



*Enhancing Health And
Function Through Education
And Research In The Field Of
Physical Medicine And
Rehabilitation*

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PHYSIATRIST'S VOICE

NEWSLETTER

FEBRUARY 2016

PRESIDENT'S REPORT

Michael Creamer, DO



Our Society has started 2016 strong and has the support of state and national organizations. We have solid financial standing and are well positioned to support our members. I continue to be grateful for the continued participation of everyone involved in our profession.

We are represented on issues relating to patients access to prescribed pain medications. Dr. Mark Rubenstein has participated in local and regional meetings expressing the concerns of physicians and patients. We are thankful for his continued involvement.

I am appreciative of our board members who take time from their busy schedules to meet via teleconference regularly. Email communication continues on a weekly basis to obtain information, for advice and support on urgent issues relating to our members in and out of the state. We are especially appreciative of the Executive Director, Lorry Davis, who continues to be the flame that keeps our Society's fire burning. We are an organization that does not rest!

Our numbers continue to grow and we have received support and participation from the Physical Medicine and Rehabilitation training programs in the state. We now have allied health providers as members. This should allow for continued expansion and mutual support from our colleagues that share common goals for patients. It is an exciting time for the field in the State of Florida.

Our organization continues to work with the AAPM&R to better coordinate legislative issues with the other states and our national representatives. Physical Therapy Scope of Practice and recent opioid/pain legislation have been identified as concerns for all state Society members to work together on. Dr. Rubenstein has also updated our Academy regarding prescription opioid access to our patients.

Planning for the upcoming annual meeting is now underway (see article by Jesse Lipnick MD). Speakers have been chosen and scheduled. Dr. Braddom, Dr. Ziegler, and Attorney Aronberg will be making repeat appearances this year! We look forward to an expanded program with diverse topics to appeal to a broader range of areas in our specialty. Please spread the word to your colleagues! Thank you again for the opportunity to serve our specialty in the State of Florida.

Michael Creamer, D.O.
President
Florida Society of Physical Medicine and Rehabilitation



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MEDTRONIC
FOR ITS CORPORATE SPONSORSHIP





Allied Health Update

LaMisa S. Rayside, ARNP-BC



First, I would like to thank the members of FSPMR for giving allied health professionals the opportunity to join the society allowing networking and the sharing of common goals.

The National Conferences for Nurse Practitioners (NCNP) 2016 will be held May 11-14 in Lake Buena Vista, Florida at Disney's Coronado Springs Resort. Topics will include "Pharmacogenomics and Chronic Pain: Putting Science Back Into the Treatment of Pain", "Opioid Prescribing: Safe Practice, Changing Lives", as well as opportunities for hands-on sessions which include upper/lower joint injections which will allow

participants to practice joint and soft tissue injection and aspiration on simulated models. These educational sessions and workshops will enhance skills of advanced practice clinicians and improve the overall quality of patient care.

Regarding government affairs pertaining to nurse practitioners; advocates are urging Chairman Hatch and Ranking Member Wyden of the Finance Committee to markup bill S. 578 which would allow NPs to certify their patients' eligibility for home health care services. Current Medicare policy compromises NPs ability to provide appropriate care for patients because NPs are not authorized to certify a patient's eligibility for Medicare home health services. Even though NPs provide aspects of care to these patients and conduct the assessment of the need for home health services themselves, a physician must certify this assessment. This burdensome restriction makes it necessary to involve another provider in the assessment process even though they are not involved in the patient's care. Not only is the patients' health being jeopardized by delays in treatment, Medicare incurs additional costs by requiring the involvement of additional providers with reimbursement rates higher than those of NPs. NPs need limitless support to put an end to this burdensome requirement by supporting legislation allowing NPs to certify the patients under their care to be eligible for home health care services.

Prescriptive authority rights continue to be a hot topic in the state of Florida. Allowing allied professional to prescribe controlled substances would enable us to practice to a fuller extent of our license. I will continue to keep members updated on the progress of this subject matter.

Lastly, I would like to again encourage allied health professionals to join FSPMR. By doing so, there will be an opportunity for professional growth and the enhancement of knowledge. Physicians, please spread the word!!

