

# PRESCRIPTION DRUG MONITORING PROGRAM TRAINING AND TECHNICAL ASSISTANCE CENTER



**BRANDEIS UNIVERSITY** THE HELLER SCHOOL  
FOR SOCIAL POLICY AND MANAGEMENT

## *The Prescription Drug Monitor*

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### **Harold Rogers Prescription Drug Monitoring Program FY 2013 Competitive Grant**

**Announcement** – The Bureau of Justice Assistance is seeking applications for funding under the Harold Rogers Prescription Drug Monitoring Program. This program furthers the Department of Justice’s mission by providing resources to plan, implement, and enhance prescription drug monitoring programs to prevent and reduce the misuse and abuse of prescription drugs and to aid in investigations of pharmaceutical crime. Eligibility for this grant is limited to three (3) categories: Implementation and Enhancement Grants, Tribal Prescription Drug Monitoring Program Data Sharing Grants, and Data-Driven Multi-Disciplinary Approaches to Reducing Rx Abuse Grants. The deadline to submit an application is May 2, 2013. View the [Announcement](#).

**Characteristics of Prescribers Whose Patient Shop for Opioids** – An abstract of a cohort study, from the Journal of Opioid Management, provides insight on prescribers that are more likely to have ‘doctor shoppers’ in their practice. The study, using a retail prescription database, defined a ‘doctor shopper’ as anyone who had one or more opioid prescriptions, issued by one or more prescribers, at three or more pharmacies where there was an overlap of at least one day. The study found that 13% of all opioid prescribers experienced doctor shopping amongst its patrons, and of those, male prescribers aged 70-79 had an increased likelihood of being solicited by a doctor shopper. Additionally, prescribers with 66 or more patients receiving opioids accounted for 82% of all doctor shopping activity. The study showed that as the number of patients receiving opioids increased, the number of doctor shoppers increased. View the [Abstract](#).

**Final Rule Amending Buprenorphine Dispensing Requirements** – The U.S. Health and Human Services Department implemented a rule that modifies the dispensing of buprenorphine by opioid treatment programs (OTPs). Prior to the new rule, OTP patients could not take buprenorphine medications home until they had been in treatment for one year. This rule removes the length of time criteria, providing greater flexibility to opioid treatment programs in dispensing take-home supplies of buprenorphine. It is believed that this new rule will positively impact patients’ adherence to treatment. View the [Rule](#).

**FDA Assessment of REMS Effectiveness** – Drug manufacturers are required to submit structured plans known as Risk Evaluation and Mitigation Strategies (REMS) to the Food and Drug Administration (FDA) for medications where the known or potential risks outweigh the benefits. When the FDA deems that a REMS is required, the drug manufacturer must develop, implement, and assess the REMS, which is subsequently reviewed by the FDA. The FDA conducted a study on REMS effectiveness by reviewing the 199 approved REMS between 2008 and 2011. By the end of 2011, the FDA had reviewed 49 REMS, only seven (7) of which met all of the goals. This prompted seven (7) recommendations to improve the REMS as well as the FDA’s evaluation of the REMS. View the recommendations and the completed [Study](#).

**Youth-focused Prevention Efforts Reduce Prescription Abuse into Adulthood** – Research funded by the National Institutes of Health (NIH) shows the effectiveness of substance abuse interventions that are initiated in the sixth or seventh grade. There were three (3) studies conducted targeting rural or small town middle school students that included: 1) tested family-focused intervention; 2) tested a combination of family-focused intervention and a school-based life skills training program; and 3) tested a family-focused intervention and a school-based intervention. The interventions did not target prescription drug abuse, rather addressed general risk factors of substance abuse. Follow-up questionnaires years later revealed a reduction in risk from all three studies. The reductions ranged from 20 to 65% as compared to the control group for prescription drug and opioid abuse. View the [Report](#).

**New York City Police to Use Tracking Devices in Pill Bottles** – In response to an increase in pharmacy robberies, the New York City Police Department will place decoy pill bottles containing tracking devices in pharmacies. The pill bottles will not contain any medication, rather a GPS tracking device that will allow the police to track the suspects. The ‘bait bottle’ will look like other pain medication pill bottles on the pharmacy shelf and will even sound like a full pill bottle when shaken. The hope is that the thieves will grab the ‘bait bottle’ during their break-in. The GPS device is activated when the bottle is removed from its base on the shelf. View the [Article](#).

**Parents Not Worried About Kids’ Use of Pain Medications** – Results from the National Poll on Children’s Health conducted by the University of Michigan Mott Children’s Hospital show that 65% of parents are concerned about the misuse of narcotic pain medications by children and teens. The poll surveyed more than 1,300 parents with children ages 5 to 17. Analysis of the responses found that African-American and Hispanic parents were more than twice as concerned about the misuse in their own families. This finding is significant in that white teens are three times more likely to use pain medications. The poll also included the parents’ opinions on policies to discourage abuse. The researchers concluded that generally parents are not aware of the ‘significant rates of misuse of narcotic pain medicine’. View the [Report](#).

