

EXECUTIVE SUMMARY

Prescription Monitoring Work Group of the National Alliance for Model State Drug Laws

Recommendations for State Prescription Monitoring Programs

Introduction

The Prescription Monitoring Work Group of the National Alliance for Model State Drug Laws (the Alliance) has issued a report of its recommendations regarding the design, implementation, and use of state prescription monitoring programs (PMPs). Established at the request of the Virginia Attorney General's Office, the work group was composed of a variety of professionals involved in this issue. Members included pain management doctors, addiction treatment providers, pharmacy board executives, pharmaceutical industry representatives, health professionals, prosecutors, law enforcement officials, managers of existing state PMPs, a medical examiner, and past consumers of addiction treatment services. The goal of these recommendations is to assist states in their efforts to curb the diversion of, abuse of, and addiction to prescription drugs.

Purpose of State Prescription Monitoring Programs

Members of the Prescription Monitoring Work Group agreed that state prescription monitoring programs could be effective tools for addressing the diversion of, abuse of, and addiction to prescription drugs. Participants indicated that an optimal state PMP would be proactive and thus able to accomplish a variety of goals related to safeguarding public health and safety. These goals could include: (1) to support the legitimate medical use of controlled substances; (2) to facilitate and encourage the identification, intervention with and treatment of individuals addicted to prescription drugs; (3) to identify and prevent drug diversion; (4) to provide assistance to those investigating cases of diversion or other misuse; and (5) to inform the public, including health care professionals, of use and abuse trends related to prescription drugs.

Controlled Substances to be Monitored by PMPs

The Alliance's Prescription Monitoring Work Group favored being inclusive, rather than limited, with regard to which controlled substances to monitor with PMPs. Members were clearly in agreement that the diversion of, abuse of, and addiction to prescription drugs are not limited to one product. Therefore, an effective monitoring system would include a comprehensive list of substances. A more inclusive list would allow state officials to respond more quickly to new and future abuse, diversion, and addiction trends, and to better protect public health and safety.

The work group recommended that states minimally monitor the federally scheduled substances (II – IV). Optimally, PMPs would also include additional substances scheduled by states, as well as identified “drugs of concern.” “Drugs of concern” are those substances that are identified by law enforcement, addiction treatment providers, and other professionals as drugs with increased diversion, misuse, and/or addiction within a state. Work group members understood that resources could arguably limit the range of controlled substances monitored as states establish PMPs; however, they recommended that states build in a mechanism for adding drugs to the monitoring system as the program evolves.

Safeguarding Confidentiality

Safeguarding the confidentiality of the data collected and carefully determining who has access to a PMP's information were priorities for the Alliance's work group. Participants most commonly identified licensing boards, prescribers, dispensers, and law enforcement officers as categories of individuals who may have access to monitoring system data. Some work group members also specified that physicians affiliated with addiction

treatment centers and impaired professionals programs as those who may have access to data in order to provide appropriate addiction treatment to patients. Both to safeguard data and to facilitate the efficient transfer of information, the work group recommended that states develop a clear chain of communication for the relay of data within the monitoring system.

Housing Agency for a State PMP

Regardless of which agency or organization houses the prescription monitoring program, participants recommended that the PMP design include a mechanism for the housing agency to incorporate input from a diverse, multidisciplinary group of individuals involved with and affected by the program. This group would be composed of 1) prescribers, including primary care physicians, 2) dispensers, such as pharmacists, 3) licensing boards or associations such as medical boards/societies, 4) law enforcement, 5) prosecutors, 6) addiction treatment providers, 7) members of the recovering community, 8) state policymakers and agency officials, 9) employers and other payers who may be asked to pay for treatment that results from identifying addicted patients, 10) consumers, and 11) others who may initially be inclined to oppose a PMP. The work group favored using this entity in an advisory role for a state prescription monitoring program.

Support of the Effective Establishment and Operation of State PMPs

Members of the Work Group stressed that a monitoring program does not operate in a vacuum. A state should provide adequate resources and enhancements for its enforcement, legal, licensing, and treatment systems in order to maximize the effect of the PMP. The work group strongly recommended that states consider the following areas as they develop these programs:

- Education of health professional regarding the monitoring system, pain management, addiction, and referrals to treatment
- Remedies and penalties in state law related to the diversion of prescription drugs (e.g. “doctor shopping”)
- Insurance coverage for pain care, substance abuse and addiction treatment
- Evaluation of the program on an ongoing basis to assess effectiveness

Funding for State Prescription Monitoring Programs

Without resources to operate the program, a PMP remains theoretical, never moving from words on paper to actual development. Therefore, participants identified funding of PMPs as a priority. Work Group members identified possible sources of funding for a PMP: 1) controlled substances registration, 2) asset forfeiture proceeds, 3) grants, particularly for start-up costs, 4) additional or increased fines, 5) victim assistance funds, 6) licensing fees, 7) money or in-kind donations from computer companies that would benefit from long-term customer relationships with electronic monitoring systems, 8) cost-savings gained from offsetting responsibilities of other programs, such as Medicaid enforcement, and 9) federal and/or state incentive grants to implement or enhance a PMP.

Meeting States Needs with Prescription Monitoring Programs

While acknowledging the need to provide guidance to states in designing and implementing PMPs, the work group asserted that states must each establish a monitoring program that is customized to its individual needs. Members encouraged states considering PMPs to take the recommendations presented in its report and to tailor the details of a PMP’s development and operation to the needs, resources, existing programs and legislation, and issues faced in their states.

For a copy of the full report *Prescription Monitoring Work Group of the National Alliance for Model State Drug Laws: Recommendations for State Prescription Monitoring Programs*, please contact the Alliance at 703-836-6100.