

## Introduction and Context

Chairman Yaw and members of the committee, I am Barbara Kovacs, Director of the York City Bureau of Health. Thank you for inviting me to testify today regarding access to the **Prescription Drug Monitoring Program (PDMP)** and ways we can further work together to combat the opioid crisis.

In 2017:

- 5,456 Pennsylvanians died of a drug-related overdose, 85 percent of which were the result of an opioid overdose. The high availability and corresponding demand leading to the misuse of illicit and prescription opioids is a crisis without geographic, demographic, or socioeconomic boundaries in Pennsylvania,
- Pennsylvania had the second highest number of heroin seizures of any state in the nation. York County had 1,294 heroin seizures – the fourth highest number of any county in the state – this staggering number of heroin seizures indicates high levels of opioids are available throughout the Commonwealth, including in rural counties,
- Pennsylvania ranked 13th in the nation for highest rate of overdose deaths, and this month Governor Wolf renewed the state of emergency surrounding the opioid crisis for the seventh time,
- Increased fentanyl availability and misuse contributed to a 65 percent overall increase in drug-related overdose deaths in Pennsylvania between 2015 and 2017. In 2018, opioids were found in 95 percent of all drug overdoses in York,
- Along with other states with high numbers of opioid fatalities, the heroin threat to Pennsylvania has largely transitioned into a Fentanyl threat. Heroin has been made markedly more dangerous by the unprecedented proliferation of clandestinely produced fentanyl and fentanyl-related substances.

The opioid epidemic is one that touches urban and rural communities alike:

- From 1999 through 2003, drug overdose death rates were higher in urban counties than in rural counties. Rates were similar from 2004 through 2006, then higher in rural counties from 2007 through 2015,
- Between 2015 and 2017, there was an 82% increase in the number of drug-related overdose deaths in York county,
- For both urban and rural counties, the rate of drug overdose deaths was highest among people between the ages of 25 and 44.

Opioid overdoses in the United States are a full-fledged public health and public safety crisis, with astronomical overdose death rates, detrimental social consequences, increased health- and safety-related risk, and high economic costs.

## PDMP in its present form

Pennsylvania's **Prescription Drug Monitoring Program** is an excellent tool to help protect both patients and providers. The PDMP helps prescribers identify patients who "doctor-shop", limiting the potential to harm patients. Such requests often indicate an individual with concerning use patterns who may benefit

from substance use disorder treatment. It also protects patients by identifying dangerous combinations of medications that may have unknowingly been prescribed by multiple providers.

### **PDMP Opportunities**

Beyond the established benefits to the individual patient and prescriber, the **PDMP** can serve as a key resource to groups outside of the individual patient/provider relationship. Since our **PDMP** collects comprehensive dispensing data, it is the ideal tool to help identify prescribers at risk of over-prescribing or prescribing inappropriately. It can help local government agencies monitor prescribing practices and identify unusual prescribing patterns, identify ‘pill mills,’ and can inform community-based prevention strategies. The **Centers for Disease Control and Prevention (CDC)** itself has recommended that PDMPs focus resources on “prescribers who clearly deviate from accepted medical practice in terms of prescription painkiller dosage, numbers of prescriptions for controlled substances, and proportion of doctor shoppers among their patients.”

Possible indicators of problematic prescribing detectable in **PDMP** data might include:

- Opioid prescriptions and/or doses in excess of accepted norms for their particular specialty,
- Prescribing dangerous combinations of medications or “drug cocktails”,
- Multiple patients in their practice who meet the criteria for doctor shopping or prescribing for multiple out-of-state or geographically distant patients, and
- Data on deaths, overdoses and other adverse health outcomes associated with prescription drug abuse among an individual prescriber’s patients would also serve as indicators.

Just as patterns of prescribing can indicate concerns, dispensing patterns also can identify potential problems. Signals of possible problematic dispensing by pharmacists and physicians include:

- High proportions of cash payments for prescriptions dispensed, particularly for prescriptions that duplicate those covered by Medicaid
- Filling prescriptions that noticeably appear forged and filling duplicate or excessive prescriptions without seeking confirmation from prescribers.

Identification of problematic prescribing or dispensing is one of the first steps in addressing addiction issues in the medical setting. It is also imperative to educate prescribers on the appropriate uses and doses of controlled substances as well as the risks of high dosing or diversion to nonmedical uses. We must also make the ability to treat opioid use disorder a routine part of medical care, with expectations that all practices have adequate capacity to provide effective treatment or referral. Treatment should be available for patients with opioid use disorder and at risk for overdose, starting with those who survive a drug overdose.

### **PDMP and Overdose Fatality Reviews**

It is crucial to recognize the importance of evidence-based prevention strategies and the value of effective Overdose Fatality Review to inform those strategies. Through these local fatality review processes, deaths among Pennsylvanians can be better understood and interventions designed to prevent future deaths can be identified. This involves analyzing mortality data to determine the most common causes of death and contributing factors. Using frequencies of death by cause and manner, it can be determined which deaths are considered preventable and to identify factors that contributed to

the deaths that can be used to inform prevention efforts both locally and statewide. Such analysis requires giving local, multi-disciplinary teams the ability to freely discuss the circumstances of a person's death, including prescribing history from the PDMP, in order to gain a better understanding of any shortfalls or gaps in the community's systems and resources. The ultimate goals of an Overdose Fatality Review are to prevent future deaths, decrease morbidity, and improve the general health and wellbeing of the population being reviewed. The information in the PDMP is a critical element to such reviews.

### **Final Thoughts**

The Center for Rural Pennsylvania Public Health Infrastructure for Rural Pennsylvania July 2005 Report highlights that PA counties and municipalities with local health departments have stronger information delivery systems, and thus often make more progress in combatting issues of public health than counties or cities without local health departments. It states that "one of the essential functions of a public health department is to 'inform educate and empower people about health issues,'." It would follow that local governments with limited infrastructure would be less able to "provide health information to enable individuals and groups to make informed decisions about healthy living and lifestyle choices and sponsor educational programs to develop knowledge, skills, and behavior needed to improve individual and community health"

We must stop preventing local health departments from employing the information and resources available to combat this deadly crisis. I know that in York there are people and groups we are not currently engaging because we do not have the necessary information to identify them. Local public health agencies can partner with the PDMP to help apply appropriate techniques to ensure and improve data quality. Local Mortality Review analyses can be used to identify the causes of individual's deaths, identify preventable factors, engage stakeholders in the region, and reduce the number of preventable deaths. Expanding the use of PDMP data to local health departments will maximize its utilization and impact, helping us reach those at greatest risk for dying in our community.

Unfortunately, at this time local health departments are limited in our ability to make use of the important data gathered through the PDMP. Full utilization of Pennsylvania's **Prescription Drug Monitoring Program** could maximize our effectiveness in combatting this crisis. Expanding the appropriate utilization of the PDMP is an essential next step in responding to the opioid crisis.

Thank you for the opportunity to testify and I look forward to continuing to work with you to fight the current opioid epidemic.