



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

February 10, 2017

The Honorable Casey Cagle
Lieutenant Governor
Office of the Lieutenant Governor
State of Georgia
240 State Capitol
Atlanta, GA 30334

Re: American Medical Association **opposition** to criminal penalties on prescribers who do not use a prescription drug monitoring program; strong support for a public health approach to end Georgia's opioid epidemic

Dear Lt. Governor Cagle:

On behalf of the physician and medical student members of the American Medical Association (AMA) I write in opposition to the provisions in Senate Bill (SB) 81 that would make it a crime for a prescriber to fail to use a prescription drug monitoring program (PDMP). Reversing this epidemic requires a public health approach that emphasizes overdose prevention and comprehensive treatment for chronic pain and for substance use disorders. What this epidemic does not need is a punitive, law enforcement approach such as that envisioned in SB 81, which seeks to criminalize medical decision-making.

For context, our preliminary review of all state laws shows that Georgia would be the only state to take the approach that failure to use a PDMP would constitute a felony, including imprisonment. Rather than pursue this type of punitive, confrontational approach, nearly every other state has brought together experts in government, medicine, and the public health community to improve the state PDMP as one component of a comprehensive, public health approach. This positive, collaborative approach has yielded positive results in two key ways.

First, state efforts to design and support PDMPs that provide relevant, real-time information and are integrated into a physician's workflow are working. According to AMA research, physicians' use of PDMPs increased more than 40 percent nationally from 2014 to 2015; from 60.7 million queries to nearly 85 million queries in the 42 states that responded to an AMA survey. Increases were seen in states with – and without – mandates to use the PDMP.

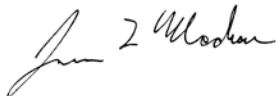
Second, every state in the nation saw a decrease in opioid prescribing in 2015, and there was a nearly 11 percent cumulative decrease from 2013 to 2015. Georgia has one of the lowest per capita prescribing rates in the Southeast and still saw a nearly 10 percent decrease. In other words, Georgia's physicians already have been making positive strides with its current PDMP without punitive measures. Decreases occurred in mandate and non-mandate states as well as in states that did not have restrictive prescribing measures.

The Honorable Casey Cagle
February 10, 2017
Page 2

The increasing death rates from heroin and fentanyl demand even stronger efforts to provide treatment for substance use disorders and overdose prevention efforts such as widespread naloxone access. The medical evidence for those interventions is proven. Threatening physicians and other health care professionals is a non-constructive distraction that takes key resources away from the public health collaboration needed to reverse the epidemic and save lives. The AMA strongly urges the legislature to build on the progress made in Georgia – and to build on the best practices from other states. The Medical Association of Georgia is well-positioned to help identify those best practices, and the AMA strongly urges your collaboration with the physicians and other health care professionals in Georgia to make them reality.

For the aforementioned reasons, the AMA opposes the criminal sanctions contained in SB 81 and urges you to strike them from the proposed legislation. If you have any questions, please contact Daniel Blaney-Koen, JD, Senior Legislative Attorney, Advocacy Resource Center at daniel.blaney-koen@ama-assn.org or (312) 464-4954.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim L Madara".

James L. Madara, MD

cc: Patrice A. Harris, MD, MA
Medical Association of Georgia