LaMisa S. Rayside, ACNP-BC
Central Florida Pain Relief Center
Orlando, Florida



JOIN FSPMR

BENEFITS OF MEMBERSHIP INCLUDE:

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MEDICAL EDUCATION

OPPORTUNITY FOR NETWORKING IN
THE STATE

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THE LOOP," AND MORE FREQUENT
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FLORIDA'S LEGISLATURE

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UPDATE ON PRESCRIPTION DRUG ACCESS ISSUE

Mark Rubenstein, MD



Since the last FSPMR Board Meeting, the Rule which the Board of Pharmacy Sub-Committee on Prescription Drug Access drafted has been adopted. This was the committee that I was placed on as a representative of the FMA, and the same committee that Dr. Larry Dalton (a Florida physiatrist and immediate past president of FSIPP) was also on. Dr. Jesse Lipnick did a great job filling in for me at one of the meetings over the last year that I could not attend.

The result of Rule 64B16-27.831 "Standards of Practice for the Dispensing of Controlled Substances for Treatment of Pain" include the following:

This rule gives pharmacists written guidelines as to the standards for dispensing controlled substances. FMA legal counsel reviewed this as well and we all had input into the final verbiage to insure both patient safety and patient access. Pharmacists will now be required to take a 2 hour CME every two years for their license renewal on this very topic.

The next step of the Board of Pharmacy will be to re-convene the sub-committee to discuss action and effects of the new rule. We have not been hearing as many stories of scripts being declined, so the educational piece appears to be of benefit.

DEA was invited to present their side of the story at these meetings, and their input has been helpful.

DEA has publically indicated (to the State Board of Pharmacy) that they feel Prevention/Education AND treatment are just as important as enforcement. Their prevention plan includes four focus areas as follows:

- 1) Education
- 2) Prescription Drug Monitoring Programs
- 3) Proper Medication Disposal
- 4) Enforcement

DEA has publically explained why they have been doing more investigations of prescribers. Their explanation is that in October of 2008, the DEA Diversion Control Program was re-organized into a two-pronged approach. This included:

- 1) Substantial expansion in number of tactical diversion squads throughout the United States and
- 2) Renewed focus on the DEA's regulatory oversight of 1.4 million registrants.

DEA further increased the number of scheduled investigations by increasing the number of DEA registrants who are required to be investigated to ensure compliance to the Controlled Substances Act (CSA) Regulations, and they increased the frequency of regulatory investigations.

Distributors and manufactures are being educated by the DEA regarding their due diligence responsibility under the CSA by discussing their suspicious order monitoring system, reviewing ARCOS data for sales and purchases of Schedules II and III controlled substances and the national trends involving abuse of prescription controlled substances.

At this time, the BOP (Board of Pharmacy) rule has been adopted, and we expect to see changes in access with a continued focus on proper regulation and enforcement by DEA related to the CSA. I expect that the BOP sub-committee meeting will again occur by April, or May/June at the latest.

On a national level, the AMA convened a Drug Task Force and dedicated a morning long CME at the recent national meeting held in Atlanta in November. The AMA is more concerned with DRUG ABUSE as opposed to access. I will continue to monitor this closely at the AMA level with the next meeting scheduled in June in Chicago.

That's the update for now.

Respectfully,
Mark



FSPMR SIGNED ON TO AAPMR LETTER TO CONGRESS RE PDMPs

The letter was sent on the Senate side to The Honorable Mitch McConnell, Majority Leader, The Honorable Harry Reid, Minority Leader and in the House of Representatives, The Honorable Paul Ryan, Speaker of the House, and The Honorable Nancy Pelosi, Minority Leader. The letter supports "continued expansion and deployment of robust and interoperable [between state databases] PDMPs in each of the 50 states....and recommend a committed partnership between all levels of government to realize this objective.... reauthorize NASPER and funding for same....easier access for physicians, e.g., username and password processes, physician access to patient prescription history (self and other physicians), physician authorization to delegate practicing monitoring responsibilities to office personnel, protection of patient confidentiality, and support of public health over law enforcement function."



[See Appendix A](#) for the full body of the letter sent to FSPMR in late January from AAPM&R.

FSPMR MEMBERSHIP UPDATE

Matthew D. Imfeld, M.D.



