

Frequently Asked Questions

Are other states planning to implement prescription drug monitoring programs?

Eleven states are in the process of proposing, preparing, or considering legislation. These states include Arkansas, Delaware, Florida, Georgia, Maryland, Missouri, Montana, Nebraska, New Hampshire, Oregon, and South Dakota. Only one state (Wisconsin) and the District of Columbia have done nothing to implement a program.

Has monitoring program data been used to target potential subjects of investigations?

Program officials state their systems are not used to target subjects for an investigation. Prescription drug monitoring data regarding specific healthcare professionals may be reviewed after an official complaint is received. The PDMP system may also be programmed to highlight significant deviations regarding prescriptions. The states use the data to identify that a problem exists and to determine the extent of the diversion or abuse. The systems are also queried for patients who are found to be "doctor shoppers"-- one individual visiting numerous doctors and pharmacies to obtain pharmaceutical controlled substances.

Is the accessibility to controlled substance prescription data a violation of patient confidentiality?

Every prescription drug monitoring program provides safeguards to protect patient confidentiality. Only those individuals who are authorized by statute or regulation can access the controlled substance prescription information.

Who is authorized to review the data and once the data is collected, what is done with it?

Each state has legislation that determines who can access the PDMP data. PDMP officials are not privy to information that is not part of the PDMP. The significance of the monitoring programs is to facilitate access to prescription information in a more user friendly format.

What impact do monitoring programs have on bordering states that do not operate a monitoring program?

State authorities report that after a prescription drug monitoring program goes into effect, "doctor shopping" patients often move their criminal activities to bordering states that do not have a PDMP. PDMP information can be shared with other states if state statutes and regulations permit it. The National Alliance for Model State Drug Laws has drafted a Model Interstate Compact to assist states in their efforts to share prescription information across state lines. More information on the National Alliance for Model State Drug Laws can be found at www.natlalliance.org.

Additionally, the Integrated Justice Information Systems (IJIS) Institute is leading a project funded by the Bureau of Justice Assistance (BJA) to develop a system for the interstate exchange of prescription drug monitoring program data. IJIS created a pilot project between California and Nevada to share state PDMP information. In May 2007, a test of the pilot project was successful with the exchange of information. This is the first time states have exchanged PDMP data in an automated fashion.

Currently, IJIS is working to implement a prototype system that will prove the value of a shared hub server used to centrally facilitate and broker data exchanges.

The hub server would provide for a centralized enabling system with which each state PDMP system could communicate more economically than having each and every state manage 49 exchange pipelines on a one-by-one basis. The Ohio Board of Pharmacy has agreed to serve as the host agency that would work under the guidance of the IJIS PDMP Committee to acquire and operate the hub for the duration of the prototype. Ohio, Kentucky, and Nevada have agreed to participate in this phase of the project to exchange data via the hub. For these projects, IJIS is working closely with the practitioners from the Alliance of States with Prescription Monitoring Programs, the Bureau of Justice Assistance, and the Drug Enforcement Administration. The goal is to provide recommendations on how to implement the data exchanges based on the new open standards emerging from the Global Justice XML Data Model. More information on the IJIS Interstate PDMP exchange project can be found at www.IJIS.org.

What additional time, if any, is required to submit prescription data to state authorities?

The majority of pharmacies submit prescription information electronically. States have generally expressed satisfaction with the electronic system since it markedly reduced the paperwork burden that existed when pharmacies manually submitted prescription data.

How can a state initiate a prescription drug monitoring program?

The Harold Rogers Prescription Drug Monitoring grant program provides financial assistance to state authorities who want to create or enhance a prescription drug monitoring program. Additional information can be found at www.ojp.usdoj.gov/bja

What are some of the beneficial uses of prescription drug monitoring programs?

Historically, investigators needed to visit each location to obtain prescription information for routine pharmacy inspections or investigations. The PDMP database eliminates this tedious process by requiring prescription information be maintained electronically. This allows investigators to obtain pharmacy data from multiple locations without having to visit each and every pharmacy.

