Whereas, Complete knowledge of a patient’s opioid medication history is necessary for physicians to provide the best care, allows for open, honest dialogue and shared decision making;¹ and

Whereas, Prescription monitoring programs can provide information to physicians that may not be available within their electronic health records system about patients’ current and past opioid use, tolerance, potential drug interactions, and other risk factors the patient may have; and

Whereas, Usage of prescription monitoring programs may prevent dangerous prescribing patterns and limit polypharmacy;² and

Whereas, Incomplete or inaccurate information limits providers’ ability to utilize prescription monitoring programs;³ and

Whereas, Opioid treatment programs do not currently report prescribing and dispensing activity to state prescription monitoring programs;⁴ and

Whereas, Patients on opioid replacement therapy are at high risk for overdose and being prescribed interfering medications such as benzodiazepines or other opioids;⁵ and

Whereas, Opioid treatment information in the prescription monitoring programs, which is obtained from opioid treatment programs, will help prevent other physicians from prescribing opioid or benzodiazepine medications that could interfere with medication assisted treatment in cases that the patient does not disclose their treatment; therefore be it

RESOLVED, That our American Medical Association amend Policy D-95.980, “Opioid Treatment and Prescription Drug Monitoring Programs,” by deletion as follows:

Our AMA will seek changes to allow states the flexibility to require opioid treatment programs to report to prescription monitoring programs. (Modify Current HOD Policy)

⁴ Clark W. Letter on Opioid Treatment Programs and Prescription Drug Monitoring Programs. SAMHSA. 2011.
Fiscal Note: not yet determined

Date Received: 04/26/18

RELEVANT AMA POLICY:

Opioid Treatment and Prescription Drug Monitoring Programs D-95.980
Our AMA will seek changes to allow states the flexibility to require opioid treatment programs to report to prescription monitoring programs.
Citation: (BOT Rep. 11, A-10)

Drug Abuse Related to Prescribing Practices H-95.990
1. Our AMA recommends the following series of actions for implementation by state medical societies concerning drug abuse related to prescribing practices:
   A. Institution of comprehensive statewide programs to curtail prescription drug abuse and to promote appropriate prescribing practices, a program that reflects drug abuse problems currently within the state, and takes into account the fact that practices, laws and regulations differ from state to state. The program should incorporate these elements: (1) Determination of the nature and extent of the prescription drug abuse problem; (2) Cooperative relationships with law enforcement, regulatory agencies, pharmacists and other professional groups to identify "script doctors" and bring them to justice, and to prevent forgeries, thefts and other unlawful activities related to prescription drugs; (3) Cooperative relationships with such bodies to provide education to "duped doctors" and "dated doctors" so their prescribing practices can be improved in the future; (4) Educational materials on appropriate prescribing of controlled substances for all physicians and for medical students.
   B. Placement of the prescription drug abuse programs within the context of other drug abuse control efforts by law enforcement, regulating agencies and the health professions, in recognition of the fact that even optimal prescribing practices will not eliminate the availability of drugs for abuse purposes, nor appreciably affect the root causes of drug abuse. State medical societies should, in this regard, emphasize in particular: (1) Education of patients and the public on the appropriate medical uses of controlled drugs, and the deleterious effects of the abuse of these substances; (2) Instruction and consultation to practicing physicians on the treatment of drug abuse and drug dependence in its various forms.
2. Our AMA: A. promotes physician training and competence on the proper use of controlled substances; B. encourages physicians to use screening tools (such as NIDAMED) for drug use in their patients; C. will provide references and resources for physicians so they identify and promote treatment for unhealthy behaviors before they become life-threatening; and D. encourages physicians to query a state's controlled substances databases for information on their patients on controlled substances.
3. The Council on Science and Public Health will report at the 2012 Annual Meeting on the effectiveness of current drug policies, ways to prevent fraudulent prescriptions, and additional reporting requirements for state-based prescription drug monitoring programs for veterinarians, hospitals, opioid treatment programs, and Department of Veterans Affairs facilities.
4. Our AMA opposes any federal legislation that would require physicians to check a prescription drug monitoring program (PDMP) prior to prescribing controlled substances.

See also: Opioid Treatment and Prescription Drug Monitoring Programs D-95.980; Drug Abuse Related to Prescribing Practices H-95.990; Prescription Drug Monitoring Program Confidentiality H-95.946; Prescription Drug Monitoring to Prevent Abuse of Controlled Substances H-95.947; Universal Prescriber Access to Prescription Drug Monitoring Programs H-95.927; Support for Prescription Drug Monitoring Programs H-95.929