

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

March 10, 2016

Representative Paul Seaton
House of Representatives
Room State Capital
Juneau AK 99801

RE: HB 344 (HSS) – Controlled Substance Prescription Database

Dear Representative Seaton:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of Alaskans.

ASMA is and has been very supportive of the Prescription Drug Database and has worked with the Legislature and Administration to identify funding options and incentives to keep it active and in use in Alaska. The Database provides a valuable service to patients, the medical community, physicians, and pharmacists in tracking the prescription of controlled substances in Alaska especially as it relates to opioids. We believe the database is an effective tool to combat the growing epidemic of opioid abuse in Alaska.

Alaska suffers from high rates of drug and alcohol abuse and addiction. Opioid abuse and overdose deaths is a growing national crisis nearly tripling since 1999 and Alaska currently ranks 29th among states for the highest drug overdose mortality rate. Alaska's mortality rate due to drug overdoses was about 11.6 per 100,000 people in 2010, an increase of 55 percent from 1999.

We are continuing to review the Committee Substitute for HB 344 Version \E, Controlled Substance Prescription Database. ASMA supports the enhancement provisions in the bill to increase utilization such as those that allow for employees or agents to be authorized to access or check the database on the provider's behalf, the electronic alert that notifies a pharmacist that a patient has passed the recommended threshold for prescription dosage or frequency, and access by the Department of Health and Social Services Medicaid personnel.

However, ASMA has concerns with the proposed requirement that a physician review the database prior to prescribing a drug listed on Schedule IV. This proposed change is found on page 15, lines 10-13 in part:

(4) that a pharmacist or practioner shall review the information in the database to check a patient's prescription records before prescribing, dispensing, or administering a controlled substance to a patient:

ASMA strongly believes this mandatory requirement of pre “look-up” be limited only to Schedule II and Schedule III controlled substances, and in particular to opioid and opioid-based drugs, and not be not expanded to include Schedule IV drugs. This expansion would include hundreds of drugs to be monitored and would consume an incredible amount of time and resources to comply with having little effect on reducing the real problem. ASMA also believes that adding “or procedure” at the end of line 22, page 15 is vital to avoid unnecessary and onerous requirements. Alaska is looking to reduce costs of healthcare not add to them.

The mandatory “look-up” provision also detracts from, and does very little to address, the real problem of opioid drug abuse in Alaska. Physicians are healthcare providers trained to recognize patient needs and behavior. In most cases where opioid drugs are prescribed in Alaska, outside of emergency situations, physicians have an established doctor-patient relationship. Instead of mandating a physician query of the database prior to every prescription of a Schedule IV drug such as Tylenol with Codeine or Robitussin AC, it is better left to the trained physician’s judgment and discretion, especially when a doctor-patient relationship exists.

Many other states limit the mandatory prior “look-up” provision specifically to opioid-based drugs, in part:

Georgia

Requires each physician owning or practicing in a management clinic to register and regularly check the PMP on all new and existing patients.

Kentucky

Check database prior to initial prescribing or dispensing of any Schedule II controlled Substance or Schedule III controlled substance containing hydrocodone.

If the treatment extends beyond 3 months the practitioner should check the database every 3 months for the 12 months immediately preceding the query and review the data before refilling.

Louisiana

A prescriber shall access the Prescription Monitoring Program prior to initially prescribing any Schedule II controlled dangerous substance to a patient for the treatment of non-cancer-related chronic or intractable pain.

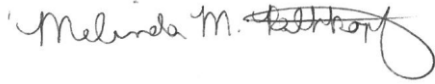
Delaware:

(e) When a dispenser has a reasonable belief that a patient may be seeking a controlled substance listed in Schedule II, III, IV or V for any reason other than the treatment of an existing medical condition, the dispenser shall obtain a patient utilization report regarding the patient for the preceding 12 months from the Prescription Monitoring Program before dispensing the prescription.

To reiterate, the changes being requested are on page 15, line 22 after “surgery”, insert the words “ or procedure.” And second, eliminate the lookup requirement for Schedule IV drugs.

ASMA is committed to providing the best health care to Alaskans. We believe the PDMP to be a very valuable tool in combating the epidemic of opioid abuse and supportive of strengthening it and other tools to further that end. However, as proposed HB 344 includes a "pre look-up" mandate that fails to provide a true focus on the real problem and adds more cost and delay in treating patients by expansion to all Schedule IV drugs.

Sincerely,

A handwritten signature in cursive script that reads "Melinda M. Rathkopf". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Melinda Rathkopf, MD
President
Alaska State Medical Association