

**Alaska Mental Health Board  
Advisory Board on Alcoholism and Drug Abuse  
431 N. Franklin St. Suite 200  
Juneau, Alaska, 99801**



March 21, 2016

Senator Pete Kelly  
Alaska Capitol Room 518  
Juneau, Alaska 99801

Re: SB 74 – Prescription Drug Monitoring Program

Senator Kelly:

The Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board appreciate your work – and that of the Senate Finance subcommittee on Medicaid Reform – on SB 74. The Boards support SB 74 and look forward to partnering with the Department of Health and Social Services and Legislature in its implementation. The Boards express specific support for the provisions of SB 74 that strengthen the Prescription Drug Monitoring Program in Alaska.

Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases designed to monitor prescribing of controlled substances for suspected abuse or diversion of prescription medications. PDMPs give physicians and pharmacists an additional tool to help understand a patient’s controlled substance prescription history. PDMPs help identify patients at higher risk of becoming dependent, being subjected to abuse or coercion related to their medications, or engaging in diversion of medications.

Alaska’s rising numbers of overdose deaths are a result of a heroin epidemic driven by prescription opioid abuse and dependence. PDMPs are among the most promising state-level interventions available to improve opioid prescribing, inform clinical practice, and protect patients at risk. However, Alaska is ranked among the lowest states for implementation of a PDMP by the Centers for Disease Control and Prevention (*see* [2015 Prevention Status Report](#)).

A PDMP is only useful if health care providers check the system before prescribing and dispensing medications. If significant time passes between dispensing the medication and submission of data to the PDMP, the utility of the system is lost. SB 74 balances the need for timely reporting with the limited resources available to prescribers and pharmacists. It requires that data be updated weekly, bringing Alaska into alignment with the policies of 24 other states (23 states require “real-time” updates within 24 hours, and 4 – currently including Alaska – either have no or much longer report requirements).

Clinical practice guidelines encourage reviewing a PDMP prior to prescribing certain medications to improve prescribing practices and reduce the number of people who misuse, abuse, or overdose from these powerful drugs – while still ensuring that patients have access to safe, effective pain management. The CDC recommends requiring prescribers to check the PDMP before initial prescriptions of opioids and benzodiazepines, and every three months thereafter. SB 74 again balances public health and safety considerations with the day-to-day

needs of health care practices and pharmacies by mandating participation but allowing delegation of authority to appropriate staff. Allowing delegation of authority, combined with the upgrades and efficiencies to the actual PDMP system implemented by the Board of Pharmacy, should minimize the impact of requiring participation in the program to health care providers and pharmacists.

The Boards appreciate that SB 74 balances patients' privacy against the need for an effective public health response to the impact of opioid and heroin addiction on our communities. Concerns that access to this information may lead to increased victimization do not seem to have occurred in other states. PDMPs are subject to the same security requirements as other electronic health information systems. Only licensed and regulated health professionals are included in the expanded access in SB 74 – people we already trust with our health information. While SB 74 gives access to the PDMP to appropriate public health officials, the database is expressly exempted from state public information standards and the records are regularly purged every two years. Use of PDMPs helps states reduce drug trafficking, prevent waste of resources due to “doctor shopping” for narcotics, reduce costs due to substance abuse, and prevent emergency visits due to accidental or intentional overdose and misuse.

The Boards appreciate the careful consideration each and every provision in SB 74 has received, and support the efforts made to balance the state's interest in public health and safety – and costs associated with providing such services – with the rights of patients and the interests of health care professionals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kate Burkhart", with a long horizontal flourish extending to the right.

J. Kate Burkhart  
Executive Director