

Durbin, Duckworth urge Rauner administration to step up opioid prescribing oversight efforts

October 19 2017 4:52 PM

WASHINGTON – U.S. Senators Dick Durbin (D-IL) and Tammy Duckworth (D-IL) today urged Illinois Governor Bruce Rauner to enhance his Administration’s efforts to curb opioid overprescribing following the Administration’s response to Durbin and Duckworth’s May 17 letter regarding the Medicare Part D Opioid Prescribing Mapping Tool (Mapping Tool) and the Division of Professional Regulation’s (the Division) efforts to address the opioid epidemic through oversight of opioid prescribing practices.



“We appreciate hearing about the Division’s activities to promote accountability and investigate inappropriate activity ... we were surprised to learn in your Administration’s response letter that, ‘the Division has not tracked any specific areas of concerns’ as it

relates to opioid prescribing data,” the senators wrote to Governor Rauner. “We believe the scale of the opioid epidemic requires further action, and strongly urge your Administration to take additional proactive steps to curb opioid overprescribing.”

In the letter, Durbin and Duckworth recommended four steps for the Administration to immediately implement to curb opioid overprescribing:

- Proactively use the Mapping Tool, CDC data, the Drug Enforcement Administration’s (DEA) ARCOS database, and the Illinois prescription drug monitoring program (IPMP) to assess prescribing and dispensing practices and identify concerning trends early;
- Raise awareness and promote adherence to the CDC Guidelines for Prescribing Opioids for Chronic Pain (CDC Guidelines) through additional outreach to the provider community;
- Support mandatory prescription drug monitoring program use and continuing medical education, aligned with the CDC Guidelines, for certain opioid prescribers; and,
- Evaluate the establishment of sensible restrictions on the duration of initial opioid prescriptions.

According to the Mapping Tool, there were more than two Medicare Part D opioid prescriptions written and dispensed for each enrolled Illinois senior, and the top 200 opioid prescribers in Illinois each wrote more than 1,095 unique opioid prescriptions—more than three per day, just for Medicare beneficiaries. And recent data from the Centers for Disease Control and Prevention (CDC) revealed that, in 2016, 18 Illinois counties had an overall opioid prescribing rate of more than one prescription per person.

Dear Governor Rauner:

Thank you for your Administration’s response to our May 17 letter regarding the Medicare Part D Opioid Prescribing Mapping Tool (Mapping Tool), and the Division of Professional Regulation’s (the Division) efforts to address the opioid epidemic through oversight of opioid prescribing practices. We appreciate hearing about the Division’s activities to promote accountability and investigate inappropriate activity, as well as your recent Executive Order establishing the Opioid Overdose Prevention and Intervention Task Force. However, we believe the scale of the opioid epidemic requires further action, and strongly urge your Administration to take additional proactive steps to curb opioid overprescribing.

We were surprised to learn in your Administration’s response letter that, “the Division has not tracked any specific areas of concerns” as it relates to opioid prescribing data. According to the Mapping Tool, there were more than two Part D opioid prescriptions

written and dispensed for each enrolled Illinois senior, and the top 200 opioid prescribers in Illinois each wrote more than 1,095 unique opioid prescriptions—more than three per day, just for Medicare beneficiaries. In Hardin County, just five practitioners were responsible for 3,228 Medicare opioid claims. And recent data from the Centers for Disease Control and Prevention (CDC) reveals that, in 2016, 18 Illinois counties had an overall opioid prescribing rate of more than one prescription per person. More must be done to prevent opioid over-prescribing. Below are several recommendations that we strongly urge your Administration to implement.

Proactive Data Utilization

The Mapping Tool, CDC data, the Drug Enforcement Administration's (DEA) ARCOS database, and the Illinois prescription drug monitoring program (IPMP) must be used more proactively to assess prescribing and dispensing practices and identify concerning trends early, rather than waiting for complaints or be filed with the Division for investigation. Many states, as well as commercial insurers, are using similar data to regularly monitor and proactively educate providers about prescribing that may be inappropriate or out of the norm for his or her specialty, including by issuing reports to compare prescribing practices with peers. Harnessing this data, we encourage your Administration to identify outlier counties, specialties, and other trends and conduct similar targeted, proactive outreach and accountability initiatives to the prescriber community.

Prescriber Outreach

Earlier this year, we helped the local DEA office connect with medical and dental schools in Illinois to facilitate voluntary and informal learning opportunities for current and future medical professionals on ways to confronting the opioid epidemic. In 2016, the CDC released its Guidelines for Prescribing Opioids for Chronic Pain, which was subsequently mailed to every doctor in the country (a copy is enclosed). The CDC Guidelines recommend dramatic changes in how opioids are prescribed, reflecting the most up-to-date understanding of the pain management and the risks associated with opioid use. In partnership with the DEA and other stakeholders, we urge you to raise awareness and promote adherence to the CDC Guidelines through additional outreach to the provider community.

License Renewal Process

We were pleased to hear that the Division is “actively pursuing regulations requiring continuing education related to responsible opioid and controlled substance prescribing.” Following years of misleading advertising and promotion by the pharmaceutical industry about the safety and efficacy of opioids, it is imperative that

today's practicing medical community undergo renewed training to reflect the latest knowledge about effective pain management and the risk of opioid painkillers. We strongly support mandatory prescription drug monitoring program use and continuing medical education, aligned with the CDC Guidelines, for certain opioid prescribers. Further, as part of the licensure process, we urge the Division to examine opioid prescribing data from the Mapping Tool, IPMP, and other appropriate sources, as part of the criteria for the front-end evaluation for a practitioner's license renewal application.

Evidence-based Prescribing

According to recent medical studies, the vast majority of patients receiving opioids report having unused pills. For too many minor procedures, patients routinely receive 30- or 60-day prescriptions. In fact, according to the CDC Guidelines, when opioids are used for acute pain, "three days or less will often be sufficient; more than seven days will rarely be needed." Nearly a dozen states have set limits on initial opioid prescriptions, and the nation's two major pharmacy benefit managers recently announced plans to limit the duration and strength of initial opioid prescriptions. We urge your Administration to evaluate the establishment of sensible restrictions for the duration of initial opioid prescriptions.

Effective oversight of opioid prescribing practices is just one element of a comprehensive solution to the opioid epidemic—the burden of this crisis truly requires an all-hands-on-deck response. We look forward to working with your Administration more proactively to further address the impact of opioid misuse in Illinois.