

2017 ASAP MIDYEAR CONFERENCE

**THE FUTURE OF PRESCRIPTION DRUG
MONITORING PROGRAMS (PMPS):
HIGHLIGHTS OF 2017 STATE BILLS**

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Disclosures

Sherry Green is an employee of National Alliance for Model State Drug Laws. The conflict of interest was resolved by peer review of the slide content. He declares no other conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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Learning Objectives

Following this presentation, attendees should be able to:

1. Describe trends in 2017 prescription drug monitoring program (PDMP) bills.
2. Explain how states are transforming PDMPs into better health care tools.
3. Compare and contrast the different types of state mandated PDMP use laws.

ADDITIONAL MONITORED SUBSTANCES

- Schedule V
 - ✓ AZ (2017)
- Gabapentin
 - ✓ VA (2017)
- Drugs of concern
 - ✓ WV (2017)

- Snapshot
 - ✓ Schedules II, III, IV
 - All states + D.C. + St. Louis County, MO
 - ✓ Schedule V
 - 36 states + D.C.
 - On 7/17/17 AK monitors only Schedules II – IV under federal law
 - ✓ Drugs of concern - non-scheduled/controlled substances with high abuse potential
 - 17 states + D.C.
 - 18 states when WV 2017 authority is effective

- Snapshot continued
 - ✓ Designated substances
 - Ephedrine/pseudoephedrine - IN
 - Opioid antagonists/naloxone - WV
 - ❖ WY – Notice of intent to issue rule
 - Gabapentin - KY, MA, MN, OH, VA
 - ❖ IL – long-term care facilities must report on gabapentin to PMP
 - ❖ WY – Notice of intent to issue rule
 - ✓ All prescriptions - NE (as of 1/1/18)

INCREASED FREQUENCY OF REPORTING

- No later than daily/next business day/24 hours
 - ✓ GA, SD (2017; effective dates vary)
- Real-time
 - ✓ AR (2017) – On or after 1/1/19, state to work with vendor to bring about same day reporting in real-time if funding and technology available

- Snapshot
 - ✓ Real time – OK
 - Within 5 minutes of dispensation
 - ✓ No later than daily/next business day/24 hours
36 states + D.C.
 - MD – pending regulations to require 24 hours
 - RI – applies to dispensing of opioids
 - ✓ Weekly/7 days/8 days
 - 9 states + St. Louis County, MO - weekly/7 days

- Snapshot continued
 - 7 states when GA and SD move to daily
 - On 7/17/17, AK begins weekly reporting
 - MT – 8 days

- ✓ 3 days/72 hours
 - 4 states
 - RI – applies to non-opioids
 - MD – pending regulations to require 24 hours

- ✓ Monthly
 - AK – on 7/17/17, moves to weekly reporting

NON-PMP INFORMATION REPORTED TO PMP

- Patient participating in pain management contract
 - ✓ IN (2017)
- Positive toxicology screens performed by ER to evaluate patient's suspected drug overdose
 - ✓ KY (2017)
- Overdose from illicit drug/prescribed medication and known ancillary evidence of overdose
 - ✓ WV (2017)

- Convictions for trafficking/possession of controlled substance or other prohibited acts for 5 previous calendar years
 - ✓ KY (2017)
 - ✓ Initial reporting by courts before 7/1/18
 - ✓ On/after 7/1/18 – courts report to PMP on continuous basis
- Snapshot
 - ✓ Overdose deaths – OK, TN, UT, WI
 - ✓ Instances of opioid-related overdoses – KY, WV, WI

- Snapshot continued
 - ✓ Convictions for DUI/DWI – UT
 - ✓ Convictions for violations of controlled substances/
prescription drug laws – KY, UT
 - ✓ Suspected violations of controlled substances/
prescription - WI
 - ✓ Reports of stolen prescriptions – WI
 - ✓ Patient's voluntary non-opiate directive – MA, PA

