SB

196

HOUSE COMMITTEE REPORT

(11)
Date Referred to Committee: February 27, 2008 — FURTHER REFERRALS:

Date of Committee Action: 4/5/08

The FINANCE Committee considered: — CSSB 196(FIN) am

CS FOR SENATE BILL NO. 196(FIN) am — PRESCRIPTION DATABASE

"An Act relating to establishing a controlled substance prescription database."

Recommends it be replaced with [X] HCS *or* [ ] CS *for* SB196 (FIN)
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____ | Same Title | New Title

[ ] attach amendments
[ ] add new referral to _____Committee
[X] Letter of Intent SL+C Committee

List of Abbrev for Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LWF
LAW
LEG
MVA
DNR
DPS
REV
DOT
UA

NEW FISCAL NOTES *Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero
HSS		✓		

PREVIOUS FISCAL NOTES				
List by Dept(s):	FN#	Fiscal	Indet.	Zero
[redacted]	3	✓		
CED				

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	Hawker	*			
	KELLY			X	
Harry Crawford Jr	CRAWFORD			X	
	[illegible]			X	
	Seale	X			
Nelson	NELSON	✓			
	STOLTZE			X	
	Thomas			✓	
Chair:	Meyer	X			
Chair:	[illegible]			X	

ALASKA STATE LEGISLATURE

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SENATOR LYDA GREEN
PRESIDENT OF THE SENATE

February 5, 2008

Senator Ellis, Chair
Senate Labor and Commerce Committee

As requested by the Senate Labor and Commerce Committee I am happy to provide the following intent statement to be included with Senate Bill 196 as it continues to the next committee.

I would offer:

"It is the intent of the Legislature that the Alaska Prescription Drug Monitoring Program be funded with federal grants and state appropriations. It is not the intent of the Legislature that the professional users of the database absorb the costs of managing this public program through their license fees or other fee structure."

Sincerely,

Lyda Green

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 3
Bill Version: CSSB 196(FIN)
(S) Publish Date: 2/15/08

Identifier (file name): SB196CS(L&C)-CED-OL-02-13-08
Title: Prescription Database
Sponsor: Green
Requester: Senate Finance

Dept. Affected: DCCED
RDU: Corp, Bus & Prof Licensing (117)
Component: Corp, Bus & Prof Licensing
Component Number: 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2009**	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**
Personal Services	0.0						
Travel	10.0						
Contractual	385.0						
Supplies	5.0						
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	**400.0**	**0.0**	**0.0**	**0.0**	**	**	**
CAPITAL EXPENDITURES							
CHANGE IN REVENUES ( )							

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	400.0						
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
1156 Receipt Supported Services							
TOTAL	**400.0**	**0.0**	**0.0**	**0.0**	**	**	**

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

This legislation authorizes the establishment of a controlled substance prescription database under authority of the Alaska Board of Pharmacy with assistance of the Division of Corporations, Business, and Professional Licensing within the Department of Commerce, Community, and Economic Development.

The Federal Government is providing planning and implementation grants to states to implement a prescription drug monitoring database. In FY 08, Alaska received a Federal grant in the amount of $49.4 to begin plans to develop this database in Alaska. The department is seeking authorization in the supplemental budget for this grant.

Prepared by: Jennifer Strickler, Chief — Phone (907) 465-2144
Division: Corporations, Business, and Professional Licensing — Date/Time 2/13/08 5:27 PM
Approved by: Emil R. Notti, Commissioner — Date 1/25/2008
Commerce, Community, and Economic Development

ANALYSIS CONTINUATION

In FY 09, the department anticipates applying for a federal grant of $400.0 to develop and implement Alaska's Prescription Drug Monitoring database.

Implementation grant funds may be used to enhance a data collection and analysis system; develop infrastructure to support programmatic activities; support collaborations with law enforcement and prosecutors; support collaborations with treatment providers and drug courts; facilitate information sharing among states; expand monitoring to Schedules III, IV, and V; and assess the efficiency and effectiveness of the program.

