

# SB 63: Prescription Drug Monitoring Program



## Executive Summary

Prescription drug monitoring programs (PDMPs) are electronic databases that track prescriptions of controlled substances. Every state except Missouri has implemented a statewide PDMP to monitor prescriber and patient behavior in near real-time with high geographic precision. St. Louis County created a PDMP in 2012, but not all areas of the state currently participate. SB 63 would establish the Joint Oversight Task Force of Prescription Drug Monitoring within the Office of Administration.<sup>1</sup> This body would be tasked with identifying and contracting with a vendor to create a PDMP for monitoring the prescribing and dispensing of medically important drugs with the potential for abuse in the state. SB 63 also specifies privacy protections for patient information, including deletion of data after 3 years, de-identification when data is provided to outside entities for research purposes, and prohibitions on providing data to law enforcement or any other body for purposes outside of those outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The bill also establishes fines for dispensers who do not submit accurate dispensation information and criminal penalties for anyone who violates the privacy protections established by the bill.

## Science Highlights

- Prescription drug monitoring programs (PDMPs) are the **most well-studied opioid-related policy**.
- PDMPs are associated with **reduced dispensing of opioids** and **lower rates of multiple provider use**.
- However, **the effects of PDMPs on opioid overdoses are not well-established**.

## Limitations

- State PDMP laws vary widely, so it is difficult in certain cases to identify which particular PDMP provisions are responsible for observed effects.
- The extent to which patients experiencing chronic pain stop receiving appropriate prescriptions due to PDMP implementation is unknown.
- It is unknown whether prescription-seekers turn to other sources of pain relief, such as fentanyl, after implementation of strict PDMP laws.

---

## Research Background

### State-level prescription drug monitoring programs

Laws regarding PDMPs vary, with some states simply requiring that all prescriptions of Schedule II, III, and IV substances be recorded, while other states require that prescribers

*This science note was prepared by MOST Policy Initiative, Inc. a nonprofit organization aimed to improve the health, sustainability, and economic growth of Missouri communities by providing objective, non-partisan information to Missouri's decisionmakers. For more information, contact Dr. Joshua Mueller, Health & Mental Health Fellow – [josh@mostpolicyinitiative.org](mailto:josh@mostpolicyinitiative.org). This was prepared on 12/10/20.*

consult a patient's PDMP record before providing controlled substances (referred to as “must access” or “mandatory access” laws). As of 2019, 40 states have enacted must access laws, while states without these provisions have argued that their inclusion places a significant administrative burden on prescribers and may impede appropriate prescriptions. SB 63 would not mandate that providers consult PDMP records before treatment, but would require the vendor to provide dispensation data to patients and health information exchanges upon request.

As with other medical records, PDMP records are subject to HIPAA privacy regulations. However, de-identified PDMP records are often used as data in studies assessing health outcomes related to prescription drug trends. For example, states such as Kentucky have used data from PDMPs to monitor trends in overall opioid prescription volume, the number of opioid providers, and the number/size of prescriptions per recipient.<sup>2</sup>

### **PDMPs as opioid policy**

Due to recent upticks in prescriptions of opioid analgesics and opioid poisoning, PDMPs have been considered not just as a data source, but also promoted by the Centers for Disease Control and Prevention as a tool for preventing inappropriate opioid prescriptions.<sup>3</sup> In principle, providers can consult PDMPs prior to prescribing opioids or filling a prescription, potentially allowing them to identify and preempt substance abuse. For example, patients who seek refills before their previous prescription is supposed to have been consumed or patients who receive prescriptions from several providers are thought to be at high risk of substance abuse or “diversion” (providing opioids to those who do not have a prescription).

However, several studies have found that the effectiveness of PDMPs as a tool depends on the state-level regulations surrounding their use. Specifically, lack of “must access” provisions often result in low rates of PDMP consultation prior to prescribing opioids. In these cases, studies often find no effect of PDMP creation on opioid prescription trends.<sup>4</sup>

In contrast, “must access” PDMPs have been associated with decreases in opioid prescription volume and decreases in the number of patients receiving prescriptions from multiple providers.<sup>5,6</sup> Notably, implementation of these laws is also associated with increased out-of-state prescription-seeking behavior. Given this, the lack of a statewide PDMP in MO may make it a destination for those seeking to obtain multiple, often unnecessary, prescriptions. Despite these findings, studies have not consistently demonstrated any downstream effects of PDMPs on opioid overdose rates,<sup>7</sup> though at least one national study has identified a decrease in opioid-related death rates associated with the implementation of a PDMP.<sup>8</sup>

### **References**

1. SB 63, Missouri 101<sup>st</sup> General Assembly (2021).  
[https://www.senate.mo.gov/21info/BTS\\_Web/Bill.aspx?SessionType=R&BillID=54228843](https://www.senate.mo.gov/21info/BTS_Web/Bill.aspx?SessionType=R&BillID=54228843)

2. Luu, H., Slavova, S., Freeman, P.R., Lofwall, M., Browning, S., Bush, H. (2018) Trends and Patterns of Opioid Analgesic Prescribing: Regional and Rural-Urban Variations in Kentucky From 2012 to 2015. *The Journal of Rural Health* 35(1): 97-107.
3. Dowell D, Haegerich T.M., Chou R. (2016) CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016. *MMWR Recomm. Rep.*, 65(No. RR-1): 1-49.
4. Ansari, B., Tote, K.M., Rosenberg, E.S., Martin, E.G. (2020) A Rapid Review of the Impact of Systems-Level Policies and Interventions on Population-Level Outcomes Related to the Opioid Epidemic, United States and Canada, 2014-2018. *Public Health Reports* 135(Supplement 1): 100S-127S.
5. Buchmueller, T.C., Carey, C.M., Meille, G. (2019) How Well Do Doctors Know Their Patients? Evidence from a Mandatory Access Prescription Drug Monitoring Program. NBER Working Paper Series, No. 26159.
6. Buchmueller, T.C., Carey, C.M. (2018) The Effect of Prescription Drug Monitoring Programs on Opioid Utilization in Medicare. *American Economic Journal: Economic Policy* 10(1): 77-112.
7. Haffajee, R.L. (2019) Prescription Drug Monitoring Programs---Friend or Folly in Addressing the Opioid-Overdose Crisis? *New England Journal of Medicine* 381(8): 699-701.
8. Patrick, S.W., Fry, C.E., Jones, T.F., Buntin, M.B. (2016) Implementation of Prescription Drug Monitoring Programs Associated With Reductions In Opioid-Related Death Rates. *Health Affairs*, 35(7): 1324-1332.