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**Did You Know?**

- PMIX Architecture State to Hub Specification
- Health Information Designs' RxSentry product is PMIX conformant
- Stop Tampering of Prescription Pills Act of 2013 (STOPP Act)
- DOJ and HHS announce health care fraud recoveries
- National Survey on Drug Use and Health (NSDUH)
- Rule strengthens security for health information
- CDC's Sortable Risk Factors and Health Indicators
- Nicholas Reuter retirement

Read [more](#)

**PMIX Architecture State to Hub Specification** - The State to Hub service specifications, which are part of the Prescription Monitoring Information Exchange (PMIX) Architecture, are available on the Publications page on the TTAC [Website](#).

**Health Information Designs' RxSentry product is PMIX conformant** – The IJIS Institute's Springboard Program certified that Health Information Designs' RxSentry product, version 2.0 is PMIX conformant. The interoperability conformance tests encompassed the PMIX\_SSP\_v\_1.0.1 (State to Hub) and PMIX\_H2H\_SSP\_v\_1.0.0 (Hub to Hub) service specifications. The certification was issued on March 20, 2013.

**Stop Tampering of Prescription Pills Act of 2013 (STOPP Act)** was referred to the House Committee on Energy and Commerce on February 4, 2013. The bill directs pharmaceutical companies to formulate tamper or abuse resistant drugs and requires that deadlines be set for manufacturers to comply or risk having their drugs discontinued from the marketplace due to safety reasons. Read the [Bill](#).

**DOJ and HHS announce health care fraud recoveries** – The Departments of Justice and Health and Human Services released a report showing that for every dollar spent on health-care related fraud and abuse investigations, the government recovered almost eight dollars. In FY 2012, a record \$4.2 billion was recovered. Read the [Release](#).

**National Survey on Drug Use and Health (NSDUH)** - SAMHSA published the results from the NSDUH on the nonmedical use of prescription pain relievers by person aged 12 or older. The survey showed the usage rate was 4.6% nationally for 2010 and 2011. Comparison to the 2009 and 2010 data revealed that usage decreased in 10 States and no increase in any State. View the [Results](#).

**Rule strengthens security for health information** – The Department of Health and Human Services issued a final omnibus rule that increases patient privacy protections, provides new rights for patients to access their health information, and strengthens enforcement under HIPAA. Read the [Rule](#).

**CDC's Sortable Risk Factors and Health Indicators** – The Centers for Disease Control and Prevention provides an on-line tool with data sets comprised of behavioral risk factors and

health indicators. The tool contains data from all 50 states, District of Columbia, and U.S. territories on death rates, risk factors, health burden, and preventive services. Visit the [Website](#).

**Nicholas Reuter**, Senior Public Health Analyst with the Substance Abuse and Mental Health Services Administration, retired on January 31, 2013. Mr. Reuter spent 37 years with the federal government; 25 years with the Food and Drug Administration (FDA) and 12 years with SAMHSA. His invaluable service to the country and, particularly to the PDMP community, is greatly appreciated and will be sorely missed. We wish Nick continued success in his future endeavors.

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## PDMPs News and Updates

- Arkansas
- California
- Connecticut
- District of Columbia
- Florida
- Kentucky
- Maine
- Missouri
- New Mexico
- New York
- Pennsylvania
- Tennessee
- Vermont
- Washington

**Arkansas** – Effective March 1<sup>st</sup>, 2013, the Arkansas Prescription Drug Monitoring Program will be operational and begin accepting prescription data from pharmacies. The Program's manager, Jim Myatt, indicates that doctors and pharmacies will soon be able to obtain a user account and gain access to the collected prescription data.

**California** - A resolution (SCR8) to proclaim every March as Prescription Drug Abuse Awareness Month was introduced in the California Senate. The resolution encourages all citizens to participate in prevention programs and to pledge to 'Spread the Word...One Pill Can Kill'. View the [Resolution](#). Senate Bill 809 was introduced to establish the CURES Fund within the State Treasury to receive funds to be allocated to the prescription drug monitoring program. The bill requires that the health licensure boards increase their fees of licensees authorized to prescribe or dispense controlled substances by no more than 1.16%. The proceeds would be deposited into the CURES Fund. Additionally, the bill requires

selected prescribers and dispensers to enroll and consult CURES prior to prescribing or dispensing controlled substances. View the [Bill](#).

**Connecticut** – House Bill 06406 was introduced adding a requirement for nonresident pharmacies and any other dispenser to report controlled substance prescription information to the PDMP. The bill also shortens the reporting period to one week. View the [Bill](#).

