure that physicians across the country have a critical tool at the point-of-care to combat prescription drug abuse while ensuring patients with legitimate need of pain management continue to have access. Since 2005, the AMA, along with many other stakeholders in the health care community, has supported the National All Schedules Prescription Electronic Reporting Act (NASPER) as an essential resource for individualized clinical decision-making that supports efforts to combat prescription drug abuse and diversion. Unfortunately, the appropriations to fully fund, modernize, and optimize NASPER prescription drug monitoring programs (PDMPs) have not kept pace with the rapid escalation in abuse and diversion of prescription drugs. The AMA continues to work on a number of fronts to combat diversion and drug abuse. We strongly urge immediate passage of H.R. 3528 and full appropriations with a strong emphasis on the public health focus of NASPER.

The AMA has worked with federal and state policymakers to address this growing public health crisis of prescription drug abuse and diversion for many years. At the federal level, the AMA is a founding member of the Alliance to Prevent the Abuse of Medicines (the Alliance), a non-profit partnership of key stakeholders in the prescription drug supply chain—e.g., manufacturers, distributors, pharmacy benefit managers, pharmacies, physicians—established to develop and offer policy solutions aimed at addressing the prescription drug abuse epidemic.

The AMA brings a critical perspective as physicians are on the frontlines of this epidemic and fully understand the human cost and the toll it can take on families and whole communities. We remain committed to continuing our collaboration with other stakeholders to implement effective solutions to rapidly reverse the trends and successfully treat addiction and stop overdose and death. Physicians work hard to balance their ethical obligation to treat patients

with legitimate pain management needs against the need to identify drug seekers and prevent abuse, overdose, and death from prescription drugs. Physicians must confront numerous challenges in their efforts to maintain that balance.

The AMA agrees with all of the impacted stakeholders at the state and federal level that the solution to the prescription drug abuse and diversion problem requires a multipronged, coordinated strategy. We support rapid implementation of a combination of federal and state policies to address both the supply and demand side of this epidemic. Equally important, the AMA and its partners in the medical community have committed resources to promote physician education and awareness, as well as strategies to treat addiction and reduce the incidence of overdose and death. With concerted coordination and team work, this comprehensive approach should substantially improve our ability to stop abuse and diversion and avoid pushing those with opioid addiction to the use of illicit drugs, such as heroin.

A key component of efforts to combating prescription drug abuse, diversion, overdose, and death are modernized, updated, fully interoperable PDMPs. Though nearly a decade has passed since NAPSER was enacted, its full promise has not been achieved. We believe that the enactment of H.R. 3528, along with full appropriations, dramatically improves the odds that physicians will have reliable, high value, patient-specific information at the point-of-care to support appropriate prescribing and treatment for individuals with legitimate pain management needs. We strongly urge Congress to retain the public health focus of NASPER.

Why is H.R. 3528 urgently needed now? First and foremost, the vast majority of physicians still do not have access to reliable, real-time information about prescriptions patients have obtained (and filled) from other prescribers, particularly controlled substances. As a result of years of concerted advocacy and the work of this Committee, NASPER was signed into law in 2005. Although $60 million was authorized over a five-year period, it was not until 2009 that federal funds were appropriated to support the state adoption of PDMPs. In theory, PDMPs were to provide reliable and actionable clinical information to physicians and state public health agencies. It has been only in the past couple of years that most states have finally passed legislation establishing PDMPs. However, the majority of PDMPs are not real-time, interoperable, or available at the point of care as part of physician's workflow. For example, we have learned of one state where the PDMP has one staff person assigned to reconcile potentially overlapping patient records in the PDMP. This can cause significant delay in a physician's access to up-to-date and accurate information.

In instances when prescription drug monitoring programs are available at the point-of-care, with up-to-date information, and integrated into physician workflow, the efficacy of PDMPs is remarkable. As a pilot, Ohio placed PDMPs in emergency departments and found that 41 percent of prescribers given PDMP data altered their prescribing for patients receiving multiple simultaneous narcotic prescriptions. Of these providers, 63 percent prescribed no narcotics or fewer narcotics than originally planned. This indicates that PDMP data can help inform sound clinical decision-making to ensure prescriptions are medically-necessary, reducing illicit use of controlled substances.

