PRESCRIPTION MONITORING PROGRAM
ADVISORY COMMITTEE
MINUTES

October 9, 2008
Kansas State Capitol Building
4th Floor, Room 446 N
10th and Jackson
Topeka, KS

Thursday, October 9, 2008

Committee Members Present: Karen Braman, R.Ph.,M.S., KS Board of Pharmacy (KBOP), Chair; Dr. Bob Twillman, KU Medical Center; Max Heidrick, R.Ph. Kansas Pharmacists Association (KPhA); Jeff Brandau, Kansas Bureau of Investigation (KBI); Dr. Joe Davison, Kansas Medical Society (KMS); Dr. John Whitehead, Kansas Association of Osteopathic Medicine; Dr. Robert Smith, Kansas Dental Association; Phil Schneider, Kansas Hospital Association

Others in Attendance:
Sen.Vicki Schmidt R.Ph.; Berend Koops, Hein Law Firm; Bob Williams, KS Association of Osteopathic Medicine; Dan Morin, KMS; Susan Zalinksy, Johnson & Johnson; Lane Hemsley, Freiden & Forbes Law Firm; Christina Morris, KBOP

Committee Members Not Present: Nicole Kehr, R.Ph., Kansas Pharmacists' Association; Harold Godwin, R.Ph., University of Kansas School of Medicine; LeAnne Bell, Kansas Health Policy Authority

MEETING CALLED TO ORDER: Karen Braman called the meeting to order at 2:00 p.m.

Introductions were made.

APPROVAL OF THE SEPTEMBER 12 MINUTES: A motion was made and seconded to approve the September 12 minutes as presented (Heidrick/Brandau). Motion passed.

APPROVAL OF THE AGENDA: Karen Braman, R.Ph.,M.S. amended the agenda. Instead of "IV. Review of Other States' PRESCRIPTION DRUG MONITORING PROGRAM Statutes and Regulations", substitute "IV. Review Draft of Proposed Regulations." No other agenda items were added.

REPORT ON OTHER STATES' PRESCRIPTION DRUG MONITORING PROGRAMS: Karen Braman. presented an overview of interviews conducted with five states regarding their Prescription Drug Monitoring programs. Christina Morris compiled the states' responses in a spreadsheet distributed to Committee members. The information

shared from other states included implementation process, costs, staffing and resource requirements, software and hardware requirements, stakeholder community acceptance and education, analysis and use of the data, lessons learned and future planning.. The states interviewed were Kentucky, Maine, Colorado, Virginia and Ohio.

DISCUSSION REGARDING JANUARY 2009 REPORT TO LEGISLATURE: Karen Braman suggested forming a subcommittee to begin working on the January 2009 report to the Legislature. Volunteers for the subcommittee include: Jeff Brandau, Max Heidrick, Bob Twillman, and Joe Davison. Recommendations that need to be addressed include: funding, program implementation, program administration, resource needs including software and hardware, program staffing and resource requirements, including data analysis and the user registration process.

A discussion followed that included the Harold Rogers grant Kansas applied for and the conditions of the grant.

The group also discussed bringing representatives of another state's Prescription Drug Monitoring program to present an in-depth look at their Prescription Drug Monitoring program. It was discussed that Kentucky offers an educational program for other states to come and learn about their Prescription Drug Monitoring program. Jeff Brandau offered to bring Virginia in to meet with the Committee to discuss Virginia's program in detail. It was agreed that Jeff Brandau and Christina Morris would try to schedule a meeting in which Virginia PMP representatives would present their program to the Committee.

REVIEW OF DRAFT REGULATIONS: Lane Hemsley presented draft regulations created for the Prescription Drug Monitoring Program. Lane explained the regulatory process.

The group discussed the draft regulations. It was determined that the definition for "Patient Identification Number" may need to be revised. The group discussed the National Provider Identifier (NPI) and that is should be included in the information required to be reported. A committee member suggested that many physicians do not know their NPI but it was determined that the pharmacy should have that number. Also, practitioners are able to go directly to the NPI website to retrieve their NPI numbers, so they are readily available for any physician or pharmacy that has online access. In case a provider has two NPI numbers, one for their business and one for the individual, it was determined that in the regulations the NPI number should refer to the individual dispenser and not the entity.

There was additional discussion on Patient Identification Number. Max Heidrick recommended the definition in regulations be more narrow than "unique". Max Heidrick and Lane Hemsley both suggested not requiring a patient's social security number as a reporting requirement.

The group discussed the American Society for Automation in Pharmacy (ASAP) reporting standards and decided that Kansas would want to use no later than the 2007

ASAP standards. Karen Braman suggested that the regulatory language be generic such as "system that is comparable to" to give the Board latitude to change the ASAP requirements as the software is updated so that a regulatory change does not have to be made every time the software is upgraded.

Lane Hemsley advised the committee that the Department of Administration may hold the regulations up if the Prescription Drug Monitoring Program is not up and running yet. He also said that he could generate language that said the Board of Pharmacy "may" enforce the regulations but he thought we would have a lot better chance of pushing the regulations through if we set a specific date that the regulations will take effect. The group also discussed making sure a copy of the reports discussed in proposed regulation 68-21-3 is provided to the Department of Administration when we submit the regulations for review.

The group discussed proposed regulation 68-21-1 regarding granting reporting extensions. The group suggested changing this language so it allows extensions requests to be either written or telephonic. Max Heidrick suggested generalizing the language so that it just requires notification in no particular form.

During the discussion on the draft regulation, t Phil Schneider brought up the issue of hospital emergency rooms that dispense controlled substances in “dose-packs” being required to report to the Prescription Drug Monitoring Program. He had concerns about his hospital’s ability to meet the reporting requirements. There was a great deal of discussion regarding the importance of data regarding individuals who “shop” for narcotics in emergency rooms being included in the PMP. Dr. Whitehead commented that the emergency room he works for in Wichita and others he has worked in have stopped supplying narcotic dose packs because of the availability of 24-hour pharmacies. Dr. Davison commented on the importance of a physician knowing that their patient is going to the emergency room to obtain narcotics and that the data should be in the PMP. Jeff Brandau stated his concerns that if an exception were granted to emergency room dispensing that people abusing medication may use emergency rooms to obtain "bridge medications." It was determined that the committee would ask other states how they handle dose pack dispensing issues.

ACTION ITEMS FOR NEXT MEETING: Karen Bramanreviewed the action items to be completed before the next meeting. These include:
1) Obtain more information on PMIX (Prescription Monitoring Information Exchange), a national database for PMPs that is being developed.
2) Contact the Health Information Privacy and Security Collaborative (HISPC) on analysis of statutes and regulations relating to information exchange.
3) Draft report outline and schedule subcommittee meeting to begin work on the Report to the Legislature for January 2009.
4) Work with Virginia to schedule their on-site presentation.
5) Contact other states about dose-pack dispensing of controlled substances from emergency rooms.

The next meeting time and location will be announced once Virginia is contacted and a date is set for their presentation to the Committee.

Meeting adjourned.