



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

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March 8, 2016

The Honorable Representative Paul Seaton
Chair, House Health & Social Services Committee
State Capitol Room 106
Juneau, AK 99801

Dear Representative Seaton,

During the House Health & Social Services Committee hearings on March 1, I was asked to follow up on questions concerning HB344 - Drug Prescription Database:

What is the cost to upgrade to weekly/daily database updating?

The upgrade was quoted at \$2.2 per month or approximately \$26.4 per year. We recently received a correction from the vendor that the software modification will only be \$2.2 annually.

Does the fiscal note for HB 344 need to change if the reporting requirement was changed to weekly or daily?

As the bill is written, it appears that it only requires that dispensers enter the data in near real time, not that the database software be updated near real time. Therefore, the cost to upgrade the software was not included in the fiscal note.

Is there an issue with the effective date?

ISSUE: The effective date of January 1, 2017, does not allow enough time for the Board of Pharmacy to adopt regulations, structure the program, notify licensees, and issue a new contract for the database expansion. July 1, 2017, is the earliest this could possibly be accomplished without harming the public or licensees.

SOLUTION: Change the effective date to July 1, 2017, or later. Add the Department of Commerce, Community, and Economic Development, Board of Dental Examiners, Board of Nursing, Board of Examiners in Optometry, Board of Veterinary Examiners, and the State Medical Board to Sec. 7.

We hope this helps to answer some of the questions posed in committee and effectively express the Division's concerns about the bill. If you or any members of the committee have further questions or require additional information about anything provided here, please contact DCCED Special Assistant Micaela Fowler at 465-2503.

Sincerely,

A handwritten signature in black ink, appearing to read "Janey Hovenden".
Janey Hovenden
Director

Hi Taneeka,

Attached is our committee follow up for HB 344. Additionally, you had sent a list of questions you had regarding the bill which are answered in the email below

Is there a list available or easily located which lists all health care positions that are licensed or registered with the board? (from Docs to dental techs/ pharm techs).

Heath Care Programs
Athletic Trainers
Acupuncturists
Audiologists
Hearing Aid Dealers*
Speech Language Pathologists
Speech Language Assistants
Behavioral Analysts
Assistant Behavior Analysts
Chiropractors
Social Workers
Dental Hygienists
Dentists
Dental Assistants
Dispensing Opticians
Dieticians
Nutritionists
Massage Therapists
Medical Physicians
Physician Assistants
Mobile IC Paramedics
Marital and Family Therapists
Marital & Family Therapy Associates
Certified Direct Entry Midwives
Certified Direct Entry Midwives Apprentices
Naturopaths
Nursing Home Administrators*
RN Nurses
LPN Nurses
Advanced Practitioners
CRNA Anesthetists
Certified Nurse Aides
Optometrists
Professional Counselors
Pharmacists
Pharmacy Intern
Pharmacy Technicians
Wholesale Drug Dist.*
Physical Therapists
Occupational Therapists
Physical Therapy Assistants
Occupational Therapy Assistants
Psychologists
Psychological Associates
*Items Listed in Red are not Licensed Individuals

Are Methadone clinics currently required to report to the database, and are they registered?

No. The federal regulations at 42 CFR Part 2 concern the confidentiality of alcohol and drug abuse treatment records. Section 2.1 states:

"Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this

section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.”

In short, the information from methadone clinics is considered psychiatric treatment and is therefore protected under federal law CFR 42.

SAMHSA (Substance Abuse and Mental Health Services Administration) is the federal agency that regulates OTP’s (Opioid Treatment Programs).

In addition, nothing in 42 CFR Part 2 prevents a physician or pharmacist working for an OTP from registering for access to the PMP, and nothing would prevent a physician or pharmacist working for an OTP from requesting patient profiles from the PMP.

SAMHSA does encourage the use of PDMP’s by OTP’s to identify patients admitted to treatment, and periodically through treatment who are engaged in doctor-shopping and to spot irregularities, but does write that these programs should not disclose this information to the PDMP.

Additional information can be found at

http://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/dear_colleague_letters/2011-colleague-letter-state-prescription-drug-monitoring-programs.pdf

How do providers currently submit information to the database? Is it all electronic, or is there a secure mail option, perhaps using a thumb-drive.

There are several options for users to submit controlled substance reporting data files to the Prescription Drug Monitoring Clearinghouse. The options include using a secure sFTP (Secure File Transfer Protocol) account, a web portal upload page, using a manual entry Universal Claims Form (UCF) page, or submitting a zero report. All of these options are electronic methods to the Clearinghouse.

As a long term question, please investigate if there would be ways to simplify or skip the notary requirement for registering with the database, as well as considering completely online registration.

A notarized signature page is the best means of verifying user identity and providing only those prescribers and practitioners with genuine credentials access to this sensitive data. It is done once, at the time the account is established. The personal identification verification will become even more critical if the system is opened up to delegate accounts for trusted assistants of dispensers and practitioners. Because this is HIPAA-protected information, it is critical that identity verification is acquired for access to the database.

The Division continues to explore options to make it easier for PDMP users to register. One possible option includes linking data from the existing Division licensing database (CBP) with the PDMP software to verify credentials. However, it is premature to confirm this as a possible solution. MyAlaska is also being considered, but a thorough analysis has not been conducted. These options may be available in the future, but to only those who are a licensee in the State (CBP) or Alaska residents (MyAlaska). Out of state or non-licensees will still require a notarized signature page to verify identity.

Best,

Micaela Fowler
Legislative Liaison
Office of the Commissioner
Department of Commerce, Community, and Economic Development