Update on Prescription Monitoring Program (PDMP/PMP) Legislation

34th Annual NASCSA Conference
November 1, 2018
Scottsdale, AZ
Presenter

Chad Zadrazil
Director of Research and Legislative Affairs
National Alliance for Model State Drug Laws (NAMSDL)

703-584-7043
czadrazil@namsdl.org
What is NAMSDL?

• National Alliance for Model State Drug Laws

• We aim to:
  • **Dedicate** research and drafting efforts to a *comprehensive* approach to substance abuse disorders
  • **Support** the collaboration between law enforcement, prevention, intervention, treatment, recovery supports, and overdose abatement
  • **Embody** policies and practices in model state drug laws
  • **Provide** technical assistance
    • State and local officials
    • Stakeholders who share our mission
  • **Help** our nation free itself from substance abuse disorders and the far-reaching problems associated with these disorders
New and Updated NAMSDL Model Legislation

- **Model Universal Access to Naloxone Act**
  Policies that further expand the availability of and coverage for naloxone

- **Model Act Providing for the Warm Hand-off of Overdose Survivors to Treatment**
  Policies to improve the overdose stabilization and hand-off to treatment processes

- **Model Controlled Substance Analogue Act**
  Part of the NPS Model Law Package that helps define and establish scheduling procedures for “analogue” drugs

- **Model Scheduling New/Novel Psychoactive Substances Act**
  Part of the NPS Model Law Package that establishes a process to permanently schedule NPS drugs

- **Model Expedited Scheduling of Controlled Substances Act**
  Part of the NPS Model Law Package that establishes a streamlined process to temporarily schedule NPS drugs
Key Themes in Federal Legislation

• Significant federal push to enhance PDMPs through continued and new funding sources

• Continuation of efforts with a strong focus on the following:
  • Real-time data collection and disclosure
  • Mandatory prescriber use
  • Improved PDMP usability
  • PDMP-HIT interoperability
  • Proactive notifications to practitioners
  • Interstate PDMP data sharing
  • PDMPs as a source of public health data
H.R. 6 Support for Patients and Communities Act

• H.R. 6: SUPPORT for Patients and Communities Act
  • “Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act”

• An omnibus bill that includes numerous provisions proposed in other bills regarding Medicaid, Medicare, public health, and the opioid crisis

Bill Timeline
• June 22, 2018: House of Representatives passed its version
• September 17, 2018: Senate passed its version
• September 28, 2018: House of Representatives passed an agreed-upon version
• October 3, 2018: Senate passed an agreed-upon version
• October 16, 2018: Agreed-upon version presented to the President
Section 1016 of H.R. 6

• Better Data Sharing to Combat the Opioid Crisis

  • State Medicaid Agency may have “reasonable access” to data from the PDMP of the State and PDMPs run by other states

  • State Medicaid Agency may also facilitate “reasonable access” for and share data with:

    • Healthcare providers enrolled to provide services to state Medicaid patients
    • State-contracted Medicaid “managed care entity”
Section 1016 of H.R. 6

- Other State PDMP
- State PDMP
- Other State PDMP
- Providers
- State Medicaid Agency
- MCEs
Section 5042 of H.R. 6

By October 1, 2021, a State shall do the following:

• Require a Medicaid provider to check a “qualified prescription drug monitoring program” before prescribing a controlled substance to a Medicaid patient

OR

• Document the good faith effort to search the PDMP if the provider cannot complete the check
What is a “Qualified Prescription Drug Monitoring Program?”

A qualified prescription drug monitoring program must:

• Be administered by the state

• Facilitate near real-time access to the following information for a provider:
  • 12 months of a Medicaid patient’s prescription history
    • The number and type of controlled substances prescribed to and filled for the Medicaid patient
    • The name, location, and contact information or other identifier for Medicaid prescribers

• Facilitate the integration of the data into clinical workflow of the providers

The program may share data with Medicaid agency
Section 5042 of H.R. 6

Beginning with the annual report submitted to the U.S. Department of Health and Human Services in 2023, the state shall include data on:

- Percentage of providers satisfying the mandatory use requirement
- Trends in controlled substances prescribing
  - Daily MME amounts prescribed
  - Daily MME prescribed per covered individual
  - Types of controlled substances prescribed to different population groups
- Description of the mandatory use requirements or explanation why mandatory use does not cover pharmacists
- Accounting and description of any data breaches
Section 5042 of H.R. 6

For FY 2019-2020, the Federal Medical Assistance Percentage (FMAP) will be 100% for PDMP implementation and enhancement if the state:

• Has agreements and shares data with all contiguous states’ PDMPs
• Provides data that includes at least 12 months of data and prescriber contact information
• Makes available the data to covered providers
Section 7161 of H.R. 6

