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Legislative Challenges and Opportunities:
Prescription Drug Monitoring Programs
and Continuing Medical Education

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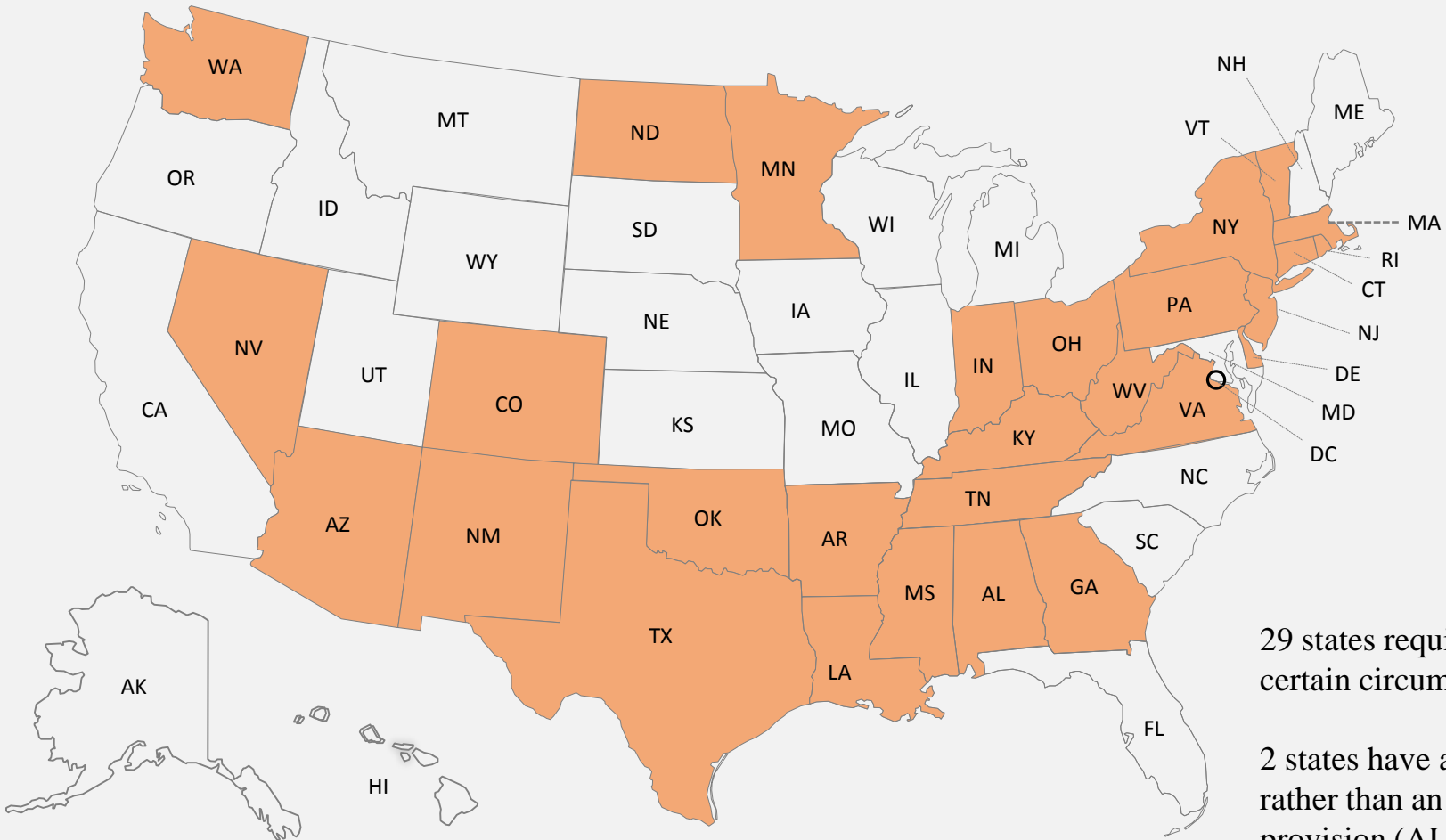
OVERVIEW

Through September 2015:

- 29 states mandate the use of the PMP in certain circumstances
- 26 states require practitioners to register with the PMP
- 41 states (plus DC) allow delegates to use the PMP
- 6 states have decreased their data collection interval in the past year to make the information more timely

