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TO: The Honorable Thomas M. Middleton, Chair
Members, Senate Finance Committee
The Honorable Katherine A. Klausmeier
The Honorable President Thomas V. Mike Miller Jr.

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 24, 2016

RE: **OPPOSE UNLESS AMENDED** – Senate Bill 537 – *Department of Health and Mental Hygiene – Prescription Drug Monitoring Program – Modifications*
OPPOSE UNLESS AMENDED – Senate Bill 382 – *Prescription Drug Monitoring Program – Revisions*

The Maryland State Medical Society (MedChi), the Maryland Chapter of the American College of Emergency Physicians (MDACEP), the Maryland Chapter of the American Congress of Obstetricians and Gynecologists (MDACOG), the Mid-Atlantic Association of Community Health Centers (MACHC) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP) wish to register their opposition to Senate Bill 537 and Senate Bill 382, unless amended.

Senate Bill 537 and Senate Bill 382 are clearly intended to enhance the capacity, and expand the use of, Maryland's Prescription Drug Monitoring Program (PDMP) as a component of a multi-faceted effort to address and combat the increasing incidence of opioid and heroin addiction and overdose in the State. The members of our organizations applaud the sponsors for their dedication to addressing this very real public health crisis and wish to actively partner with both the Administration and General Assembly in identifying meaningful and effective approaches to reducing the incidence of addiction and overdose deaths. However, while we strongly support

certain aspects of the legislation, such as the authorization of delegated authority to query the PDMP, we believe that the requirements for mandatory use included in both proposals reflect a presumption that mandated use, in and of itself, will enhance the effectiveness of the PDMP as a tool in addressing prescription drug abuse. The bills fail to recognize the very real technical and capacity limitations of the PDMP that must be addressed before any consideration of mandatory use should be contemplated.

We believe that these bills, as introduced, presume the PDMP is currently a system that has the capacity and technical capability necessary to accommodate the requirements of the bill, but fails to recognize the necessary enhancements and technical improvements that are needed to ensure that the PDMP is an accurate and efficient tool. Inclusion of a mandatory use requirement in the legislation, even if not effective until a future date, shifts the focus from the need to comprehensively address recognized program deficiencies such as inaccurate data, long wait times when accessing data, delayed availability of prescribing data, multiple patient accounts, lack of integration with electronic health records (EHRs) and other challenges/deficiencies that make the PDMP challenging to rely upon when making clinical decisions.

Our organizations are strong advocates for an accessible and accurate PDMP that has the potential to be a valuable tool to inform clinical decisions. We strongly support the authorization of delegated authority to query the PDMP reflected in both bills and would also recommend adding a provision that would authorize prescribers to query their own data in the PDMP. Authorizing prescribers to query their own data would provide a meaningful tool for the identification of forgery or other illicit activity and enhance the ability of the PDMP to identify inaccurate data.

However, despite our support for the continued development and enhancement of the PDMP, absent amendments that: 1) delete the proposed mandatory use requirement; 2) address technical and timing issues relative to mandatory registration requirements; 3) with respect to Senate Bill 537, delete the provisions that would allow the PDMP to report information directly to licensure boards and law enforcement without review by the technical advisory committee; and 4) with respect to Senate Bill 382, delete provisions that authorize the licensing boards to develop standard of care regulations, we are opposed to the passage of both Senate Bill 537 and Senate Bill 382.

For more information call:
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