american academy of pain management

Our Vision: No Life Limited by Pain

October 13, 2015

Assembly Committee on Health
Joe Sanfelippo, Chair
Wisconsin Assembly
Madison, Wisconsin

RE: Suggested amendments to AB 364, AB 365, AB 366, and AB 367

Dear Representative Sanfelippo and Members of the Committee:

I am writing on behalf of the American Academy of Pain Management to suggest amendments to AB 364, AB 365, AB 366, and AB 367, bills that relate to access to, and utilization of, the prescription monitoring information. The Academy recognizes the challenges involved in addressing two major public health crises, namely, inadequate treatment for pain, and prescription drug abuse, and to that end, has been heavily involved in both national and state-level efforts to address both health concerns. We are grateful to the State of Wisconsin for their efforts in addressing both public health crises.

In an effort to better enable health care providers to utilize prescription monitoring information in order to protect and improve the public welfare, we respectfully offer the following suggested amendments:

AB 364

As written, this bill would allow law enforcement agencies and prosecutorial agencies to obtain PMP reports by "making a written request for the record" if they are "engaged in an active and specific investigation or prosecution of a violation of any state or federal law involving a monitored prescription drug and the record being requested is reasonably related to that investigation or prosecution." We do not oppose law enforcement receiving PMP reports in such situations; however, in order to ensure appropriate privacy of patient records, these agencies should only be able to obtain PMP data after obtaining a court order rather than merely submitting a request. Mandating that law enforcement obtain an appropriate court order to access PMP data will ensure that one's highly personal medical history is treated with at least as much protection as their bank records.

We ask that you amend AB 364 to strike the language that states that these agencies must make "a written request" and replace it with language that requires the agency requesting PMP data to "present an appropriate court order."

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AB 365

Under this bill, if a law enforcement officer encounters a suspected controlled-substance violation involving certain prescription drugs or an opioid-related drug overdose or death, or a law enforcement officer receives a report of a stolen controlled-substance prescription, the officer must report certain identifying information about that suspected violation to his or her law enforcement agency, which the agency will then provide that information to the PMP. The program may then disclose information provided by the law enforcement agency to persons such as relevant practitioners and pharmacists.

The Academy is unaware of any other PMP in the nation that collects this type of information, and we are unsure how Wisconsin would build this functionality into its system, as doing so may be costly and/or technically challenging. **We respectfully advise that the Committee amend this bill so that it calls for an investigation as to the feasibility and cost of implementing these provisions.**

AB 366

This bill would require a physician or other health care provider at a pain clinic to review an individual's records on the prescription drug monitoring database prior to prescribing a pain medication.

In general, we believe it is a good thing for prescribers to check the PMP; however, this bill appears to require that this be done ***every time*** a prescription for pain medication is issued. Firstly, PMPs should be utilized when prescribing *any* controlled substance, not just pain medications, as medications like benzodiazepines and stimulants can be just as dangerous when mixed with other medications and can be just as abused, misused, or diverted. Furthermore, experience with PMPs indicates that obtaining and reading a report on a patient, even with the most efficient systems, takes 3-5 minutes. Given the number of prescriptions issued for controlled substances (opioids, but also benzodiazepines like Xanax, Valium, Klonopin, and Ativan, and stimulants used to treat ADHD), this would create unworkable backlogs in physician offices, and would very likely overwhelm the capacity of the prescription monitoring program to provide the millions of reports that would be required.

For these reasons, we oppose the bill as it is currently written. **We would be amenable to supporting an amendment to indicate that the PMP should be checked when the initial prescription for a controlled substance is issued, and periodically thereafter, no less frequently than every 6 months.** This new language should not be limited to only those practitioners seeing patients in a pain management clinic, nor should it be limited to pain medication.

In addition, while requiring that prescribers check the PMP is paramount, we encourage you to consider adding a requirement that pharmacists check the PMP with the same frequency as required for prescribers. Pharmacists may be privy to information that prescribers are not (including prescriptions that accidentally may have been mis-reported or unreported to the PMP), and may view the available information differently because of their personal knowledge of the patient. Adding required queries by pharmacists provides an additional safeguard that should help ensure that controlled substance prescriptions are used appropriately.

AB 367

This bill requires that before prescribing methadone, a physician or other health care provider authorized to prescribe methadone must review for treatment purposes an individual's records on the prescription drug monitoring database for other methadone or pain medication use.

As explained above, in regard to AB 366, required checks of the PMP for *every* prescription can cause unworkable backlogs in physician offices, and would very likely overwhelm the capacity of the prescription monitoring program. For these reasons, we oppose the bill as it is currently written. **We would be amenable to supporting an amendment to indicate that the PMP should be checked when the initial prescription for methadone is issued, and periodically thereafter, no less frequently than every 6 months.**

We thank you for your attention to these important issues, and we urge you to amend these bills as outlined above in order to strengthen Wisconsin's prescription monitoring program and improve the public welfare. I am happy to discuss this issue with you if necessary. Please feel free to contact me by email at btwillman@aapainmanage.org, or by telephone at 209-288-2210.