PRESCRIPTION DRUG MONITORING

MANDATORY USE OF THE PMP



29 states require use in certain circumstances

2 states have an implied, rather than an explicit provision (AL, TX)

MANDATORY USE LEGISLATION – RECENT PROVISIONS

- AR:
 - Requires a prescriber with a prescription drug violation to access prescription information before writing a prescription for an opioid
 - Requires a prescriber treating a patient for chronic, non-malignant pain to check the PMP for the patient at least once every six months

MANDATORY USE LEGISLATION – RECENT PROVISIONS

- CT: Requires mandatory use of the PMP prior to prescribing a greater than 72-hour supply of any controlled substance to a patient and not less than once every 90 days when prescribing continuous or long-term treatment with controlled substances
- OK: Requires registrants or their delegates to check the PMP prior to prescribing or authorizing a refill for opiates, benzodiazepines, or carisoprodol (if more than 180 days passed since previous check)

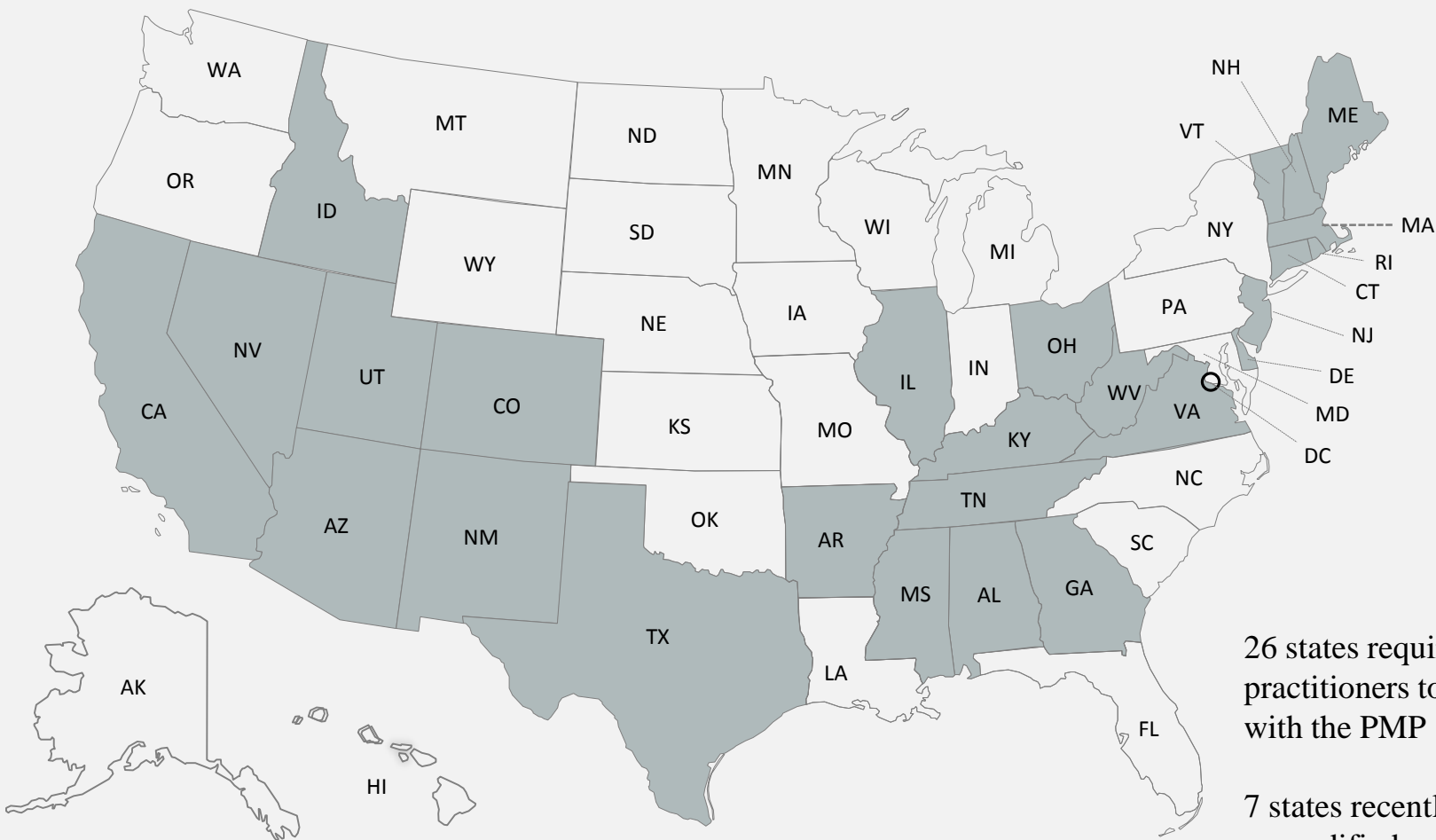
MANDATORY USE LEGISLATION – RECENT PROVISIONS

