

University of Kentucky Study Demonstrates the Effectiveness of Mandatory Enrollment in PDMPs

Prescription Drug Monitoring Programs (PDMPs) play a vital role in reducing and preventing prescription drug abuse and drug overdose. PDMPs collect data from pharmacies on dispensed controlled substance prescriptions and make it available to authorized users, often by means of a secure, electronically accessible database. PDMPs are essential prevention tools to reduce the prevalence of drug addiction and its negative consequences, as well as the critical first line of defense against doctor shopping and diversion.

In order to reach their full potential, PDMPs must be fully utilized. In many states with operational PDMPs, participation by prescribers and dispensers is voluntary, with utilization rates well below 50 percent. Recruitment campaigns to induce health care professionals to enroll in and use the system can be resource-intensive and often fail to produce high rates of participation. One way to ensure broader use is to make enrollment and use of the PDMP mandatory for certain practitioners or in certain circumstances. Currently, 25 states and 1 territory (Guam) mandate use by providers — and in some cases dispensers — in at least some circumstances. The requirements vary significantly; some states require a check for every “schedule II” prescription painkiller prescription, whereas others may only impose such requirements on methadone treatment programs.¹

Kentucky serves as a model to study the impact of mandatory PDMP enrollment and use. During a special session in 2012, Kentucky enacted landmark legislation known as HB1. HB1 included multiple strategies to prevent the abuse and diversion of prescription drugs. HB1 regulated pain clinics and placed new expectations on prescribers and dispensers of controlled substances, including mandatory registration with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system and the requirement to query the KASPER system under particular circumstances. Additionally, HB1 required dispensers of controlled substances to report dispensing records to KASPER within one day of dispensing.

The University of Kentucky’s Institute for Pharmaceutical Outcomes and Policy recently released a Bureau of Justice Assistance (BJA) funded study that examined the impact of HB1. According to the study, since HB1 was implemented:

- The number of individuals meeting the definition of doctor shopping (as defined by a patient receiving multiple prescriptions from four or more different prescribers and filled at four or more different pharmacies within a specified time period) dropped by over 50 percent between FY2012 and FY2013 following implementation of HB1.
- The number of providers licensed to prescribe controlled substances who were registered with KASPER increased from 28 percent of providers pre-HB1 to 95 percent of eligible prescribers of controlled substances by July 2013.
- For the first time in six years, Kentucky overdose deaths declined in 2013.
- The total number of controlled substance prescriptions dispensed in Kentucky decreased for the first time since the inception of KASPER in the post-HB1 period, with the numbers of prescriptions dispensed for all Schedules of Controlled Substances (CII 3 – CV) decreasing by 4 to 8 percent in the post-HB1 period.
- 24 non-physician-owned pain management facilities ceased operating.

¹ For a review of state laws and policies, see <http://www.namsdl.org/library/2155A1A5-BAEF-E751-709EAA09D57E8FDD/>

HB1 also requires that when a complaint is received about inappropriate controlled substance prescribing, the Attorney General, Kentucky State Police, the Kentucky Cabinet for Health and Family Services (CHFS), and the appropriate licensure board must collaborate and share information for administrative and law enforcement purposes. From HB1's passage in July 2012 to March 2015, the Kentucky Board of Medical Licensure took 196 controlled substance prescribing disciplinary actions against 142 physicians, ranging from emergency orders of suspension or restriction, to license suspensions or surrenders and revocations.

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