



*Our Vision: No Life Limited by Pain*

January 26, 2016

Senate Committee on Health and Welfare  
Claire Ayer, Chair  
Vermont Senate  
Montpelier, Vermont

RE: S 243

Dear Senator Ayer and Members of the Committee:

I am writing on behalf of the American Academy of Pain Management to urge amendment of S 243, a bill for an act relating to combating opioid abuse in Vermont. 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 thank you for addressing these issues, and we support those efforts. In order to better serve the citizens of Vermont, we respectfully offer the following amendments, adoption of which would result in our support of the bill.

As introduced, S 243 would require health care providers to query the prescription monitoring program (PMP) each time the provider issues a new or renewal prescription for an opioid Schedule II, III, or IV controlled substance to a patient or when starting a patient on a Schedule II, III, or IV non-opioid controlled substance for nonpalliative long-term pain therapy of 90 days or more. The current law requires a PMP check for the initial prescription and at least annually thereafter for patients who are receiving ongoing treatment.

While we agree that “at least annually” may be too infrequent, we would caution you against mandating PMP checks as frequently as the bill would currently require. In general, we believe it is a good thing for prescribers to check the PMP; however, 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 this reason, 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.**

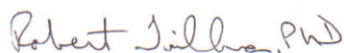
In addition, while requiring that prescribers check the PMP is paramount, we encourage you to consider adding a requirement that pharmacists check the PMP with the same frequency as required for prescribers. Pharmacists may be privy to information that prescribers are not (including prescriptions that 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.

**Finally, we note the bill's exception for patients receiving palliative care, and we respectfully ask that this provision be stricken.** Palliative care is a rapidly evolving specialty, and while its initial stages of development typically saw care provided only for patients near the end of life, recently its reach has expanded to include any patient diagnosed with a potentially life-limiting illness. Patients now may receive palliative care for a number of years, and may be just as prone to developing untoward consequences of opioid therapy, including substance use disorder and overdose. Those patients should be provided the same protections as patients receiving opioid therapy for non-terminal illnesses.

We urge you to amend S 243, to alter the required frequency of PMP queries, so that we can fully support this bill. I am happy to discuss this issue with you if necessary. Please feel free to contact me by email at [btwillman@aapainmanage.org](mailto:btwillman@aapainmanage.org), or by telephone at 209-533-9750, ext. 110.

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

Cc: Senator Michael Sirotkin