- NJ:
 - Requires practitioners to check the PMP prior to prescribing a Schedule II substance to a new patient for acute or chronic pain
 - Requires practitioners to check for any prescription for a Schedule II substance for a new or current patient for acute or chronic pain which is written on or after the effective date of [an unidentified bill pending before the legislature] on a quarterly basis during the period of time that follows the patient's initial receipt of a Schedule II prescription if the patient continues to receive such prescriptions

MANDATORY USE LEGISLATION – RELATED TO MEDICAL MARIJUANA

- AZ: It is “unprofessional conduct” for a naturopathic physician to fail or refuse to include a copy of a patient’s PMP report in the patient’s medical record when providing a certificate of debilitating condition for medical marijuana
- LA: Requires prescribers and dispensers of marijuana, tetrahydrocannabinols, or chemical derivatives of tetrahydrocannabinols to review a patient’s information in the PMP prior to such prescribing or dispensing

MANDATORY REGISTRATION WITH PMP



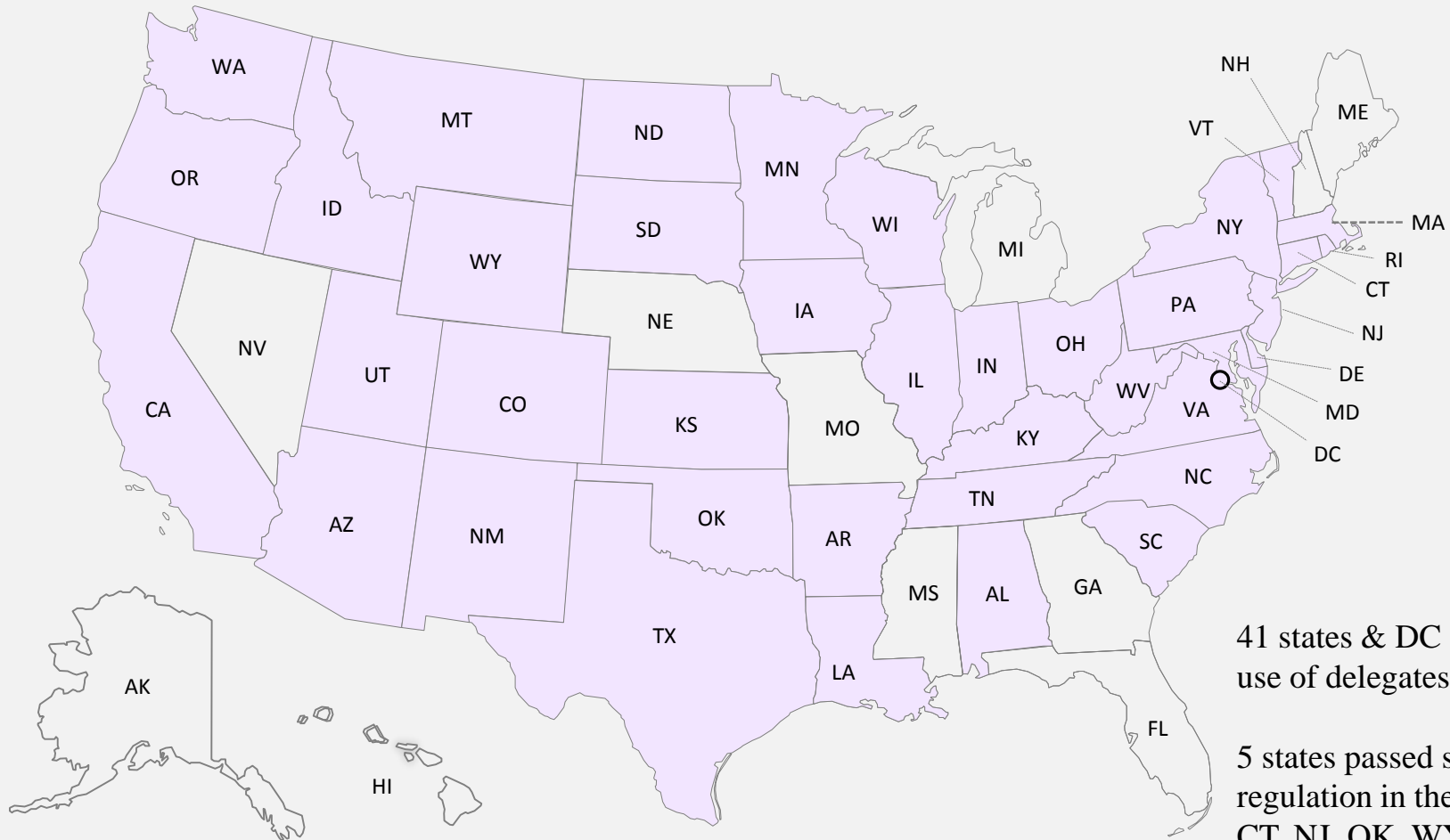
26 states require practitioners to register with the PMP

