PDMP Federal and State Legislative & Regulatory Changes

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2016 Legislative Changes

- Over 250 state and federal bills introduced in 2016
- 4 enacted at federal level
- 65 bills and 37 regulations enacted in 41 states and DC
2016 Legislative Changes - Trends

• 26 states amended or added authorized recipients
• 18 states changed their data collection interval
• 21 states amended or added delegate provisions
• 24 states and Congress amended or added mandatory query requirements
• 14 states and Congress amended or added mandatory registration requirements
2016 Legislative Changes - Mandatory Queries

- 6 states that didn’t previously have a mandatory query provision added one (Alaska, California, Maine, Maryland, New Hampshire, Utah, and Wisconsin)
- Additional 10 states added new provisions (ex., IN requires adoption of regulations to require an OTP provider to periodically query the PDMP)
- Federal – “high weight” is given to Medicare clinicians to consult the PDMP prior to issuing an opioid prescription
2016 Legislative Changes - Mandatory Registration

- 3 states that didn’t previously have a mandatory registration provision added one (Alaska, Maryland, and Minnesota)
- Additional 9 states added new provisions (ex., VT requires physicians prescribing buprenorphine in an office-based treatment setting must register with PDMP)
- Federal – “medium weight” is given to Medicare clinicians to register with the PDMP in their state
- Federal – practitioners who wish to increase their patient limit for treatment with buprenorphine must register with their state PDMP
2016 Legislative Changes - Data Collective Interval

- 5 states changed from weekly submission to daily/within 24 hours/next business day
- OR changed from weekly to every 3 days/72 hours
- CT changed from weekly to next business day, but requires vets to report weekly
- NE began requiring daily reporting of dispensing information (previously, submission was voluntary)
2016 Legislative Changes - Authorized Recipients

• AK – 1) Dept. of Health and Social Services pharmacists responsible for administering prescription drug coverage for the medical assistance program; 2) practitioner, pharmacist, or clinical staff employed by an AK tribal health organization

• AR – Dept. of Human Services or the Crimes Against Children Division of the Dept. of AR State Police for investigation under Child Maltreatment Act and not for criminal investigation (must have subpoena)
2016 Legislative Changes - Authorized Recipients

- FL – impaired practitioner consultant for impaired practitioner program
- MD – state or local Child Fatality Review Team, local drug overdose fatality review team, maternal mortality review program, medical review committee
- NH – federal health prescribers working in federal facilities in NH, MA, ME, and VT
- RI – vendor, agent, contractor, or designee who operates an electronic health record or clinical management system
2016 Legislative Changes - Authorized Recipients

• UT – third party appointed by a patient to receive notification from the division that a controlled substance has been dispensed to a patient

• WI – substance abuse counselors or individual authorized to treat alcohol or substance dependency or abuse
2016 Legislative Changes - Medical Marijuana and PDMPs

- IL – Dept. of Public Health must forward medical marijuana patient registry card information to the PDMP; the PDMP must note that the patient is permitted the use of medical marijuana in the patient’s record

- OH and PA require physicians certifying a patient for the use of medical marijuana to query the PDMP prior to making a certification

- PA – must also query the PDMP before recommending a change in the amount or form of medical marijuana; dept. must review caregiver’s PDMP report prior to authorizing application to become caregiver

- OH – dispensaries must report to PDMP and allows use of dispensary delegates
2016 Legislative Changes - Law Enforcement and Other Agency Reporting to PDMP

• TN – Office of Vital Records must provide copy of death certificate to PDMP advisory committee for overdose deaths; advisory committee must investigate and identify from the PDMP prescribers who may be associated with individual’s death; prescribers shall be referred to licensing board for investigation to determine if need for corrective action exists
2016 Legislative Changes - Law Enforcement and Other Agency Reporting to PDMP

