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February 8, 2017

TO: Committee on Transportation, Infrastructure and Public Safety  
Missouri Senate  
Senator Dave Schatz, Chair

FROM: Robert Twillman, Ph.D., FAPM  
Executive Director  
Academy of Integrative Pain Management

RE: Support SB 314

Dear Senator Schaaf and members of the Committee:

On behalf of the Academy of Integrative Pain Management, I submit this written testimony in support of the passage of SB 314, a bill to provide for a prescription drug monitoring program, or PDMP, in Missouri. In previous sessions of the legislature, we have provided testimony in support of several bills that would have done the same, and we continue to strongly support the institution of a PDMP in Missouri.

Prescription monitoring programs such as those described by SB 314 provide healthcare professionals and law enforcement officials with an invaluable tool in their efforts to address two simultaneous and somewhat conflicting public health crises: the abuse of prescription medications, and the treatment of chronic pain. Experience with PDMPs in the states where they currently operate has demonstrated enthusiastic acceptance by healthcare providers and law enforcement officials who have used them. For healthcare providers in particular, they provide the opportunity to truly know what controlled substances have been obtained by their patients from other providers. In the vast majority of cases, this enables the healthcare provider to know that the patient has only obtained these medications legitimately, thus providing reassurance to the provider who wishes to treat the patient with controlled substances. In the remaining few cases, providers may see evidence of some aberrant behavior; this then demands a further assessment to determine if the patient has been attempting to gain adequate pain control, or to accumulate medications for purposes of abuse or diversion.

One concern frequently raised by opponents of PDMPs is that it is inappropriate for the government to create and maintain such a database. We disagree with this view, and point to government databases that monitor individuals with communicable diseases, especially sexually-transmitted diseases, as an example. These databases exist because a judgment has been made that whatever the threat to an individual's privacy, that threat is outweighed by the benefits to public health that are obtained as a

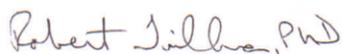
result. We believe the same logic applies to PDMPs, which assist healthcare providers in improving the management of pain and psychiatric disorders, improving detection and treatment of the disease of addiction, and enhancing patient safety due to a greater ability to detect potentially problematic drug interactions.

The PDMP envisioned by SB 314 has a number of important features, and one of the most important is the ability to share prescription data with PDMPs from other states. Given that Missouri is contiguous with eight states, and that its two largest metropolitan areas are located along the state lines with Kansas and Illinois, such data sharing is especially important. Such data sharing enables PDMP users to simultaneously see what medications patients have obtained in multiple states. We testified previously that 60% of individuals in Kansas who exhibit “doctor shopping” behavior live in counties that adjoin or are within one county of the Missouri state line, and we have evidence that many of them obtain medications improperly in both states.

Prescription monitoring programs are supported by a number of federal government agencies as key tools in the fight against prescription medication abuse. The Department of Justice, in particular the Drug Enforcement Administration; the White House Office of National Drug Control Policy; the Substance Abuse and Mental Health Services Administration; the Food and Drug Administration; and the Centers for Disease Control and Prevention all have issued statements in support of implementing and developing prescription monitoring programs. The United States Congress also has supported these programs, appropriating grant funds to support states as they plan, implement, and enhance prescription monitoring programs, as well as encouraging states to evaluate best practices for these programs. As you know, all the other 49 states, the District of Columbia, and Guam believe these important tools should be available to their citizens. And perhaps most telling of Missouri’s need to establish a PDMP, on December 1, 2016, the Kansas City, Missouri City Council unanimously approved an ordinance that will implement a prescription monitoring program at the municipal level, joining numerous other local cities and counties in this effort initiated by St. Louis County and the City of St. Louis. In fact, at this writing, our research indicates that approximately 45% of Missourians live in areas that have approved local PDMP legislation, with both Boone and Jefferson Counties closing in on agreement to participate in the effort, as well.

In closing, I once again urge you to quickly pass SB 314. Doing so will bring Missouri into alignment with the rest of the nation, improve the health of many Missourians, and prevent Missouri from becoming the new prescription drug abuse and diversion center of the United States. Please feel free to contact me if questions arise after your hearing. Thank you for the opportunity to be heard.

Sincerely,



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About AIPM: The Academy of Integrative 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.

Cc: Representative Holly Rehder