As of February 4, 2016, FSPMR had nearly 100 current members. We sent a paper invoice for 2016 dues in November, 2015, and a Second Notice in January, 2016. A Third Notice will go out via email around the first of March, and a phone campaign by Board Members will follow. If you are not sure if you have paid, please contact FSPMR Executive Director, Lorry Davis, lorry4@earthlink.net. If you know you need to pay, please go to <http://www.fspmr.org/join-renew-payment.html>.

Call for Allied Health Members: physician members, you are reminded to bring your allied health into membership. It is half price of regular membership. Go here to sign up your allied health personnel:
<http://www.fspmr.org/join-renew-payment.html>.

Let's make 2016 FSPMR's strongest year yet!

Matthew D. Imfeld, MD
Vice President FSPMR



SAVE THE DATE! FSPMR 2016 ANNUAL MEETING



Jesse Lipnick, MD
FSPMR Treasurer

The Florida Society of Physical Medicine and Rehabilitation will meet again in conjunction with the Florida Academy of Pain Medicine, August 12 – 14, 2016, at the beautiful Waldorf-Astoria in Orlando.

FSPMR's Annual Business Meeting and Dinner will be that Saturday evening, August 13, 7:00 PM. Thank you to Medtronic for sponsorship of this event!

Last year's format of heavy hors d'oeuvres rather than a

plated dinner was a success and we will follow that same format this year. Also a success last year was the inclusion of a Resident presentation and we plan to invite more of the same for this year. State's Attorney Dave Aronberg joined us last year and he will join us this year for dinner as well as being a speaker in the conference program during the course of the weekend with a Legal/Legislative Update.



Dr Michael Creamer, FSPMR President, and I have been working to come up with a program with PM&R appeal. FSPMR will have a full day of presentations on Friday, August 12, and a PM&R speaker in each of Saturday's and Sunday's programs. We will be meeting with FAPM in the future to determine who speaks when on what day. To date, here are some of the other speakers and topics which are being included: Randall Braddom MD (he is such a great speaker and such a major PM&R force that he can speak on whatever topic he chooses!); Tony Dorto MD – "Disability and Workers' Comp Pearls;" Robert Kent DO – "Intrathecal Therapies;" Penny Ziegler MD – "Medical Marijuana Update;" Orlando Florete MD – "Stem Cells and Platelet Rich Plasma: The Developing Technology;" Nicholas Henderson MD – "Update on Subacute Rehabilitation;" Lamisha Smith ARNP and Brandi Silinsky ARNP – "Nurse Practitioner Update;" Lindsay Shroyer MD – topic undetermined at this point.

This is by no means a complete list and of course, some things may change between now and then. What is not going to change is our making every effort to make this a worthwhile event for PM&R conference-goers. We look forward to seeing a vibrant physiatry community again this year.

For complete details and links go to: <http://www.fspmr.org/events.html>



A New Rehabilitation Hospital is Planned for Jackson Memorial

By Daniel Chang

dchang@miamiherald.com

A New Rehabilitation Hospital is Planned for Jackson Memorial, a project costing approximately \$173 million and scheduled to open in two years, December, 2018. The project is "funded primarily through voter-approved bond proceeds, Jackson Health capital reserves, and private donations."

Physicians, researchers, and patients will all be housed in the new facility. Artists renderings reveal "a glass-encased building with outdoor 'treatment terraces' for recovering patients, indoor labs for University of Miami neuroscience researchers from the Miami Project to Cure Paralysis, an aquatic center and even apartments where patients can practice independent living skills....the abundance of large windows and transparent interior walls....is designed to motivate patients to work toward recovery while allowing passersby to see the collaborative medical approach taking place inside." Some of the inspiration came from the Spaulding Rehabilitation Hospital in Boston.



The new facility is supposed to have 92 beds and "focus on inpatient care, specializing in spinal cord and traumatic brain injury. Sports medicine rehabilitation will continue in other facilities, including the nearby University of Miami Hospital." A hospital spokesman stated the new rehab hospital should be successful, as currently, many patients have to go elsewhere for this type of care.