About the Academy: The American Academy of Pain Management is the premier organization for all clinicians who care for people with pain. It is the largest pain management organization in the nation and the only one that embraces, as part of its mission statement, an integrative model of care, which: is patient-centered; considers the whole person; encourages healthful lifestyle changes as part of the first line of treatment to restore wellness; is evidence-based; brings together all appropriate therapeutic approaches to reduce pain and achieve optimal health and healing; and, encourages a team approach.

Sincerely yours,

Robert Twillman, PhD

Robert Twillman, Ph.D., FAPM
Executive Director
American Academy of Pain Management

Cc: Representative John Nygren

STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

BRAD D. SCHIMEL
ATTORNEY GENERAL

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PREPARED TESTIMONY OF ATTORNEY GENERAL BRAD D. SCHIMEL

Support for Assembly Bill 364, Assembly Bill 365, Assembly Bill 366, and Assembly Bill 367
Assembly Committee on Health
Wednesday, October 14, 2015

Good morning Mr. Chairman and members of the Assembly Committee on Health. Thank you for this opportunity to testify on these four important bills: AB 364, AB 365, AB 366, and AB 367.

I am Wisconsin Attorney General Brad Schimel. Prior to becoming Attorney General, I served 25 years in the Waukesha County DA's Office. I am here today, not only in my official capacity as the leader of the Wisconsin Department of Justice, but as a concerned father, uncle, and community member.

Over the last decade, Wisconsin has seen a dramatic increase in the illegal use of opiates, both heroin and prescription painkillers. The National Household Survey on Drug Use and Health found that 4.3% of Wisconsin adults abuse opiates in some manner. That represents more than 163,000 people right here in our state!

Those members of the legislature who were serving last session know how much of an impact opiates have had on Wisconsinites in all corners of the state and I thank you again for unanimously passing the H.O.P.E. legislation. In recent years, the Wisconsin Department of Justice and the Wisconsin State Legislature have together made great progress in expanding availability and training for Narcan use, organizing drug take back days, enacting Good Samaritan laws, and encouraging and funding expansion of treatment courts.

These have been very important first steps in addressing our state's devastating opiate epidemic. However, rates of addiction and number of deaths are still on the rise in Wisconsin. Looking back to 2000, we saw opiate overdose deaths more than quadruple, and in the past decade, they increased by more than 250%. Just last month, the Wisconsin Department of Health Services released additional data that show that a drug overdose is now the leading cause of accidental death in Wisconsin. More than from motor vehicle crashes, breast cancer, colon cancer, influenza, or HIV.

If we saw deaths from any of those causes rise so dramatically, we would do something about it. Perhaps even things that might sound a bit crazy.

Beyond the deaths and destruction directly caused by abuse of opiates, it is also driving dramatic increases in virtually every other type of crime as addicts desperately try to find ways to support their habit: theft, burglary, robbery, identity theft, prostitution and opiates are even often linked to human trafficking.

In fact, Wisconsin is now number two in the nation for pharmacy robberies nationwide. Not per capita. In raw numbers. We have more than California, New York, Florida or Texas. The only other state ahead of us is Indiana, another wholesome Midwestern state.

This addiction is affecting every community in Wisconsin; rural, suburban and urban. There has, rightly, been a great deal of concern in Wisconsin about heroin in our state, but prescription painkillers play a role in the deaths of more people than heroin and cocaine combined.

Even more shocking, nearly 4 of 5 heroin addicts started by first becoming addicted to prescription painkillers. Without prescription opiate abuse, we might not be talking about heroin at all.

This presents us with a great opportunity. Heroin is in our state because there is a tremendous demand for it. The numbers demonstrate, though, that if we can reduce the abuse of prescription opiates, we can greatly reduce the demand for heroin. We cannot continue to allow these potentially dangerous drugs to be diverted for abuse. I'm glad to see the Wisconsin State Legislature, under Representative Nygren's leadership, address the challenges of prescription drug diversion and abuse with these four new laws. These pieces of legislation will help put Wisconsin on the right track.

Assembly Bill 364

Under current Wisconsin law, pharmacists have up to seven days to report prescriptions being filled, giving addicts the ability to "doctor shop" before the prior prescription shows up on the Prescription Drug Monitoring Program, or PDMP, site. Law enforcement and the medical community have seen countless addicts game the system by obtaining prescription opiates from several different doctors within a couple days, without any of the doctors able to know that the patient is receiving prescriptions from other prescribers.