7 states recently added new or modified current requirements (AZ, CO, ID, NH, OH, RI, VA)

MANDATORY REGISTRATION LEGISLATION – RECENT PROVISIONS

- AR: Requires a prescriber with a prescription drug violation to register with the PMP
- NJ: Requires a practitioner or pharmacist to register with the PMP upon issuance or renewal of the individual's CDS registration
- TX: Allows the board to adopt rules providing that a person authorized to access information in the PMP directly be enrolled in electronic access at the time he or she obtains or renews his/her professional or occupational license or registration

USE OF DELEGATES



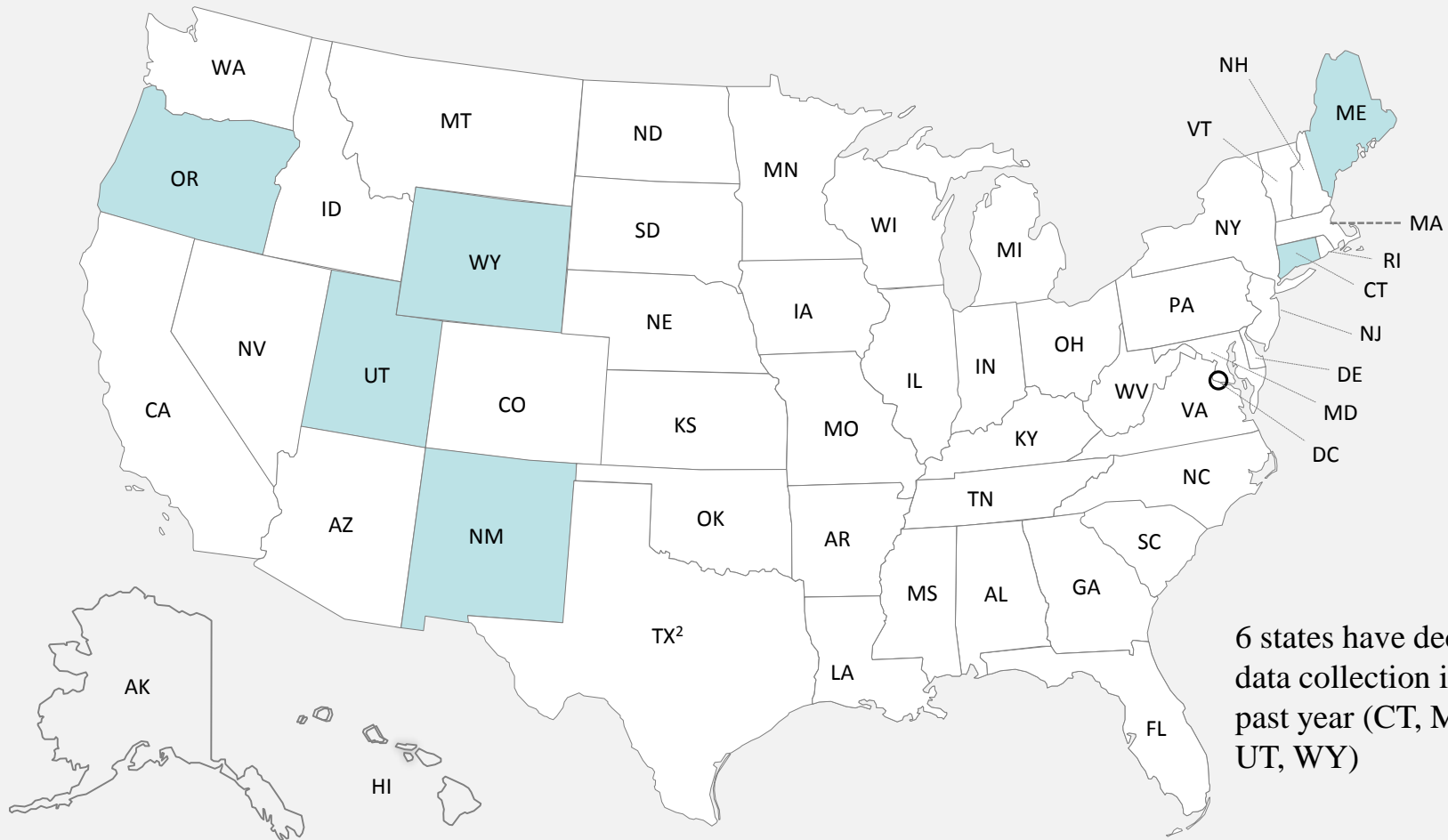
41 states & DC allow the use of delegates