Miami Herald

Read more here: <http://www.miamiherald.com/news/health-care/article50540495.html#storylink=cpy>

Call For Patient Education Articles

If you have any pertinent patient education articles and would like to share with our community, please contact Lorry Davis, Executive Director at 904-994-6944, or email at: Lorry4@earthlink.net

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Renewal Time!***

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RESIDENTS SECTION



Thiago Queiroz, D.O.
FSPMR Member
PM&R, PGY-1
Nova Southeastern University
College of Osteopathic Medicine
Consortium for Excellence in Medical
Education/ Larkin Community Hospital

This is an exciting time to be a part of an ever-growing and the newest Physical Medicine and Rehabilitation (PM&R) residency program in South Florida, a partnership between the Nova Southeastern University College of Osteopathic Medicine-Consortium for Excellence in Medical Education and Larkin Community Hospital.

As I reflect on how much the program has expanded since its foundation in 2011, a sense of accomplishment and continuing progress come to mind. The formidable and recently graduated class of 2015, our pioneering class, has certainly paved the way for the new interns and residents such as myself. Current and former program residents continue to strive in the PM&R field in South Florida and around the country. Former Chief Resident, Ali Malik D.O., M.S.B.E., is currently finishing a one-year fellowship in Orthopedic Sports and Spine Medicine at the Icahn School of Medicine at Mount Sinai, New York, NY.

Amir Mahajer, D.O., Chief Resident returned from Breckenridge, Colorado where he participated in the American Osteopathic College of Physical Medicine and Rehabilitation (AOCPMR) Musculoskeletal Ultrasound Course and passed the course written and practical examination to receive his Certificate of Proficiency in Foot/Ankle Ultrasonography. Additionally, Dr. Mahajer will be giving a lecture at the 2016 AOCPMR Mid-Year Meeting & Scientific Seminar on "Musculoskeletal Ultrasound: Basics of Instrumentation and Physics" at 8:00 AM on Sunday April, 20th 2016 in Philadelphia, Pennsylvania.

Jeff Compas, D.O., Chief Resident and Jesse Hatgis, D.O., PGY-4 participated in the Spine Intervention Society conference in Miami, Florida: "Evidence-Based Spine Interventions Seminar", representing our department well.



Amir Mahajer, D.O. receiving his Certificate of Proficiency in foot/ankle ultrasonography at Breckenridge, Colorado.

(continued next page)



RESIDENTS SECTION

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The PM&R residents, Orthopedic residents and Pain Medicine fellows from Nova/Larkin participated in the first PM&R Grand Rounds of 2016 led by Dr. Stuart Kahn, M.D. from traveling from The Mount Sinai Hospital Spine Center in New York, NY. Dr. Kahn gave the following great interactive lectures: "Overview & Approach to Spine Intervention" and "Reality-Based Medicine," these led to in depth discussions with many clinical implications and pearls. We thank Dr. Kahn for kindness and sharing his expertise

Our residents and interns joined fellow PM&R residents from Jackson Memorial Hospital/University of Miami Miller School of Medicine along with local physiatrists, neurologist and therapist for the 9th Annual Johns Hopkins Dystonia & Spasticity Practicum & Update which took place in the Marriot Hotel, Miami, FL on January 9, 2016. Participants had a chance to practice injecting techniques on mannequins as well as watch attending physicians inject *Botox* on live patients.

The involvement of Nova/Larkin current intern class has been outstanding. Patricia Goodwin, D.O., PGY-1 was actively involved in the redesign of our Graduate Medical Education residency program website. The newly developed Nova/Larkin PM&R residency website was released in the Fall of 2015. It provides a wealth of information about the Nova/Larkin PM&R residency program including: clinical curriculum, didactics schedule, application information, professional organizations and research by current residents. The website reaches out to visiting medical students and residents and those interested in the Department of PM&R. For more information about our program please visit our new website.

Link: <http://www.graduatemedicaleducation.org/pmr-homepage/>

As we continue to improve our program and bring awareness to our field, all of our residents and interns are encouraged and participate actively in PM&R professional conferences. The upcoming AOCPMR Mid Year Meeting & Scientific Seminar in Philadelphia, Pennsylvania, March 17-20, 2016. This is an excellent opportunity for residents and interns to present and discuss their research and learn about novel scientific directions in the field of PM&R. We are proud to announce multiple accepted abstracts to this year's conference. For more information about the AOCPMR Mid-Year Meeting and to register, please visit the AOCPMR website.

