



SB 1083 Public Health - Prescription Drug Monitoring Program - Revisions

Senate Finance Committee

<http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=hb0088&stab=01&pid=billpage&tab=subject3&ys=2018RS>

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SUPPORT WITH AMENDMENTS

The Maryland & DC chapter of the American Society of Addiction Medicine (MDDCSAM) represents physicians, and other health professionals, specializing in the treatment of substance use disorder.

MDDCSAM strongly supports strengthening the Prescription Drug Monitoring Program (PDMP or 'Program'). PDMP data can be utilized much more effectively, as has been done in other states. This can significantly reduce opioid over-prescribing, a significant driver of the opioid addiction epidemic.

Currently the ability of the program simply to provide feedback and education to prescribers is limited. We propose allowing PRESCRIBING PATTERNS STRONGLY ASSOCIATED WITH THE RISK OF OVERDOSE DEATHS to be the basis of providing feedback and education to prescribers and dispensers, without requiring mandatory review by the Technical Advisory Board (TAC) of each individual case beforehand. The TAC can review only limited numbers of cases. The Johns Hopkins School of Public Health, as well as other states, are improving the identification of problematic prescribing patterns that should be the basis of feedback and education, unfettered by a mandatory, cumbersome TAC review. This may be the Program's greatest promise for improving public health .

(Any feedback and education based on a possible breach of professional standards could still require review of each individual case by the TAC).

We believe that there must be a clear process by which the TAC determines whether or not to refer a possible breach of professional standards to the Health Professional Boards, based on a majority vote of the total TAC members within sixty days of receiving a request for review by the Program. In the absence of such a review, the Program should be allowed to report a possible breach of professional standards to the Boards. This amendment extends the number of days the TAC has to make its decision from 10 day (in current regulation) to 30 days.

Finally, prescribing or dispensing of buprenorphine in the treatment of opioid use disorder should not be the basis of a referral by the Program to health professional boards for a possible breach of professional standards. The program's goal is primarily to address the opioid addiction epidemic, but buprenorphine is a relatively safe medication which is critical to addressing the epidemic. There is a serious shortage of buprenorphine prescribers and we are concerned that unsolicited referrals to professional boards on the basis of buprenorphine prescribing may have the unintended consequence of further limiting the availability of this medication.

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