The division anticipates using the bulk of the grant to develop the database. Funds for travel and supplies would be needed to educate pharmacists about the use and reporting requirements associated with the development of this database.

Many decisions need to be made regarding program. This legislation calls for the board to notify the president of the senate and the speaker of the house of representatives, if at any time after the effective date of this act, the federal government fails to pay the costs of the controlled substance prescription database. An estimated amount of maintenance costs and fees needed cannot be estimated at this time.

FISCAL NOTE

STATE OF ALASKA

2008 LEGISLATIVE SESSION

Fiscal Note Number:

Bill Version: HCS CSSB SB 196 (JUD)

() Publish Date:

ID(File name) SB196HCSCSSB(JUD)-DHSS-MS-03-19-08

Dept. Affected: Health & Social Services

Title PRESCRIPTION DATABASE

RDU Health Care Services

Component Medicaid Services

Sponsor GREEN

Requester HOUSE FIN

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
OPERATING EXPENDITURES	**FY 2009**	**FY 2009**	**FY 2010**	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims	(86.0)		(92.3)	(98.8)	(105.6)	(113.1)	(121.0)
Miscellaneous							
TOTAL OPERATING	**(86.0)**	**0.0**	**(92.3)**	**(98.8)**	**(105.6)**	**(113.1)**	**(121.0)**
CAPITAL EXPENDITURES							
CHANGE IN REVENUES (0)							

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	(44.0)		(46.2)	(49.6)	(52.8)	(56.6)	(60.5)
1003 GF Match	(42.0)		(46.1)	(49.2)	(52.8)	(56.5)	(60.5)
1004 GF							
1037 GF/Mental Health							
Other(Specify Type-do not abbreviate)							
Other(Specify Type-do not abbreviate)							
TOTAL	**(86.0)**	**0.0**	**(92.3)**	**(98.8)**	**(105.6)**	**(113.1)**	**(121.0)**

Estimate of any current year (FY2008) cost:

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: *(Attach a separate page if necessary)*

The Prescription Drug Monitoring Program will save money in the Medicaid Agency for controlled drug prescriptions. The savings will result from a decrease in the number of prescriptions that are filled and then illegally re-sold, a practice known as "diversion." Last year expenditures in the pharmacy program reached $68,432.0, of which $8,600.0 were related to controlled drugs. Conservatively, the prescription monitoring program can save 1% of the controlled drug expenditures in the Medicaid program due to prevention of diversion. Therefore, savings will amount to $86,000.0 in FY09 if the prescription drug monitoring database is brought on line in FY09. Year-to-year inflation in the drug program is 7%. The average Federal Financial Participation for FY09 is 51.02%; FY10 is 50.76%; FY11 is 50.23%; after FY11 it is 50.00%.

Prepared by: William J. Streur, Deputy Commissioner — Phone 334-2520

Division Health Care Services — Date/Time 03/19/2008

Approved by: Karleen Jackson, Commissioner — Date 03/19/2008

Agency Department of Health and Social Services

(Revised 11/11/2007 OMB)

25-LS1092\V.1
Luckhaupt
4/1/08

AMENDMENT 2 By: Rep. Meyer

OFFERED IN THE HOUSE

TO: HCS CSSB 196(JUD)

Page 5, lines 7 - 9:

Delete "The board may enter into agreements with dispensers that are not regulated by the state and practitioners in this state to submit information to and access information in the database subject to this section and the regulations of the board."

Insert "The board may enter into agreements with (1) dispensers in this state that are not regulated by the state to submit information to and access information in the database, and (2) practitioners in this state to access information in the database, subject to this section and the regulations of the board."

