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June 5, 2019

Dear State Legislator:

On behalf of the Pennsylvania College of Emergency Physicians and our over 1800 members, I am writing this letter to state our opposition to House Bill 1005 with the purpose of adding drug overdose events to the ABC-MAP Prescription Drug Monitoring Program in Pennsylvania. As emergency physicians, we are on the front lines of caring for patients affected by the opioid epidemic and those suffering from other acute medical conditions, including accidental toxicologic ingestions by children and adverse medication reactions. We share the goal of identifying controlled substance overdose events to allow providers and patients to work together on appropriate treatment options. But as drafted, this bill will fundamentally impair our ability to provide emergency care to all Pennsylvanians.

The definition of a drug-related overdose event is overly broad and would cover any type of adverse medication ingestion. This not only covers the intended purpose of tracking controlled-substance related ingestions (e.g. heroin or other opioid overdose), but also would be interpreted to add any patient to the PDMP presenting with symptoms that might be due to an accidental ingestion. As clinical examples, this might be a child who accidentally take a grandparent's diabetic pill and develops altered mental status, an adult who unintentionally takes a family member's blood pressure pill that interacts with their prescribed medications and seeks emergency care for breathing difficulties, or an elderly patient who mistakenly takes an extra dose of a prescribed heart rhythm pill and presents with a low heart rate. All are common patients seen every day in Pennsylvania emergency departments, and none relate to the intended purpose of the PDMP or this legislation. We stand ready to work with the legislature to narrow this definition to identify the relevant patients, but as it stands, cannot support the legislation as written given the unintended consequences of the included definition.

The legislation also places an expectation on EMS agencies and hospital emergency departments to provide a significant amount of information that is

commonly unavailable at this stage in a patient's care. This can range from patient identity (which can be unknown in the pre-hospital and emergency department setting) all the way through the nature of the substance that might have caused the overdose (which may require specialized testing that takes days to weeks). This legislation would require each of these entities to have to hire multiple staff to obtain information from various uncoordinated and incomplete clinical data sources to meet the statutory reporting requirements in a time period (72 hours) when even with diligent effort all data is simply unavailable. Finally, hospital emergency departments are operational units of hospitals, and if there are reporting requirements, this should be placed at the higher institutional level of the hospital when all clinical data might be available at the completion of clinical care.

Every day, emergency physicians care for patients affected by the opioid epidemic and a full range of other medical conditions. We share the goal of the legislature to identify those affected by this crisis in a clinically appropriate and carefully tailored manner. As written, HB 1005 does not do this. We stand ready to work with all stakeholders and the legislature to get to the right solution.

Sincerely,

A handwritten signature in black ink, reading "Arvind Venkat". The signature is written in a cursive, flowing style.

Arvind Venkat, MD, FACEP, President, Pennsylvania College of Emergency Physicians