

**NH PDMP Advisory Council Meeting  
July 17, 2017  
OPLC/NH Board of Pharmacy**

**Meeting Minutes**

**Advisory Council Members Present:**

David Strang, MD, Chair, NH Medical Society (NHMS)  
Charles Albee, DMD, NH Board of Dental Examiners  
Michael Bullek, Administrator/Chief of Compliance, NH Board of Pharmacy (BOP)  
David DePiero, NH Hospital Association (NHHA)  
Eric Hirschfeld, D.D.S, NH Dental Society  
Denise Nies, Executive Director, NH Board of Nursing (BON)  
Jonathan Stewart, Community Health Institute (CHI)  
David Stowe, DVM, NH Board of Veterinary Medicine (*via phone*)  
Michael Viggiano, RPh, State Pharmacy Associations

**Advisory Council Members Absent:**

Brooke Belanger, NH Attorney General's Office  
Richard Crate, NH Police Chiefs' Association  
Kate Frey, New Futures  
Joseph Harding, NH Dept. of Health and Human Services (DHHS)  
John Wheeler, MD, Board of Medicine (BOM)

**Also Attending:**

Michelle Ricco Jonas, PDMP Manager  
Joanie Foss, Administrative Assistant, NH PDMP  
Nicole Gaffen, MPP Performance Auditor  
Jim Giglio, TTAC (*via phone*)  
Steven Grady, Office of Legislative Budget Assistant, Audit Division  
Patrick Knue, TTAC (*via phone*)

The meeting began at 3:11 pm

- **Introductions**
  
- **Review & Approve Minutes**
  - June 19, 2017: Motion by D. DePiero. Second by C. Albee. All in favor.
  
- **Sub-Committee Reports**
  - **Implementation (M. Ricco Jonas)**

## **A. General Update:**

M. Ricco Jonas reviewed progress on the audit. On 6-27-17, she attended a legislative committee meeting re: scope of the audit and provided additional information as requested.

S. Grady responded to questions from the A.C. members regarding the audit email survey and some of the reasons behind it. He stated that app. 60% of those requested had completed it.

### Recent Information Requests:

Medical Examiner: 0 requests

Law Enforcement: 0 requests

Regulatory Boards: 2 requests

Patients: 0 requests

Memos of Corrective Action from BOP: 3

- A. One licensee is being "written up" by the PDMP. Pending the result of this, the program will follow up with BOP compliance.
- B. Two requests have resulted in changes to the data in the PDMP and potential follow up by BOP compliance on other issues.
- C. M. Bullek indicated that BOP compliance investigators are spending large amounts of time on issues uncovered by the PDMP, which takes them away from other duties. M. Ricco Jonas feels the PDMP needs its own investigator.

## **B. Vendor Migration**

- Weekly migration meetings with Appriss continue to be held every Thursday. July 26<sup>th</sup> continues to be the "go live" date on the new platform.
- The program has finalized and sent out a letter to PICs (Pharmacist-In-Charge). Major chain pharmacy authorities have been asked to disseminate information to their stores indicating the changes that are coming. A copy of the Dispenser Guide was also provided July 7<sup>th</sup>, to further remind pharmacies/-ists of the process of enrolling in the new system/platform.
- The program is working on role and licensing mapping.
- The PDMP Staff received 4 hr. of training on the AWARxE administrative site, focusing on site configuration and use.
- There has been an initial review of an auto dispenser registration process. Implementation is pending a meeting to finalize this process. We hope to

start this in the Fall (post migration). Right now, we have to manually approve every dispenser, which is very labor intensive.

- Nursing providers have lots of initials after their names for Appriss to identify/recognize. Residents and V.A. physicians will still have to be manually approved. With the new platform though, interface should be improved and the PDMP should be better able to push information out to pharmacies, etc.

### **C. PDMP Finance**

We submitted an amendment to the current budget to cover benefits for the remaining part of FY'17. The amendment was passed by both the Fiscal Cmte. on 6/16 and Governor & Council (G&C) on 6/21.

We also submitted a FY'18 Budget request to G&C to cover operational expenses (minus salaries and benefits, which require Fiscal Cmte. approval) for consideration at the July 19<sup>th</sup> G&C meeting.

In August, the PDMP will then submit a budget amendment to the Fiscal Cmte. and G&C to include salaries and benefits for FY'18.

Lastly, we will go to the Fiscal Cmte. and G&C in October/November to accept and expend additional grant funds (if awarded by the BJA), to establish a final FY'18/19 budget. BJA notification happens in September, and we can only create this final budget after the AGs Office completes their accept and expend process with the new grant funds, if awarded.

