Objectives

• Review Nebraska Legislation
• Discuss other state legislation for expanded reporting to PDMP
• Discuss reasons why/benefits
What is a PDMP?

- A prescription drug monitoring program (PDMP) is an **electronic database that tracks controlled substance prescriptions in a state**. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and facilitate a nimble and targeted response.

https://www.cdc.gov/drugoverdose/pdmp/states.html
Who Submits Reports?

• Dispensers
  • Pharmacies
    • Community/retail pharmacy
    • Mail order
  • Dispensing practitioner
  • A pharmacy is a pharmacy
    • Compounding pharmacies
    • Nuclear pharmacies
    • Long-term care

• Exemptions
  • Hospital pharmacy
  • Wholesaler
  • Veterinarians
Who Views Reports?

- Prescribers
- Pharmacists
- Delegates
  - Nurses
  - Pharmacy technicians
- Law enforcement
- Payers (e.g., Medicaid)
- Patients
§7245. Legislative intent

It is the intent of the Legislature that the prescription monitoring program established pursuant to this chapter serve as a means to improve and promote the public health and welfare, promote appropriate and safe prescribing practices and to detect and prevent substance use disorder disorders. This chapter is not intended to interfere with the legitimate medical use of controlled substances.

§7248. Controlled Substances Prescription Monitoring Program

1. Establishment of monitoring program. Contingent upon the receipt of funds pursuant to section 7247 sufficient to carry out the purposes of this chapter, the Controlled Substances Prescription Monitoring Program is established. No later than January 2, 2004, to implement the program, the department shall establish an electronic system for monitoring any controlled substance that is dispensed to a person in the State by a dispenser. No later than January 1, 2021, the department shall expand the program to include the reporting of the dispensing of all prescription drugs, excluding noncontrolled drugs not intended for human consumption.

H.P. 1511, 129th Maine Legislature (2020)
State Legislation - Maryland

• SB 752/HB 1486 (2020)

• 2102D-02 (B) THE PURPOSE OF THE PROGRAM IS TO IMPROVE PATIENT SAFETY AND REDUCE HEALTH CARE COSTS BY ALLOWING A PRESCRIBER AND PRESCRIBER DELEGATE TO ACCESS THE NCS PRESCRIPTION DRUG HISTORY OF A PATIENT, INCLUDING DRUGS PRESCRIBED BY OTHER PRESCRIBERS.

• 21-2D-04 (B) (1) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS 16 PARAGRAPH, AFTER DISPENSING AN NCS PRESCRIPTION DRUG, A DISPENSER SHALL SUBMIT ALL REQUIRED INFORMATION ON THE PRESCRIPTION TO THE PROGRAM WITHIN THE TIME PERIOD ESTABLISHED BY THE COMMISSION.
(2) The commissioner may identify other products or substances to be included in the electronic prescription drug monitoring program established pursuant to subdivision (1) of this subsection.

(16) Each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution, and dispenser shall report to the commissioner, at least daily, by electronic means or, if a pharmacy or outpatient pharmacy does not maintain records electronically, in a format approved by the commissioner information for all insulin drugs, glucagon drugs, diabetes devices and diabetic ketoacidosis devices prescribed and dispensed by such pharmacy or outpatient pharmacy. Such pharmacy or outpatient pharmacy shall report such information to the commissioner in a manner that is consistent with the manner in which such pharmacy or outpatient pharmacy reports information for controlled substance prescriptions pursuant to subdivision (4) of this subsection. For the purposes of this subdivision, "insulin drug", "glucagon drug", "diabetes devices" and "diabetic ketoacidosis device" have the same meanings as provided in section 20-616.

(C) Each veterinarian, licensed pursuant to chapter 384, who dispenses a controlled substance prescription shall report to the commissioner the information described in subparagraph (A) of this subdivision, at least weekly, by electronic means or, if the veterinarian does not maintain records electronically, in a format approved by the commissioner.

Connecticut House Bill No. 6003, Approved July 31, 2020
State Legislation - Colorado

• **SECTION 1.** In Colorado Revised Statutes, 12-280-404, **amend** (2) as follows:

• **12-280-404(b).** **THE BOARD SHALL DETERMINE** IF THE PROGRAM SHOULD **TRACK ALL PRESCRIPTION DRUGS** PRESCRIBED IN THIS STATE. IF THE BOARD MAKES SUCH DETERMINATION, THE BOARD SHALL PROMULGATE RULES ON OR BEFORE JUNE 1, 2022, TO INCLUDE ALL PRESCRIPTION DRUGS IN THE PROGRAM. IF THE BOARD DETERMINES THAT ONE OR MORE PRESCRIPTION DRUGS SHOULD NOT BE TRACKED THROUGH THE PROGRAM, THE BOARD SHALL PUBLICLY NOTE THE JUSTIFICATION FOR SUCH EXCLUSION DURING THE RULE-MAKING PROCESS.

