

# Prescription drug monitoring program mandates

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States that require prescribers to register with and use prescription drug monitoring programs in most clinical circumstances saw notably fewer opioid prescriptions and reduced opioid-related hospital use by Medicaid patients compared to states with weak or no drug monitoring program mandates, according to a new study from investigators at Weill Cornell Medicine. The approximate annual reduction of about 12,000 inpatient stays and 39,000 emergency department visits could save an estimated \$155 million a year in Medicaid spending.

Drug [monitoring](#) programs are statewide databases that collect and monitor prescribing and dispensing information of controlled [prescription drugs](#). All states and the District of Columbia, except Missouri, have implemented prescription drug monitoring programs, a prominent tool to combat the opioid epidemic.

However, how these programs have been implemented has varied. Some states have comprehensive mandates that require all providers, regardless of practice setting or specialty, to register with and use the program on initial prescribing to a patient and at least every 12 months after that for continued [prescriptions](#). Others have non-comprehensive mandates that only require registration, or have a weak use requirement, or both.

In the study, published Sept. 3 in the September issue of *Health Affairs*, the researchers found that states with comprehensive mandates saw an 8.92 percent reduction in population-adjusted number of opioid prescriptions, as well as 4.27 percent fewer hospital stays and 17.75

percent fewer emergency department visits related to opioid use. States with non-comprehensive mandates saw no reductions in these areas.

"Our findings contribute significant evidence in support of comprehensive mandates for reducing the use of opioid prescriptions by Medicaid patients, a population with an elevated risk for opioid misuse and overdose compared to patients with other insurance status," said senior author Dr. Yuhua Bao, an associate professor of healthcare policy and research at Weill Cornell Medicine.

The investigators used prescription drug utilization data reported by states to the Centers for Medicare and Medicaid Services and hospital discharge data from the Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project. They analyzed data from the first quarter of 2011 through the last quarter of 2016.

In a previous study using data until 2014, Dr. Bao and colleagues found that states requiring prescribers to register with prescription drug monitoring programs saw a reduction in the number of Schedule II opioids—drugs associated with the highest risk of misuse and overdose—by up to 10 percent among Medicaid enrollees. In the new study, which was conducted in collaboration with the University of Kentucky and Emory University, the reduction in opioid prescriptions also traced primarily to Schedule II opioids.

"This is one of a few studies that have examined the downstream effects of prescription drug monitoring mandates, using data that capture recent experience with comprehensive mandates," Dr. Bao said. "We hope our findings will inform state policy discussions for strengthening prescription [drug](#) monitoring programs to address the [opioid](#) crisis more effectively."

**More information:** Hefei Wen et al, Prescription Drug Monitoring

Program Mandates: Impact On Opioid Prescribing And Related Hospital Use, *Health Affairs* (2019). [DOI: 10.1377/hlthaff.2019.00103](https://doi.org/10.1377/hlthaff.2019.00103)

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