May 10, 2021

Xavier Becerra, JD
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Merrick B. Garland, JD
Attorney General
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Dear Secretary Becerra and Attorney General Garland:

Thank you for the leadership of the Department of Health and Human Services (HHS) and the Department of Justice (DOJ) in combating the opioid epidemic that continues to plague our country. As you know, drug overdose deaths had been on the rise prior to the coronavirus disease 2019 (COVID-19) pandemic. Tragically, the resultant lockdowns and quarantines have been associated with a great increase in the number of substance use disorder (SUD) cases and a further proliferation in the number of drug overdose deaths.[1] We must use every tool available to prevent and treat SUD in order to reverse this alarming trend. Proven effective in reducing opioid overprescribing and doctor shopping are state prescription drug monitoring programs (PDMPs),[2] which provide prescribers, pharmacists, and other clinicians with vital information about the prescribing and dispensing of controlled substances, thus enabling them to make informed decisions when prescribing and dispensing these types of medications to patients.

We, the undersigned organizations, have an interest in public health and combating the opioid epidemic, and so we urge this Administration to review previous HHS and DOJ policy regarding PDMPs and update it accordingly to encourage continued improvement and innovation. **Specifically, we request that HHS and DOJ rescind special conditions on opioid-related grant funding that require states to connect to a specific interstate data sharing hub. To the extent that states already have existing infrastructure for interstate data sharing and clinical integration, federal agencies should allow the states to choose the infrastructure that best meets their needs, rather than mandating duplicative connections.**

PDMPs originated as standalone systems in each state and territory. Due to this origin, they were not initially connected across state lines, nor was the PDMP data clinically integrated into electronic health records and pharmacy management systems. However, in recent years nearly all states have become connected to other states and every state has made some progress toward integration of data into the electronic systems that prescribers and pharmacies use on a daily basis.

[1] CDC. Overdose Deaths Accelerating During COVID-19. https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html
[2] CDC. Prescription Drug Monitoring Programs (PDMPs). https://www.cdc.gov/drugoverdose/pdmp/states.html

Interstate Data Sharing
Currently, there are two main systems used for interstate data sharing, PMP InterConnect® and RxCheck.

In October 2018, the Department of Justice Bureau of Justice Assistance included special conditions on its FY2018 Comprehensive Opioid Abuse Site-based Program Category 5 Grant awarded to 18 states requiring that those states connect to RxCheck in order to receive grant funding. In February 2019, the Centers for Disease Control and Prevention (CDC) followed suit and included the same special conditions requiring connection to RxCheck on the Notice of Funding Opportunity for its Overdose Data to Action grant. At the time the grant requirements were announced, 48 states were connected to PMP InterConnect and using it for interstate data sharing, while 4 states were connected to RxCheck.

The grant special conditions resulted in many states (that were already sharing data via PMP InterConnect) connecting to RxCheck. Today, 52 of 54 PDMPs, including those in 48 states, the District of Columbia, Puerto Rico, Guam, and the Military Health System, are connected to PMP InterConnect[3] and 43 states are connected to RxCheck.[4]

Clinical Integration
PDMPs only work if they are used, and clinicians are far more likely to use them if they only need to click once or twice within their existing electronic system, rather than 10 or more times to access an outside system. Seamless electronic access to a PDMP within an existing electronic health record (EHR) or pharmacy management system is called "clinical integration". The HHS Office of the National Coordinator for Health Information Technology (ONC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have been working toward the goal of improving clinical integration for several years.[5]

Through PMP InterConnect's partner system, PMP Gateway, 44 PDMPs are currently integrating PDMP data into electronic systems in over 115,000 health care facilities and over 32,000 pharmacies across the country, allowing more than 900,000 clinicians to access PDMP data directly in their workflow..[6]

To date, there is minimal publicly available information on clinical integration that is facilitated by RxCheck.

Conclusion
As organizations, we are not advocating for one system over another. We do, however, believe that requiring states that are already sharing data and clinically integrating to connect to a second system in order to receive federal funding is duplicative and an inefficient use of valuable resources for combatting the opioid epidemic. States should be able to choose the interstate data sharing system (or systems) that best meets their needs, whether the system is preferred for functionality, cost, or other reasons. We are concerned that these federal requirements may negatively impact state approaches that are already working.

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[3] https://pdmpworks.org/#sharing
[4] https://www.pdmpassist.org/pdf/RxCheck_states_map.pdf
[5] ONC. Enhancing Access to Prescription Drug Monitoring Programs Using Health Information Technology: Work Group Recommendations.
https://www.healthit.gov/sites/default/files/work_group_document_integrated_paper_final.pdf
[6] PDMPWorks. https://pdmpworks.org/

We urge HHS and DOJ to eliminate the special grant conditions that require connection to a specific system and instead enable a level playing field and allow states to choose to build on their existing infrastructure to meet the needs of their patients. States should be allowed to continue to innovate and update their existing data systems to further support clinicians in their fight against the opioid epidemic.

Thank you for your careful consideration of this important issue. Please do not hesitate to reach out to the undersigned organizations if you have any questions or require additional information. We look forward to continuing to work together to protect the public health and combat the opioid epidemic.

Sincerely,

American Pharmacists Association (APhA)
American Society of Health-System Pharmacists (ASHP)
College of Psychiatric and Neurologic Pharmacists (CPNP)
Federation of American Hospitals (FAH)
National Association of Boards of Pharmacy (NABP)
National Alliance of State Pharmacy Associations (NASPA)
National Association of Chain Drug Stores (NACDS)
National Community Pharmacists Association (NCPA)

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