NEUROLOGICAL GROUP PC

Laurence I. Radin, MD • Andrea Stewart, APRN

350 Montauk Avenue • New London, CT 06320 • T: 860.443.1891 • F: 860.443.2980 • neurogroupnl.com

March 4, 2016

RE: Public hearing March 8, 2016; Bill number HB 5434

To the Honorable Chairs Senator Leone and Representative Baram; co-chairs Senator Larson and Representative Kiner, and Ranking Members, Senator Witkos and Representative Carter

I am writing regarding the proposed changes to Public Act No. 15-198 -- AN ACT CONCERNING SUBSTANCE ABUSE AND OPIOID OVERDOSE PREVENTION.

PDMP can be an effective tool for physicians who are treating patients with opioid pain medications. The information available, although often incomplete and sometimes inaccurate, can help to prevent a provider from over-prescribing narcotics to patients who are doctor shopping. However, there are some unintended consequences of this bill.

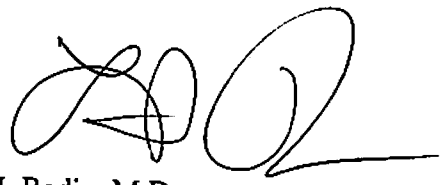
The current proposal is to remove schedule V drugs from the requirements. Although this is a step in the right direction, I would add all seizure medications to the list of drugs to be removed from the current law. The US Drug Enforcement Agency has stated that Schedule V substances, which contain very limited quantities or no narcotics, have a low potential for abuse. As such, it is an unnecessary burden to providers to have to check the PMP system for every schedule V drug we prescribe. In addition, as a treating neurologist, it is an added burden to check for the multiple seizure medications which are schedule IV, including phenobarbital, as well as other medications frequently prescribed for neurological disorders, such as, clonazepam, alprazolam, clorazepate, and modafinil. The patients for whom these medications are prescribed generally have chronic neurologic conditions and require these prescriptions on a long-term basis. The time currently required to maintain patients on these medications may influence patient treatment as providers may choose the easiest medication to prescribe rather than the most appropriate medication for the patient.

It is also necessary for me to point out the limitations of the PMP website. Currently, the Mashantucket Pharmacy, Mohegan Pharmacy and the Naval SubBase Pharmacy are not required to report to the PMP. Since our practice is located in Southeastern Connecticut, this limits how much we can depend on the accuracy of the information provided to us on the PMP website. Employees of these facilities and members of the tribes can get prescriptions from multiple providers, for multiple drugs and this information is unavailable to us.

An additional burden of the current law states that only licensed medical professionals can access the PMP website. So, it is necessary for me to take time from seeing patients to personally log on and check the website. I feel I should have the option of appointing a staff member in my practice to have access to the website; perhaps a 'view only' option could be available so that a staff member could print out the drug history for my review. If that task could be assigned to a staff member, it would save considerable time for myself and other providers.

While I readily admit that the PMP website has value, I feel that instituting some changes would decrease the burden on providers and eliminate unnecessary work, while still meeting the goals of the program.

Sincerely,



Laurence I. Radin, M.D.