• UT – if individual 12yo or older dies or presents to general acute hospital as the result of poisoning or overdose from prescribed controlled substances, the medical examiner or hospital must send a report to the division; division must identify, through the PDMP, each prescriber and provide copy of ME’s or hospital’s report to the prescribers

• UT – Admin. Office of the Courts must provide data regarding persons convicted of possession or use of controlled substances to the division and it shall be uploaded to the PDMP
2016 Legislative Changes - Law Enforcement and Other Agency Reporting to PDMP

• WI – law enforcement must report to his/her employer:

• 1) a situation where he/she reasonably suspects a violation of a law involving a monitored prescription drug

• 2) a situation where he/she encounters an individual who the officer believes is undergoing or immediately prior experienced an opioid-related overdose or a deceased individual the officer suspects died as the result of a narcotic drug
2016 Legislative Changes - Law Enforcement and Other Agency Reporting to PDMP

• 3) report of a stolen controlled substance prescription

• Information to be reported includes: name and date of birth of the individuals involved, the name of the prescriber, prescription number, and name of the drug as it appears on the prescription order or container

• Employer must report that information to the PDMP
2016 Legislative Changes - Miscellaneous Provisions

• ME – requires veterinarians to query the PDMP for the individual seeking care for an animal and allows vets to query the PDMP for the owner if the individual seeking care is not the owner if deemed appropriate; must notify PDMP coordinator if there are any concerns identified from reviewing the PDMP data

• MA – voluntary non-opioid directive form which shall be recorded in the patient’s electronic health record and PDMP
2016 Legislative Changes - Miscellaneous Provisions

• UT – requires the division, in collaboration with prescriber and dispenser licensing boards, to develop a system for gathering and reporting to prescribers and dispensers the progress and results of their individual access to the PDMP and may reduce or waive CE requirements regarding opioid prescriptions, including the online PDMP tutorial, for those prescribers and dispensers whose use of the PDMP contribute to the lifesaving and public safety purposes of the PDMP
2017 Enacted Bills

• 30 PDMP-related bills have been enacted in 2017 as of May 24

• AR SB 339 – prescribers must query PDMP when prescribing a Sch. II or III controlled substance containing an opioid every time and must query the first time when prescribing a benzodiazepine

• Requires an oncologist to query the PDMP when prescribing to a patient on an initial malignant episode and every three months thereafter while continuing treatment
2017 Enacted Bills

• If information appears to indicate misuse or abuse of controlled substances, the department shall notify the practitioners or dispensers who have prescribed or dispensed to the patient

• Notified via quarterly reports and, if the behavior appears to be continuing after 12 months, notice is sent to the prescribers’ and dispensers’ licensing boards

• On or before Jan. 1, 2019, the dept. shall contract with a vendor to make the PDMP interactive and provide same-day reporting in real-time
2017 Enacted Bills

• CO – SB 146 – allows vets to query the PDMP to the extent the query relates to a current patient or to a client, and if the vet has a reasonable basis to suspect the client has committed drug abuse or mistreated an animal

• GA – HB 249 – moves administration of the PDMP from the Drugs and Narcotics Agency, at the direction and oversight of the Board of Pharmacy, to the Dept. of Public Health

• GA - requires all prescribers with DEA numbers to register with the PDMP no later than Jan. 1, 2018
2017 Enacted Bills

• GA – between Jan. 1, 2018 and May 31, 2018, the dept. shall randomly test the PDMP to ensure that it is accessible and operational 99.5% of the time; between June 1 – June 20, 2018, the dept. shall certify such to each board that licenses prescribers

• GA – on and after July 1, 2018, prescribers shall query the PDMP when prescribing certain Sch. II controlled substances and benzodiazepines the first time prescribing and every 90 days thereafter with certain exceptions

• GA – changes data collection interval to at least every 24 hours
2017 Enacted Bills

• IN – HB 1308 – boards that regulate health care providers that prescribe or dispense prescription drugs may review and act upon the unsolicited dissemination of exception reports from the PDMP and may send the exception report to a law enforcement agency for purposes of an investigation or send it to the office of the attorney general for purposes of an investigation
2017 Enacted Bills

