



AMERICAN OSTEOPATHIC ASSOCIATION

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January 29, 2018

Shiri Hickman, JD
Director of State Policy and Legal Services
Federation of State Medical Boards
1300 Connecticut Avenue NW, Suite 500
Washington, DC 20036

RE: Draft Report of the Workgroup on Prescription Drug Monitoring Programs (PDMPs)

Dear Director Hickman:

The American Osteopathic Association would like to thank you for the opportunity to provide comments on the Federation of State Medical Boards' (FSMB) Draft Report of the Workgroup on Prescription Drug Monitoring Programs (PDMPs). On behalf of the osteopathic medical profession, we appreciate the FSMB taking steps to address our nation's rapidly growing prescription drug abuse epidemic. We agree that the problem is widespread and continues to worsen, and we support the use of PDMPs as a way to cut down on abuse, misuse and diversion. In addition, we would like to offer several comments which we believe will help ensure access to timely, appropriate care for patients with legitimate medical needs.

The AOA proudly represents its professional family of 137,000 osteopathic physicians (DOs) and medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools.

The AOA appreciates that the Draft Report offers recommendations that can help guide decision-making, but we also recognize the need for latitude to allow for an evolution in evidence-based best practices and to accommodate the independent medical judgment of physicians in deciding how best to address the unique needs of individual patients. We agree that physicians should be encouraged to use state PDMPs, and support efforts to tailor additional regulatory requirements to minimize disruptions and impediments to care delivery.

To this end, we agree with the FSMB's recommendations in favor of:

- Enhanced PDMP integration with other electronic health records systems;
- Online PDMP registration for prescribers;
- Allowing prescribers to delegate authority to access the PDMP to members of their staff;
- Narrowing mandatory PDMP registration requirements to controlled substance providers only;
- State funding for PDMPs.

In addition, we would like to offer the following comments which we believe will help facilitate the delivery of timely, appropriate care and encourage participation in PDMP programs:

- **Sec. 2. Definitions. Universal Use.** This section mentions state requirements that prescribers query the PDMP at certain intervals after prescribing opioid pain relievers and benzodiazepines, but **Sec. 5. Recommendations** does not contain any specifics. We agree that prescribers should review PDMP data when starting opioid therapy for chronic pain and periodically thereafter, but urge flexibility as unduly onerous PDMP query requirements can impede access to timely care for patients with legitimate pain care needs.
- **Sec. 5. (2)(a)(iii) Integration and Data Sharing.** In addition to the recommendations contained in this section, we believe that states should work together to share PDMP data across state lines to address the issue of interstate “doctor shopping.”
- **Sec. 5. (2)(b)(ii) Educational Initiatives.** We believe that any additional topic-specific continuing medical education (CME) requirements imposed by a state medical board should count towards the state’s existing CME total, and exceptions to such requirements should exist for physicians who already complete education related to the topic as part of their specialty or subspecialty board certification requirements.
- **Sec. 5. (2)(b)(iv) Data Security/Patient Privacy.** We agree that patient privacy is of utmost importance, and would like to stress that the protections contained in this section should apply both to PDMP data regarding patients as well as prescribers. Some states have proposed using PDMP data to identify and discipline certain prescribers, without taking into account the prescriber’s specialty or patient population, which unnecessarily punishes those in certain specialties and could lead to decreased PDMP program compliance. Similarly, we support protections from liability for providers who delegate authority to access the PDMP to members of their staff, as outlined in **Sec. 5. (2)(a)(i).**

We appreciate the FSMB’s efforts to address our nation’s growing prescription drug abuse epidemic, and thank you for considering our comments. Should you need any additional information, please feel free to contact Raine Richards, JD, Director, State Government Affairs at richards@osteopathic.org or (800) 621-1773, ext. 8199.

Sincerely,



Mark A. Baker, DO
President

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