

PMP (Prescription Monitoring Program)

Senate Bill 355

Sponsoring Legislators:

Senator Morrisette, Senator Kruse, Senator Bates

Purpose of the Bill:

SB 355 creates a tool for prescribers and pharmacies to avoid getting “scammed” by illicit drug seekers who “doctor shop” and “pharmacy hop” undetected. States without such programs may become havens for criminals and drug abusers seeking prescriptions for abuse and resale.

Problems:

- The nation is facing a growing prescription drug abuse and diversion problem. Prescription drugs are the fastest growing drug of abuse among teens.*
- Oregon lacks a tool for prescribers and pharmacies to determine if a person is seeking prescription drugs from multiple prescribers for abuse or illicit sale.
- Oregon is surrounded by states having/developing such programs.*

What is a Prescription Monitoring Program (PMP)?

The resulting program creates a compilation of the controlled substance Rx fill data from all Oregon pharmacies so that it becomes evident if a person is seeking controlled substances (ie. narcotics and substances of common abuse and illicit sale) from multiple doctors and pharmacies. There is currently no monitoring tool available to Oregon health care providers. This bill and for formation of an Electronic Prescription Monitoring Program (PMP), now available in most states, will provide a valuable option for prescribers' who want to contain risk of abuse, misuse and diversion.

How many other states have PMPs?

43 states are engaged in, or are seeking PMP programs. 38 states have actively running programs and 5, including Oregon, are seeking or are developing such programs. *

Funding:

The Oregon Board of Pharmacy was awarded a \$350,000 federal grant for planning and development of the program. The grant expires on July 31, 2009 unless the bill is passed. Upon passage of the bill, additional federal grant funds of \$450,000 are available for application. Permanent funding is proposed as a capped annual fee of \$25 to prescribers and pharmacists in Oregon. No general funds will be used for this program.*

Bill Developers:

Oregon Pain Management Commission, Oregon Meth Taskforce

Expected opposition:

ACLU of Oregon

How Does the Program Work?

SB 355 requires Oregon pharmacies to submit controlled substance dispensing data to the PMP system on a weekly basis. Currently, this data exists in every pharmacy for a three year period, but is retained by the individual pharmacy only and is not readily available to practitioners. The tool becomes available, with safeguards and security measures in place, to practitioners.

Security of the System and Data:

PMP programs are created with security measures present in software, pass-codes, certification, authentication and verification processes. Per Sherry Green, Executive Director of the National Alliance of Model State Drug Laws, there have been no breaches of PMP programs.* The authentication process assure that access is strictly limited to those approved for access. Prescriber access is granted for a particular patient profile upon validation of prescriber-patient relationship.

Who Else Has Access to This Program?

Law enforcement has limited access, with restrictions. Upon presentation of a court order relating to a specific and already established case, information relating to the PARTICULAR individual is granted. Currently, only a subpoena is required for access to such pharmacy data. This enhances the protections significantly over the status quo regarding law enforcement access. This program does not create a new tool intended for use by law enforcement but rather a tool **to help prevent practitioners from being “scammed” for prescription drugs**. Regulatory agencies have limited access (as they do now) to pharmacy records based on the existence of an ongoing and open case relating to a specific provider. De-identified data, with no identifiers (such as trends in drug use) can be made available to the state.

Additional Benefits to the Program:

- Practitioners prescribing important pain medications to Oregon residents will be able to better evaluate their patients since they can see what controlled substances are being dispensed to that patient by various pharmacies.
- Patient care will be enhanced significantly and pain specialists will be confident in treating patients for pain with decreased fear of overprescribing, inadequate treatment, or being scammed outright by criminals seeking controlled substances for illicit purposes.
- All practitioners, Emergency Departments, Urgent Care Clinics and pharmacies will benefit from this program.
- Patients will benefit from having accurate controlled substance information readily available to their practitioner via this program.

Why is this needed if “electronic prescribing” is coming?

When/if electronic prescribing of controlled substances (not permitted by DEA) becomes the standard of practice, there is no method to tie this information together for prescribers. Electronic prescribing will help when eventually/if ALL prescriber’s data based are linked, or if every patient record is maintained on a national database (unlikely).

Don’t practitioners and pharmacies share information about patient prescribing now?

Of course, but this program is HIPPA compliant and guarantees that the information shared is between correctly credentialed professionals, that the information is accurate and comprehensive for all Oregon pharmacies. It provides information after regular business hours for ER practitioners and others on call.

How will practitioners use and gain access to the program?

Following an annual credentialing process, a practitioner will be granted various personal security codes which will establish evidence of a patient-practitioner relationship. This will ensure only their personal access and will allow them 24hour/7 day a week access to the program. They can request a report on a specific patient (theirs) only.

Are errors corrected?

Yes. One of the advantages of having a PMP program is that if an error occurs during the prescription fill process, (such as wrong patient on the Rx label, wrong address, wrong birth date) it will be detected in the data collection and verification process. This correction is required at the pharmacy level where the prescription is generated.

Is there evidence of such programs reducing medication diversion and abuse?

Yes. A national study done when only 20 states had programs, “An Evaluation of Prescription Drug Monitoring Programs”, shows that states with programs normalized levels of controlled drugs per capita which in turn reduces the probability of abuse of these drugs.

Do pain patients and pain advocacy groups support having a PMP?

Yes. Having their physician confident of medication use through verification from a PMP program ensures that their practitioner will feel confident in prescribing their medications. Quotes from physicians and others are available on the website*

More Information:*

Contact: Oregon Pain Management commission at www.oregon.gov/dhs/pain or Jennifer Wagner, Pain Management Coordinator at 503-945-7009.