Assembly Bill 364, and its companion, SB 268, will bring our state's Prescription Drug Monitoring Program or PDMP in line with many neighboring states, by requiring pharmacists to report prescriptions within 24 hours. This will help

prevent improper access to potentially deadly drugs.

Assembly Bill 365
Physicians will not be able to win this fight alone and have already begun a multi-disciplinary approach, teaming up with pharmacists, law enforcement, educators, and other members of the community to raise awareness about and put an end to the abuse of these deadly drugs. Currently, when a law enforcement officer is conducting an overdose investigation and comes across a pill bottle, he or she does not have the ability to contact the prescribing physician through the PDMP. Assembly Bill 365, and its companion, SB 269, strengthen the collaboration between doctors and law enforcement by allowing law enforcement to notify prescribing doctors through the PDMP when they believe drugs those doctors prescribed resulted in an overdose or abuse being investigated.

Assembly Bill 366
In Wisconsin, certain types of "pain clinics," institutions that prescribe highly addictive prescription painkillers, often without demonstrable patient need, have little supervision. Assembly Bill 366, and its companion, SB 272, will put safeguards in place to have additional oversight by the Department of Health Services and will ensure proper guidelines are in place and strictly adhered to.

Assembly Bill 367
Similarly, Methadone Clinics operating in our state may provide effective treatment to some patients, but little information is collected and shared with authorities, making a full assessment of the clinics' effectiveness in helping addicts stay sober essentially impossible. Assembly Bill 367, and its companion, SB 271, will allow the Department of Health Services to collect data from methadone clinics and requires an annual report to ensure it is being used in an effective way.

Conclusion
The Wisconsin Department of Justice and law enforcement statewide will continue our enforcement efforts. In fact, we have ramped them up, but we cannot arrest our way out of this public health crisis. The Department of Health Services and treatment community will also not be able to address the need to treat tens of thousands of people addicted to opiates. The resources are simply not adequate enough to address the need. These efforts need to be combined with pervasive and powerful prevention efforts. To that end, the Wisconsin Department of Justice and Department of Health Services have kicked off a large-scale prevention campaign to address prescription painkiller abuse. The Wisconsin Hospital Association, the Wisconsin Dental Association, the Wisconsin Medical Society, the Wisconsin Pharmacy Society, and other medical providers have partnered with us to develop the important message presented by this campaign and have also taken steps to educate their members on the dangers of opiate abuse. I am thrilled that the Wisconsin State Legislature is continues to support these efforts to prevent

additional Wisconsinites from being harmed by abuse of these drugs which are demonstrated to be very dangerous when used improperly.

Thank you for allowing me the time today to address this body. I am happy to take questions.

John Nygren
WISCONSIN STATE REPRESENTATIVE ★ 89TH ASSEMBLY DISTRICT

HOPE Agenda Testimony
State Rep. John Nygren
October 14, 2015

Thank you Chair Sanfelippo and members of the Committee on Health for holding a public hearing on Assembly Bills 364, 365, 366 and 367.

Last year, my colleagues in the legislature and I passed a package of seven bills aimed at combating our state's heroin epidemic. We called this package the Heroin, Opiate Prevention and Education – or HOPE -- Agenda. With unanimous bipartisan support and Governor Walker's signature, we successfully laid a foundation to fight heroin and opiate addiction in Wisconsin.

This session, our goal is to address what many people believe to be the root of our state's heroin problem: prescription drug abuse and addiction. Studies show that, in many cases, heroin addiction begins with an addiction to prescription painkillers. Whether these medications are obtained legally or not, we need to do our best to curtail the illegal use of these dangerous substances. It is for this reason that I am offering additional HOPE Agenda bills that are aimed at fighting prescription drug abuse in Wisconsin.

These proposals focus on our state's prescription drug monitoring program (PDMP), methadone clinics, and pain clinics. The goal of these bills is to stop the abuse of prescription medications before it begins; these proposals will help doctors and pharmacists stay on top of their prescribing and dispensing practices, identify patients who attempt to "doctor shop," and ultimately reduce the number of Wisconsinites who become addicted to prescription opiates.

It's important to note that these proposals won't prevent the legitimate use of prescription medications. Instead, these proposals help prescribers and dispensers collect data in order to better identify instances of scheduled drug abuse. I'm proud that we're taking steps in the right direction to fight Wisconsin's heroin and opiate epidemic, and I look forward to continuing to work with my colleagues, the medical community, law enforcement, and advocacy groups on this effort.

I appreciate the opportunity to testify before your committee today on these important pieces of legislation and welcome any questions you may have at this time.

