



PRESCRIPTION DRUG MONITORING PROGRAM IN IOWA

The Iowa Medical Society's Board of Directors met on September 19, 2004, and approved the following statement regarding the proposal of the Iowa Board of Pharmacy Examiners to establish a prescription drug monitoring program (PDMP) in Iowa.

The Iowa Medical Society acknowledges the AMA's testimonial findings that PDMPs are working and the GAO's report findings to Congress that the primary benefit of a PDMP is significant savings in investigational time on drug diversion cases. The Iowa Medical Society, however, is not convinced that adequate evidence has been developed to definitely establish a direct link between PDMPs and effective, long-term amelioration of drug diversion and abuse. Caution is in order particularly in light of the diminution of patient confidentiality, potential erosion of the physician-patient relationship, the chilling effect on patients needing but avoiding care, and new costs and burdens associated with the establishment of a statewide database of patient drug information.

At this time, the IMS will continue to monitor the development of an Iowa-based PDMP under the auspices of the Department of Justice grant awarded to the Board of Pharmacy Examiners. IMS will work in cooperation with the Board and other interested parties to minimally assure that a PDMP reflects the following essential program features:

1. Statutory authority for establishing a PDMP;
2. Strict confidentiality protections and address of HIPAA considerations;
3. Reportable prescriptions limited to Schedule II controlled substances and identified Schedule III and Schedule IV controlled substances with sensitivity to certain categories of drugs as may be appropriate;
4. Patient considerations;
5. Access to database information, including probable cause/warrant requirements to support investigative agency/law enforcement access;
6. Clarity re: appropriate uses of the database, with particular concern expressed regarding independent profiling of physician, pharmacy, and patient data;
7. Advisory group, including physicians, to the PDMP with stated duties;
8. Protections for physicians against criminal and civil liability in accessing or not accessing the database;
9. Reliable mechanisms for measuring the effectiveness of the PDMP, including periodic review and report to merit continued operation; and
10. Specificity regarding sources of funding for PDMP operations that does not require physicians to bear the financial burden of this program.

The Iowa Medical Society reserves the right to oppose establishment of an Iowa-based PDMP if final program design fails to reflect these features or otherwise inappropriately jeopardizes patient confidentiality and the physician-patient relationship.