Link: <http://aocpmr.org/events-3/mid-year-meeting-2016/>

"Linking Ultrasound with Nonspecific Electrodiagnostic Results in Upper Extremity Neuropathy"
Amir Mahajer, D.O.; Stephen Covington, OMS; Matthew Cowling OMS; Andrew Brown, MD

"Post-surgical Rehabilitation of Sciatic Nerve Injury Secondary to Gunshot"
Thiago Queiroz, D.O.

"The Question of Age's Role in Concussion Recovery In Sports: A Retrospective Look at Mixed Martial Arts Fighters and Their First Knockout Losses"
Bruno Subbarao, D.O.; Haroon Andar, D.O.; Scott Mandell, D.O.; Marcos Gonzales, M.D.

"A 63-year-old Male with Bacterial Endocarditis Presenting with Fatigue and Chest Heaviness"
Patricia Goodwin, D.O.



RESIDENTS SECTION



David Ciaccia, DO
Physical Medicine & Rehabilitation, PGY-3
University of South Florida

I am a PM&R 3rd year resident at the University of South Florida. I had the opportunity to participate in Florida Medical Association's (FMA) Legislative Visitation Day on February 9, 2016 at our state capitol in Tallahassee. It was a unique opportunity to see the legislative process as it related to medicine. I was able to share my opinions and concerns about current medical

legislative issues with my state legislators. We met the night before at FMA's downtown office to review three legislative proposals being considered during this year's legislative cycle. The first was Miami - Dade Infectious Disease Elimination Act (Needle Exchange Program) – Senate Bill 242 and House Bill 81. The goal of this legislation was to reduce the incidence of HIV transmitted through IV drug use. The second bill, Fail First Step Therapy Override – Senate Bill 1084 and House Bill 963, was to decrease the paperwork burden on physicians when more effective medications are denied by insurance companies. The third bill was advocating for continual GME support to help decrease the physician shortage in Florida and help retain our physicians in training. It was successful day as we built physician-legislator relations, helping them to understand our challenges and to improve our ability to care for our patients.

I became involved in this process due to the need of physicians at the Capitol. Legislation and regulation occur without much physician input if we do not voice our opinions and concerns. Most lawmakers do not practice medicine and have not completed residency or medical school. My voice and opinion was valued as a first-hand experience and perspective of what physicians deal with on a daily basis. It was a real pleasure getting to sit in the offices of senators and representatives and express my concerns. I felt heard, I felt empowered, and I learned a lot about the legislative process. Through this positive learning experience, I plan to become more politically involved in my career.



JOB OPS/OTHER OPS

Job Opportunities are free and are posted on FSPMR's website, <http://www.fspmr.org/opportunities.html>, for a 6 month period. To place a Job Op, email FSPMR Executive Director, lorry4@earthlink.net, with your ad.

Other Opportunities (Looking for Job Ops, Practices for Sale, Office Space for Lease, Equipment for Sale, other appropriate medically-related items, etc) cost \$150.00 and are posted for a 3 month period. To place such an ad, please go to <http://www.fspmr.org/opportunities.html>.



RESIDENTS SECTION

Usker Naqvi, MD & Armen Derian, MD
PGY-3 Residents, Department of PM&R
University of Miami Miller School of Medicine

Andrew Sherman, MD, Professor PM&R
Vice Chair and Residency Program Director
FSPMR Member
University of Miami Miller School of Medicine

Jackson Memorial Hospital/University of Miami Miller School of Medicine PM&R Residency Update

On January 9, 2016, our residents attended the 9th Annual Johns Hopkins Dystonia and Spasticity Practicum in Miami, FL. This was an exciting educational opportunity for residents to learn from national leaders in dystonia and spasticity research, as well as to practice skills on electronic simulator mannequins.