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Rep.Nygren@legis.wi.gov

To: Members, Assembly Committee on Health
From: Sara Sahli, Government Relations Director, ACS CAN
Date: October 13, 2015
Re: Assembly Bill 364

Over 32,000 Wisconsinites are diagnosed with cancer every year. Many of them experience pain that continues years beyond treatment. Pain remains one of the most feared and burdensome symptoms for cancer patients and survivors. Unfortunately, while nearly all cancer-related pain can be relieved, its prevalence and its under-treatment have remained consistently high. Research shows that pain is still a problem for nearly 60 percent of patients with advanced disease or those undergoing active treatment, along with 30 percent of those who have completed treatment.[1]

The American Cancer Society Cancer Action Network (ACS CAN) agrees that the illegal use and abuse of prescription painkillers is a serious public health issues that needs to be addressed. However, it is also important to consider the unintentional consequences of efforts to abate abuse that can harm patients and cause great suffering.

As a result, **we are concerned that the provision in Assembly Bill 364 that requires doctors to check the prescription monitoring database for every prescription and refill** could have unintended consequences. Multiple database checks can be burdensome and time consuming for doctors, especially oncologists who see dozens of patients each day and may have other clinical or academic responsibilities. Such regulations may influence physicians to limit or avoid prescribing opioid analgesic medicines due to the administrative burden or for fear of being investigated. These restrictions could deny Wisconsinites with serious illnesses like cancer timely and appropriate access to the pain medications that they need to participate in daily activities during treatment, and often times many years after treatment.

ACS CAN staff have discussed alternative language related to the database checks with Representative Nygren's office. Other states have approved requirements that require physicians to check the database for new prescriptions or new patients and then every 6 months. **We urge the committee to amend Assembly bill 364 to place limits on the required database checks.**

We know that the intent of this legislation is good, but we also know that a potential unintended consequence is that the proposed changes impede access to necessary medications, and diminish the quality of life of patients undergoing treatment and afterward. We support balanced policies that address misuse and abuse but do not interfere with cancer patients' care.

[1] Institute of Medicine. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research. 2011.

Wisconsin Assembly Committee on Health Public Hearing for AB364
October 13, 2015

Tim Westlake, MD, FACEP, FFSMB
Wisconsin Medical Examining Board, Vice Chairman
Wisconsin Controlled Substances Board, Member
NGA Reducing Prescription Drug Abuse Policy Academy, Wisconsin Member

Dear Rep. Sanfelippo and Committee Members

Thank you for the opportunity to testify in support of this bill. I would like to establish my standing in this area. I have been on the State Medical Examining Board for the past 3 years, where I serve as Vice Chairman. On the MEB, I am legislative liaison and Chairman of the Licensing Committee and Chairman of the newly formed Controlled Substances Committee Chairman-whose job it is to determine mandatory opioid CME and best practice prescriptive guidelines. I also serve on the State Controlled Substances Board where I serve as legislative liaison, and whose primary function is to provide PDMP direction and oversight. For the past year, I served as the core team leader looking at prescriber regulation for the NGA Policy Academy for Rx Drug Abuse Reduction. I am a member of the Wisconsin Medical Society's Opioid Task Force. I have been a practicing full time Emergency Physician in Oconomowoc for over 15 years, where I am EMS medical director for 9 local community Fire Departments. I can speak to the utility of this bill with a unique breadth of experience and insight.

I speak in support of this bill, assuming adoption and addition of the PDMP prescriber mandate exceptions. Through my roles as an emergency physician and medical regulator, along with my experiences on the NGA Policy Academy, I have done extensive research and work looking at what was the best possible way to encourage responsible opioid prescribing practices. The NGA Policy Academy was a year-long collaboration that brought together teams from 6 selected States who were formulating their strategic approach to combat the epidemic of prescription drug abuse. They brought in experts from other states and federal agencies, attempting to put together the leading national experts to help share experiences and strategy, along with helping states find best approaches to help guide best practice policy and legislative efforts in the battle against prescription drug abuse.

The idea of the government requiring any doctor to do anything really runs against the grain for me. My core beliefs are in limited government and trying to minimize and shrink the amount of bureaucracy. If you had told me 2 years ago that I'd be speaking in support of a bill that required docs to check the PDMP prior to prescribing, I'd have told you you were nuts. The whole reason I wanted to become involved in medical regulation was to help bring some common sense to the excessive over regulation that is infesting the practice of medicine today. For most doctors, the heavy boot of regulation (especially federal) at our necks is a daily presence. Many of the current regulatory requirements physicians are mandated to follow do not improve the clinical practice of medicine. They are mandated by well-intentioned mostly non-clinicians or bureaucrat regulators with the idea that they are making the practice of medicine better or safer. Instead, layers of regulatory burden are added that have the unintended consequence of actually taking away from patient care.

There needs to be a stronger benefit to the community to justify the cost that the decrease in productivity and workflow in the practice of providing medical care that regulatory mandates would cause to justify legislating said mandate. After extensive time spent looking at how to battle the epidemic that prescription drug abuse has become, it is now clear to me that a mandate for prescribers to access the PDMP is actually worth it.

