

# What States Can Do to Reverse the PDO Epidemic

The epidemiological data on prescription drug overdoses supports the need for a high-risk focused strategy that addresses the minority of patients and providers that account for the majority of overdose risk. A targeted response to identify and address these high-risk providers and patients is critical to reversing the current epidemic. The following strategies show the greatest promise for making the most significant impact on prescription drug overdoses in the United States.

## Maximize Prescription Drug Monitoring Programs (PDMPs)

PDMPs hold great promise as a surveillance, clinical, regulatory, and evaluation tool. However, they are significantly underutilized and underfunded. States can work to maximize their PDMPs by taking these steps:

- Mandate PDMP registration and use by prescribers.
- Require that (non-pharmacist) providers who dispense from their office report to the PDMP.
- Implement real-time data reporting and access.
- Provide unsolicited reports on high-risk providers and patients to the appropriate providers, regulatory boards, as well as law enforcement agencies under certain circumstances, such as an active investigation, court order or subpoena.
- Establish interstate data sharing and integrate PDMPs with electronic health records.
- Generate routine surveillance reports tracking usage rates and rates of various measures of abuse, such as use of multiple providers and prescribing and usage reports to evaluate population-based interventions.

## Implement Innovative Public Insurance Programs & Policies<sup>1</sup>

States provide insurance through Medicaid, workers' compensation, and programs for state employees. Insurance programs and policies for these populations can be strong levers to change provider and patient behavior. States can implement a package of insurance programs and policies designed to reduce abuse, diversion, and the prescribing behaviors that contribute to the overdose epidemic. States seeking to strengthen their insurance programs and policies can:

- Implement and/or enhance Medicaid Patient Review and Restriction programs.
- Institute benefit design strategies designed to prevent abuse and diversion such as quantity limits, step therapies, and prior authorizations for opioid analgesics and other controlled substances.
- Expand insurance coverage for medication assisted treatments for opioid addiction.
- Remove methadone as a preferred formulary drug for the treatment of pain.

<sup>1</sup> These programs and policies can also be implemented by private sector insurers and pharmacy benefit managers.

## Legal Strategies Aimed at Reducing Abuse, Diversion, and Overdose

Legal/regulatory strategies show promise for addressing the overdose epidemic. States can tailor legal strategies to the dynamics and drivers of the epidemic within their state and carefully weigh potential impacts on pain treatment access. The most promising legal/regulatory strategies are:

- Pain clinic laws that bring regulatory scrutiny to inappropriate, high-volume prescribers.
- Assertive enforcement of existing healthcare licensing standards with regard to inappropriate prescribing of controlled substances.
- Laws that prevent people who possess drugs from being arrested or mitigate their sentences when they overdose or provide medical assistance to someone who overdoses