February 7, 2017

Missouri General Assembly
201 West Capitol Avenue
Jefferson City, Missouri 65101

Re: Support for Missouri State Senate Bill 314 and House Bill 90: Establishes the Narcotics Control Act

Dear Members of the Missouri General Assembly:

On behalf of the undersigned, the Collaborative for Effective Prescription Opioid Policies (CEPOP; www.CEPOPonline.org) respectfully urges you to authorize a state Prescription Drug Monitoring Program (PDMP) for Missouri during the 2017 legislative session. We commend Senator Schatz and Representative Rehder for introducing S.B. 314 and H.B. 90, respectively, and support both bills timely passage through the state legislature.

CEPOP was formed in January 2015 and currently involves over 75 diverse organizations – ranging from manufacturers and distributors to prescribers, treatment providers, public health, patient safety and patient advocacy groups – working together towards a comprehensive and balanced policy strategy to reduce prescription opioid abuse and to promote treatment options for patients with chronic pain or who are battling use disorders. We strongly believe that bringing the State of Missouri alongside all other states in the nation which already operate a PDMP would be an important step in this direction. We have advocated for the passage of this legislation over the past two years and are hopeful that it can be accomplished in 2017.

The available facts continue to validate the need for a Prescription Drug Monitoring Program, for which Missouri remains the lone state yet to pass legislation. According to the Centers for Disease Control and Prevention, over 33,000 individuals died due to prescription and illicit opioid overdoses in 2015, up 16% from the previous year. Furthermore, St. Louis County saw record high opioid-related overdose deaths in 2016.

We’d like to note the recent Washington Post article touting the ability of a PDMP to help address prescription drug abuse. In the same article, however, it is noted that Missouri’s lack of a PDMP often encourages substance abusers to cross state lines to purchase medications, often from multiple physicians.² States with an active PDMP have shown decreases in physician prescribing, opioid-related overdose deaths, and ‘doctor shopping’.³ Without a PDMP in place, Missouri remains vulnerable to a range of diversion tactics from its own residents and those from the 8 bordering states, alike.

We are encouraged that, despite the failure to enact such laws during the 2016 legislative session, the Missouri legislature is moving forward on a PDMP measure. As the process continues, we encourage you to include the following elements in final legislation to ensure that Missouri will have a secure and functionally sound PDMP:

- Implement technological improvements to facilitate secure access to the PDMP through electronic health information systems as expeditiously as possible;
- Allow for record retention for a reasonable amount of time – preferably at least one year;
- Enable appropriate interstate sharing of PDMP data;
- Include confidentiality protections from improper use of the system or of PDMP data, including from inappropriate access under open public records laws; and
- Include penalties for knowingly disclosing, using or obtaining information other than as authorized by law.

We would like to reiterate our strongly held view that an effective Missouri PDMP legislation will have a critical role in addressing the issue of prescription drug abuse in Missouri and throughout the region. Any further delays in implementation will cost lives. Please let us know any way which we can support your critical work.

Respectfully,

American Public Health Association
AmerisourceBergen Corporation
Center for Practical Bioethics
Community Anti-Drug Coalitions of America
GeneSYS-ID
Kentucky Office of Drug Control Policy
Mallinckrodt Pharmaceuticals

³ https://www.cdc.gov/drugoverdose/policy/successes.html