

BIPARTISAN HEROIN TASK FORCE HOSTS ROUNDTABLE ON PRESCRIPTION DRUG MONITORING PROGRAMS.

EXECUTIVE SUMMARY

On Monday, the Bipartisan Heroin Task force held a roundtable discussion on the role of Prescription Drug Monitoring Programs (PDMP) play in combatting the opioid epidemic. The roundtable — led by task force co-chairs Reps. **Tom MacArthur (R-NJ)** and **Annie Kuster (D-NH)** — received insight and perspective from two industry professionals on the importance of PDMPs. Task Force members were receptive of the comments offered by the panel, and highlighted areas within PDMPs that could be addressed by congress such as: (1) better utilization of data; (2) modernizing PDMPs to a cloud-based system and; (3) promoting more information sharing between states.

OPENING STATEMENT

Dr. Matthew Salzman, Assistant Professor of Medical Toxicology at Rowan University, said in his opening remarks that the opioid epidemic today rivals the AIDS epidemic of the 1980s. He noted that the epidemic is on pace to see nearly 100 deaths per day due to overdose. Dr. Salzman offered his perspective as an emergency room doctor who has dealt with patients who are addicted to opioids. He complimented PDMPs as a “crucial tool” for an open dialogue between the patient and doctor, noting that the data available through PDMPs helps doctors to inform to the patient on overdose prevention medication and non-opiate based chronic pain therapies. Additionally, Dr. Salzman stressed that a key element of combatting the opioid epidemic is eliminating barriers to effective healthcare, highlighting the need for more accessibility to evidence-based treatments.

Stephen Mullinex, Senior Vice President of Public Policy for the National Council for Prescription Drug Programs (NCPDP), provided the task force with an overview of his organization’s role in developing communication standards for pharmacies, payers, and prescribers. Specifically, he highlighted two communication standards that NCPDP has employed for tracking prescription history. Mullinex said that the “telecommunication” standard is a real-time network connects all community pharmacies with a payer and other entities. He also outlined the “script” standard, which tracks all electronic prescribing and connects the prescribing physician to the pharmacy. Mullinex noted that NCPDP has developed a PDMP task force aimed at promoting more access to “complete, timely, and accurate” data on opioid prescribing. The NCPDP task force recommends establishing a “national facilitator” that would: (1) coordinate with state PDMP administrators to promote information sharing; (2) engage the telecommunication and script standards to compile complete and accurate data and; (3) generate alerts for doctors and pharmacies only when there is a patient at risk for addiction.

PANEL QUESTIONING AND DISCUSSION

In her line of questioning, Rep. Kuster stressed the need to better utilize the data that is being collected through PDMP's as well as the need to eliminate barriers to information sharing between the states. She noted the importance of effective doctor-patient communication, citing a CDC study that emphasizes that not all patients react the same to specific pain medications. Salzman agreed with Rep. Kuster's claims, again emphasizing the need to provide prescribing physicians with accurate data on the patient's medical history.

Rep. MacArthur highlighted the "welcome indication" from the Trump Administration that it will declare the opioid epidemic a national emergency. He noted that there has been a 100 percent increase from 2011-13 in overdoses by users aged 18-26. Rep. MacArthur cited his frustrations with the current PDMP system, citing barriers to information access from state to state that can be lifted to avoid "preventable" deaths. Rep. MacArthur agreed with NCPDP's approach of implementing a national facilitator to bolster the data that's available to pharmacies and prescribing doctors. Rep. MacArthur also mentioned that PDMPs should use a cloud-based system so that data is more readily available.

Rep. Donald Norcross (D-NJ) stressed the need for more information sharing among states. He complimented **Governor Chris Christie's (R-NJ)** work thus far in promoting more information sharing on opioid prescriptions between neighboring states, as well as the additional funding Governor Christie has allocated for his state's efforts to combat the epidemic. Rep. Norcross questioned the panel about the "major" obstacles to state collaboration. Dr. Mallinex noted that while state PDMP's generally share the same goal when it comes to combatting the opioid epidemic, the information that is available varies from state to state in terms of accuracy and completion, and there is yet to be a "full consensus" among states about the need for unblocked access due to privacy concerns.

Rep. Evan Jenkins (R-WV) noted that West Virginia and New Hampshire are two states that are "uniquely" effected by the current opioid epidemic. He noted his concerns with patient confidentiality, classifying it as a "crucial barrier" to accessing patient information from state to state. Rep. Jenkins also questioned the feasibility of preempting state confidentiality laws to promote the sharing of information on at-risk patients.

Rep. Bruce Poliquin (R-ME) noted that half of the people in his state deal with some sort of chronic pain issue. He stressed the need to strike a balance between dealing with patients who truly need the medication and those who are at risk for addiction. Rep. Poliquin questioned Mullinex if there is a metric that could be used to help strike this balance. In his response, Mullinex noted that the crux of the issue lies within the lack of sound information on alternative pain management methods. Rep. Poliquin also discussed the need for accountability for programs that help patients recover from addiction.