MARYLAND ADVISORY BOARD ON PRESCRIPTION DRUG MONITORING (PDMP)
October 5, 2016
4:00PM to 6:00 PM
BEHAVIORAL HEALTH ADMINISTRATION
VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MD 21228

Attendees

Advisory Board
Dr. Kim Bright, Chair
Janet M. Beebe, CRNP
Richard DeBenedetto, PharmD, MS, AAHIVP
Rimple Gabri, RPh (phone)
Vinu Ganti, MD
Janet Getzey Hart (phone)
Gail Amalia B. Katz, MPH
Celeste M. Lombardi, MD (phone)
Stephen A. Nichols, MD,FAAP, FAAMR
Orlee Panitch, MD (phone)
David Sharp, PhD (phone)

Advisory Board Not Present
Captain Daniel D. Alioto
Daniel M. Ashby, MS, FASHP
Dale Baker, CPRS/RPS
Janet Getzey Hart
Bonnie Oettinger, RN, MGA
Thelma B. Wright, MD JD

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

CRISP Representative:
Lindsey Ferris, CRISP Project Manager

DHMH Staff
Tryphena Barnes, PDMP Secretary, Overdose Prevention, BHA

Brian Holler, MPH, Special Programs Manager, Overdose Prevention, BHA
Kate Jackson, MPH, PDMP Manager, Overdose Prevention, BHA
Casey Lyons, MPH, Overdose Prevention Epidemiologist, Overdose Prevention, BHA
Manjula Paul, Clinical Nurse Specialist, Overdose Prevention, BHA
Kathleen Rebbert-Franklin, LCSW-C, Deputy Director, Population-Based Behavioral Health, BHA
Pamela Rumber, PDMP IT Functional Analyst, BHA

Public
Pam Kasemeyer (phone)
Marcia Wolf, MD
Mike O'Dell
Shannon Barr, PastRx

Minutes

I. Roll Call and Introductions: October 5, 2016 PDMP Advisory Board meeting opened with roll call and introductions of all present in person and on conference line

II. Agenda Review and Approval of Minutes: Kate reviewed the topics of discussion on the agenda. Any changes to the July 14th, 2016 meeting minutes should be emailed to Kate by October 11th, or the minutes will be finalized as is.

III. HB437 Regulations Review: Kate presented a review on the HB437 regulations circulated for Board feedback. Items reviewed:

- **Definition:** Changes to reflect new definitions and roles of pharmacists, licensed healthcare practitioner, prescriber and pharmacist delegates, and additional definition updates in HB437.
    - Board members identified that students and interns/residents who did not clearly fit into the new role definitions may be excluded from access to PDMP data; this may need to be addressed in an amendment to the PDMP statute during Session, as appropriate.
- **Dispenser reporting timeframe:** HB437 directed regulations change for dispensing reporting timeframe from 'within 3 business days' to 'at least every 24 hours'.
    - Board concerns about statutory language being substantively different from what was intended: that a dispenser must report within 24 hours/1 day of dispensing the prescription. Kate explained that consensus from the HB437 workgroup during 2016 Session intended for the reporting frequency to be as described above, but that the final language was not reflective of that intent; Pam Kasemeyer confirmed intention of the

workgroup. A change to the statute on this item may need to be addressed in Session as well.
    - Linda Bethman proposed additional language in regulations to call out "zero reporting" as requirement and add new definition of "zero reporting" in regulations. Kate will add.
- **Definition of PDMP data**: The intent is to ensure individually identifiable data in reports not subject to civil subpoena. Linda proposed slight modification to regs language, which Kate will implement. calls out reports to be covered like PDMP Data are ones that contain individually identifiable information.
- **Proposed regulations for redisclosure** - intent was to align disclosure parameters with that of other states because currently an impediment to interstate data sharing. Concerns raised by board member and TAC member about reverting to HIPAA not being strong enough protection. Another Board member voices importance of facilitating interstate data sharing and that HIPAA seemed to be reasonable standard. Suggestion for IT solution that might include not allowing other states to print Maryland PDMP Data - Kate to look into whether this is feasible solution. Until reporting back to Board, members not in favor of proposed regulation change.
- **Regulation Edits Re-Review:** Kate will mock up and send out requested additional regulations change and will solicit an electronic vote from Board members.

IV. TAC Investigative Request Policy: Kate provided an overview of the proposed new TAC investigative request policy, as suggested in HB437 bill language. The Board reviewed said policy and a vote was conducted. Board vote was positive in approval of the policy as written.

Presentation of Proposed Policy per Statue Requirement:

- Statute requires PDMP to consider, in consultation with Board, policies / procedures for when TAC review of PDMP investigative requests are desirable and feasible. Given intent of statute change to shift role of TAC mostly to unsolicited reporting and feedback from investigators, BHA proposed policy where investigative requests sent to TAC upon request by investigator.

Discussion and Board Vote:

- Discussion with Board about different request types. PDMP administrators in other states allowed to requests data, but never have. Would be for only purposes that also allowed in Maryland. Not law enforcement access by non-Maryland through other state PDMPs.
- Board asked TAC member present to describe historical TAC report review process. TAC member shared types of requests that come in, data reports that are reviewed, and types of conclusions that can / cannot be drawn. Kate reviewed statistics on investigative request turnarounds currently. Kate explained that new process would function the same except removing TAC review where not specifically requested. Board member mentioned that based on intent from Session, this seemed reasonable. Board voted to support policy

Question about HIPPA:

- Question from Board- under HIPAA or under current redisclosure regulations, if law enforcement came into a practice /pharmacy setting and requested information, whether they could / must comply?
- Kate clarified that would be unlawful data access by clinical user. We are talking about only redisclosure from primary clinical user to whom data was disclosed by the Program.

V. PDMP Activities- Kate presented a Demo of the new CRISP website and PDMP registration workflow for Board, in which we are happy to announce, went LIVE today. There are 6 easy steps for registration:

- Step 1: Enter credentials, such as DEA, License #, Code
- Step 2: Verification of name
- Step 3: Enter email address, 9-Digit SSN for Identity Authentications. If no SSN: Enter Home Address for Identity Authentication
- Step 4: Authenticate Identity-If Identity authentication fails: upload ID
- Step 5: Sign MOU
- Step 6: Watch Training Video- After watching the video, a confirmation message and the PDMP registration code will be displayed on the page. The user will be issued credentials automatically, and an email will be sent with the confirmation message, registration code, and login information (a separate email with the password also be sent)

VI. Public Discussion: None

Reminders: Please remember to contact Kate with any edits or changes to the July minutes

Meeting Adjourned