Providing physicians with database information that is out-of-date and unreliable cannot enhance or improve their ability to make informed prescribing decisions. Physicians, allied health professionals, and staff are barraged with a sea of clinical and administrative

information and the amount of data and information that they must wade through daily is only projected to grow. It is essential that PDMPs provide reliable and useful information upon which sound clinical decisions can be made.

The AMA has expressed strong support for the reauthorization and full appropriations for prior bills that would have reauthorized NASPER, and that support extends to H.R. 3528, which would provide needed funding and support to modernize existing state-based PDMPs that have a public health focus and provide physicians with a basic tool to make treatment determinations based on patient-specific needs. Until up-to-date PDMP data is provided to physicians as part of the normal flow of information in their practices, patients who are intent on abusing or diverting prescription drugs and who are proficient "doctor shoppers" will still be able to evade detection. Congress should reauthorize NASPER and provide substantial new funding to upgrade and modernize all PDMPs so that states have resources to ensure interstate interoperability and prescriber real-time access at the point-of-care.

In addition to supporting reauthorization of NASPER and full appropriations, the AMA has participated in and supports the current Administration's efforts to identify technical solutions to improve interoperability, enhance communication among state PDMPs, and facilitate integration of PDMP data into physicians' normal work flow.

The AMA also has:

- Expressed strong support for the Administration's and Congress' efforts to ensure that the Veterans Administration (VA) shares prescribing information with relevant state PDMPs and that VA-based prescribers are authorized to consult the state PDMP.
- Urged the Centers for Medicare & Medicaid Services to require Medicare Advantage and Medicare Prescription Drug plan sponsors to work with state PDMPs to coordinate and share prescribing information.
- Supported implementation of the National Association of Boards of Pharmacy software program "InterConnect" that provides Health Information Portability and Accountability Act-compliant interoperability for state PDMPs.

In far too many states, PDMPs remain underfunded and understaffed and are far from achieving a state of technological optimization. The financial belt tightening among states for the past several years has led to anemic funding and, in some cases, defunding of PDMPs while this public health scourge spread and has grown.

An effective, well-funded public health response is needed from all stakeholders. Congress is able to help with much needed funding for PDMP modernization, interoperability, and integration into physician workflow. Just as with illicit drug abuse, prescription drug abuse, overdose, and death cannot be addressed through a singular focus on law enforcement—it will simply change the face of the epidemic from prescription drug abuse to illicit drug abuse, such as heroin. Use of the PDMPs in the hands of physicians and public health officials ensures that individuals who are abusing prescription drugs can be identified by health care providers and are more likely to access treatment and recovery programs. At the same time, it ensures that those with legitimate medical need for pain management and treatment receive it and are not stigmatized.

As an organization dedicated to patient care, the AMA is committed to combating prescription drug abuse and diversion. A public health focus is essential to finding the critical solutions needed to go beyond the current strategies of restriction and limitation that inhibit legitimate patient access to pain treatments.

The personal and economic costs of prescription drug abuse far outweigh the annual appropriations for H.R. 3528. While studies vary—one study puts the potential overall cost of prescription drug abuse at more than $70 billion a year—the Drug Abuse Warning Network reports from 2004 to 2011, the number of emergency room visits for the misuse or abuse of prescription drugs increased by 128 percent. An increase in emergency room visits does not capture the financial impact to the overall health care system of diverted prescription drugs, treatment programs, and costs to other parts of the economy. The human cost and personal tragedies that can be averted with real-time patient specific data at the point-of-care to support clinical decision-making is far more difficult to quantify, but no less significant.

Action is needed now. We urge immediate passage of H.R. 3528.

The AMA appreciates the opportunity to provide our views to the Energy and Commerce Committee on the effective strategies to combat prescription drug abuse and diversion and the essential role of modernized PDMPs. We look forward to working with the Committee and Congress to ensure the proper balance is struck to rapidly reverse the trends of prescription drug abuse, overdose, and death while ensuring patients with legitimate need for pain management and treatment continue to have access.