



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

**TESTIMONY IN SUPPORT OF H.3629/S.1384  
AN ACT RELATIVE TO THE PRESCRIPTION MONITORING PROGRAM  
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH  
June 6, 2023**

The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The MMS is committed to advocating on behalf of patients, to give them a better health care system, and on behalf of physicians, to help them provide the best care possible. **The Massachusetts Medical Society wishes to be recorded in support of H.3629 and S.1384, *An Act Relative to the Prescription Monitoring Program.***

The MMS supports providing health care teams with the best tools to help manage patient treatment. Patients may be treated by various professionals across health care systems, and it is important to manage controlled substance medications carefully. To that end, it is vital for physicians to stay accurately informed about all relevant controlled substances a patient is using, including those that may not be dispensed in an outpatient pharmacy. The MMS supports this legislation that would provide prescribers with important patient medication information that is not currently available through the Commonwealth's prescription monitoring program.

The Massachusetts prescription monitoring program (PMP), known as MassPAT, is relied upon by prescribers across the state as an accurate list of all controlled substance prescriptions dispensed at outpatient pharmacies in Massachusetts. It is a critical tool for physicians to understand what prescriptions are being taken by their patients. Unfortunately, there is an important gap in the data uploaded into the MassPAT: it does not contain methadone dispensed for the treatment of opioid use disorder. Methadone is required by federal law to be dispensed by medical order at certified opioid treatment programs (OTPs), rather than by prescription at outpatient pharmacies. This bill would amend the prescription monitoring program statute to allow OTPs to submit prescription information for methadone used to treat opioid use disorder (OUD).

Many physicians have noted that the absence of methadone information in the PMP poses significant patient safety concerns. An MMS member, a physician who practices integrated primary care/addiction medicine at an integrated OTP/OBAT setting, sees safety risks all the time wherein she can see from the PMP that outside prescribers are prescribing her patients high doses of sedating meds such as benzodiazepines and/or gabapentin, but it is not clear that they know the patient is also on methadone – any sedating medication, but especially benzodiazepines, can potentiate an unintentional opioid overdose. Users of the PMP believe they are seeing a complete list of controlled substances taken by a patient, and the lack of methadone information is a glaring omission. Communication between prescribers who do not work in the same system (which is always the case when the patient is on methadone since OTPs are their own entities) is poor for many reasons, including because the system is being overwhelmed and hard to navigate despite everyone's good intentions, and being able to see what controlled

substances (including methadone) a patient is taking *partially* makes up for the lack of communication in order to let all prescribers on a team know what high-risk medications their patient is taking. Moreover, methadone prescribed for treatment of pain—rather than for opioid use disorder—is included in the prescription monitoring program, as is buprenorphine, another medication assisted treatment (MAT) used to treat opioid use disorder. The PMP should allow for inclusion of information relating to these medications for all purposes, including MAT.

The primary barrier that previously precluded OTPs from reporting data regarding methadone usage was a federal privacy law, 42 CFR Part II. This bill acknowledges the challenges placed by the federal privacy laws and encourages pathways toward reporting of methadone that do not conflict with federal law. Notably, however, the federal government issued a final rule that changed 42 CFR Part II to allow OTPs to enroll in state prescription drug monitoring programs and submit the dispensing data for controlled substances consistent with state law. Accordingly, we encourage favorable reporting of this bill to allow for the collection of this data in the PMP so that prescribers can have more accurate and complete information when treating their patients.