

MARYLAND PSYCHIATRIC SOCIETY



OFFICERS 2018-2019

Patrick T. Triplett, M.D.
President

Marsden H. McGuire M.D.
President-Elect

Mark J. Ehrenreich, M.D.
Secretary-Treasurer

Jennifer T. Palmer, M.D.
Council Chair

EXECUTIVE DIRECTOR

Heidi Bunes

COUNCIL

Jason H. Addison, M.D.
Virginia L. Ashley, M.D.
Theodora G. Balis, M.D.
Annette L. Hanson, M.D.
Margo D. Lauterbach, M.D.
Paul Nestadt, M.D.
Erik Roskes, M.D.
Crystal C. Watkins, M.D., Ph.D.

EARLY CAREER

PSYCHIATRIST COUNCILOR

Jessica V. Merkel-Keller, M.D.

RESIDENT-FELLOW

MEMBER COUNCILOR

Keith E. Gallagher, M.D.

PAST PRESIDENTS

Merle C. McCann, M.D.
Brian Zimnitzky, M.D.

APA ASSEMBLY

REPRESENTATIVES

Annette L. Hanson, M.D.
Elias K. Shaya, M.D.
Brian Zimnitzky, M.D.

MEDCHI DELEGATE

Elias K. Shaya, M.D.

June 27, 2018

Corey M. Carpenter
Senior Health Policy Analyst
Office of Governmental Affairs
Maryland Department of Health
201 West Preston Street
Baltimore, MD 21201

Dear Mr. Carpenter:

Thank you for your June 13 email requesting consultation on the contingencies for the PDMP Use Mandate. The Maryland Psychiatric Society has also reviewed the attached documentation for meeting the two criteria you outlined.

Regarding the first criteria, whether technical capability is sufficient, we have not heard that there is insufficient access. There is concern, however, that having this additional requirement, brief as it is, for every patient receiving an opioid or benzodiazepine prescription adds significantly to prescribers' administrative burdens. As you may know, physician burnout is a significant concern that we want to help avoid.

Most of our comments relate to the second criteria, whether requiring prescribers to use PDMP is important to protect public health and promote good patient care. Many members have stated that this aspect of the law has caused disrupted patient care due to disputes between physicians over who should be prescribing the medications subject to the use mandate. Patients who are stable on benzodiazepines and using them correctly and safely and achieving benefit are having more difficulty getting these medications. Other physicians are stating that they must be prescribed by a psychiatrist. This causes distress to the patient due to fear that a needed medication will be abruptly or arbitrarily cut off.

Also, the mandate requirements with respect to PRN prescriptions are burdensome. For example, if a patient refills a 30-day PRN prescription every 2 years, asking the prescriber to check on them every 90 days is excessive. For example, what if the patient never comes back for another visit? There appears to be no counterbalancing evidence that care for these patients is improved. Checking when each prescription refill is written seems to be a reasonable standard. We have not been advised which standard applies.

Unfortunately, there appear to be misunderstandings about what the law requires and misapplications of the use mandate in medical practices. These unintended consequences seem to point to the need for more education and more support for all prescribers as the

MARYLAND PSYCHIATRIC SOCIETY



June 27, 2018
Corey M. Carpenter
Page two

mandate rolls out. At least in the beginning, it would also be very helpful if the call center were staffed after hours.

Finally, PDMP use can sometimes uncover unexpected situations where patients are abusing medications, potentially threatening their health. These can sometimes be unusually difficult to navigate for the physician who discovers it and must confront the patient. It would be helpful to have resources to reference that will help maximize a healthy patient response. We want to avoid driving patients who are abusing or addicted to street drug use.

If we can be of further assistance, please contact Heidi Bunes at heidi@mdpsych.org. Thank you for considering our views.

Sincerely,



Patrick T. Triplett, M.D.
President