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PUBLIC HEALTH, WELFARE & SAFETY
Exhibit No. 2
Date 2-14-07
Bill No. SB 326

American Cancer Society

February 14, 2007

Senator Dan Weinberg
Montana State Senate
Public Health and Human Services Committee
PO Box 200500
Helena, MT 59620-0500

Chairman Weinberg and Members of the Committee:

For the record, my name is Kristin Page Nei, representing the American Cancer Society and the Montana Pain and Symptom Management Task Force. We would like to be listed on the record as an informational witness on SB326.

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy and service.

The American Cancer Society has taken a leadership role in research, planning, and program development related to improving the lives of cancer patients and survivors. In setting its challenge goals for the year 2015, the American Cancer Society not only recognized the importance of reducing cancer incidence and mortality, but also of improving the quality of life for cancer patients, survivors, and their loved ones.

Pain is the most common side effect of cancer and its treatment, and this pain may linger even after the cancer itself is cured. If not adequately treated, pain can affect every aspect of a patient's or survivor's life – ability to sleep, work and socialize. While effective treatments for pain associated with cancer exist, many patients and survivors in Montana are not adequately assessed and treated for their pain as part of their overall cancer care plan. Recognizing this public health problem, last session we agreed through the passage of SJ28 to create a statewide taskforce charged with assessing policies that impact pain and symptom management in Montana. Our assessments will be available in April when we release our findings in a white paper at the Montana Pain Initiative Pain Management Conference.

In our review of SB326 that is being heard today to create a Prescription Monitoring Program, we have decided to take no position on the legislation. We understand and are encouraged that the part of the intent of the Prescription Monitoring Program (PMP) as expressly stated in the bill is to improve patient care and safety by providing access to accurate and timely controlled substance prescription history information. If passed we will work with the Boards of Pharmacy, Medicine and Nursing to ensure that the legitimate medical needs of pain patients are met and that the bill's stated intent is achieved.

Neither the American Cancer Society nor the Montana Pain and Symptom Management oppose the establishment of these programs per se. Little research has been conducted, however, to

examine the impact of PMPs on physician prescribing, pain management, or drug diversion and abuse.

Our caution comes from our concern about how this program might inadvertently harm patient access to needed pain treatment. The fact that PMPs address abuse and diversion from only one source, namely a healthcare provider's prescription of medications to patients could negatively affect prescribing practice. Several recent studies have shown that, after implementation of such programs, the prescribing of those drugs being monitored declined substantially and appear to have caused an increase in the prescribing of drugs in lower (less restricted) schedules that may have been less appropriate clinically for the patient's condition. (Pain & Policy Studies Group) We realize that the PMP is not intended to interfere with appropriate medical practice and optimal relief of pain for Montanans, but our assessment of barriers to good pain management in Montana indicates that physicians are concerned about legal, regulatory, or administrative sanctions regarding prescription of pain medications. This additional oversight will certainly accentuate those concerns and may contribute inadvertently to reduced access to medication and less than optimal pain management (Alliance of State Pain Initiatives). We appreciate the Boards of Pharmacy's willingness to work with us, and will work also with the Boards of Medicine, Nursing and Osteopathy as well, to communicate to their licensees about the intent of this PMP approach to emphasize the importance of legitimate prescribing for pain and try to prevent such policy from unintentionally causing a prescription "chilling effect."

If properly explained and understood, this legislation could help reassure doctors, NPs and pharmacists that methods for detecting one type of diversion are being put in place, but we are concerned that failing to address the problem of drug diversion more comprehensively falls short of the larger goal to reduce drug abuse in Montana. What is the plan of follow up for those patients or practitioners who are identified as potentially engaging in suspicious prescribing activity, and what will be the downstream effects of this new program for patients with legitimate medical problems and pain treatment needs? Regulations of this type have been identified as significant deterrents to physician prescribing. Absent clear explanation of this legislation's plans for monitoring or investigating suspected diverters, and the expectations for how healthcare practitioners are to be part of this process if patients are identified as having suspicious activity, we are concerned this ambiguity may be even more of a deterrent to pain medicine prescribing.

We recommend considering creation of a PMP advisory council comprised of multidisciplinary stakeholders that includes physicians and others who may be affected by this proposal to effectively accomplish the important goals of this legislation and ensure the right policy balance is struck to ensure legitimate pain prescribing practices are preserved.

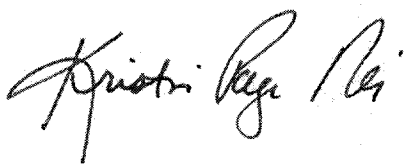
We encourage the Board of Pharmacy to work with colleagues from the Medical, Nursing and Osteopathic communities to continue to strive for a balanced approach that addresses all sources of diversion while not interfering with the use of controlled substances for legitimate medical purposes while providing leadership for the planning and evaluation of the drug diversion management program that includes involvement of stakeholders impacted by this program. This should include establishing a feasible plan with stakeholders for ongoing treatment and monitoring of persons identified as potential diverters through this PMP.

We all share the same goal of striking an appropriate balance between appropriately governing controlled medications and those who prescribe and dispense, and ensuring their availability for those who legitimately need them for relief of pain and suffering. We very much appreciate the Bill Sponsor and Board's efforts to address many of our concerns. It is in this continued cooperative spirit that we respectfully offer the following five recommendations, in addition to our recommendation for creating a PMP advisory council, that we ask the bill sponsor to consider adding to the legislation or the Board of Pharmacy to incorporate during implementation and rule making:

1. Provide educational forums for health care providers across the state to identify and address concerns they may have about the PMP, including their concerns that these data will be used for unwarranted scrutiny of medical practice also known as a "chilling effect" in acceptable prescribing of controlled substances.
2. Require the Board to develop a plan to establish baseline measures of program goals and conduct periodic monitoring of these measures to determine impact of the PMP on diversion/abuse and patient care/access to medicines.
3. Specify clearly the information that will be monitored for each prescription dispensed. Information for each Rx should include at a minimum data re: prescriber info, patient info, Rx info, controlled substance/drug info, and dispensor information.
4. Specify what will be the transmission frequency to board of this information, with consideration as to what will encourage timely information transfer while not being too burdensome for the dispenser.

Thank you for your consideration of these proposed changes.

Respectfully Submitted,



Kristin Page Nei
Montana Government Relations Director