

Committee on Energy and Commerce United States House of Representatives

Subcommittee on Health January 27, 2015

Testimony by John L. Eadie

Thank you, Chairman Pitts, Ranking Member Green, and Representative Whitfield for providing this opportunity to testify regarding proposed legislation to help fund States' Prescription Drug Monitoring Programs (PDMPs) through the **National All Schedules Prescription Electronic Reporting Act, (NASPER)**.

I am John L. Eadie. I have worked in public health for 45 years and, specifically on PDMPs for 30 years. I currently serve as Director of the Prescription Monitoring Program Center of Excellence at Brandeis University where we identify what makes PDMPs effective and help them reach their full potential. For example, through a partnership with Pew Charitable Trusts and support from BJA, we published a White Paper on PDMP Best Practices.¹

PDMPs are operating in 49 states and Guam, with another authorized for the District of Columbia. They are essential ingredients in the nation's efforts to reverse the epidemic of prescription opioid overdoses and deaths and the rising heroin abuse. The health and safety of families across America depend on PDMPs being as effective as possible.

1. Clark, T., Eadie, J., Knue, P., Kreiner, P., Strickler, G. Prescription drug monitoring programs: an assessment of the evidence for best practices. PDMP Center of Excellence. 2012. http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf

The Center of Excellence reviews PDMPs' performance and has found that they:²

- Improve clinical decision-making and patient care by prescribers and pharmacies.
- Identify and reduce “doctor shopping.”
- Impact on controlled substance availability and prescribing.
- Help improve health outcomes.
- Reduce drug and medical costs related to inappropriate prescribing.
- Reduce diversion into illegal use and assist drug investigations.
- Monitor compliance and drug abstinence.
- Assisting in substance abuse treatment and medical examiner practices.
- Assist in drug abuse prevention and surveillance efforts.

Some states have recently issued broad mandates on prescribers to obtain and review PDMP data prior to issuing the first Schedule II, III or IV prescription to each patient and periodically thereafter, e.g. every three months. Kentucky, Tennessee, and New York, report:

- Rapid increases in prescribers registering for PDMP use.
- Increases in requests for PDMP data (over 300% TN, over 500% in KY and over 10,000% in NY)³.
- Decreases in the prescribing of some commonly abused controlled substances.
- Decreases in multiple provider episodes (i.e. doctor shopping).

² PDMP Center of Excellence at Brandeis University. Briefing on PDMP Effectiveness: Updated September 2014. <http://www.pdmpexcellence.org/sites/all/pdfs/Briefing%20on%20PDMP%20Effectiveness%203rd%20revision.pdf>

³ PDMP Center of Excellence at Brandeis University. COE Briefing: Mandating PDMP participation by medical providers: current status and experience in selected states. Revision 2, October 2014 http://www.pdmpexcellence.org/sites/all/pdfs/COE_briefing_mandates_2nd_rev.pdf

Florida, in 2011, implemented its PDMP and other initiatives. The Florida Medical Examiner 2013 annual report shows an 8.3% decrease in one year in the number of deaths in which one or more controlled substance prescriptions was identified as the primary cause of death, while oxycodone deaths declined by 27.3%.

Further developments are needed. One example: after proactively analyzing their data, PDMPs should proactively send out unsolicited reports to prescribers, pharmacists, healthcare professional licensing boards, and law enforcement. This is one of the most effective best practices, but more than two-thirds of PDMPs still need to fully implement it.

A second example: Medicaid, Medicare, workers compensation, and other third party payers need to protect enrolled patients' health and safety, by helping avoid prescribers and pharmacists from issuing and dispensing prescriptions that patients will harm patients. But this can only be done by PDMPs providing secure data access to third party payers.⁴

In order to reduce the opioid epidemic, PDMPs need to adopt the most effective practices and this requires money, but the cost is miniscule compared to the price in lives and dollars if PDMPs do not rise to their full potential.

The reauthorization of NASPER, with proposed changes will assist states by adding important funds that compliment other initiatives. States need NASPER to encourage the technological development of PDMPs' interoperability with electronic health records and health information exchanges. This development will allow PDMP data to reach prescribers and pharmacists in their normal workflow, increase clinicians' ability to properly treat their patients

⁴ PDMP Center of Excellence at Brandeis University. PDMPs and Third Party Payers Meeting December 2012: Report of Proceedings. April 2014 http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_COE_PDMP_3rd_pty_payer_mtg_rpt.pdf

and avoid prescribing or dispensing to doctor shoppers or persons counterfeiting or forging prescriptions. Importantly, NASPER can help states sustain critical PDMP operations.

I thank the bill sponsors for their efforts to improve NASPER and encourage the Subcommittee on Health to approve it.

SUMMARY OF TESTIMONY on January 27, 2015

By John L Eadie

States need federal financial assistance for their Prescription Drug Monitoring Programs (PDMPs) to operate effectively in interdicting the opioid overdose epidemic. The **National All Schedules Prescription Electronic Reporting Act, (NASPER)**, can provide such assistance.

PDMPs provide information to improve clinical care by prescribers and pharmacies, reduce “doctor shopping,” impact controlled substances prescribing, improve health outcomes, reduce medical costs and diversion of medications into illegal use and assist in substance abuse prevention and treatment.

States that mandate prescribers review PDMP data before all first prescriptions and periodically thereafter report rapid increases in prescribers requesting PDMP data from over 300% to over 10,000%. They also report decreased prescribing of abused controlled substances and in doctor shopping.

Florida reports significant declines in overdose deaths involving prescription opioids, particularly oxycodone, since implementing its PDMP.

PDMPs should upgrade their programs by proactive analyses of data and distribution of unsolicited reports to prescribers, pharmacists, healthcare professional licensing boards and law enforcement. To protect patients, PDMPs should also provide data to all third party healthcare payers.

Reauthorization of NASPER will assist states by adding funds that compliment other initiatives, particularly to develop interoperability with electronic health records and health information exchanges.