

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