#### **Finance Sub-Committee**

Prior to their first meeting earlier this month, D. Strang, et.al. called several other States to inquire about their programs' financing mechanisms. Some states are surcharging licensees (usually those with DEA licenses). Some states have charged drug wholesalers and said their licensees wouldn't support a direct charge for PDMP financing. When asked what lessons they have learned, one State (NM), replied that government is very interested in assisting in the start of a program, but not so interested in ongoing funding. D. Nies indicated that NH's licensing boards pay for themselves, usually with a surplus, which then goes to the General Fund.

Additional meetings of the Finance Sub-Committee regarding sustainability planning will take place. An initial draft of various financing options will be reviewed in the non-public session later today. The Sub-Committee will then take this feedback and work on a plan before presenting it to the BOP in August.

- **Evaluation: (J. Stewart)**

The dispenser survey was sent out app. 3 weeks ago by email with a hyperlink. Thus far, there has been a 15% response rate. We hope to have some preliminary results from this survey for the August meeting.

- **Old Business**

None brought forward

- **New Business**

APPRISS-Requested Reports

What kind of reports would licensing boards like to receive from the new system?

A questionnaire went out requesting suggestions. Feedback came from 1423 responses. This information was provided to APPRISS to determine if the new system would be able to provide us with the following reports (? on a monthly basis), in support of the legislation that was recently enacted re: opioid prescribing. Below in **RED** are the comments and/or additional information APPRISS will need to determine if these reports can be generated.

**Reports requested to be generated by APPRISS**

(1) When there is cause to believe a potential violation of law or a breach of professional standards may have occurred:

a. What are potential violations of the law? (e.g. over prescribing – what does this mean?)

- **Prescribers in EDs, Urgent Care/Walk In Clinics – writing a Rx for greater than 7 days of medication (for acute pain): Unlikely this report will be possible. There is no way to discern from a Rx if someone works in an ED or urgent care/clinic setting.**

- **Prescribers writing for opioids beyond 30 days length (acute pain): Can you expound on the parameters? Would this be one prescription for 30 days, or a prescriber that has written multiple prescriptions to a single patient for more than 30 days total? – Reply: One prescription for greater than 30 days. Multiple Rx that total more than 30 days are often medically necessary and not a violation of the law.**

- **Prescribers writing for opioids beyond 90 days (chronic pain): Reply: One prescription for greater than 90 days.**

- **100 M.E.D. daily for more than 90 days: A patient list or prescribers writing for a MED over 100 for more than 90 days to a single patient? – Reply: A prescriber list would be best.**

b. Breaches of professional standards?

- **Overlapping prescriptions being prescribed and/or dispensed: We need more information regarding what would be a breach of professional standards in NH for both prescribers and dispensers. This will be a complicated formula to create for a report, so specifics would be needed to determine whether such a report could be created.**

(2) When there is cause to believe that a failure to report the dispensing of a schedule II–IV controlled substance conceals a potential pattern of diversion for illegal use:

a) Failure to upload on a daily basis

**We believe the compliance section within AWA Rx E will accomplish this. You will be able to see anyone who did not upload either prescription data or zero reports on a timely basis for a certain day.**

**Is there another part of compliance that you are trying to see with this?**

- **Items of Interest**

D. DePiero stated the CDC claims old prescription statistics might be skewing actual prescription rates. Specifically, they reported an 18% *decrease* in opioid prescriptions from 2010 to 2015, but then stated there was an *increase* in MME per person from 180 in 1999 to 640 in 2015.

It was stated a recent article in the Journal of the American Pharmaceutical Association questioned how many times should an opiate addict be revived due to strained municipal budgets and the ever-rising price of Narcan. D. Strang indicated an OH politician had recently advocated this (? prompting this article). It was also stated that this position is extremely controversial, as how would First Responders initially know how many times someone had been given this medication when they respond to the scene? How could a provider stand by and watch someone die, knowing they had a life-saving medication in their possession?

**Motion to go into non-public session at 5:10 p.m. by C. Albee. Second by E. Hirschfeld. All in favor.**

**Motion to come out of non-public session at 6:04 p.m. by C. Albee. Second by J. Stewart. All in favor.**

- **Next Meeting:**

Date/Time: August 21, 2017; 3:00 p.m.

Location: Office of Professional Licensure and Certification

- **Adjournment:**

Motion at 6:04 p.m. by C. Albee. Second by J. Stewart. All in favor.

Respectfully submitted,

A handwritten signature in black ink that reads "David E. Strang MD". The signature is written in a cursive style with a large initial 'D' and a distinct 'MD' at the end.

David E. Strang, MD  
Chairman