• IN – SB 151 – provides for the inclusion of information related to pain management contracts, if available, in the PDMP

• IN – SB 151 – creates workgroup to evaluate the cost and feasibility of using the PDMP to catalog each emergency administration of an overdose intervention drug and the cost and feasibility of using the PDMP to catalog data related to law enforcement investigations involving both a controlled substance that isn’t an opiate and one or more of the following: death, overdose, forgery, fraud, or theft
2017 Enacted Bills

• KY – HB 314 – requires all KY-licensed acute care hospitals or critical access hospitals to report all positive toxicology screens performed to evaluate a patient’s suspected drug overdose to the PDMP

• KY – HB 314 – allows practitioners and pharmacists to query the PDMP for the purpose of reviewing data on controlled substances that have been reported for the birth mother of an infant currently being treated for neonatal abstinence syndrome or has symptoms that suggest prenatal drug exposure
2017 Enacted Bills

- KY – SB 32 – before July 1, 2018, the Administrative Office of the Courts shall forward data regarding any felony or Class A misdemeanor conviction that involves the trafficking or possession of a controlled substance or other prohibited acts for the previous five calendar years to the cabinet for inclusion in the PDMP.

- On or after July 1, 2018, such information shall be forwarded to the cabinet on a continuing basis and the cabinet shall incorporate the data into the PDMP so that a query by patient name indicates any prior drug conviction.
2017 Enacted Bills

• NE – LB 223 – allows provision of PDMP data to the statewide health information exchange if such access is in compliance with HIPAA and state law

• SD – SB 1 – integration with electronic medical records

• SD – SB 1 – requires any person with a controlled substance registration to prescribe or dispense, except vets, to register with the PDMP
2017 Enacted Bills

• VA – HB 2209 & SB 1561 – creates new section that provides for the creation of the Emergency Department Care Coordination Program to provide a single, statewide technology solution that connects all hospital emergency departments to facilitate real-time communication and collaboration among physicians and other health care providers and such program must be integrated with the PDMP to enable automated query and delivery of relevant PDMP information.
2017 Enacted Bills

• WA – HB 1427 – allows access by coordinated care electronic program for purposes of providing PDMP data to emergency department personnel when the patient registers with the emergency department and notice to providers, appropriate care coordination staff, and prescribers listed in the patient’s PDMP record that the patient has experienced a controlled substance overdose event
2017 Misc. Pending Bills

- NJ – AB 3984 – would create a system for monitoring the administration of an opioid antagonist by a hospital, EMS provider, or law enforcement agency which shall be cross-referenced with the PDMP

- TX – HB 3189 – would require certain judges to submit substance abuse treatment information to the PDMP
2017 Misc. Pending Bills

• MO – HB 90 – passed by both House and Senate
• Creates PDMP
• Monitors Sch. II – IV controlled substances
• Must report within 24 hours
• Mandatory queries for prescribers prior to prescribing any Sch. II – IV controlled substance with exceptions
• Unsolicited reports to law enforcement and licensing boards
2017 Misc. Pending Bills

• PDMP data will be provided to in-state and out-of-state prescribers and dispensers; patients; board of pharmacy; boards charged with regulating prescribers and dispensers; in-state and out-of-state local, state, and federal law enforcement and prosecutorial officials under subpoena; MO HealthNet division regarding program recipients; judge and other judicial authorities under subpoena

• Allows provision of de-identified data
2017 Misc. Pending Bills

• No PDMP information can be used by any local, state, or federal authority to prevent an individual from owning a firearm

• No PDMP information shall be the sole basis for probable cause to obtain an arrest or search warrant as part of a criminal investigation

• Requires users to complete a training course before accessing the PDMP the first time

• Any political subdivisions in the state currently operating a local PDMP may continue operating such program until the state program is available for use by prescribers and dispensers
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