PRESCRIPTION MONITORING PROGRAM STATE PROFILES – MISSISSIPPI

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MISSISSIPPI

http://www.mbp.state.ms.us/mbop/pharmacy.nsf/webpages/PMDB_PMDB?OpenDocument
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- Status of Program – operational
- Housing Entity – Board of Pharmacy
- Advisory Commission – no
- Funding – through the Board of Pharmacy; financial penalties for PMP related offenses
- Drugs Monitored – Schedules II – V and non-controlled/non-scheduled substances
- Who's Required to Report Dispensing Information – pharmacies, institutions, dispensing practitioners; practitioner is any person licensed, registered, or otherwise permitted to distribute, dispense, prescribe or administer a controlled substance
- Exemptions from Reporting – less than a 48 hour supply; inpatients
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – no
- Data Collection Interval – weekly/7 days
- Notice to Consumers – no
- Interstate Sharing – with other PMPs
- Persons Authorized to Receive Information – county coroners and/or medical examiners; law enforcement and judicial/prosecutorial officials; licensing/regulatory boards; Division of Medicaid; patient; prescribers; dispensers
- Delegates Allowed – no
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers, pharmacists, law enforcement, and licensing boards
- Training Required – no
- Mandatory Enrollment – yes; physicians and physician assistants practicing in a registered pain practice
- Mandatory Access – yes; practitioner in opioid treatment program must check the PMP prior to admission and annually thereafter

West's Annotated Mississippi Code (2014)
Title 73. Professions and Vocations
Chapter 21. Pharmacists
Mississippi Pharmacy Practice Act

§ 73-21-127. Computer program to track prescriptions for controlled substances and report illegal activity

The Board of Pharmacy shall develop and implement a computerized program to track prescriptions for controlled substances and to report suspected abuse and misuse of controlled substances in compliance with the federal regulations promulgated under authority of the National All Schedules Prescription Electronic Reporting Act of 2005 and in compliance with the federal HIPAA law, under the following conditions:

(a) Reporting of dispensing information shall be mandatory and required by the State Board of Pharmacy for any entity dispensing controlled substances in or into the State of Mississippi, except for the dispensing of controlled substance drugs prescribed by a veterinarian residing in the State of Mississippi, except for the dispensing of controlled substance drugs prescribed by a veterinarian residing in the State of Mississippi.

(b) The prescriptions tracked shall be prescriptions for controlled substances listed in Drug Enforcement Agency Schedule II, III, IV or V and specified noncontrolled substances authorized by the State Board of Pharmacy that are dispensed to residents in the State of Mississippi by licensed pharmacies, nonresident pharmacies, institutions and dispensing practitioners, regardless of dispenser location.

(c) The Board of Pharmacy shall report any activity it reasonably suspects may be fraudulent or illegal to the appropriate law enforcement agency or occupational licensing board and provide them with the relevant information obtained for further investigation.

(d) The program shall provide information regarding the potential inappropriate use of controlled substances and the specified noncontrolled substances to practitioners, pharmacists-in-charge and appropriate state agencies in order to prevent the inappropriate or illegal use of these controlled substances. The specific purposes of the program shall be to: be proactive in safeguarding public health and safety; support the legitimate use of controlled substances; facilitate and encourage the identification, intervention with and treatment of individuals addicted to controlled substances and specified noncontrolled drugs; identify and prevent drug diversion; provide assistance to those state and federal law enforcement and regulatory agencies investigating cases of drug diversion or other misuse; and inform the public and health care professionals of the use and abuse trends related to controlled substance and specified noncontrolled drugs.

(e)(i) Access to collected data shall be confidential and not subject to the provisions of the federal Freedom of Information Act or the Mississippi Open Records Act. Upon request, the State Board of Pharmacy shall provide collected information to: pharmacists or practitioners who are properly registered with the State Board of Pharmacy and are authorized to prescribe or

dispense controlled substances for the purpose of providing medical and pharmaceutical care for their patients; local, state and federal law enforcement officials engaged in the administration, investigation or enforcement of the laws governing illicit drug use; regulatory and licensing boards in this state; Division of Medicaid regarding Medicaid and Medicare Program recipients; judicial authorities under grand jury subpoena; an individual who requests the individual's own prescription monitoring information; and prescription monitoring programs in other states through mutual agreement adhering to State Board of Pharmacy policies.