**District of Columbia** - The "Prescription Drug Monitoring Program Act of 2012" (B20-0127) has been introduced to the DC Committee on Health (COH). The bill must be approved by the Mayor and reviewed by the U.S. Congress. View the [Bill](#).

**Florida** - House Bill 831 was introduced requiring physicians to consult the prescription drug monitoring program prior to prescribing certain controlled substances. View the [Bill](#).

**Kentucky** – The University of Kentucky published a study evaluating and contrasting real-time data submission and 24 hour submission to KASPER. View the [Study](#).

**Maine** – Eriko Farnsworth was recently hired as the new PDMP Project Integration Coordinator for Maine. She will work on interstate data sharing and ensure that all efforts of interoperability, integration, and other enhancement to improve PDMP data sharing are accomplished.

**Missouri** – Senate Bill 146 was introduced to establish a Prescription Drug Monitoring Program. If passed, the bill will allow for the collection of all Schedule II and only Schedule IIIs that contain dihydrocodeinone; the data must be submitted weekly until real-time data submission is established; and the prescription data can be retained for only 90 ninety days by the PDMP. View the [Bill](#). Senate Bill 233 was introduced also establishing a Prescription Drug Monitoring Program. If passed, this bill will allow for the collection of Schedules II through IV; the data must be submitted weekly; and funding will be provided exclusively by gifts, grants, and donations. View the [Bill](#).

**New Mexico** – House Bill 624 was introduced to establish requirements for pain management prescribing, dispensing and administration. If passed, the bill requires that a minimum set of standards be drafted for pain management for patients with substance use disorders and circumstances to access the PDMP, among other items. View the [Bill](#).

**New York** – Senate Bill 2947 was introduced requiring every health care professional practicing in New York to complete course work or training regarding pain management and palliative care, appropriate to their practice, every four years. View the [Bill](#).

**Pennsylvania** – Steven Wheeler, Chief of Criminal Investigations at the Office of the Attorney General, has retired. The AG's Office is currently responsible for the oversight and operation of the PDMP. Also, House Bill 317 was introduced to modify the State's PDMP. If passed, the Pharmaceutical Accountability Monitoring System (PAMS), under the authority of the Department of Drug and Alcohol Programs, will collect data from all controlled

substance prescriptions and expand the type of authorized users of the system. View the [Bill](#).

**Tennessee** – Senate Bill 1332 was introduced requiring a pharmacy to photocopy the government issued identification, record the person’s relationship to patient, and scan a fingerprint of the person picking up a Schedule II prescription. View the [Bill](#).

**Vermont** – Senate Bill 67 was introduced requiring, in part, that a person provide identification prior to receiving a prescription medication from a pharmacy, health care providers to search the Vermont Prescription Monitoring System (VPMS) prior to prescribing a controlled substance, expanding the categories of person who may access the VMPS, and creating a track and trace program for buprenorphine. View the [Bill](#).

**Washington** – Senate Bill 5493 was introduced providing for funding the management and operations of the prescription monitoring program entirely from the Medicaid fraud penalty account with an option of funding through voluntary contributions from private individuals and corporations. View the [Bill](#).

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**Articles for The Prescription Drug Monitor** – If there are news items about your state’s PDMP or if you have information that you believe would be of interest to other readers of The Prescription Drug Monitor, please let us know. The items can be sent to [info@pdmpassist.org](mailto:info@pdmpassist.org).

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**PDMP Training and Technical Assistance Center Providing Assistance** - Brandeis University’s PDMP Training and Technical Assistance Center (TTAC) continues to provide assistance to grantees, non-grantees, federal partners, and other stakeholders. If you need information, training, or other assistance related to PDMPs, please don’t hesitate to contact us. Your request will get immediate attention, including input from other states in our national PDMP network, if necessary. The TTAC can help with questions about program evaluation, operating costs, laws and regulations, vendors, advisory groups, education, and more.

You can reach the TTAC team by telephone 360-556-7152 or e-mail [info@pdmpassist.org](mailto:info@pdmpassist.org).

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**PDMP Center of Excellence at Brandeis: “Helping PDMPs Realize Their Full Potential”** - Funded by the Bureau of Justice Assistance, the PDMP Center of Excellence (COE) at Brandeis University collaborates with PDMPs and other stakeholders to help PDMPs achieve their full potential in combating the prescription drug abuse epidemic.

Major program areas include: encouraging and evaluating innovative uses of PDMP data, compiling PDMP best practices, advancing methods for assessing PDMP effectiveness, and providing an online clearinghouse of information and tools to enhance PDMP operations and help establish new PDMPs.

The COE welcomes your input and collaboration in fulfilling its mission. Contact us at [info@pmpexcellence.org](mailto:info@pmpexcellence.org) or call 781-736-3909.

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