Through the NGA Policy Academy, I got to know and work with John Eadie who is the director of the PDMP Center of Excellence at Brandeis University (COE). The COE is the leading national authority on PDMP practices. The mandate and exemptions in this bill were thoroughly discussed and vetted with him and others to find the most effective, yet least invasive strategy for PDMP implementation. There is a separate letter of support for the mandate and exemptions from the PDMP COE director to accompany mine that you should be receiving.

Any concern over impediment to practice flow can be addressed by the use of delegates accessing the PDMP, instead of the prescribers having to do so themselves. This allows non-prescriber clerical staff to access the system and have PDMP data available for the prescribers ahead of need. This takes it from a clinical mandate that takes time from the patient, to clerical duty of administrative staff in support of clinicians. In addition, the complete redesign of the PDMP data system to be in effect January 2017 with its ease of use and much improved/less time-requiring data acquisition ability significantly minimizing any prescriber regulatory burden. The outcome does warrant it's intrusion.

I speak as an emergency physician on the tip of the spear, who a few years ago had to console a nurse colleague in my own Emergency Department whose son came in as a prescription drug overdose patient whom we could not resuscitate. Telling a friend that her son is dead and you couldn't save him is the type of conversation of unimaginable tragedy that the fewer like it I have to have I have, the better. I have seen the effect the first round of HOPE legislation has had, and can say it has saved many lives. This second round of HOPE legislation will have as much or more effect. Encouraging responsible prescriptive practices will go far in turning the tide. The prescriber mandate has proven to be best practice nationally and is the most powerful tool in the arsenal that States have in battling the scourge of the prescription drug abuse epidemic. I speak for the Wisconsin Medical Examining Board and the Wisconsin Controlled Substances Board in support of these bill, with the PDMP prescriber mandate exceptions amendment.

I can be reached for any additional comments or questions, if any additional information could be helpful.

Tim Westlake, MD, FACEP, FFSMB
Wisconsin Medical Examining Board, Vice Chairman
Wisconsin Controlled Substance Board, Member
Wisconsin State Medical Society Opioid Taskforce, Member
NGA Reducing Prescription Drug Abuse Policy Academy, Wisconsin Member

PDMP CENTER OF EXCELLENCE

October 12, 2015

Prescription Drug Monitoring Program Center of Excellence

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1-781-736-3909

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Representative Joe Sanfelippo
Room 306 North
State Capitol

P.O. Box 8953

Madison, WI 53708

Dear Representative Sanfelippo,

It is an honor to provide information to the Wisconsin Assembly regarding proposed AB364/ SB268. This bill would establish a requirement that prescribers review Wisconsin PDMP data for patients prior to issuing a prescription for controlled substances, with rational limited exceptions. At his request, a copy is provided to Timothy Westlake, MD so he may reference it in his testimony.

Beginning in 2012, Kentucky passed legislation with a similar comprehensive mandate and was soon followed by Tennessee and New York. Each of these states has experienced rapid increases in prescriber enrollment in their PDMPs and even greater increases in prescriber use of PDMP data (New York went from about 11,000 requests per month to 1.4 million per month). All three states have observed a rapid decrease in doctor shoppers of up to 80%. All three have seen a decrease in prescribing levels for the opioids most involved in the overdose epidemic.

An evaluation by the University of Kentucky also found that a "chilling effect" on opioid prescribing did not appear, however, high-dose oxycodone Rx decreased, the number of patients receiving prescriptions for the combination of an opioid, benzodiazepine, and muscle relaxant decreased by 30%. They also found that hospital discharges and deaths involving opioid overdoses decreased and that while increase in heroin discharges and deaths increased, that started well before the prescriber mandate began.

The provisions within AB364/SB268 appear to reflect the best practices learned from the other states that have already implemented their mandates for use of PDMP data prior to prescribing of controlled substances. The exceptions provided within the proposed bill are ones that have been found important to other states, i.e. allowing an exception for prescriptions providing 3 days or less supplies of controlled substances with no refills, prescriptions for persons who are terminally ill and under the care of hospice programs, prescriptions when and if it is impossible to query the PDMP in a timely manner due to an emergency situation or the program is not operational due to technological or electrical failure or natural disaster. Likewise, the mandate does not need to apply when a controlled substance is directly administered to a patient by a health care professional.

Should additional information or comments be helpful, please contact me.

Sincerely,

John L Eadie
Director, Prescription Drug Monitoring Program Center of Excellence at Brandeis University

PDMP CENTER OF EXCELLENCE

Prescription Drug Monitoring Program
Center of Excellence

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October 12, 2015

Representative Joe Sanfelippo
Room 306 North State Capitol
P.O. Box 8953
Madison, WI 53708

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Should additional information or comments be helpful, please contact me.