5 states passed such a statute or regulation in the last year (AR, CT, NJ, OK, WY)

USE OF DELEGATES – RECENT PROVISIONS

- AR: PMP information may be provided to an agent or employee of a prescriber or dispenser to whom the prescriber or dispenser has delegated the task of assessing the data, but only if the agent or employee has been granted access by a delegate account
- CT: Allows receipt of PMP data by a practitioner's agent who is a licensed health care professional
- OK: Allows receipt of PMP data by registrants or members of their medical or administrative staff
- UT: Allows a pharmacy intern to be a delegate, and allows a pharmacist-in-charge to delegate up to five employees

DATA COLLECTION INTERVAL



6 states have decreased their data collection intervals in the past year (CT, ME, NM, OR, UT, WY)

DATA COLLECTION INTERVAL

CT: weekly → daily (7/1/2016)
ME: weekly → daily
NM: weekly → daily
OR: weekly → 72 hours (1/1/2016)
UT: weekly → daily or real-time
WY: weekly → daily (1/1/2016)

Daily reporting went from 15 states in 2014 to 20 states in 2015

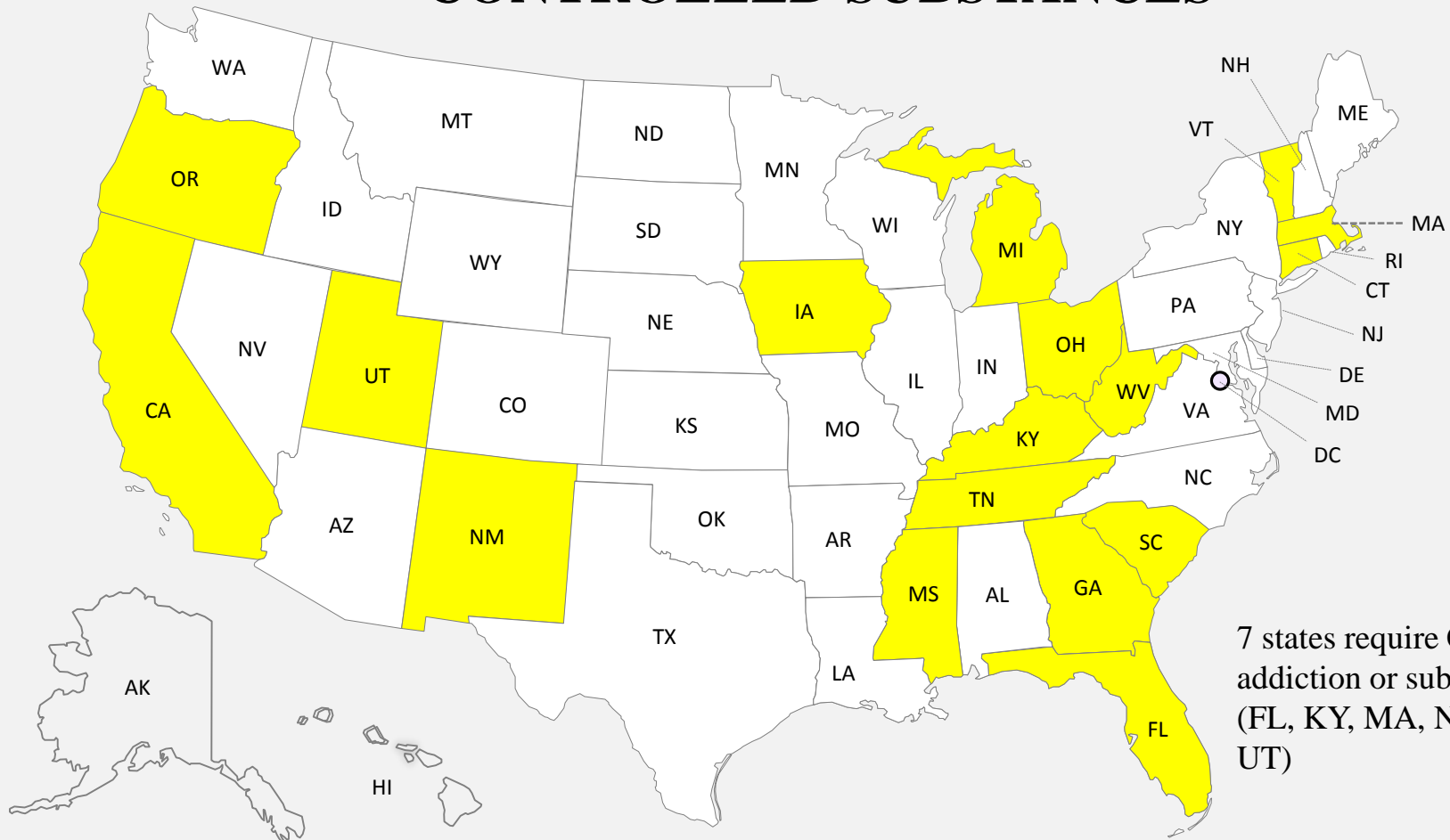
CONTINUING MEDICAL EDUCATION

OVERVIEW

Through October 2015:

- 17 states mandate some form of CME on prescribing controlled substances
- 7 state CME statutes specifically mention training on addiction or substance abuse
- 3 states leave it to the discretion of others (*e.g.*, board of medical examiners) to require CME

MANDATORY CME FOR PRESCRIBING CONTROLLED SUBSTANCES



CMEs – STATUTORY PROVISIONS

- CA: One-time requirement of 12 credit hours on pain management and treating the terminally ill
