

SSB 3071	PRESCRIPTION MONITORING PROGRAM	Adds prescribers to those required to report to the PMP on controlled substance prescriptions. Authorizes the collection of additional records. Adds the reduction of ODs and deaths to the goals of the program. Changes dates for reports to the Legislature and Governor. Makes prescribers subject to discipline for failing to comply with reporting requirements. (BOP)
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TALKING POINTS FOR SSB 3071

1. Many prescribers already use the PMP but it is not required. SF 2113 requires it's use.
2. This bill was written by health care providers and pharmacists and proposed by the Board of Pharmacy. It is meant to prevent dependence, save lives and response to the opioid crisis.
3. Most patients who use their medications as prescribed seem to expect it in this electronic era and do not resist.
4. ARNP's who prescribe controlled substances see the benefit of using and checking the registry. ARNP's find that it gives them an opportunity to teach and reduce dependence on medications. In the end, it is safer and patients feel much better. Use of the PMP means better patient care & prevents polypharmacy.
5. The bill sets up an advisory committee to monitor implementation and modify specifications if needed.

SOURCES

CDC Fact Sheet https://www.cdc.gov/drugoverdose/pdf/pdmp_factsheet-a.pdf Retrieved February 4, 2018

Prescription Drug Monitoring Programs – CD
<https://www.cdc.gov/drugoverdose/pdmp/states.html> Retrieved February 4, 2018

Prescription Drug Monitoring Effectiveness / SAMHSA <https://www.samhsa.gov/capt/tools-learning-resources/prescription-drug-monitoring-effectiveness> Retrieved February 4, 2018

Missouri is the only state without a PMP <https://www.statnews.com/2017/03/07/missouri-prescription-drug-database/> Retrieved February 4, 2018