EXPANDED ACCESS – DELEGATES

- Prescribers allowed to have delegates
 - ✓ NE (2017)
- Student of health profession may be delegate for licensed practitioner or registered graduate that can access PMP
 - ✓ ID (2017)
- Clinical designee may be delegate of physician or pharmacist employed by Medicaid managed care
 - ✓ VA (2017)

- ✓ Must hold multistate nursing license/health license
- ✓ Must be employed by Medicaid managed care
- Capped # of delegates
 - ✓ GA (2017)
 - ✓ Max of 2 individuals per shift or rotation
 - Prescriber's/dispenser's staff
 - Employed/contracted by health care facility in which prescriber practices
 - ✓ 2 individuals per shift or rotation in hospital that provides emergency services

- Removed cap on # of delegates
 - ✓ UT (2017)
 - ✓ Removed cap of 3 delegates for practitioner
- Snapshot
 - ✓ 48 states + D.C.
 - ✓ AK authority effective as of 7/17/17
 - ✓ MI?

EXPANDED ACCESS – NEW USERS & PURPOSES FOR ACCESS

New Users

- Medicaid practitioner or agency director/designee
 - ✓ AR , WA (2017)
- Veterinarian with authority to prescribe
 - ✓ CO (2017)
 - ✓ Query must be for patient or client AND

- ✓ Reasonable belief client committed drug abuse/
mistreated animal
- Local health officer
 - ✓ WA (2017)
 - ✓ Patient follow-up and care coordination after overdose
- Coordinated care electronic tracking program re: ER admissions
 - ✓ WA (2017)
 - ✓ Provide notice to providers, care coordination staff, prescribers in PMP report of patient's overdose

- Insurance carriers
 - ✓ AR
 - ✓ Verify prescriber/dispenser registration for network provider
- Agent of Office of Health Facility Licensure/Certification
 - ✓ WV (2017)
- Dean of medical school/designee
 - ✓ WV (2017)

- ✓ Monitor prescribing of faculty, prescribers, residents
- Physician reviewer designee of medical provider employer
 - ✓ WV (2017)
 - ✓ Monitor prescribing of physicians, APRNs, PAs
- Hospital CMO/physician designee
 - ✓ WV (2017)
 - ✓ Monitor prescribing of prescribers with admitting privileges

- State epidemiologist
 - ✓ IN (2017)
- Department of Health
 - ✓ AZ (2017)
 - ✓ Written statement PMP data necessary for public health response to combat opioid overuse/abuse
- Office of Drug Control Policy
 - ✓ WV (2017)

- ✓ May exchange necessary PMP data with bureaus, departments, administrator of courts, and others

New Purposes

- Drug utilization review and ensuring continuity of care
 - ✓ AZ (2017)
 - ✓ Health care cost containment system
- Practitioner access without prescribing/considering prescribing
 - ✓ CO (2017)

- Practitioner review of data for birth mother of infant being treated for neonatal syndrome or symptoms suggestive of prenatal drug exposure
 - ✓ KY (2017)
- Assessing prescribing practices and providing quality improvement feedback to providers
 - ✓ WA (2017)
 - ✓ Department of Health
- Quality improvement purposes of health care facility or qualified health care provider group
 - ✓ WA (2017)

MANDATED REGISTRATION

- Pharmacists/dispensers
 - ✓ ID, SD (2017)
 - ✓ SD requirement excludes veterinarians
- Prescribers/practitioners with DEA #
 - ✓ GA, MS, SD (2017)
 - ✓ GA requirement as of 1/1/18; if obtain DEA # after 1/1/18 have 30 days to register

- ✓ SD requirement excludes veterinarians
- Snapshot
 - ✓ 32 states
 - ✓ AK requirement effective as of 7/17/17
 - ✓ MD requirement for prescribers when obtain/renew license or before 7/1/17; pharmacists must enroll by 7/1/17
 - ✓ MN requirement effective as of 7/1/17