25-LS1092\V.2
Luckhaupt
4/1/08

AMENDMENT | By: Rep. Meyer

OFFERED IN THE HOUSE

TO: HCS CSSB 196(JUD)

Page 2, line 25:

Delete "an inpatient in a licensed"

Insert "those administered to a patient at a"

Louanne Christian

From: Suzanne Cunningham
Sent: Monday, April 07, 2008 10:22 AM
To: Louanne Christian
Subject: FW: SB 196 update- PMP

If SB 196 has not been transmitted, will you please add this to the bill file? Thank!
Suzanne

From: Ginger Blaisdell
Sent: Monday, April 07, 2008 10:00 AM
To: Suzanne Cunningham; Emily Beatley
Subject: FW: SB 196 update- PMP

I didn't know if you wanted to add this to the bill file.
Ginger

From: Bill & Sarah Altland [mailto:bsaltland@hotmail.com]
Sent: Monday, April 07, 2008 9:51 AM
To: Ginger Blaisdell
Cc: Margaret Soden; Candy Kopf
Subject: SB 196 update- PMP

Ginger,

I have not been part of the recent discussions on SB 196 because I was out of the U.S. for the past 5 months. My name is Bill Altland and am a registered pharmacist from Craig, Alaska. My wife, Sarah (also a pharmacist) and I own and operate Whale Tail Pharmacy at Craig on Prince of Wales Island in Southeast Alaska. I am a former member of AK State Board of Pharmacy having served as vice-chair for that particular State regulatory Board. I was on the Board's work group for researching the idea of a Prescription Monitoring Program for Alaska a few years ago. I served with Margaret Soden, then Board Chair, who was also on this work group.

I tried to call into the House Finance Committee a couple of times over the past few days to comment on SB 196 and was not able to stay on the line. There were delays, as you know, in the time frame for receiving testimony by this Committee. I wanted to communicate to Sen Greene and other lawmakers some background information on why I think SB 196 is a good idea. I will note this information in "bullet points" to hopefully make it easier to read.

- We have a problem in Alaska with the diversion of prescription medications. Alaska in the past has been in the top 5 states for prescription volume and quantities of controlled meds per capita for methadone, oxycodone, OxyContin, hydrocodone and others. I have worked in over 20 diffferent community and out-patient clinic pharmacies in the mostly rural areas of our State. I feel I know what I am talking about when I say we have a problem with the sheer volume of controlled meds in the State. In the more urban areas of Alaska we definitely have a problem as well.
- Our pharmacy business was burgularized last summer. Only controlled meds were taken.
- I was robbed at gunpoint in Wasilla a few years ago for pain meds. Only OxyContin was demanded by the robber.
- The Nat'l Rural Health Assoc has recognized the diversion prescription meds as being a problem nation-wide. This is particularly a problem with our young people.

