

**Medical Society of the State of New York
NYS Society of Anesthesiologists, Inc.
NYS Chapter of American College of Emergency Physicians
NYS Academy of Family Physicians
American College Obstetricians and Gynecologists-District II
NYS Society of Otolaryngology—Head and Neck Surgery
NYS Psychiatric Association, Inc.
New York Rheumatology Society**

Recommendations to Address the Prescription Drug Abuse and Diversion Issue

There have been several New York State legislative proposals from state legislators and officials to combat the abuse of prescription drugs. The Medical Society of the State of New York and the above referenced specialty societies believe that any solution to the abuse of prescription drug problem must be multipronged.

This approach includes increased law enforcement efforts to prevent and punish inappropriate diversion of prescription medications. It includes the need for increased accessibility of treatment for patients suffering addictions so as to reduce the likelihood of inappropriate diversion of prescribed medications. It includes **improvement in and better use of the existing database** that is currently maintained by the New York State Health Department on all controlled substance prescriptions. And it includes the need for additional resources for associations representing prescribers so that they can educate their members about the existence of the database and the circumstances of patients presenting themselves in health care settings that should trigger a prescriber to check the database.

New York State has for many, many years collected information on prescription drugs and has a Prescription Monitoring Program(PMP)—an electronic monitoring system that is operated by New York State’s Department of Health Bureau of Narcotics Enforcement (BNE). The issue is not the need to create a new database. The issue is how the information that already exists within the database can be best used and improved upon so to inform physicians and other non-physician prescribers, as well as pharmacists dispensing these medications, so as to prevent or reduce “doctor-shopping,” diversion and abuse. Physicians have indicated that the present system which is operated on the Health Commerce System (HCS) is very difficult to use, has a significant lag in the reporting of such data, and requires a password that expires if the physician does not go onto the HCS in a certain period of time. In addition, no information at all is given about an individual patient unless their prescription usage hits a too high threshold of obtaining multiple prescriptions from multiple doctors and filling them at multiple pharmacies in a short timeframe. Specifically, no information at all is available unless a patient has two or more prescriptions written by two or more physicians that are filled at two or more pharmacies over the last couple of months or so. Finally, since pharmacy data may be entered on a monthly basis, often the prescription information for the most recent few weeks is incomplete.

The Medical Society of the State of New York and the above referenced specialty societies note that as the state looks to identify ways to prevent misuse and inappropriate diversion, it will need to be careful that it does not “over correct” this problem. In fact, there is a body of recognized expertise that has concluded that physicians are not actually prescribing pain medications enough. As such, the medical community has serious concerns with proposals that would mandate reporting and checking a database each and every time a controlled substance

prescription is written. The Medical Society and the above referenced specialty societies are greatly concerned that such proposals would add to the already tremendous administrative burden facing physician practices and worse, would potentially discourage physicians from writing prescriptions for controlled substances in situations where they are necessary. In addition, strict mandatory reporting may result in the unintended consequences of preventing patients with substance use disorders or chronic pain from seeking or staying in treatment or prevent them from reporting such behaviors to their treating physicians.

Therefore, the Medical Society of the State of New York and the above referenced specialty societies recommend that the following changes be made via regulation and/or statute:

E-Prescribing of Narcotics

- The Medical Society and the above referenced specialty societies support the implementation of E-prescribing for all controlled substances.
- The Medical Society and the above referenced specialty societies support the implementation of connecting the PMP Database with Health Information Exchanges.

Improving the PMP Database

- The Medical Society of the State of New York and the above referenced specialty societies support physicians having access to the PMP for ANY controlled medication prescriptions as far back as database will allow.
- The Medical Society and the above referenced specialty societies are supportive of allowing a physician's designee to have access to the PMP.
- The Medical Society and the above referenced specialty societies support authorizing pharmacists to have access to the existing PMP database which would better enable pharmacists to provide relevant information to the prescribing physician.
- The Medical Society and the above referenced specialty societies support the use of improved technology to allow easier usage of the PMP.

Physician Access to PMP and Physician Education

- MSSNY and the above referenced specialty societies support the principle that if a physician believes a patient is attempting to access a prescription for any reason other than treatment of an existing medical condition such physician has the obligation to decline to write the prescription or check the current data base before a script is written unless such prescription is written electronically.
- The Medical Society and the above referenced specialty societies support developing regulatory guidance with the input of appropriate physician organizations to treat acute pain and for chronic pain management care provided that this guidance is developed in consultation with physicians and appropriate physician organizations and that such guidance is mindful of the need for individualized medical evaluation and decision making. Such guidance may include information relative to the clinical conditions which would indicate physician recourse to the PMP database.
- The Medical Society and the above referenced specialty societies support voluntary education programs for providers on pain management, substance abuse and dependence, diversion and on the use of the PMP as a tool for prescribing, with the caveat that the prescribing authority remains independent of any educational requirement.

Patient Education

- The Medical Society and the above referenced specialty societies believe it is imperative that NYS educate the public regarding the dangers of prescription misuse and diversion and the requirement to inform all prescribers of any controlled drugs they are taking.

Prescription Drugs

- The Medical Society and the above referenced specialty societies support elevating Hydrocodone to Schedule II and Tramadol to Schedule III. Importantly, this will limit the duration of Hydrocodone prescriptions to 30 days.

Prevention Methods

- The Medical Society and the above referenced specialty societies support data sharing of information through the PMP with other states.
- The Medical Society of the State and the above referenced specialty societies support drug take-back programs for all prescriptions.

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