MANDATED USE

- Each prescribing of Schedule II and III opioid and initial prescribing of benzodiazepine
 - ✓ AR (2017)
- Oncologist prescribing on initial malignant episodic diagnosis and every 3 months
 - ✓ AR (2017)
- Initial prescribing of opiates or benzodiazepines and at least every 90 days
 - ✓ GA (2017)

- ✓ Only effective as of 7/1/18 AND if Department of Health certifies that PMP accessible and operational 99.5% of time
- Before prescribing Schedule II controlled substance
 - ✓ SC (2017)
- Initial prescribing Schedule II or III opioid
 - ✓ UT (2017)
- Initiate treatment that includes prescribing opioids anticipated at onset to last more than 7 consecutive days
 - ✓ VA (2017)

- Snapshot
 - ✓ 35 states
 - ✓ Circumstances vary and exceptions apply
 - Initial prescribing of a designated substance
 - Each prescribing of a designated substance
 - Prescribing for the treatment of pain
 - Prescribing for treatment of drug addiction
 - Prescribing in worker's compensation cases
 - Reason to believe patient seeks medication for illegal or non-medical purposes

- ✓ AK requirement effective as of 7/17/17
- ✓ AZ requirement effective on 10/1/17 or 60 days after state HIE integrates PMP data, whichever is later
- ✓ MD requirement effective on 7/1/18 and contingent on Secretary of Health and Mental Hygiene's determination that PMP technically capable of providing needed access

INTEGRATION OF PMP DATA

- PMP data available to state Health Information Exchange (HIE) unless patient opts out of HIE
 - ✓ NE (2017)
- PMP may provide data to a practitioner to further program purposes including integration with EMRs
 - ✓ SD (2017)
- New Emergency Care Coordination Program must be integrated with PMP
 - ✓ VA (2017)

- Reconcile requirements for PMP data and other health information
 - ✓ Authorized users of data
 - ✓ Methods of accessing data
 - ✓ Purposes for accessing data
 - ✓ Storage and retention of data
 - ✓ Presentation of data to end user
 - ✓ Audit trail information

PMP REPORTS/STUDIES/REVIEWS

- Legislative council asked to assign interim study committee to examine potential improvements to PMP
 - ✓ IN (2017)
- Professional Licensing Agency to establish workgroup for evaluation of PMP
 - ✓ IN (2017)
 - ✓ Use of PMP to collect non-PMP information and PMP data interoperability and use

- Coalition for Responsible Chronic Pain Management to review PMP statute
 - ✓ WV (2017)
 - ✓ More effective manner for prescribers to access PMP

NATIONAL PMP INITIATIVES

- President's Commission on Combating Drug Addiction and the Opioid Crisis
 - ✓ Executive Order issued 3/29/17
 - ✓ Use and effectiveness of state prescription drug monitoring programs
 - ✓ Interim report – approximately end of 6/17
 - ✓ Final report – by 10/1/17 unless Chairman Christie provides written notice that extension is necessary

- Prescription Drug Monitoring Act of 2017 (S 778, HR 1854)
 - ✓ 2 years after date of enactment , states receiving Harold Rogers PDMP or NASPER PDMP grant funds must:
 - ❖ Mandate checking PMP before prescribing Schedule II, III, or IV controlled substance and every 3 months thereafter
 - ❖ Provide proactive PMP notice to practitioner
 - ❖ Require PMP reporting frequency no later than 24 hours
 - ❖ Make available quarterly de-identified PMP data set and annual report for public and private use
 - ❖ Make PMP data available to other states

- ✓ Competitive award to establish and maintain an interstate data sharing single hub

- ✓ Hub requirements
 - ❖ Allow states to retain ownership of data submitted by state
 - ❖ Provide source of de-identified data for statistical, research or educational purposes
 - ❖ Allow state authorized users access without user fee
 - ❖ Conform with PMIX standards
 - ❖ No distribution of PMP data without express written consent of PMP authority
 - ❖ No limitation on distribution of PMP data as approved by PMP authority

QUESTIONS?

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