

Public Comment for the MRPC meeting

Thank you very much for considering the issues below.

Susan Israel, MD

The following are reasons why the PDMP and the BPMH ought to be kept separate as they are now configured:

The PDMP is mandatory for the patient but the BPMH must be voluntary. Patients need to give specific and additional consent for the BPMH beyond that implied in engaging in treatment, that is beyond the current HIPAA allowances of data exchange for T,P,O. There also must be full transparency to the patient of all those who will see their BPMH besides their actual providers.

The PDMP is a major privacy problem in itself because it is available to too many people beyond providers themselves. Besides the businesses and state oversight agencies involved, any designee of a provider may go into the PDMP for them. I presume this was allowed to make it less time consuming and less cumbersome for the providers to do so much checking of the patients' medications as mandated.

Law enforcement has access to the PDMP without a warrant in CT. And there are thoughts to share the PDMP across state lines.

The worst part of the PDMP is that it includes the controlled substances which are psychiatric medications such as benzodiazepines and stimulants, used for anxiety, depression, bipolar and attention deficit disorders, etc. The name of the psychiatrist and the date of prescription are given which further removes the privacy of psychiatric patients who may well be innocent of any substance abuse. It seems that the PDMP ignores or overrides the extra HIPAA (42 CFR Part II?) consent requirements for Behavioral Health. Will the BPMH also remove psychiatric privacy with the inclusion of all medications without specific consent?

There are further issues with the PDMP and possibly the BPMH depending on its consent mechanisms. Let's say that you have name recognition such as a politician or legislator and you take some anti-anxiety medication during a campaign, would you want other people in the state to know that? If you injured your foot and needed some pain medication, should the orthopedist or the med tech know that you had previously taken some psychiatric medication a year ago? It can always be argued that providers need to know everything, but the fact is that these systems are not available to just providers and just a trusted pharmacist. And a provider could always ask a patient themselves about their drug history for a complete history.

Thus, patient consent is paramount because no matter what planners would wish, they cannot remove all vulnerabilities nor protect from ubiquitous hacking.