- I spoke with a alcohol and substance abuse counsellor just this weekend from Juneau. She told me that prescription drug abuse is a huge problem in Alaska, particularly with young adults. She said the street value of some of these meds is phenomenal, and that misuse of controlled meds is widespread.
- We can see the effect that the abuse of controlled prescription drugs is having on our community. Like any substance abuse problem, this problem can be particularly devastating to families.
- Recent example of just one problem patient from our Island: One patient/customer of ours had "legal" controlled drug prescriptions called or fax'd into 5 (five) different pharmacies within the last week alone: to our pharmacy, a pharmacy in Anchorage, one in Palmer, and two pharmacies in Ketchikan. I was able to track this down by spending an inordinate amount of time talking to pharmacies and to Medicaid. A PMP program, if implemented and **USED**, would have had all this information available in one place on this patient, on the doctor(s) involved, and also the pharmacies involved. But at this time, this information is not in one place. It is almost impossible to get the information right now.
- The patient mentioned above had been on a "Pain Contract" with a completely different medical provider than the one(s) who prescribed these meds.
- Our pharmacy has made the decision not to stock OxyContin for the time being because of concerns
- Costs: There is the more obvious costs of money to the Medicaid system. We routinely are having patients on Medicaid offer to pay the full cash price for their controlled drug prescriptions when Medicaid denies the prescription for either refill too soon - because they run out before the alloted time- (or) the patient gets a new prescription for the same med (often times from the same prescriber) before the time that their previous Rx should be used up. Also, some Medicaid patients are surpassing the quantity allowed by Medicaid for a particular med in a 30 day time period. * of course, this makes us wonder how a Medicaid certified patient can afford to pay for an expensive drug like, say, OxyContin. I suspect that diversion provides that income in many cases.
- Costs - the cost in lives for the abuse of prescription drugs. I am personally aware of two different auto accidents that involved patients who had been receiving large quantities of multiple controlled meds. In Wasilla, one of these accidents involved another vehicle. A lawsuit was filed. Other examples: a 15 yo boy who died from smoking OxyContin in Ketchikan; an overdose of a patient on pain meds in Valdez; etc, etc.
- Cost to local communities: law enforcement investigations, the breakup of families because of the prevalence of availability of these drugs and their addicting nature when abused, the increased availability on the street because of the street prices which creates a viscious cycle.
- Costs to taxpayers - our legal system - when investigating, prosecuting, and incarcerating individuals who break the law because of the availability of these prescription meds. I was involved in the court case that tried and convicted the individual who robbed the pharmacy at gunpoint where I was working in Wasilla. It must have been a tremendous expense to finally get a conviction. As far as I know, the drugs were not recovered. The amount of man-hours to investigate and prosecute was amazing to me.
- I think a Prescription Monitoring Program would decrease the diversion of prescription drugs by increasing the access to information that would allow prescribers and pharmacies to be aware of problem patients who are either "doctor shopping" or "pharmacy shopping". Also, it would allow the system to be aware of prescribers and pharmacies who might be contributing to the problem themselves. That is why I think that a PMP would only be effective to the extent that it is actually used. I think it would increase accountability for everyone involved: the patient, the prescriber, the pharmacy, and perhaps even law enforcement. If the information is there, it needs to be utilized.

Please let me know if I can provide any other information.

Bill Altland, RPh
Whale Tail Pharmacy
Craig, AK
(w) 907-826-5750 / (h) 907-826-5752

cc/ Candance Kopf - DEA/Anchorage
Margaret Soden - RPh/Fairbanks

From: Ginger_Blaisdell@legis.state.ak.us
To: lsncvsb+pdmp@legis.state.ak.us
Date: Sun, 6 Apr 2008 14:40:36 -0800

Subject: SB 196 update

SB 196 passed the House Finance Committee with two language clarification technical amendments. All is good at this point.

The bill will be heard on the House Floor Tuesday, April 8 – the floor session begins at 10:00am and there is no telling what time this bill will be debated. You can watch the debate on Gavel to Gavel (usually the floor sessions are shown live but alternate with House and Senate sessions). Representative Ramras will carry the bill on the floor.

Thank you so much for your patience this weekend as we waited in House Finance Committee.
Ginger

Maine Department of Health and Human Services

Office of Substance Abuse
Marquardt Building, 3rd Floor
11 State House Station
Augusta, ME 04333-0011

John R. Nicholas
Commissioner

John Elias Baldacci
Governor

Kimberly Johnson
Director

DATE: January 18, 2006

TO: The Director of the Togus VA Pharmacy in Augusta, Maine

FROM: Kimberly Johnson, Director of the Maine Office of Substance Abuse

SUBJECT: Request to have Togus VA release health information to the Maine Office of Substance Abuse's Prescription Monitoring Program.

Under Title 22, Chapter 1603 of the Maine Revised Statutes Annotated the Office of Substance Abuse (OSA) was charged with implementing an operating the Prescription Monitoring Program. The legislative purpose of this program is too: "promote the public health and welfare and to detect and prevent substance abuse". To that end the Office implemented the program in July of 2004 and currently collects data from over 300 pharmacies licensed to dispense in the State of Maine as authorized by Title 22, Chapter 1603.

