MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)
July 17, 2017
4:00PM to 6:00 PM
BEHAVIORAL HEALTH ADMINISTRATION
VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228

Attendees

Advisory Board
Dr. Kim Bright,MD
Daniel M. Ashby, MS, FASHP
Dale Baker, CPRS/RPS
Janet M. Beebe, CRNP
Amit Bhargava, MD,MS,RMSK
Richard DeBenedetto, PharmD, MS, AAHIVP
Vinu Ganti, MD (phone)
Janet Getzey Hart (phone)
Gail Amalia B. Katz, MPH (phone)
Stephen A. Nichols, MD,FAAP, FAAMR
Bonnie Oettinger, RN, MGA
Orlee Panitch, MD (phone)
David Sharp, PhD (phone)

Advisory Board Not Present
Rimple Gabri, RPh
Celeste M. Lombardi, MD

Board Adjunct: Linda Bethman, JD, MA, Office of the Attorney General, DHMH

CRISP Representation
Lindsey Ferris, MPH
Razan Yasin, MPH (phone)

MD Staff
Kate Jackson, MPH
Tryphena Barnes
Casey Lyons, MPH

Kathleen Rebbert-Franklin, LCSW
Mary Viggiani. LCSW-C, LCADC
Michael Baier
Kirsten Madison
Audrey Clark, MPA (OCSA)
Sharein Greene (OCSA)
Olivia James (OCSA)

Public
Karen McNamara LCSW-C, PhD
Diana Seybolt, PhD
Geoffrey Ott, PhD
Linda Starr
Marcia Wolf, MD

Minutes

I. **Roll Call and Introductions**: July 17, 2017 PDMP Advisory Board meeting opened with roll call and introductions of all present and to those on conference line

II. **HB437 –Section 8 PDMP-CDS Link Activation:**

PowerPoint presentation by OCSA (Office of Controlled Substances Administration) on CDS permit processes as required under HB437; this presentation and Q&A session intended to meet the requirements of the statute for consultation with the PDMP Advisory Board prior to Secretary's recommendation that the Criminal Law Article portion of HB437 is activated.

- **Criminal Law Article Section 5-304(a):** An authorized provider who prescribes a controlled dangerous substance (CDS) in Schedules II-V is required to register with the PDMP before obtaining a new or renewal CDS registration from MDH.
- **Legislation Contingency Determinations**- The Secretary will attest that: 1) there will be no adverse effect or delay in the issuance of a CDS registration once this is linked to PDMP registration status and 2) the OCSA process for obtaining a CDS registration is capable of delivering the registrations in a timely manner.
- **Contingency Determinations Strategy**- OCSA & PDMP have convened regularly over the past year to coordinate information technology and data sharing to meet both OCSA and PDMP needs under HB437.
- **Data Presented by OCSA:**
    - **CDS & PDMP Registration Status to Date**- Total number of CDS registrants to date (as of July 12, 2017)
        - **Practitioners**- 35, 553
        - **Establishments**- 3,292
    - **CDS Registration by Profession**-Time frame: October 1, 2016-June 30, 2017
        - **Registered with PDMP**- 10,389
        - **Not registered with PDMP**-3,315
- **Paper Application Process for New and Renewal Applications:** Currently all applications are submitted by mail / on paper per these steps:
    - **Step 1**: Mail CDS application to OCSA

- **Step 2**: Information is entered into OCSA database and a PDMP registration confirmation is sent to applicant
- **Step 3**: OCSA processes application and a CDS certificate is mailed within normal turnaround time of 8 business days (b) OCSA returns the CDS application to applicant with the notice of the PDMP registration requirement, along with a link to register with PDMP
- **Step 4**: OCSA sends report to PDMP via file transfer regarding non-registrants for follow-up outreach

- **Electronic Online Application Process for New or Renewal Applications**: OCSA has been building an online electronic application / renewal system and will be transitioning to this system for renewals first and then new applications. OCSA intends for this to go live 9/1, subject to testing of the new system.
  - **Step 1:** Applicant accesses OCSA website to apply for CDS registration
  - **Step 2:** Web services between OCSA and PDMP are connected to provide confirmation of registration
  - **Step 3:** Application and payment are processed and the CDS Certificate are mailed within turnaround time of approximately 4 business days
  - **Step 4:** OCSA sends report to PDMP via file transfer regarding non-registrants for follow-up outreach
- **Future CDS Registrants-** After Secretary's determination that legislative contingencies have been met:
  - **Registrants who register by paper application via mail**- Those already registered with PDMP will receive CDS registration certificates in the mail. Those not registered with the PDMP will have the application and check returned via mail with a notification of the requirement and the link to register with the PDMP
  - **Registrants who register b Internet via online-** Those already registered with the PDMP will receive CDS registration certificates in the mail. Those not registered with the PDMP will be linked to the PDMP website to register and can return to the CDS application website to complete the process after PDMP registration approval
- **CDS and PDMP Registration-**OCSA proposes to participate in providing quarterly written update on the progress of the collaborative efforts between the two programs.
- **Questions from Board members:**
  - Will the online CDS permit system check if someone is PDMP registered regardless of whether the applicant thinks they are PDMP registered? Yes, the API connecting the online CDS permit system with the PDMP Registrant database maintained by CRISP will check PDMP Registration status in real-time for all CDS permit applicants and will not rely on provider attestation.
  - Does OCSA give advance notice to CDS permit renewals? Yes, a reminder is sent out 45-60 days before a permit is due to expire. Providers can renew their permit up to 30 days in advance of their expiration date. The renewal reminders will include a note to inform providers to ensure they are PDMP Registered.