The program is proud of our senior residents who successfully matched into fellowships this year to pursue advanced training. Joshua Rothenberg, DO, will be heading to University of Pittsburgh Medical Center next year for a sports medicine fellowship. Chanë Price, MD, will stay at University of Miami for the interdisciplinary pain medicine fellowship. They have done exemplary jobs this year as chief residents and will be passing these duties on to newly-elected chiefs, Armen Derian, MD, and Usker Naqvi, MD. Many of our residents were thrilled to once again provide medical coverage for the International Sailing Federation World Cup over the week of January 25, 2016. This is a yearly event that allows us exposure to the care of athletes in competition while also engaging with our local community. The sailing event is the largest of its kind in the world and our residents worked within a full team of health care professionals, learning the system of a large sports medicine operation. We look forward to similar experiences at the upcoming Dolphins Cancer Challenge and the Miami-Dade Paralympic Experience.

We are also pleased to announce that three of our residents attended the annual meeting of the Association of Academic Physiatrists (AAP) in Sacramento, CA to present their work. They appreciated the opportunity to network with physiatrists from all over the country and learn from some of the brightest pioneers within our field. Our residency program will provide an informational booth. Finally, the residency program will display multiple poster presentations during the conference, detailed below. Here is a list of our case reports and original research presentations that are being displayed at the 2016 AAP Annual Conference:

Derian A, Vasquez R. *Accuracy of Ultrasound guided hip injections confirmed by cadaveric dissection*

Derian A, Lin K, Alexander C, Rothenberg J, Khurana S. *Intractable seizures in ciguatera poisoning*

Derian A, Garg D, Khurana S. *Urinary retention following intrathecal baclofen*

Gober J, Derian A, Khurana S. *Cauda equina syndrome secondary to Hodgkin's Lymphoma*

Molinares D, Derian A, Dalal. *Conservative management of a proximal rectus femoris tear*

We look forward to updating the constituents of FSPM&R about the upcoming exciting events occurring at the Department of Physical Medicine and Rehabilitation here at the University of Miami Miller School of Medicine.



Patient Stability Act Will Protect Against Health Plan Changes

The Florida Society of Physical Medicine and Rehabilitation is a Member of the Florida Patient Stability Coalition.

Karen Egozi

<http://www.sun-sentinel.com/opinion/commentary/fl-viewpoint-patients-20160218-story.html>

Imagine you are living with epilepsy. It's not hard to do — 400,000 Floridians suffer from it. For years, you've been stable on a treatment that controls your seizures, allows you to work, drive your car, care for your children and yourself and do the daily tasks that most people take for granted.

Now imagine that your health plan makes a coverage change. All of a sudden, you can no longer access the treatment that gives you a full and independent life.

Some Floridians don't have to imagine that scenario — they are living it.

Across the state, pharmacy benefit managers and insurers are increasingly making plan changes that effectively force Floridians off of the medications that are keeping them healthy. It can happen to anyone. But it's primarily affecting people living with chronic, complex or rare conditions. It hurts most those who rely on treatments to stay stable and out of the hospital.

That's why HB 915 and SB 1142 — the Florida Patient Stability Act — are so critical. The legislation would put protections in place so that can stay on the treatments that have stabilized them, as long as they stay on the same health plan. It would also protect these medically fragile Floridians from mid-year, out-of-pocket cost increases and other formulary restrictions that could jeopardize access to the medications keeping them healthy.

Not all medications work the same. Members of the epilepsy community, for example, have for years reported experiencing seizures and other harmful side effects after switching from one version of an anti-epileptic drug to another — even drugs that are thought to be equivalent with one another.

When well-functioning seizure control treatments break down due to unnecessary drug changes, the result can be catastrophic. Seizures not only increase the likelihood of serious injury or death, but also carry substantial personal, social and legal consequences — like the loss of one's driver license or employment.

I see this all too often in the patients I advocate for. And it's why the Florida Patient Stability Act is necessary, to prevent the dangerous health consequences that can occur from insurers and pharmacy benefit managers making treatment decisions, instead of physicians.

The hundreds of thousands of Floridians living with epilepsy and other chronic, complex or rare medical conditions shouldn't be at the mercy of insurance coverage changes. They don't deserve to have their health, dignity and independence eroded. They deserve our compassion.

Karen Basha Egozi is chief executive officer of the Epilepsy Foundation of Florida, based in Fort Lauderdale.