Sincerely,

John L Eadie
Director, Prescription Drug Monitoring Program Center of Excellence at Brandeis University

Hoisington, Joshua

From: Wendy Pietz <wendypietz@megootz.com>
Sent: Tuesday, October 13, 2015 8:27 AM
To: Hoisington, Joshua
Subject: Information for tomorrow's AB 364 hearing

Dear Committee,

On behalf of the Dental Examining Board, I am writing for informational purposes relating to Wisconsin Assembly Bill 364. The Dental Examining Board applauds the efforts taken to address prescription drug abuse in our communities. Please know that we feel strongly about working together to be part of the solution for this complex issue.

As we have reviewed the proposed language, the Dental Examining Board wishes to raise a concern about Section 14 which reads:

"**SECTION 14.** 961.385 (2) (cs) of the statutes is created to read:

> 961.385 **(2)** (cs) Require a practitioner to review a patient's records under the program before the practitioner issues a prescription order for the patient."

We believe that this would cause undo burden on practitioners, ultimately affecting patient care. We encourage the legislators to more specifically address which prescription orders should be included in this section, or grant the Controlled Substances Board discretion in rule making to apply best practices in a common sense approach to meet the needs of all interested parties while curbing prescription drug abuse.

Best regards,

Wendy Pietz, DDS
Member, Dental Examining Board

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Health
Representative Joe Sanfelippo, Chair

FROM: Jerry Halverson, MD, DFAPA
President

DATE: October 14, 2015

RE: Testimony on HOPE Agenda – Assembly Bill 364

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society appreciates this opportunity to share our thoughts on Assembly Bill 364, which is part of this session's Heroin, Opiate Prevention and Education (HOPE) Agenda.

We applaud Rep. John Nygren and Sen. Sheila Harsdorf for their continued advocacy in the fight against addiction to heroin and certain prescription drugs. We are more likely to succeed in this fight when policymakers, law enforcement, physicians and other health care professionals collaborate on finding solutions to the current opioids addiction problem. Those solutions are not simple – we must find a strategy that accomplishes the best benefit in preventing addiction while minimizing the burden placed on physicians and others dedicated to maintaining the high quality health care we enjoy in this state.

The Society proudly supported various HOPE Agenda bills during the 2013-14 legislative biennium. We deeply appreciate the continued collaboration with Rep. Nygren, Attorney General Brad Schimel and others on this biennium's efforts. Because there will likely be amendments to some of the bills in front of today's committee, we are testifying for information only on the bill with the greatest potential impact on physicians: Assembly Bill 364.

Assembly Bill 364 – PDMP Review Requirements

Of the many provision in AB 364, the most dramatic potential change to a physician's daily routine is the requirement to review a patient's record under the Prescription Drug Monitoring Program (PDMP) before issuing a prescription for potentially-addictive drugs (Section 14). The Society is aware of studies showing that such a mandate could increase participation in the state's PDMP, which could then lead to a decrease in both the number of prescriptions written for commonly-abused drugs and a reduction in the number of "doctor shopper" patients seeking to obtain powerful drugs via multiple prescribers.

These potential positives hinge on something of vital importance: that the PDMP is functional and user-friendly. While Wisconsin has been comparatively late in adopting a PDMP, its current performance surpasses that of many states who initiated such a program earlier. That said, the Society often hears concerns about the PDMP in its current form such as time lags in accessing data, a difficult user interface that does not synchronize smoothly with electronic medical data systems and other technological and efficiency concerns that may distract from patient-physician interaction.

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The State of Wisconsin's Controlled Substances Board (CSB) is currently preparing to make improvements to the state's PDMP, with the "new and improved" version scheduled to take effect in January 2017. We believe physicians and other PDMP users should be allowed time to become more comfortable with an updated PDMP before the review mandate begins. This learning period will allow for more efficient integration of the PDMP into a prescriber's patient encounter while allowing for prescriber feedback if any additional changes to the system are needed.

Other amendments to AB 364 could maximize the bill's effectiveness without creating additional burdens that are less likely to combat the identified problems of drug addiction and abuse. For example, exempting a prescriber from the mandate if writing a prescription for a small period of time (such as an amount lasting no more than seven days) would make sense, as drug-seeking behavior tends to be for prescriptions of longer duration.

Other states have review mandates, which vary significantly. Wisconsin can benefit from the experiences in those states to help determine what kind of system works best for our state. Wisconsin consistently enjoys a health care system providing care that is among the highest quality systems in the nation; the Society believes an amended AB 364 combined with an effective PDMP can enhance that nationally-ranked quality.

Thank you again for this opportunity to share the Society's thoughts on Assembly Bill 364. If you have questions about the HOPE Agenda or other health care issues, please feel free to contact the Society at any time.