• This section affects the ongoing CDC prevention for states program

  • It authorizes the CDC to continue issuing grants to expand upon its ongoing evidenced-based prevention initiative

  • The prevention work includes establishing and improving PDMPs
Section 7161 of H.R. 6

- Identified ways to improve a PDMP:
  - Encourage registration and use of the PDMP
  - Collect and update data in “as close to real-time as possible”
  - Improve the “ease of use” of a PDMP
  - Provide proactive notice of suspected misuse or abuse of controlled substances
  - Provide proactive notice about detected inappropriate controlled substance prescribing or dispensing
Section 7161 of H.R. 6

• Identified ways to improve a PDMP:
  • Conduct data analytics and provide de-identified reports for regulatory and public health purposes
  • Improve PDMP-HIT interoperability
  • Update program capabilities to respond to technological innovation
  • Exchange of interstate data
  • Enhance and monitor data quality (i.e. patient matching)
  • Provide prescriber and dispenser practice tools and reports
  • Implement enhancements identified in Section 7162 of the Act
Section 7162 of H.R. 6

- This section amends the language authorizing the NASPER Grant Program
  - It moves oversight of the program from HHS/SAMHSA to CDC
  - It enables CDC to support states to establish, maintain, and improve PDMPs
    - It requires states to have laws that:
      - (1) Enable a PDMP; and
      - (2) Allow the imposition of penalties for inappropriate use of PDMP data
Section 7162 of H.R. 6

- Identified Examples of Possible Improvements:
  - Generally, improve PDMPs to encourage universal use by:
    - Collecting and displaying more timely data
    - Sending proactive notices to providers
    - Increasing ease-of-use
  - Work with the Office of National Coordinator for Health Information Technology to:
    - Improve intrastate PDMP-HIT interoperability
    - Link PDMP data with other state data
Section 7162 of H.R. 6

- Identified Examples of Possible Improvements:
  - Work with the Office of National Coordinator for Health Information Technology to:
    - Improve interstate data exchange among PDMPs
      - Sharing of dispensing data
      - Automated queries for multistate PDMP data and analytics in the clinical workflow
      - Include treatment availability and referral capabilities within the PDMP
Section 7162 of H.R. 6

• A state receiving support under this section **shall** take steps to facilitate use of the PDMP by prescribers and dispensers, and their delegates and to educate prescribers and dispensers, and their delegates on the benefits of using the PDMP.

• CDC **may** issue guidelines specifying a uniform electronic format for the reporting, sharing, and disclosure of information pursuant to PDMPs.

  • To the extent possible, such guidelines shall be consistent with standards recognized by the Office of the National Coordinator for Health Information Technology.
Section 7162 of H.R. 6

• A state receiving support \textbf{shall} establish a program to notify practitioners and dispensers of information that will help to identify and prevent the unlawful diversion or misuse of controlled substances

• If permitted by state law, the PDMP \textbf{may} notify the appropriate authorities responsible for carrying out drug diversion investigations if the state determines that information in the PDMP maintained by the state indicates an unlawful diversion or abuse of a controlled substance

• In accordance with state and federal law, the PDMP \textbf{may} conduct analyses of PDMP data to provide aggregate reports to other state agencies in as close to real time as practicable
Section 7162 of H.R. 6

• In accordance with state and federal law, the PDMP may access information about prescriptions, such as claims data, to ensure that such prescribing and dispensing history is updated in as close to real-time as practicable, provided that such information shall not include protected health information
Section 7162 of H.R. 6

- A state receiving support shall report on:
  - The PDMP’s interoperability with PDMPs of other states and federal agencies
  - The PDMP’s intrastate interoperability with HIT
  - The timeliness of PDMP data disclosed to practitioners (or the designee of a practitioner)

- A state receiving support shall provide CDC with aggregate non-identifiable information for evaluation purposes
Section 7162 of H.R. 6

- Beyond the support, CDC shall encourage states to implement strategies to:
  - Ensure data submissions occur within 24 hours of the dispensing
  - Improve prescribers’ (or their delegates’) review prior to issuing an initial controlled substance prescription and subsequent prescriptions as part of the treatment
  - Improve dispensers’ review prior to dispensing a controlled substance or other substance identified by the state
  - Provide proactive notification to practitioners when data indicates possible misuse or abuse
  - Make data available to other states
  - Make de-identified data available to CDC for “surveillance, epidemiology, statistical research, and educational purposes”
Summary of the Key Themes

Continuation of federal efforts with a strong focus on the following:

- Real-time data collection and disclosure
- Mandatory prescriber use
- Improved PDMP usability
- PDMP-HIT interoperability
- Proactive notifications to practitioners
- Interstate PDMP data sharing
- PDMPs as a source of public health data
Questions