(ii) The Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the Prescription Monitoring Program (PMP) database for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing or administering of the controlled and noncontrolled substances monitored by the program, subject to all legal restrictions on further dissemination of the information obtained.

(iii) The State Board of Pharmacy may also provide generic, nonidentifying statistical data for research or educational purposes.

(f) A dispenser pharmacist or practitioner licensed to dispense controlled substances and specified noncontrolled substance drugs who knowingly fails to submit drug monitoring information or knowingly submits incorrect dispensing information shall be subject to actions against the pharmacist's or practitioner's license, registrations or permit and/or an administrative penalty as provided in Sections 73-21-97 and 73-21-103.

(g) “Practitioner,” as used in this section, shall include any person licensed, registered or otherwise permitted to distribute, dispense, prescribe or administer a controlled substance, as defined under Section 41-29-105(y).

(h) In addition to any funds appropriated by the Legislature, the State Board of Pharmacy may apply for any available grants and accept any gifts, grants or donations to assist in future development or in maintaining the program.

(i) This section shall stand repealed on July 1, 2016.

West's Mississippi Administrative Code (2014)
Title 30. Professions and Occupations
Subtitle 20. Board of Pharmacy
Part 3001. Mississippi Pharmacy Practice Regulations

30-20-3001:XLIII. Prescription Monitoring Program

1. The Board of Pharmacy shall establish and maintain, with the consultation of the Prescription Monitoring Advisory Board, an electronic system for monitoring and tracking prescriptions dispensed for controlled substances listed in Schedules II, III, IV or V that are dispensed by a pharmacy.

The Prescription Monitoring Program shall provide information regarding the inappropriate use of controlled substances in Schedule II, III, IV and V to pharmacies, practitioners and appropriate state or federal agencies in order to prevent the improper or illegal use of such controlled substances. This program shall not infringe on the legal use of controlled substances for the management of severe or intractable pain.

The Board of Pharmacy will report any activity it reasonably suspects may be fraudulent or illegal to the appropriate law enforcement or regulatory board and provide them with relevant information obtained for further investigation.

2. A record of all controlled substance dispensing information shall be transmitted to the Prescription Monitoring Program on a time basis determined by the program by all pharmacies dispensing controlled substances (greater than a 48 hours supply) on an out-patient basis for the purpose of tracking the dispensing of Schedules II, III, IV and V controlled substances by the Prescription Monitoring Program. Dispensers will be required to collect and transmit the following information:

(A) The recipient's name.

(B) The recipient's or the recipient representative's identification number.

(C) The recipient's date of birth.

(D) The national drug code (NDC) number of the controlled substance dispensed.

(E) The date the controlled substance is dispensed.

(F) The quantity of the controlled substance dispensed.

(G) The number of days supply dispensed.

(H) The dispenser's NABP or NCPDP registration number.

(I) The prescriber's U. S. DEA registration number.

(J) The method of payment of the prescription purchase.

3. Each dispenser shall submit the required information as required by the Prescription Monitoring Program.

4. (a) Except as indicated in paragraphs (b), (c), and (d) of this Section, Prescription Monitoring Information submitted to the program shall be considered Protected Health Information and not subject to public or open record laws.

(b) The program shall review the Prescription Monitoring Information. If there is reasonable cause to believe a violation of law or of occupational standards may have occurred, the program shall notify the appropriate law enforcement and/or occupational licensing, certification, or regulatory agency or entity, and provide Prescription Monitoring information required for an investigation.

(c) The program may provide Prescription Monitoring Information for public research, policy or education purposes, to the extent all information has been de-identified.

(d) The Board of Pharmacy and the Prescription Monitoring Program shall be immune from civil liability arising from inaccuracy of any of the information submitted to the program pursuant to this act.

5. Disciplinary action for failure to submit drug monitoring information or knowingly submitting incorrect information shall be in accordance with Section 73-21-103, paragraph (1), (d), (v) of the Pharmacy Practice Act.

