

MedChi

The Maryland State Medical Society

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TO: The Honorable Peter A. Hammen, Chair
Members, House Health and Government Operations Committee
The Honorable Sally Jameson

FROM: J. Steven Wise
Joseph A. Schwartz, III
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DATE: February 5, 2015

RE: **OPPOSE** – House Bill 3 – *Prescription Drug Monitoring Program – Prescribers and Dispensers – Required Query*

The Maryland State Medical Society (MedChi), which represents more than 8,000 Maryland physicians and their patients, opposes House Bill 3.

House Bill 3 would require that every prescriber and dispenser of monitored prescription drugs in this State query the Prescription Drug Monitoring Program (PDMP) before prescribing or dispensing such drugs. This proposed change would be a substantial reversal of the current law, which does not obligate the prescriber or dispenser to make such inquiry. MedChi opposes this measure for the reasons set forth below.

MedChi recognizes that health care providers, especially physicians, play an important role in addressing substance abuse issues that arise with the use of opioids and other drugs. In fact, MedChi has held numerous educational forums on this subject for its members, most recently in November of 2014. More such programs are already set for 2015. Additionally, MedChi has worked with Chesapeake Regional Information Systems for our Patients (CRISP), which administers the PDMP, to enroll physicians.

Indeed, greater enrollment is in our view the first critical step in creating a PDMP that most effectively provides information to prescribers and dispensers, and must precede any effort to mandate queries. The current PDMP provides only a partial picture of a patient's prescription history because only approximately 8,000 of 33,000 individuals in these categories are enrolled. While the PDMP just became functional in 2013, its enrollment is growing at an impressive rate of about 700 users per month. Furthermore, while efforts are under way to remedy this, the PDMP does not have access to information from surrounding states or from Veterans Administration facilities,

among others, which also contributes to the incomplete picture of a patient's history. In sum, efforts to better protect against prescription drug abuse must begin with an emphasis on enrollment so that complete information is available through the PDMP.

Perhaps most important, the PDMP is not capable of handling the demand that would be placed upon it if this legislation were enacted. CRISP acknowledges that this bill would result in about 50,000 queries *per day*, a 20 fold increase above the 70,000 queries *per month* it currently handles. This inability to handle demand would result in delays in providing health care, and has serious disciplinary implications for providers under the bill.

Once enrollment is increased and greater levels of information are accessed by the PDMP, the issue of demand on the system could be addressed by focusing on certain specialties, classes of drugs and the like, as opposed to the "blanket" query requirement proposed here. The Centers for Disease Control estimates that 20% of prescribers prescribe 80% of all prescription drugs. This data suggests that requiring all prescribers to access the PDMP is not at all efficient. For example, the orthopedic surgeon who just performed surgery on a broken ankle knows that the patient will need pain medication. Requiring a query in this instance is completely unnecessary and mandates a standard of care, something MedChi has always urged the Legislature to avoid doing. Physicians should always be able to exercise their considered judgment when treating patients.

For these reasons, MedChi opposes House Bill 3.

For more information call:

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