Colorado House Bill 21-1012_L.013 (2021)
State Legislation - Missouri

- Joint Oversight Task Force
  - Authorized to supervise the collection and use of patient dispensation information for C-II, C-III, C-IV
- August 28, 2021 PDMP vendor agreement
- Phasing in real-time reporting January 1, 2023
- All information in real-time by January 1, 2024

Missouri SB 63, 101st General Assembly (2021)
Nebraska PDMP Legislation

• LB 237 (2011)
  • Creation of Nebraska PDMP

• LB 1072 (2014)
  • Repeal no funding stipulation

• LB 471 (2016)
  • Prevents opting out
  • Allow prescribers and dispensers to access the system at no cost
  • Report all dispensed controlled substance prescriptions by January 1, 2017
  • Report ALL dispensed prescriptions by January 1, 2018

• LB 223 (2017)
  • Allows prescribers to authorize designees
  • Mandatory training
Nebraska PDMP Legislation

• LB 1034 (2018)
  • Exclude reporting of non-human non-controlled substances
  • Clarify pharmacist use of the PDMP

• LB 556 (2019)
  • Interstate data sharing
  • Workflow integration

• LB 1183 (2020)
  • Report Date Sold
  • Health Information Technology Board
    • “Establish criteria for data collection and disbursement by the statewide health information exchange described in section 71-2455 and the prescription drug monitoring program created under section 71-2454 to improve the quality of information provided to clinicians”
Nebraska’s PDMP

• Prevents the misuse of controlled substances that are prescribed – includes all dispensed prescriptions (controlled and non-controlled)

• Solidifies the state of Nebraska’s position on the cutting edge of medical information technology

• Allows prescribers and dispensers (doctors and pharmacists) to monitor the care and treatment of patients to ensure prescription drugs are used for medically-appropriate purposes
Nebraska’s PDMP

**Highlights**

- Dispensers must submit data
- All dispensed drugs reported on at least a daily basis
  - Some real-time
- Providers and pharmacists can:
  - Access PDMP patient reports
  - Authorize delegates
  - Alignment with federal policy (SUPPORT Act)
  - Patient safety tool

**Functionality**

- Improved patient matching
- Delegate management
- Enhanced reporting
- Interoperability
  - Interstate data sharing
  - Clinical workflow integration
    - EHR
    - Pharmacy software
Drugs Reported

**Controlled substances**
- Opioids
- Benzodiazepines
- Stimulants
- Medical Marijuana
  - Connecticut, New York, Ohio, West Virginia

**“Drugs of Concern”**
- Tramadol (prior to being scheduled)
- Naloxone
- Gabapentin
* Missouri has not enacted state legislation to establish a PDMP
By the Numbers

Annual Dispensed Prescription Records

# Dispensed Rx records

- 2017
- 2018
- 2019
- 2020
Proportion of Unique Users Querying PDMP by User Type (April 2021)
With Great Data Comes Great Responsibility

More data → More information → More knowledge
Reporting all dispensed prescriptions

Required reporting as of Jan. 1, 2018

Comprehensive medication history

Patient safety tool

- Allows clinicians to make better informed decisions
- Identify potential drug interactions, allergies and medications from multiple prescribers and pharmacies
- Provides a valuable resource for unprecedented emergencies
- Tool for medication reconciliation
Why All Prescriptions?

• All drugs can be a “Drug of Concern”
• Patient safety
• “Allow prescribers and dispensers to monitor the care and treatment of patients”
  • Neb. Rev. Stat. §§ 71-2454
• Allow providers to make informed treatment decisions
• Improve the quality of health care
Data Integrity

- Learning process
- Some pharmacies don’t dispense controlled substances and have not previously reported
- Some pharmacies resent same files repeatedly, causing error rates to increase
- Insufficient testing
- Field delimiter contained within field, causing “shift” of fields
  - Asterisk entered in Address field
Patient Matching

- Limited data availability
- Multiple identities
- Detection avoidance
- PMIX Patient Matching Workgroup
- ONC PDMP Patient Matching Symposium
- ONC Project US@
If I Could Do It Over

- Patient matching
- Refills Authorized (DSP04)
  - > 99
- Rx Sig
- 42 CFR Part 2/OTPs
- Animal Rx
  - Consistency on reporting
  - Veterinary software reporting capabilities
Activities to Improve Data

- Compliance with ASAP format
  - Communication with pharmacies/vendors
- PDMP TTAC Compliance Officer Meeting
- NASCSA PMP Committee – Data Integrity Subcommittee
  - NASCSA Annual Meeting Pharmacy Software Vendor Roundtable
- Veterinarian/animal reporting
Expanded Use Cases

- Medication reconciliation
- Federal regulatory/program requirements
  - MIPS Promoting Interoperability
    - Query PDMP
- Public health/population health research
- Interoperability
Opportunities

• Communication
  • Early, frequent notification to pharmacies and vendors

• Cooperation
  • Dispensers may have never reported
  • Improved data submitter compliance

• Collaboration
  • Relationship building
    • Vendors
    • Professional associations
    • Testing
Contact information

Kevin Borcher
VP, Pharmacy Informatics, CyncHealth
402-552-8576
kborcher@cynchealth.org

PDMP Support
402-506-9900, ext. 1
support@cynchealth.org