- CT: One contract hour every six years on prescribing controlled substances and on pain management
- FL:
 - One hour on the use and abuse of controlled substances
 - One hour on laws related to prescribing controlled substances
 - Two hours on the five most misdiagnosed conditions including failure to diagnose addiction
 - All every two years

CMEs – STATUTORY PROVISIONS

- KY: Four and ½ hours, every three years, on using the PMP, pain management, addiction disorders or a combination of the two
- MI: An appropriate number of hours or courses in pain and symptom management
- MS: Five hours on prescribing medications, with an emphasis on controlled substances for any licensee with an active DEA certificate
- TN:
 - Two hours for all who prescribe controlled substances
 - Ten hours for any health care provider providing pain management services during each license renewal cycle

DISCRETIONARY CME FOR PRESCRIBING CONTROLLED SUBSTANCES

- AL: Resides with the board of medical examiners for any physician holding a controlled substance registration certificate
- DC: Resides with the mayor regarding pharmacology
- NV: Resides with the board of medical examiners to require physicians, dentists, and optometrists to complete at least one hour, each licensure period, on the misuse and abuse of controlled substances

CME RELATED TO SPECIFIC PROFESSIONS

- AZ: Applies to dentists only – 42 hours on a number of topics including pain management
- ID: Applies to optometrists only – 12 hours, annually, on ocular pharmacology
- PA: Applies to optometrists only – 6 hours on prescribing and administering pharmaceutical agents for therapeutic purposes

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