Pharmacy Society of Wisconsin

DATE: Wednesday, October 14, 2015
TO: Representative Joe Sanfelippo, Chair
Members, Assembly Committee on Health
FROM: Pharmacy Society of Wisconsin, Anna Legreid Dopp, PharmD, Vice President of Public Affairs

SUBJECT: **Assembly Bill 364: relating to reporting, disclosure, and practitioner review requirements under the prescription drug monitoring program**

Thank you for the opportunity to testify on Assembly Bill 364 relating to reporting, disclosure, and practitioner review requirements under the prescription drug monitoring program.

The Centers for Disease Control and Prevention has characterized prescription drug abuse as an epidemic. Approximately 6.1 million Americans abuse or misuse prescription medications.[i,ii] In Wisconsin, drug-poisoning deaths related to prescription drugs have surpassed motor vehicle accidents as the leading cause of death.[iii] In addition to humanistic costs and consequences, prescription drug abuse imposed a cost of $53.4 billion to the U.S. economy.[iv] Because of their commitment to address this epidemic in Wisconsin, we commend Representative Nygren and Senator Harsdorf for their leadership in advancing additional Heroin, Opiate Prevention and Education (HOPE) legislation.

The Wisconsin Prescription Drug Monitoring Program (PDMP) became fully operational on June 1, 2013, allowing prescribers and dispensers to enter and access data as well as generate and run reports on over 10 million prescriptions for controlled substances dispensed to nearly 2 million patients each year. The Pharmacy Society of Wisconsin and our members were early advocates for the implementation of the Wisconsin PDMP as a means to identify and mitigate prescription drug abuse and fraud. All dispensers are required to submit controlled substance prescription data to the PDMP; however, most of the data in the PDMP is supplied by pharmacies. In addition, over 60% of pharmacists are utilizing the data provided in the PDMP, an adoption rate that is 2nd in the nation for PDMP uptake. As early adopters of the PDMP, pharmacists utilize the data to identify patients at high risk for prescription drug abuse and communicate that information to prescribers. For example, our members use the PDMP to review profiles of patients who are unknown to them or when a patient resides outside of a certain radius from their practice, access shared data from over 25 states participating in the InterConnect program, and reconcile controlled substance medication history when a patient is admitted to the intensive care unit and unable to communicate.

Currently, dispensers of monitored controlled substances submit data to the PDMP every seven days. AB364 decreases that reporting period to no later than 11:59 pm of the next business day. PSW believes this change represents a sound policy decision that will provide valuable information to PDMP utilizers in a timely manner. This is also a change that pharmacies are able to accommodate with their dispensing system vendors. This is a key point to consider with any policy change, especially one that involves technology. Indeed, technology is an important tool in patient care delivery, however, there are aspects of incorporating technology into systems and workflows that prove to be challenging and expensive. While Wisconsin continues to optimize the PDMP and anticipates an enhanced version in 2017, we look forward to working collaboratively with policymakers to ensure that goals are balanced with practice and technology capabilities.

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[i] Substance Abuse and Mental Health Services Administration. *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.* NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
[ii] Centers for Disease Control and Prevention. Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008. *MMWR*, 60: 1-6, 2011.
[iii] Trust for America's Health. Prescription Drug Abuse: Strategies to Stop the Epidemic. Available at: http://healthyamericans.org/reports/drugabuse2013/.
[iv] Hansen RN, Oster G, Edelsberg J, Woody GW, Sullivan SD . Economic costs of nonmedical use of prescription opioids. *Clinical Journal of Pain*, 27(3): 194-202, 2011.

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State Senator Sheila Harsdorf

Date: October 14, 2015

To: Assembly Committee on Health

From: Senator Sheila Harsdorf

RE: Assembly Bill 364 relating to reporting requirements under the prescription drug monitoring program.

Dear Chair Sanfelippo and Committee Members:

Thank you for holding a public hearing on Assembly Bill 364 (AB 364) which seeks to require the use of the Prescription Drug Monitoring Program (PDMP) for initial prescriptions of certain prescription drugs and shortening the reporting requirement for updating the PDMP from seven days to 24 hours.

This bill is one of a series of bills that seek to continue to address the growing heroin epidemic in our state. We know that individuals often fall prey to substance abuse due to the availability and accessibility of legal drugs and substances, including prescription medications. Additionally, pharmacists have indicated that they are seeing some individuals attempting to fill multiple prescriptions for addictive prescription medication through tactics such as "doctor shopping."

Currently, those who dispense medications are required to report prescriptions for certain monitored drugs to the PDMP within seven days of dispensing the medication. The PDMP is a tool used by physicians and pharmacists to prevent the overprescribing of medications and to keep individuals from "doctor shopping" for multiple prescriptions. AB 364 would require physicians to review the PDMP prior to making an initial prescription to a patient for a monitored prescription drug. The bill also requires the PDMP to be updated within 24 hours, which will help ensure that doctors have the most up-to-date information.

