CITIZENS' COUNCIL FOR Health Freedom
SECURING HEALTH FREEDOM FOR ALL

Submitted Testimony on HF 1440 (Opioid Stewardship Program)
MN House HHS Reform Committee
March 15, 2018

Chair Schomacker and members of the committee,

We appreciate this opportunity to share our concerns regarding HF 1440. The Prescription Monitoring Program database (PMP) that was introduced as a helpful tool for physicians has become an ever-increasing intrusion on the practice of medicine with a growing list of prescriptive requirements. We oppose HF 1440 for the four reasons laid out below:

1. **Surveillance in the Exam Room** – HF 1440 designates $3.5 million in taxpayer dollars from the general fund to "integrate the prescription monitoring program database with electronic helath records on a statewide basis." This is a mandate to fully integrate the government's PMP into the electronic health records (EHRs) physicians have been forced by the government to buy and use. (Line 5.11 – 5.18).

   Requiring doctors to embed a government surveillance system into their EHRs is an intrusion into the private practice of medicine. It will also likely add costs (software changes, interfacing fees, etc.) and could lead to: mandatory use of the PMP before prescribing an opioid, tracking of all physician treatment decisions, and the PMP being a requirement for all prescribing. Nebraska just mandated that ALL prescriptions be reported to the government through the PMP. (*Health IT News*, 3/2018)

2. **Continuous Use of Taxpayer Dollars from the General Fund** – HF 1440 appropriates $16.5 million in taxpayer dollars from the general fund for this program in 2019 (lines 4.16 – 4.20) and $15 million in taxpayer dollars from the general fund for *every year after* (lines 5.8 – 5.10). Once this money is designated, it is very difficult to take it away, and increases can be expected. Minnesota is in a budget surplus *this year* and increased spending of the taxpayer's money may be possible this year, but is it a good idea to increase "tails" far into the future? What programs are you willing to go without or cut money from to fund this government-surveillance program?

3. **Cost Can be Prohibitive and Ongoing**. According to the DOH of Washington state in September 2017: "Depending on the size of the provider group, facility or health system, the cost to pay their vendor for the update needed or to build it themselves may be prohibitive. Information from integration pilots indicates a cost range from as low as $32,500 and up to $111,877."[1] Virginia, also in September 2017, reports: "Purdue Pharma L.P. is currently supporting integration with a 2-year $3.1M grant to integrate up to 18,000 users/400 pharmacies" and "DHP estimates the cost to integrate all PMP users to be $1.5M to $2.0M annually for the foreseeable future."[2]

4. **Entrenching Bureaucracy and Building Constituency** – HF 1440 expands government bureaucracy and makes the Board of Pharmacy, the Dept. of Human

Services, the Opioid Stewardship Board, the PMP, and anyone who receives grants increasingly dependent on taxpayer dollars designated for this program.

Proposed distribution of funds in HF 1440:

a. FY 2019: $16.5 million to Commissioner of Human Services (4.16 – 4.20) and designated:
    i. Greater than 30% for County Social Services
    ii. Greater than 10% for grants to County Boards
    iii. Up to 5% for Dept. of Human Services Admin Costs
    iv. Remaining funds used for:
        1. grants to non-profits
        2. grants to emergency medical services programs
        3. prescriber education / public awareness
        4. purchase of opioid antagonists
        5. 5% increase in medical assistance rates for treatment programs

b. FY 2019: $3.5 million to Board of Pharmacy to Integrate Prescription Monitoring Program and Electronic Health Records (5.11 – 5.18).

c. FY 2020 and beyond: all leftover money goes to Commissioner of Human Services and can be used "as grants or other funding" (3.30 – 4.5)

In conclusion, HF 1440 expands and entrenches bureaucracy, embeds a government surveillance in the exam room, and designates tens of millions of taxpayer dollars for this program and its future.

Thank you for your consideration of our concerns.

Sincerely,

Twila Brase, RN, PHN
President and Co-founder

[1] "Status of the Integration of Electronic Health Record Systems with the Prescription Monitoring Program Under ESHB 1427," Washington State Department of Health, September 11, 2017: https://www.doh.wa.gov/Portals/1/Documents/2300/2017/1427EMR-IntegReport.pdf.
[2] "Sustainability of the Prescription Monitoring Program," Joint Commission on Health, September 19, 2017: http://jchc.virginia.gov/3.%20Staff%20Report.%20PMP%20Study.%20SJ285%20(2017)%20-%20revised%20-%209.20.17.pdf.