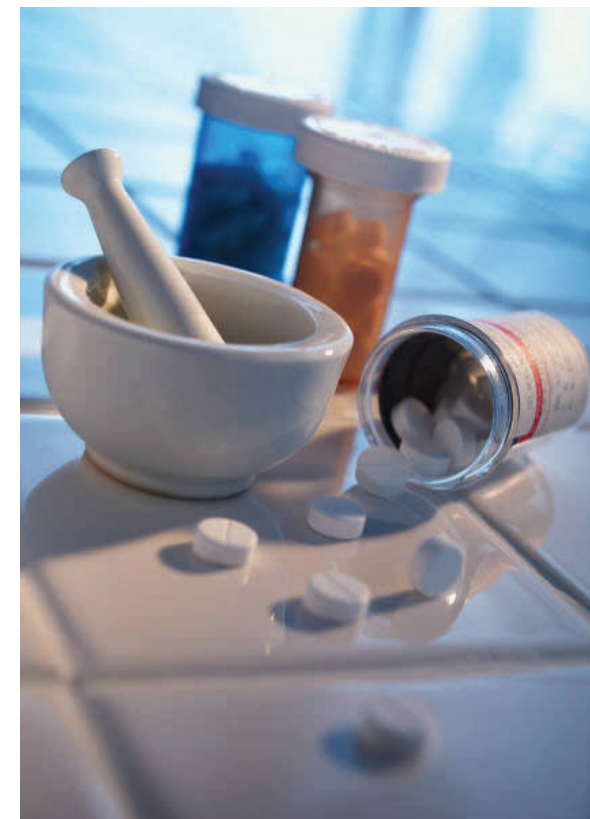
Prescription drug monitoring programs are being used to deter and identify illegal activity such as prescription forgery, indiscriminate prescribing and "doctor shopping." Most programs provide patient specific drug information upon request of the patient's physician or pharmacist. Some state programs proactively notify physicians when their patients are seeing multiple prescribers for the same class of drugs. This assists healthcare professionals in managing patient care. It has been an extremely successful program to thwart diversion in a number of states.

What are the annual costs to operate a prescription drug monitoring program?

The cost of implementing and operating a prescription drug monitoring program differs from state to state because of many variables that exist. The average cost to start a PDMP is approximately \$350,000. State annual operating costs for PDMPs range from \$100,000 to nearly \$1 million. Cost variations are affected by the frequency of data collection (daily, bi-weekly vs. monthly), the use of a third party vendor, the number of prescriptions written/filled in a state, the number of schedules (II-V) collected, and the use of official forms when required.

Prescription Drug Monitoring Program

Proposed Legislation for the State of Florida



**This brochure was prepared by:
Florida Regional Prescription
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**A Task Force of the
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Prescription Drug Monitoring Program Proposed Legislation State of Florida

Introduction

Prescription drug monitoring programs (PDMPs) are among the most important components of government efforts to prevent and reduce controlled substance diversion and abuse. The Drug Enforcement Administration estimates 7 million Americans are abusing prescription drugs, an increase of 80 percent since 2002. In Florida, the rate of deaths (per 100,000 residents) caused by prescription drugs is over three times as high as the rate of deaths caused by all illicit drugs combined. In addition, according to the 2008 Florida Youth Substance Abuse Survey, among Florida's 12th graders, the past 30 day prevalence rates for abuse of depressants and prescription pain relievers are greater than for all other illegal drugs, excluding marijuana.

Controlled substances are potentially beneficial medications, but they also have the capacity to be abused, misused, and sold for profit as well as contribute to behavior such as "doctor shopping." Prescription drug diversion costs lives, increases crime and misery from drug addiction, and accelerates costs connected to treatment, medical expenses and Medicaid fraud. In Florida, drug-related deaths continue to increase:

2007: 8,620
2006: 7,741
2005: 7,573
2004: 7,128
2003: 6,676

Prescription Drug Monitoring Programs are an important tool for prescribers, dispensers, and law enforcement in combating the prescription drug abuse problem. Drug monitoring programs were developed in response to the misuse of prescription drugs. They are readily diverted to the black market due to the lack of controls that would be mandated by a prescription drug monitoring program. It is not an uncommon practice for individuals abusing prescription medication to participate in doctor and pharmacy shopping, illegally purchase medication without a prescription over the Internet, steal drugs from family or friends, and forge or alter prescription forms. PDMPs are intended to reduce or eliminate the flow of controlled substances from legitimate medical sources to nonmedical users or dealers. Currently, 38 states have a PDMP in place and 5 out of the remaining 12 states are introducing legislation this year. Fortunately, Florida is one of the states working diligently to create legislation that prohibits illegal provision and receipt of prescription drugs by health care professionals and patients.

