Testimony in support of **LD 2139 An Act to Add Schedule V Substances to the Controlled Substances Prescription Monitoring Program**

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Thursday February 1,2024

Good afternoon Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

My name is James Berry, MD. I am a physician in the practice of addiction medicine and family medicine in Portland, Maine. In semi-retirement I do consulting work for two mental health agencies and several county jails, and continue a small addiction medicine practice. Today I am submitting testimony in behalf of LD2139 An Act to Add Schedule V Substances to the Controlled Substances Prescription Monitoring Program.

I will speak of how the PMP and this proposed expansion makes my job easier and benefits my patients. It provides many helpful details on my controlled substance prescriptions, in addition to listing medications from other prescribers I may or may not be aware of: date of prescription, date filled, amount, dosage forms and frequency, pharmacy, prescriber name, and prescribing history going back 5 years. I access the PMP each visit for my patients prescribed controlled substances or at risk for their use, new jail patients, and mental health patients on multiple medications. In most EMRs it is accessed automatically. All kinds of helpful information jumps out at you—date a refill is due, early refills, failure to fill the last script at all, names of other providers the patient is seeing (sometimes not shared with me), and, rarely, duplicate fills and pharmacy error.

Schedule V covers several drugs that cause problems in my patients: codeine-containing cough syrups are less of an addiction issue than in years past but are still associated with relapse and potential harms when combined with other medications, with those using alcohol, and in lung disease patients. Their use can explain urine tests unexpectedly positive for opioids—this will make it easier to clarify this finding, as well as an opportunity to provide education about medication risks. Overprescribing, misuse, and drug interaction risk concerning gabapentinoids—gabapentin and pregabalin (Lyrica)—often are issues for those with substance use disorder or mental health problems. They contribute to overdoses and aggravate COPD. Pregabalin is schedule V and gabapentin is not, but with the balance of gabapentinoid use shifting towards pregabalin it will be very helpful to have it included.

I see this expansion as one step toward a broader expansion of drugs covered by the PMP. Beyond Schedule V, the chief additions I would like to see are methadone and as mentioned above, both gabapentinoids. Ideally all mental health medications should be accessible in the PMP.

In my employment at Northeast Occupational Exchange currently and Portland internal Medicine until last year, I cared for patients with complex medical, mental health, and substance use problems who were on multiple risky medications from multiple providers, many seemingly unaware of what others were prescribing, despite efforts of their staffs to maintain accurate mediation lists. Though each medication might have a reasonable indication, when combined this can lead to risky polypharmacy. Having access to a broader PMP embedded in the EMR will promote safer and more appropriate prescribing. It is a great aid currently and will be improved by inclusion of Schedule V's. I hope you will support LD 2139 and I look forward to further expansion of the PMP in future years.

I am happy to answer any questions.

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