For some time now OSA has been interested in finding other dispensing sources that could make the data base more complete and therefore more effective in detecting & preventing substance abuse. The Togus VA Pharmacy System is a place that serves several state citizens but was not required to report to OSA because Togus is a Federal Agency. Several Togus dispensers & prescribers currently are registered for and use OSA's PMP data to help prevent and detect substance abuse among the veterans they serve.

OSA would like to give this same advantage to all prescribers & dispensers in our state by formally asking Togus to volunteer their data to our system. Under 38 USC 5701 the Secretary can release information: "to any criminal or civil law enforcement governmental agency or instrumentality charged under applicable law with the protection of the public health or safety if a qualified representative of such agency or instrumentality has made a written request that such name or address be provided for a purpose authorized by law".

All data that Togus submits would be used for the same purposes outlined in Title 22, Chapter 1603 & spelled out in our regulations (Chapter 11 under the Maine Department of Health & Human Services).

It is OSA's hope that by collaborating with Togus VA that we can positively influence the prescription drug abuse problem that has become prevalent in our state.

Sincerely,

Kimberly A. Johnson, Director

Alaska Dental Society, Inc.
9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

The Honorable Lyda Green, President; Alaska State Senate;
The Honorable John Harris, Speaker; Alaska House of Representatives;
Honorable Members of the Alaska State Legislature
Alaska State Capitol
Juneau, AK 99901

1 February 2008

Madame President, Mr. Speaker and Honorable Members:

The Alaska Dental Society believes HB316/SB196 would serve the interests of the citizens of Alaska and the practicing dentists of Alaska.

Dentists are prime targets for persons seeking drugs illicitly. A tooth that appears to have a deep cavity on an x-ray may in fact produce no symptoms of pain. Persons engaged in drug seeking conduct are aware of this and will exploit it by visiting multiple offices. At each office they claim to be in great pain and in need of relief. They request medication to relieve the pain until they can return for treatment at a later date. These "drug seekers" then fail to keep the appointment for treatment to treat the tooth. A second scenario where dentists are exploited by those seeking drugs is for the "patient" to receive treatment, commonly an extraction, followed by the patient repeatedly requesting additional pain medication until the dentist is compelled to question their conduct.

Provisions of the federal HIPAA (Health Insurance Portability & Accountability Act) prevent offices of health care providers and pharmacies from sharing information about patients who may be engaged in drug abuse or inappropriate conduct involving controlled substances. A system that would allow practitioners access to the drug prescription history of patients would be very helpful in helping to discern patients who may be engaged in drug seeking conduct as opposed to those with legitimate health problems.

These bills would also be beneficial to the Dental and other professional regulatory boards when confronted with disciplinary cases involving practitioners suspected of substance abuse. Most of these cases involve diversion of controlled substances. These bills would provide a tool to track practitioners that would provide some measure of early intervention based upon verifiable data instead of the current system that relies on observational reports. Early detection of substance abuse would both protect the public, certainly the primary goal, while at the same time affording practitioners a chance to get help much needed help in dealing with their addiction and its related professional and personal problems.

Respectfully yours,

Pete Higgins, DDS
President

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

February 22, 2008

Honorable Jay Ramras
House of Representatives, Judicial Committee
State Capitol, Room 118
Juneau, AK 99801-1182

Transmitted by email:
Rep_Jay_Ramras@legis.state.ak.us

RE: CS SB196/HB316 - Prescription Database

Dear Representative Ramras:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA supports the concept of the development of a controlled substances prescription database. It believes that such a tool can help with the problem of the misuse, abuse, and diversion for sale of controlled substances. Additionally, it can also provide an important tool for physicians caring for patients with multiple chronic conditions, seeing a number of other physicians, and who are taking a variety of drugs. Patients taking a multitude of drugs often forget what all they are taking and it's important for the physician to be aware of them all to help prevent untoward events that can result from drug interactions.