Prescription Drugs in Florida - Priority Problem

A report by the Florida Medical Examiners Commission has concluded that prescription drugs have outstripped illegal drugs as a cause of death in Florida. In addition, the number of drug overdose deaths in the United States continues to increase, representing a serious threat to public health. Many experts in the field attribute the trend to the increasing popularity among doctors in the practice of prescribing painkillers, combined with aggressive marketing techniques by pharmaceutical companies.

In Florida, physicians directly dispensing Schedule II narcotics (for example: morphine, methadone, oxycodone) are frequently associated with so called "Pain Clinics" offering "pills for pay" unlike legitimate pain management doctors. Unfortunately, Florida leads the nation with the top 25 dispensing practitioners of "oxycodone." These practitioners are located in 5 counties within the state: Broward, Palm Beach, Miami-Dade, Hillsborough, and Manatee. Furthermore, lack of a PDMP contributes to the existing problem of drug diversion and the transmission of licit pharmaceuticals for illegal purposes or abuse. State authorities in states with PDMPs have indicated that after a PDMP goes into effect, "doctor shopping" patients often move their criminal activities to bordering states that do not have this program. Law enforcement in Florida are receiving reports that drug dealers from Alabama, Kentucky and other states (which have a monitoring program) are coming to Florida to obtain prescription drugs because they are not controlled in our state. Unfortunately, Florida is such a "target" state and has yet to pass legislation to introduce a PDMP to date. Florida is now the most populous state without a Prescription Drug Monitoring Program. Florida is seen as a key state in preventing drug abuse and our legislative efforts are having national impact.

Goals of Prescription Drug Monitoring in Florida

The goals of PDMPs are unique for each state but are generally based on a number of possible major objectives of prescription monitoring, namely:

- Education and Information
- Public Health Initiatives
- Early Intervention and Prevention
- Investigations and Enforcement
- Protection of Confidentiality
- Eliminate Forgery and Counterfeiting of Prescription Forms
- Reduce the Number of Deaths that are Prescription-Drug-Related
- Reduce Criminal Activity Associated with Addiction and Diversion
- Reduce Suffering and Addiction caused by Misuse and Abuse of Prescription Drugs

The goals of the PDMP encompass both the promotion to free up resources with access to appropriate pharmaceutical care and the deterrence of pharmaceutical diversion. Therefore, the emphasis is on preventing drug abuse, increasing patient safety and ensuring public trust in the system.

Components of State

Prescription Drug Monitoring Programs

- Submission of data for Schedules II, III, IV and V drugs. Doctors, pharmacists and occupational licensing officials have access to the database
- Access to collected data by federal, state, and local law enforcement personnel who are statutorily authorized to access the information by traditional, manual methods.

- Databases are not subject to public or open records laws.
- Individuals using state prescription drug monitoring programs receive adequate training on the system as well as training on proper prescribing practices, pharmacology, and referral of addicted and abusing patients.
- Legislation frequently includes penalties for the unauthorized use of the data.
- Out-of-state Internet or mail order pharmacies can be required to submit reports.
- Programs provide information for research, policy and educational purposes only if personally identifiable information is removed.

Prescription Drug Monitoring Task Force Recommendations

- Funding – Private or Federal Grant
- Limit personal identification information – Social Security Number (Keep infrastructure with regard to input into the fraudulent system).
- System Standards consistent with the American Society for Pharmacy Automation.
- Health Insurance Portability and Accountability Act (HIPPA) – All exemptions on current proposed legislation are acceptable.
- Penalties for Violations – All penalties proposed are acceptable.
- Purge – conditions – HB 585/SB 462 revise language in bill draft from "may" retain to "shall" retain.
- State Surgeon – agreement with other states – HB 585 (Representative Skidmore).
- Mandatory reporting for all prescribing and dispensing.
- Real-time reporting goal.
- Pass a "Phase 1" bill with basic monitoring and amend future legislation.

Conclusion

The goals of Prescription Drug Monitoring Programs are manifold, spanning education, prevention and law enforcement. The emerging challenge of prescription drug abuse and misuse is a complex issue that requires a concerted effort by all Floridians. Our state has become a source for illegally diverting medications for residents from Kentucky, Tennessee, Ohio, West Virginia, Massachusetts, New York, and other states. Florida is now the largest populated state without such a program. The resulting impact of reducing diversion of controlled substances will also assist law enforcement and benefit the state. In addition, it will provide valuable and much needed data to health care providers and enhance their ability to manage chronic pain. In all of its tremendous resources, Florida has a significant problem with the misuse and abuse of prescription drugs that can be addressed by the state legislature to effectively deal with the rising abuse of pharmaceuticals in Florida.