



**OUR 2017 PRESCRIPTION
TO KEEP TEXAS HEALTHY**

A Better Way to Fight Opioid Misuse



Texas, and the nation as a whole, is suffering from a very real and debilitating crisis caused by the misuse of opioid pain medicines. The solution to this crisis, however, lies not in imposing sweeping mandates that impose new burdens on physicians and patients, as the Texas Sunset Commission proposes. Texas physicians, other prescribers, and pharmacies recommend instead that the Legislature turn to the technology of the revamped Prescription Drug Monitoring Program (PDMP) and its abilities accomplish a number of important data tasks.

Physicians oppose requiring prescribers to check the PDMP before writing any of the 3.5 million prescriptions for controlled medications that are issued each month. We can support a more limited and targeted mandate — coupled with smart use of evolving technology.



Physicians Caring for Texans

(continued)

WE SUPPORT

We support the Buckingham amendment to SB 316 (Hinojosa, Nichols, Schwertner, Taylor, and Watson)

- Gives the Texas State Board of Pharmacy explicit authority to push out alerts to physicians and pharmacies when there is evidence of “doctor shopping” or diversion. An email alert to prescribers and pharmacies involved in a suspected doctor shopping incident puts those practitioners on notice.
- Improves pharmacies’ reporting time from the current six-day lag to no more than one business day.
- Requires practitioners to search the PDMP before prescribing addictive and dangerous controlled substances (limited to opioids, benzodiazepines, barbiturates, or carisoprodol). SB 316 currently mandates a check for Schedule II drugs on Sept. 1, 2018; all other Schedules would go into effect Sept. 1, 2019. **The Buckingham amendment would push the effective date for all mandates, all Schedules, to Sept. 1, 2019.** The requirement to check the PDMP does not apply if the patient is diagnosed with cancer or receiving hospice care.
- Requires prescriber licensing boards to monitor the PDMP to identify potentially harmful prescribing and dispensing patterns.

Data Points

- In 2012:¹
 - ◆ Prescribing rates in Texas for both opioid pain relievers and benzodiazepine sedatives fell 10 percent and 21 percent, respectively, below the national average.
 - ◆ Texas ranked lowest in the nation in rates of prescribing high-dose opioid pain relievers.
 - ◆ Texas ranked lowest in the nation in rates of prescribing long-acting/extended release opioid pain relievers.
- From 2013 to 2014, the number of filled prescriptions for opioids in Texas fell 3.3 percent.²

1 Centers for Disease Control and Prevention. Vital Signs: Variation Among States in Prescribing of Opioid Pain Relievers and Benzodiazepines — United States, 2012. MMWR 2014; 63(26):563-568. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a2.htm?s_cid=mm6326a2_w

2 IMS Health, 2015



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