However, access to such a database must be provided for in a manner that provides for appropriate privacy protection for both patients and prescribers. Additionally, the appropriate due process protections must also be part of this process.

ASMA does not believe that SB196 provides the appropriate due process protections for prescribers who are possibly the subject of unfettered access to this database by licensing boards and other agencies. (Sec. 17.30.200 (d) (1) provides for such access without defining what "license inquires" entail. Arguably, this can only mean investigations that could result in action against a prescriber or dispenser's license).

It appears this is not a problem with inquiries for law enforcement authorities (Sec.17.030.200 (d) (5)) as access requires a search warrant, subpoena, or order issued by a court. The court provides the protection by an unbiased review and thus helps to eliminate simple "fishing expeditions".

ASMA has been concerned for a long time regarding due process protection for physicians involved in administrative or licensure actions which have included State Medical Board Disciplinary actions as well as Medicaid audits. ASMA has frequently testified before the Legislature and Executive Branch agencies involving such issues. Without exception, ASMA has been supportive of the intent of various measures that primarily help assure that the best medicine is practiced and that physicians are treated equitably

Over many years, ASMA's legal counsel has done extensive analysis of the due process issues involving physicians and their practice of medicine. Under Alaska law (see Court of Appeals of Alaska, State of Alaska v. Candice Auliye; No A-8084, Oct. 25, 2002), ASMA believes that it can be successfully argued that any disciplinary actions taken by the State Medical Board must be adjudicated in a manner that provides all the same due process protection as a criminal investigation and prosecution. The argument follows that a license to practice medicine in Alaska is a very valuable property right. The taking of such a valuable property right is the same as assessing a fine that is high enough to constitute a criminal fine. As such, any proceedings must provide the same due process protection as in any criminal proceeding. (The Auliye case found a minor's drivers license to be valuable enough to meet the standard requiring all criminal due process protections including counsel at public expense if the defendant was indigent. Surely a professional licensure of a physician, pharmacist, dentist, advance nurse practitioner is much more valuable).

ASMA suggests that at a minimum that a board or other administrative agency, before gaining access to the database, secure a subpoena, search warrant, or order issued by an administrative hearing officer from the body that provides hearings under the Administrative Procedures Act. ASMA feels this will help provide sufficient due process protection. Otherwise, at a minimum, the information obtained from access to the database may be eliminated from use in any licensure actions, and, at worse, Sec. 17.30.200 could be found unconstitutional and thereby not be functional.

ASMA feels that such a database is important to have and that appropriate access to it is essential. Additionally, the change suggested will not change the intent or functionality of the database. It may, however, slow the access by boards and other administrative agencies. Furthermore, ASMA would support the access to this database by other agencies that have a legitimate need for accessing this information. For example, the Medicaid program may have legitimate reasons. However, this support is predicated on that the other agencies would be required to provide the same privacy safeguards and appropriate due process procedures.

Nothing in the current version of SB196 would prevent a board or administrative agency from accessing the entire database annually. Such freewheeling access could have a chilling effect on appropriate medical treatment with some physicians who occasionally prescribe a controlled substance to stop such prescribing entirely to avoid being on the annual "fishing expedition" list.

To reiterate ASMA strongly supports the concept of a controlled substance database. However, access to the database must be in a manner that provides the appropriate constitutional protections for the patients, prescribers, and dispensers.