West's Mississippi Administrative Code (2014)
Title 24. Mental Health
Part 2. Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers
Chapter 59. Opioid Treatment Services Utilizing Methadone

24-2:59.2. Admissions to Opioid Treatment Programs

A. The Opioid Treatment Program must have written policies and procedures to describe the total process for admission to the program and must at a minimum include:

1. A face-to-face with each person requesting methadone maintenance treatment services;

2. Documentation and identification of the individual's immediate/urgent need (s);

3. Criteria for admission;

4. Criteria for waiting list (a plan must be documented);

5. Any specific conditions/situations that would exclude an individual from being eligible for admission. Provisions for recommendations for alternate services must be included.

B. Admission criteria must be delineated as part of written policies and procedures maintained by the programs. Admission criteria must include:

1. Current diagnosis of opioid dependence in accordance with the Diagnostic and Statistical Manual of Mental Disorders (Current Edition).

2. Individual is at least 18 years old;

3. Individual meets the federal requirements, including exceptions, regarding determination that individual is currently addicted to opiates and has been addicted to opiates for at least one year prior to admission;

4. Individual is not currently enrolled in another Opioid Treatment Program;

5. Individual has signed a statement to evidence his/her understanding of the risks and side effects;

6. Individual has signed a statement to evidence his/her understanding of the options concerning all treatment procedure in Opioid Replacement Management;

7. Individual has signed a statement evidencing that admission is voluntary;

8. Individual has been informed of and received a copy of rights of individuals served by the program, including confidentiality (a signed copy must be maintained in the individual's record);

9. Individual has been informed of and received a copy of program rules (signed documentation of receipt of program rules must be maintained in the individual's case record)

10. Individual has received counseling testing and education regarding HIV, Hepatitis B, Hepatitis C, tuberculosis, and sexually transmitted diseases (documentation must be maintained in the individual's record); and

11. Individual has had a physical examination, including a medical examination and related laboratory test within fourteen (14) days prior to admission to the program (A copy of the exam must be maintained in the individual record).

C. The admission criteria must require that the following minimum data are documented in the case record:

1. Driver's license;

2. Birth certificate or Social Security card; and

3. The individual's efforts at abstinence-based treatment (i.e. intensive outpatient, residential treatment, or inpatient substance abuse treatment) prior to admission to the Opioid Treatment Program.

D. Current addiction must include documentation describing the following:

1. Degree of dependence on narcotics/opiates;

2. Route of administration;

3. Old/new needle marks; and

4. Arrest records.

E. Each individual must be reviewed prior to admission and annually thereafter from the date of admission on the Prescription Drug Monitoring Program (PDMH) in MS and nearby states for which access is available to assess for appropriateness of Opiate Treatment Services. No individual is eligible for admission or continued services/treatment whose review indicates the potential for diversion and/or abuse of Methadone.

West's Mississippi Administrative Code (2014)
Title 30. Professions and Occupations
Subtitle 17. Board of Medical Licensure
Part 2640. Prescribing, Administering and Dispensing
Chapter 1. Rules Pertaining to Prescribing, Administering and Dispensing of Medication

30-17-2640:1.15. Pain Management Medical Practice.

A. Definitions. For the purpose of Part 2640, Rule 1.15 only, the following terms have the meanings indicated:

1. "Board" means the Mississippi State Board of Medical Licensure.

2. "Physician" means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi as required by Part 2601, Chapter 02.

3. "Physician Assistant" means any person meeting the requirements of licensure in the state of Mississippi as required by Part 2617, Chapter 1.

4. "Prescriptive Authority" means the legal authority of a professional licensed to practice in the state of Mississippi who prescribes controlled substances and is registered with the U. S. Drug Enforcement Administration in compliance with Title 21 CFR, Part 1301 Food and Drugs.

5. "Pain Management Medical Practice" is defined as a public or privately owned medical practice that provides pain management services to patients, a majority (more than 50%) of which are issued a prescription for, or are dispensed, opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for more than one hundred eighty days (180) days in a twelve month period. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics, volunteer clinics, hospice services, outpatient surgical clinics or physician/clinic practice(s) at which the majority of the patients are treated for pain as a result of a terminal illness.

B. The physician owner(s)/operator(s) of the pain management medical practice must possess and maintain a majority ownership (more than 50%) of the pain management medical practice and shall register the practice with the Board. No physician may practice in a pain management medical practice unless that practice is majority owned (over 50%) by a physician or physicians, unless exempted under A.5 above. A hospital or hospital-system owned pain management practice is exempt from the majority ownership requirement. A physician or medical director who owns, operates or is employed in any pain management medical practice must meet the requirements set forth below.

