HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM (PMP) NATIONAL MEETING

SEPTEMBER 25, 2013
4:15 P.M. – 5:00 P.M.
WASHINGTON, D.C.

EMERGING PMP ISSUES: LEGAL ANALYSIS

SHERRY GREEN, CEO
NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS (NAMSDL)
MANDATORY REGISTRATION AND ACCESS/USE

- GOAL: To increase use of the PMP data by prescribers and dispensers to help properly balance the legitimate use of controlled substances with the prevention of abuse, addiction, and diversion
MANDATORY REGISTRATION

- 13 states - one or more categories of prescribers required to register with PMP

  ✓ Alabama, Arizona, Connecticut, Delaware, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Mexico, Tennessee, Utah, Vermont
States that Require All Licensed Prescribers and/or Dispensers to Register with PMP Database*  

Many states require that persons requesting access to the state PMP database first register as an authorized user. This map and the memorandum located on the NAMSDL website are concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.

1 The Vermont provision goes into effect on July 1, 2013. Health care providers and dispensers will have until November 15, 2013 to register. The Delaware provision goes into effect on March 1, 2014, but all dispensers and prescribers must be registered with the program by January 1, 2014. 2 Alabama only requires physicians with or seeking a pain management registration to be registered with the PMP.

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Focus on specific categories of prescribers

- Alabama – physicians with pain management registrations
- Maine – allopathic and osteopathic physicians, dentists, physicians’ assistants, podiatrists, advance practice registered nurses
- Mississippi – physicians licensed to practice
- Veterinarians often excluded
• Authority to prescribe dependent on registration

✓ Kentucky Board of Medical Licensure – to lawfully prescribe or dispense a controlled substance, a licensee shall register with KASPER

✓ Utah – an individual may not renew a license to prescribe unless the individual registers with the PMP
• Increase in use of PMP by prescribers?

✓ Utah – after enactment of prescriber registration requirement:

❖ Prescribers active on PMP – 35% growth

❖ Searches/Searches per login – 61% growth
7 states - pharmacists and other dispensers require to register

- Connecticut, Delaware, Kentucky, New Hampshire
- New Mexico, Tennessee, Vermont

Tennessee – dispenser in practice providing direct care to patients in Tennessee for more than 15 calendar days per year
MANDATORY ACCESS/USE

- 16 states - identify circumstances in which prescribers, and sometimes dispensers, have to access and/or use the PMP

- Colorado, Delaware, Kentucky, Louisiana, Massachusetts, Minnesota, Nevada, New Mexico, New York, North Carolina, Ohio, Oklahoma, Rhode Island, Tennessee, Vermont, West Virginia
States that Require Prescribers and/or Dispensers to Access PMP Information in Certain Circumstances*

* Please see the accompanying memorandum for specifics as to the circumstances under which a prescriber and/or dispenser is obligated to access the PMP database in each state.

1 The New York law goes into effect on August 27, 2013. The Delaware requirement that dispensers check the database goes into effect on March 1, 2014.

2 Vermont will require mandatory use for replacement prescriptions beginning October 1, 2013 and in other circumstances beginning November 15, 2013.

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• 6 states – limited circumstances

✓ Colorado, Louisiana, Minnesota, North Carolina, Oklahoma, Rhode Island

✓ Focus on methadone and opioid treatment, and pain clinics
● Example: Louisiana

✓ Medical director and pain specialist of pain clinic use PMP report to ensure compliance with treatment agreement

● Example: Minnesota

✓ Medical director or delegate of methadone outpatient clinic must check PMP prior to ordering a controlled substance for a patient and quarterly thereafter
• Example: Oklahoma

✓ Prescribing, administering or dispensing methadone

• Example: Rhode Island

✓ Opioid treatment program must check for each new admission and prior to advancement to a new take-home phase
● 2 states – subjective judgment of practitioner is significant factor in determining when to access

☑ Delaware, Nevada – when prescriber has reasonable belief that the patient may be seeking a controlled substance, in whole or in part, for non-medical reason

☑ Delaware – same reasonable belief requirement for dispensers
✔ NV – additional requirements before mandate to access PMP is triggered:

- Patient must be new, or

- Not received controlled substance prescription from practitioner in last 12 months
• 8 states – objective triggers established for when to access

✓ Kentucky, Massachusetts, New Mexico, New York, Ohio, Tennessee, Vermont, West Virginia

✓ Veterinarians often excluded
• Upon the prescribing of designated controlled substances

  ❖ Initial prescribing or first course of treatment

  ❖ Prescribing for certain number of days of weeks

• Access periodically thereafter – 12 months most common, sometimes 3 or 6 months

• Period of time covered by PMP report – 12 months most common
• Example: Kentucky

✓ Prior to the initial prescribing or dispensing of any Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone to a human patient

• Example: New Mexico

✓ For new patient, if prescribing Schedule II, III or IV substance for more than 10 days; and for established patient, at least every 6 months during continuous use of opioids
● Example: New York

✓ Prior to prescribing or dispensing any Schedule II, III or IV controlled substances unless one of 10 exceptions applies

● Example: Ohio

✓ Once there is reason to believe that treatment with reported controlled substances will be required in excess of 12 consecutive weeks
● Example: Tennessee

✓ Prescribing opioids, benzodiazepines or other controlled substances designated by committee at beginning of a new episode of treatment

● Example: West Virginia

✓ Upon initially prescribing or dispensing pain-relieving controlled substance for chronic, nonmalignant pain
- Example: Vermont

- Annually for ongoing treatment with Schedule II, III, or IV opioid

- Starting patient on Scheduled II, III or IV controlled substance for long-term pain therapy of 90 days or more

- First time prescribing of Schedule II, III or IV opioid for chronic pain

- Prior to writing replacement prescription
NAMSDL CONTACT INFORMATION

WEBSITE:  www.namsdl.org

SHERRY L. GREEN, CEO
NAMSDL Headquarters
215 Lincoln Avenue, Suite 201
Santa Fe, NM 87501
Phone: 703-836-7496 (direct office line)
Cell:  505-692-0457
Fax: 505-820-1750
Email:  sgreen@namsdl.org
HEATHER GRAY
LEGISLATIVE ATTORNEY
NAMSDL
9481 Cedar Glade
Memphis, TN 38016
Phone: 703-836-6100, ext. 114
Email: hgray@namsdl.org