

MedChi

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TO: The Honorable Peter A. Hammen, Chairman
Members, House Health & Government Operations Committee
The Honorable Sue Kullen

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
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DATE: March 4, 2010

RE: **OPPOSE** – House Bill 918 – *Prescription Drug Monitoring Program*

The Maryland State Medical Society (MedChi), which represents over 7,300 Maryland physicians and their patients, opposes House Bill 918.

House Bill 918 establishes a Prescription Drug Monitoring Program (PDMP) in the State Health Department. The “mission” of the program is to “assist...in...the identification, treatment and prevention of prescription drug abuse and the identification in the investigation of unlawful prescription drug diversion.” Essentially, House Bill 918 is a “rerun” of legislation vetoed by then Governor Ehrlich in 2006. Subsequent to the veto, an Advisory Council on Prescription Drug Monitoring was established which included representatives of all stakeholders. That Advisory Council produced a legislative report on December 31, 2009 which is available on the DHMH website.

MedChi has multiple objections to House Bill 918. Since the initial efforts to establish a PDMP in 2006, MedChi has always believed that such programs are costly and inefficient proposals from law enforcement personnel which will do little to treat patients who are abusing prescription drugs and will have a chilling effect, particularly on doctors who are involved in pain management. While the Legislative Report of the Advisory Council has recognized some of the MedChi objections, it is still clear that the driving force behind this proposal is law enforcement. MedChi believes that law enforcement should be an excluded party rather than the primary party. For example, the PDMP program in Vermont excludes law enforcement (Legislative Report at p. 18, line 16).

In addition to its philosophical suspicion concerning the creation of the PDMP, MedChi believes that the creation of a program in Maryland is premature. The Maryland

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Health Care Commission is in the process of establishing a statewide Health Information Exchange which will result in patient's health records being available to physicians on a real time basis. In addition, the federal government is encouraging doctors to obtain electronic health records through monetary incentives in the Medicare program. The whole issue of electronic health records will play out over the next 3-5 years with almost all parties in the healthcare debate supportive of the exchange of patient information for the purposes of treating a patient (moreover, as real time information becomes available, physicians will be able to see where a particular patient may be "doctor shopping" or otherwise securing prescription drugs). MedChi believes that the creation of the PDMP should be a part of the federal and state efforts now underway.

Second, MedChi questions whether a law enforcement PDMP is of any real value. The Advisory Council in its Legislative Report at page 6 concluded as follows: **"However, given the year of other states' experience in operating PDMPs and the voluminous amount of information available, there remains some controversy as to whether these programs are working. No concrete statistics are available to show the programs work; no concrete statistics are available to show the program do not work."** The Advisory Committee also observed as follows: **"Many states have not seen any significant change in the societal effects of diversion after implementation. Additional economic burdens should not be placed on practitioners and dispensers without some program effectiveness"** (Legislative Report at 48-49).

Given the fiscal requirements to establish a PDMP which was estimated by the Advisory Council to be up to \$1 million (Legislative Report at page 7), MedChi questions why any money should be spent to replicate programs which cannot be shown to be effective.

MedChi continues to believe that the goal of any PDMP should be the treatment of addicted patients. The use of complete Electronic Health Records as opposed to a PDMP which only collects information on certain drugs will be more effective. MedChi would ask for an unfavorable report on House Bill 918.

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