III. PDMP/CRISP Program Update Questions: Program updates will be sent in writing by PDMP and CRISP in advance of the meeting. Questions about these updates when be answered during that time.

IV. HB437 – Section 5 Unsolicited Reporting Legislative Report

HB437, Section 5, required two separate reports be submitted to the Legislature on implementation and recommendations around the PDMP's unsolicited reporting activities. The second report is due 9/1/2017 and will be submitted to Senate Finance, House Health and Government Operations, and The Joint Committee on Behavioral Health and Opioid Use Disorders. No action by the Advisory Board was required for the 12/1/2016 report, however consultation with the Board was a requirement of the 9/1/2017 report, which stated:

- in consultation with the Advisory Board on Prescription Drug Monitoring, the status of the implementation of providing education and notice of a possible violation of law or a possible breach of professional standards to prescribers and dispensers, as authorized under § 21–2A–06(d) of the Health – General Article, as enacted by Section 4 of this Act; and
- (ii) a recommendation on whether the authority of the Program to report possible violations of law or possible breaches of professional standards should be expanded to allow reporting to law enforcement agencies, licensing boards, or units of the Department of Health and Mental Hygiene

Kate distributed a confidential draft of the report and walked the Board through the major talking points of the report, which is still under review internally at MDH. The Board was briefed on:

- **Status** of the implementation of providing education and notice of a possible violation of law or a possible breach of professional standards to prescribers and dispensers
    - These activities have not been implemented, though unsolicited reporting notifications related to indicators of misuse and abuse have been mailed out over the past year and continue on a monthly basis, with a small gap due to staffing resource limitations.
    - Two projects are assisting the PDMP in being able to identify possible violations of law or possible breaches of professional standards within the data. The 'High Risk Flags' project, which presented its progress and methodology to the Board on 3/16/2017, has completed an initial set of statistical code, which BHA staff are reviewing for tweaks and testing.
    - TAC appointments will be required to occur before this activity can begin sending out notifications, as required under statute.
- **Recommendation** on whether the authority of the Program to report possible violations of law or possible breaches of professional standards should be expanded to allow reporting to law enforcement agencies, licensing boards, or units of the Department of Health and Mental Hygiene
    - In the current draft of the report, BHA does not recommend further expansion of the unsolicited reporting authority at this time.

Board members provided feedback and questions to the PDMP staff:

One Board member commented that different provider types are going to see different patterns of patients coming to their clinic, and may need modifications to the guidance they receive about how to assess and evaluate their patient's activity. A Board member also commented that different specialties may be in transition about the type of prescribing they are doing; for example, pain management providers may be doing less benzodiazepine prescribing themselves, which means we may necessarily see additional providers engaged by a patient as a sign of appropriate medical care, with multiple providers prescribing to a patient where there used to be a single provider.

A Board member asked what information is provided to prescribers when a notification is sent out. PDMP staff explained that under the current unsolicited reporting activities a 'neutral notification letter' is sent, with template language about why the letter is being sent to this provider. It is accompanied by a clinical resources document and some FAQs designed to assist a provider with next steps after receiving this notification. The Board voiced a desire to have peer expert interactions available for providers to further assist.

Board members generally agreed with the status and recommendation as proposed in the draft report.

V. PDMP Registration Mandate Progress and Provider Outreach Efforts

Kate provided an update on PDMP Registration Mandate progress with 69.46% of all CDS prescribers and pharmacists PDMP registered as of 6/30/2017, and an accounting of outreach efforts around the PDMP mandates to date. Kate provided additional reminders about the upcoming Use Mandate as well as other legislative changes from HB437. The Board also discussed whether there was a need for further guidance to the Boards or other entities about Mandate compliance. Under PDMP statute (Health-General 21-2A-09 (b)), "A prescriber or pharmacist who violates the registration mandate or use mandate of this subtitle shall be subject to disciplinary action by appropriate licensing entity". It was suggested that PDMP staff engage with the Boards and determine what activities, if any, they were legally and administratively equipped to do related to enforcement.

Finally, PDMP staff engaged Board staff in a discussion of appropriate outreach and education activities to support the mandates and clinical user adoption of PDMP. Michael Baier gave an update on naloxone education efforts by the State, including changes to the statewide standing order and ORP program under 2017 legislative changes.

Meeting Adjourned