This legislation seeks to take Wisconsin another step forward in the fight against drug addiction. I am pleased that this legislation has received board bipartisan support and urge your passage of AB 364.

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WISCONSIN HOSPITAL ASSOCIATION, INC.

Date: October 14, 2015

To: Members of the Assembly Committee on Health

From: Kyle O'Brien, Senior Vice President Government Relations
Charles Shabino, MD, WHA Chief Medical Officer

Subject: Assembly Bill 364 Comments: DSPS needs to address the PDMP's interoperability deficiencies

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Wisconsin hospitals and health systems appreciate the attention that Rep. Nygren and the Legislature has given to Wisconsin's opioid and prescription painkiller abuse epidemic. Wisconsin's hospitals and their emergency departments all too often see the terrible effects of prescription painkiller abuse in our communities, and have been working within their organizations and communities to combat the problem.

To achieve our mutual goals of bringing this problem under control in Wisconsin, partnership is needed between government and the private health care sector. One front-line tool to stop doctor-shopping for prescription painkillers is the Wisconsin Prescription Drug Monitoring Program (PDMP), which became operational in 2013. The PDMP is a database operated by the Department of Safety and Professional Services that collects data on controlled substances dispensed by pharmacies and makes that information available via a portal to physicians so that physicians can better identify potential abusers.

Wisconsin physicians desire the information in the PDMP, but the PDMP's web-based interface is unnecessarily time-intensive and outdated

Physicians greatly appreciate the information contained in the PDMP and have significant interest in utilizing the PDMP. When a physician has concerns that a patient they are seeing in their office or in the emergency department is doctor-shopping for prescription painkillers, the information contained in the PDMP can help the physician make a more informed decision. However, physicians have also said that the PDMP's outdated and time-intensive interface to access the information significantly discourages its use.

Hospitals and physicians in Wisconsin have and are continuing to invest millions of dollars in electronic health records (EHRs) that consolidate and organize relevant patient information, including from external sources utilizing new interoperability standards, to enable more efficient and higher quality patient care. Unlike the Wisconsin Department of Health's immunization reporting system that electronically integrates with physician EHRs allowing for seamless reporting of immunization information to and from the physician, Wisconsin's current PDMP relies on an IT infrastructure that does not integrate with the national EHR standards, preventing the information in the PDMP from being directly pushed by the PDMP into physician EHRs.

To maximize PDMP impact and automation, DHHS's report to Congress recommends that state PDMPs move away from web-based interfaces to an interface that directly integrates with a physician's EHR.

In September 2013, the Department of Health and Human Services, released a report to Congress titled "Prescription Drug Monitoring Program Interoperability Standards" that identified several barriers to optimal usage of PDMPs that reflect frustrations identified by Wisconsin health care providers with Wisconsin's current PDMP web-based IT infrastructure.

> "The final technical challenge deals with the current manner in which providers and pharmacists access PDMP data – usually by leaving their normal workflow and accessing a standalone Web-

based portal. This inefficient process discourages some providers from accessing this data. For PDMP data to maximally impact provider and pharmacist clinical decision making, they need to have relevant PDMP information when interacting with patients. Prescribers and dispensers have limited time to retrieve and view this information, and they want to obtain it at the right point in the clinical workflow to help inform complex, controlled-substance prescribing decisions. The use of standalone Web portals that are not integrated into clinical work via EHRs or pharmacy systems is a barrier to maximal use of PDMPs."

The report to Congress also made several recommendations "to increase utilization among providers and strengthen PDMPs through the use of health information technology." Recommendations in that report included:

- "PDMPs should apply the latest advances in health IT to incorporate PDMP data directly into the workflow of prescribers....Integrating with health IT makes PDMP data timelier and more easily accessible which encourages routine checking of the PDMP."
- "State PDMPs should implement single sign-on (SSO) capabilities that enable prescribers and dispensers to automatically access the PDMP by signing in to their health IT systems (e.g., EHRs)…."
- "State PDMPs should automate the process of generating alerts to notify prescribers and dispensers of possible doctor shoppers. Automation helps to minimize costs and staff resources, which increasing the rate of notification. Health IT is key to automating this process and enabling PDMP data to be more readily available at the point of care."

DSPS needs to ensure that Wisconsin's PDMP system meets the interoperability and alert recommendations made by DHHS.

The Department of Safety and Professional Services (DSPS) will be procuring a vendor for PDMP services beginning in 2017. In order to bring Wisconsin's PDMP up to date and capable of leveraging the EHR investments made by physicians and health systems, DSPS needs to ensure that the next vendor provides a PDMP system that meets the interoperability and alert recommendations made by DHHS. As evidenced by the Department of Health's immunization registry, such interoperability is achievable and would represent a necessary improvement over the current PDMP system.

If you have any questions, please contact Kyle O'Brien (kobrien@wha.org) at 608-274-1820.