Appendix A - AAPMR LETTER TO CONGRESS

January 2016

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
U.S. Capitol S-230

The Honorable Harry Reid
Minority Leader
U.S. Senate
U.S. Capitol S-221

The Honorable Paul Ryan
Speaker of the House
U.S. House of Representatives
U.S. Capitol H-232

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives
U.S. Capitol H-204

Dear Leader McConnell, Minority Leader Reid, Speaker Ryan and Minority Leader Pelosi:

We write to you as leading participants in the prescription drug supply chain – i.e., manufacturers, distributors, payers, physicians, pharmacies, testing laboratories, treatment providers – as well as patient groups, business leaders, and other expert parties, to urge the full support of Congress (and state legislatures) of the continued expansion and deployment of robust and interoperable Prescription Drug Monitoring Programs (PDMPs) in each of the 50 states. We recognize that the focus of Congress is in the development of federal policy, but advise that the complexity and interplay between federal and state policy in addressing this epidemic is undisputed and recommend a committed partnership between all levels of government to realize this objective.

The current trajectory of non-medical abuse of prescription opioids, and the diversion of these important medicines from their intended purpose, is troubling and unacceptable. The U.S. Centers for Disease Control & Prevention (CDC) reported that in 2013 nearly 23,000 Americans died from prescription drug overdose. As of 2011, the National Institute on Drug Abuse (NIDA) estimated that more than 52 million Americans ages 12 and older had used prescription drugs non-medically in their lifetime. Fifty-four percent of non-medical users of prescription drugs surveyed claim they obtained the medicines from a friend or family member.

Prescription drug diversion and abuse is a public health crisis that must be confronted and addressed comprehensively, and with the collaboration of all stakeholders. While many of the signatories on this letter have put forth comprehensive approaches to addressing prescription drug abuse and diversion – e.g., consumer and physician education, prevention and intervention, disposal, and treatment – and such elements certainly must be pursued vigorously, there is consensus among nearly all stakeholders regarding the need for each state to fully develop and operate a robust and efficiently-deployed PDMP.

PDMPs are statewide electronic databases designed to monitor the prescribing and dispensing of controlled substances — or scheduled drugs, as determined by federal regulation. PDMPs have been shown to assist physicians in identifying patterns of prescribing and abuse so that prevention, intervention and treatment can occur. There is sufficient validating evidence demonstrating that a reduction in incidences of doctor shopping correlates to a reduction in abuse.

But while 49 states currently operate PDMPs, a combination of factors, including widely varying data elements, a lack of interoperability and dedicated resources, and an inadequate level of resources committed by many states, has served to chill the regular use of PDMPs. These factors only serve to

embolden abusers who more readily circumvent the program by selecting providers who do not regularly consult PDMPs, or cross state borders that do not have interoperability with other state PDMPs .

A robust and effective PDMP should include a litany of elements, but we believe that these programs at a minimum must be adequately maintained and funded, available at the point-of-care with up-to-date information, and integrated into the prescriber and dispenser workflow. When these characteristics are achieved, PDMPs will represent a major step toward ensuring that patients have access to the care they need, and that these medicines are not inappropriately prescribed, dispensed or diverted. Other desired elements for an effective PDMP include, among others:

- Interoperability between state databases
- Easier access requirements for physicians, e.g., user name and password processes
- Physician access to patient prescription history, both his/hers or other prescribing physicians
- Physician authorization to delegate practice monitoring responsibilities to office personnel
- Protection of patient confidentiality
- Support of a public health over a law enforcement function

The first major Congressional step that could be taken immediately to bolster PDMP programs and combat the growing prescription drug health problem would be to reauthorize the National All Schedules Prescription Electronic Reporting Act (NASPER). We applaud the U.S. House of Representatives for passing its NASPER reauthorization bill, H.R. 1725, and encourage the Senate to act on this important legislation swiftly. This program was created in 2005 to allow the U.S. Department of Health & Human Services (HHS) to award grants to states to establish or enhance PDMPs, and establish best practices. NASPER has not been funded since a prohibition was included in the FY2011 continuing resolution (P.L. 112-10); however, we are confident that reauthorization and full funding of NASPER would be a significant step toward reversing the current trajectory of abuse.

We thank you for your consideration of this request, and hope that you will consider each of the stakeholders on this letter to be partners in the effort to combat this growing public health problem.