

STATUS: PRESCRIPTION DRUG MONITORING

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HB 90 & SB 314

Rep. Holly Rehder & Sen. Dave Schatz

The 2017 Missouri legislative session was a busy one for those involved with the prescription drug monitoring program (PDMP) bill. Although this issue offered plenty of intrigue and suspense as the legislative session wore on towards its conclusion, in the end Missouri will remain the only state without a statewide PDMP.

The Senate saw the introduction of two competing PDMP bills. The first (SB 74) contained language that was burdensome to physicians and would have been difficult to implement. It was introduced by those who oppose the traditional structure of a PDMP database. The second bill (SB 231) was our preferred effort because it was more in line with other states have done and was simply a better proposal. Unfortunately, both bills were referred to the Senate Health Committee, which was chaired by the sponsor of SB 74. To no one's surprise, SB 74 was voted out of committee while our preferred bill languished and died.

While SB 74 went to the Senate floor for debate, the sponsor of SB 231 re-introduced his bill as SB 314, and Senate leadership sent the new bill to a more favorable committee. The Senate gave approval to SB 74 in early March. Despite it being a poor effort, its passage marked only the second time the entire Senate had approved a PDMP bill. It would not get referred to a House committee, which killed it for all intents and purposes. Senate Bill 314 would clear committee, but was never given any floor time in the Senate.

The surviving PDMP bill was the House version, HB 90. It cleared the House in early April and was quickly sent to a friendly Senate committee, which approved it the same day it was heard. Around this time, our biggest antagonist in the Senate announced he would no longer oppose the bill as long as it contained a physician mandate. Although MSMA has opposed PDMP physician utilization mandates in the past, we were able to outline a series of exceptions to the mandate. These exceptions would be triggered when it wasn't clinically appropriate to check the database. Many other states use similar exceptions, which include hospital inpatients, nursing care, and patients with terminal illnesses.

Unfortunately, when HB 90 hit the Senate floor, many of those exceptions were amended, including a requirement that physicians check the database for all hospital patients. In addition, amendments were added that instituted a data purge after six months, a restriction of the program to opioids and benzodiazepines only, and a training requirement for physicians who had PDMP access. The Senate passed the bill with all these poison pill amendments, and our support quickly turned to opposition.

Our opposition to the amended HB 90 was based not only on the language of the bill, but also on an increasingly popular county-by-county PDMP effort. The county PDMPs are far more physician-friendly than HB 90, and they are more effective for patients as well. In addition, the county PDMPs would soon cover more than three million Missourians. Despite the benefits of statewide administration, the county programs were much preferable to HB 90. By mid-April, we supported HB 90 without the Senate amendments. Otherwise, we would support the county efforts. Why destroy a preferential PDMP program to pass one that would prove ineffective and be overly burdensome to prescribers?

The standoff with the Senate over their poison amendments stretched until the last week of session. Finally, with precious time ticking away, the House sponsor attempted to pass the Senate version. Only needing one final House vote, HB 90 never got it. Democrats understood that HB 90 would supersede the county PDMPs already operating in their districts. A large number of Republicans remained steadfastly opposed to any PDMP database. That peculiar alliance prevented HB 90 from receiving that final vote.

It was odd that PDMP proponents ended up opposing the final bill, while those who have despised PDMP for years wanted to see it pass because it was the most burdensome option, and it would kill the better county programs. Due to the legislature's inability to act on this issue, a number of counties have inquired about joining the county run PDMP since the end of session. In addition, there are whispers of a special session on the PDMP issue later in the summer.