C. Application for Initial Registration and Renewal. A physician owner(s)/operator(s) of the pain practice must:

1. submit the documents required by the application process for proof of ownership or provide alternative documents with a written request for special consideration;

2. report ownership or investment interest of any other pain management facility operating within the state of Mississippi and provide the name and address of the other pain management facility(ies) in which there is an ownership or vested interest;

3. identify all individuals with prescriptive authority who are employed or contracted in any capacity and will be prescribing or dispensing controlled substances to patients of the facility; and

4. report any changes of information provided in the application for registration or renewal within 30 days.

D. Physician owner(s)/operator(s) may not operate a pain management practice in the state of Mississippi without obtaining a certificate from the Mississippi State Board of Medical Licensure. Certificates, once issued, are not transferable or assignable. Only the primary physician owner is required to register with the Board if there is more than one physician owner of the practice. Each practice requires a separate certificate.

E. Physician owner(s)/operator(s) or employees may not operate in Mississippi unless the practice is owned and operated by a hospital or by a medical director who:

1. is a physician who practices full time in Mississippi; (Full time is defined as at least 20 hours per week of direct patient care.)

2. holds an active unrestricted medical license that is not designated as limited, retired, temporary, or in-training; and

3. holds a certificate of registration for that pain management practice.

F. In addition, the physician owner(s)/operator(s) of a pain management practice, a physician or physician assistant employee of the practice or a physician or physician assistant with whom the physician owner(s)/operator(s) of a practice contracts for services may not:

1. have been denied, by any jurisdiction, a certificate issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;

2. have held a certificate issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply, or sell a controlled substance that has been restricted;

3. have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance; or

4. have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.

G. No physician or physician assistant may practice in a pain management medical practice who has been convicted of, pled nolo contendere to or received deferred adjudication for:

1. an offense that constitutes a felony; or

2. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.

H. Training Requirements for All Physicians Practicing in Pain Management Medical Practices. Effective July 1, 2014, physicians who have not met the qualifications set forth in subsections (1) through (5) below, shall have successfully completed a pain residency fellowship or a pain medicine residency that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). All physicians prescribing or dispensing controlled substance medications in pain management practices registered by the Board must meet one (1) of the following qualifications:

1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine;

2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists in pain management;

3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);

4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or

5. successful completion of 100 hours of in-person, live participatory AMA or AOA Category 1 CME courses in pain management.

Upon qualifying under any of the 5 subsections above, physicians must also document completion of 15 hours of live lecture format, Category 1 CME in pain management for every year the physician is practicing pain management.

I. Physicians and physician assistants practicing in a registered pain practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report shall be obtained on

the initial visit and at intervals deemed appropriate for good patient care from the MPMP for every patient receiving controlled substances in a registered pain management practice.

J. Requirements for Physician Assistants Practicing in Pain Management Medical Practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:

1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, that is not designated as limited, restricted, retired, temporary, or in-training;

2. Physician assistants with approved prescriptive authority must obtain 15 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a Board registered pain practice;

3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and

4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).

K. A physician who is a current participant in the Mississippi Professionals Health Program (MPHP) may not be the primary physician owner of a pain practice. Notwithstanding, this does not prohibit a MPHP participant from working in a pain practice.

L. Certificates are valid for one year and must be renewed annually along with the practitioner's license to practice medicine in the state of Mississippi. There is a thirty-day grace period for renewal after which the owner(s)/operator(s) must reapply for an original certificate. The physician owner(s)/operator(s) of the practice shall post the certificate in a conspicuous location so as to be clearly visible to patients. The practice may not continue to operate while the certificate has expired.

M. The Board shall have the authority to inspect a pain management practice. During such inspections, authorized representatives of the Board, who may be accompanied by agents of the Mississippi Bureau of Narcotics, may inspect all necessary documents and medical records to ensure compliance with all applicable laws and rules.

N. If the Board finds that a registered pain management practice no longer meets any of the requirements to operate as a pain practice, the Board may immediately revoke or suspend the physician's certificate to operate a pain management practice. The physician owner(s)/operator(s) shall have the right to an administrative hearing before the Board at the next available and scheduled meeting of the Board. Further, the Board has the discretion to lift the suspension of a certificate when the practice demonstrates compliance with the Board's rules and regulations.