

February 23, 2016

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
U.S. Capitol S-230

The Honorable Harry Reid
Minority Leader
U.S. Senate
U.S. Capitol S-221

The Honorable Paul Ryan
Speaker of the House
U.S. House of Representatives
U.S. Capitol H-232

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
U.S. Capitol H-204

Dear Leader McConnell, Minority Leader Reid, Speaker Ryan and Minority Leader Pelosi:

We write to you as leading participants in the prescription drug supply chain – i.e., manufacturers, distributors, payers, physicians, pharmacies, testing laboratories, treatment providers – as well as patient groups, business leaders, and other expert parties, to urge the full support of Congress (and state legislatures) of the continued expansion and deployment of robust and interoperable Prescription Drug Monitoring Programs (PDMPs) in each of the 50 states. We recognize that the focus of Congress is in the development of federal policy, but advise that the complexity and interplay between federal and state policy in addressing the prescription drug abuse epidemic is undisputed and recommend a committed partnership between all levels of government to realize this objective.

The current trajectory of non-medical abuse of prescription opioids, and the diversion of these important medicines from their intended purpose, is troubling and unacceptable. The U.S. Centers for Disease Control & Prevention (CDC) reported that in 2013 nearly 23,000 Americans died from prescription drug overdose. As of 2011, the National Institute on Drug Abuse (NIDA) estimated that more than 52 million Americans ages 12 and older had used prescription drugs non-medically in their lifetime. Fifty-four percent of non-medical users of prescription drugs surveyed claim they obtained the medicines from a friend or family member.

Prescription drug diversion and abuse is a public health crisis that must be confronted and addressed comprehensively, and with the collaboration of all stakeholders. While many of the signatories on this letter have put forth comprehensive approaches to addressing prescription drug abuse and diversion – e.g., consumer and physician education, prevention and intervention, disposal, and treatment – and such elements certainly must be pursued vigorously, there is consensus among nearly all stakeholders regarding the need for each state to fully develop and operate a robust and efficiently-deployed PDMP.

PDMPs are statewide electronic databases designed to monitor the prescribing and dispensing of controlled substances — or scheduled drugs, as determined by federal regulation. PDMPs have been shown to assist physicians in identifying patterns of prescribing and abuse so that prevention, intervention and treatment can occur. There is sufficient validating evidence demonstrating that a reduction in incidences of doctor shopping correlates to a reduction in abuse.

But while 49 states currently operate PDMPs, a combination of factors, including widely varying data elements, a lack of interoperability and dedicated resources, and an inadequate level of resources committed by many states, has served to chill the regular use of PDMPs. These factors only serve to embolden abusers who more readily circumvent the program by selecting providers who do not regularly consult PDMPs, or cross state borders that do not have interoperability with other state PDMPs .

A robust and effective PDMP should include a litany of elements, but we believe that these programs at a minimum must be adequately maintained and funded, available at the point-of-care with up-to-date information, and integrated into the prescriber and dispenser workflow. When these characteristics are achieved, PDMPs will represent a major step toward ensuring that patients have access to the care they need, and that these medicines are not inappropriately prescribed, dispensed or diverted. Other desired elements for an effective PDMP include, among others:

- Interoperability between state databases
- Easier access requirements for physicians, e.g., user name and password processes
- Physician access to patient prescription history, both his/hers or other prescribing physicians
- Physician authorization to delegate practice monitoring responsibilities to office personnel
- Protection of patient confidentiality
- Support of a public health over a law enforcement function

The first major Congressional step that could be taken immediately to bolster PDMP programs and combat the growing prescription drug health problem would be to reauthorize the National All Schedules Prescription Electronic Reporting Act (NASPER). We applaud the U.S. House of Representatives for passing its NASPER reauthorization bill, H.R. 1725, and encourage the Senate to act on this important legislation swiftly. This program was created in 2005 to allow the U.S. Department of Health & Human Services (HHS) to award grants to states to establish or enhance PDMPs, and establish best practices. NASPER has not been funded since a prohibition was included in the FY2011 continuing resolution (P.L. 112-10); however, we are confident that reauthorization and full funding of NASPER would be a significant step toward reversing the current trajectory of abuse.

We thank you for your consideration of this request, and hope that you will consider each of the stakeholders on this letter to be partners in the effort to combat this growing public health problem.

Sincerely,

Advocacy Council of the American College of Allergy, Asthma and Immunology
Alaska State Medical Association
America's Health Insurance Plans
American Academy of Emergency Medicine
American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Hospice and Palliative Medicine
American Academy of Orthopaedic Surgeons

American Academy of Otolaryngic Allergy
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Pain Management
American Academy of Pain Medicine
American Academy of Physical Medicine & Rehabilitation
American Association for Geriatric Psychiatry
American Association of Neurological Surgeons
American College of Emergency Physicians
American College of Phlebology
American College of Physicians
American College of Rheumatology
American College of Surgeons
American Medical Association
American Osteopathic Association
American Psychiatric Association
American Rhinological Society
American Society of Addiction Medicine
American Society of Dermatopathology
American Society of Echocardiography
American Society of Interventional Pain Physicians
American Society of Plastic Surgeons
Arkansas Medical Society
California Medical Association
Cardinal Health
Colorado Medical Society
Congress of Neurological Surgeons
CVS Health
Federation of State Medical Boards
Generic Pharmaceutical Association
Healthcare Distribution Management Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
International Society for the Advancement of Spine Surgery
Iowa Medical Society
kaleo
Kansas Medical Society
Kentucky Medical Association
Mallinckrodt Pharmaceuticals
Massachusetts Medical Society
MedChi, The Maryland State Medical Society
Medical Association of the State of Alabama
Medical Society of Delaware
Medical Society of New Jersey
Medical Society of the District of Columbia
Medical Society of the State of New York
Medical Society of Virginia

Michigan State Medical Society
Millennium Health
Mississippi State Medical Association
Missouri State Medical Association
National Association of Chain Drug Stores
National Association of Medical Examiners
Nebraska Medical Association
New Hampshire Medical Society
North American Neuromodulation Society
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oregon Medical Association
Pain Care Coalition
Pennsylvania Medical Society
Pharmaceutical Care Management Association
Prime Therapeutics
Rhode Island Medical Society
Society of Hospital Medicine
South Dakota State Medical Association
Spine Intervention Society, The
Tennessee Medical Association
Teva Pharmaceuticals
Texas Medical Association
The American Pain Society
The Center for Medicine in the Public Interest
The Pain Community
Urgent Care Association of America
Utah Medical Association
Vermont Medical Society
Virginia Cancer Pain Initiative
Washington State Medical Association
Wisconsin Medical Society

cc: Chairman Lamar Alexander
Senate Committee on Health, Education, Labor &Pensions

Ranking Member Patty Murray
Senate Committee on Health, Education, Labor &Pensions

Chairman Fred Upton
House Committee on Energy and Commerce

Ranking Member Frank Pallone
House Committee on Energy and Commerce

Chairman Thad Cochran
U.S. Senate Committee on Appropriations

Vice Chairwoman Barbara Mikulski
Senate Committee on Appropriations

Chairman Harold Rogers
House Committee on Appropriations

Ranking Member Nita Lowey
House Committee on Appropriations