Sincerely,

By: J. Ross Tanner, DO, President
For: Alaska State Medical Association

cc: Sen. Lyda Green

White House Office of National Drug Control Policy
National Youth Anti-Drug Media Campaign

National Campaign To Prevent Prescription And Over-The Counter Drug Abuse By Teens

Today, John Walters, Director of National Drug Control Policy, previewed television advertisements that are part of an unprecedented national public education initiative to alert parents and other adults about the dangers of teen prescription and over-the-counter (OTC) drug abuse. While overall teen use of illegal drugs is showing remarkable decline, prescription drug abuse among America's youth remains alarmingly high. In response to this problem, the National Youth Anti-Drug Media Campaign in the Office of National Drug Control Policy (ONDCP) will launch a new education initiative that includes the following elements:

1. **ONDCP will launch a national television, print, and online advertising campaign that will reach over 90 percent of parents more than a dozen times.** The Administration will leverage $14 million to generate nearly $30 million in advertising. This will include two television ads on 27 networks nationwide for two months, including a debut on Super Bowl XLII; print advertising running in 43 newspapers and 14 magazines across the country; and messages printed on prescription information sheets through 15,000 pharmacies nationwide, targeted towards adults purchasing commonly abused prescription drugs. The ads were developed in collaboration with the Partnership for a Drug-Free America (The Partnership), with *pro bono* creative provided by Draftfcb New York.

2. **ONDCP will release a new Federal report to highlight the developing threat of youth prescription and OTC drug abuse.** This report is titled "*Prescription for Danger: A Report on Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens.*"

3. **The National Youth Anti-Drug Media Campaign is enlisting the support of community anti-drug coalitions with influential medical, health, prevention, and education groups to reach parents and other influential adults about teens and prescription drug abuse.**

While we have achieved significant declines in drug use, teen abuse of prescription painkillers and OTC drugs remains alarmingly high. Overall, youth prescription drug abuse is the second largest category of abuse, only behind marijuana.

- Each day, approximately 2,500 teens try abusing prescription painkillers to get high for the first time.
- In 2006, more than 2.1 million teens abused prescription drugs.
- Prescription drugs are the drug of choice among 12-13-year-olds.
- The majority of teens who abuse prescription drugs say they are easy to get from the home or from friends and relatives and for free.
- Forty percent of teens believe that prescription drugs are safer to abuse than "street drugs," and 27 percent of parents agree.
- While 70 percent of parents warn their children about the risks of marijuana, only 36 percent have similar conversations about prescription drug abuse.

The new initiative will respond to this growing concern by enlisting the cooperation of parents and other adults in combating this danger to our Nation's teens. Parents are in a unique position to immediately reduce teen access to prescription drugs by cutting off the supply. They should take the following steps:

- Safeguarding all drugs at home by monitoring quantities and controlling access;
- Setting clear rules for teens about all drug use, such as always following a medical provider's advice on dosage and not sharing medicine;
- Being a good role model;
- Properly concealing and disposing of old or unused medicine in the trash; and
- Asking friends and family to safeguard their prescription drugs as well.

It can be medication left over from your last surgery. Maybe they're the pills you keep on the dresser or tucked inside your purse. Teens are finding prescription drugs wherever people they know keep them—and abusing them to get high. In fact, 70 percent of persons age 12 and older who abuse prescription painkillers say they get them from a relative or friend[1]—leading to several troubling trends:

- **Every day, 2500 kids age 12 to 17 try a painkiller for the first time.**[2]
- **Prescription drugs are the drugs of choice for 12 and 13 year olds.**[3]
- **Teens abuse prescription drugs more than any illicit street drug except marijuana.**[4]

What's also disturbing is they don't realize these drugs can be as dangerous as street drugs. So kids who would never try street drugs might feel safe abusing prescription drugs. Misperceptions about prescription drug abuse have serious consequences. In fact, drug treatment admissions for prescription painkillers increased more than 300 percent from 1995 to 2005.[5] Now that you know prescription drug abuse is a problem, here are ways parents can keep it from affecting their kids' lives:

- **Safeguard** all drugs at home. Monitor quantities and control access.
- **Set clear rules** for teens about all drug use, including not sharing medicine and always following the medical provider's advice and dosages.
- **Be a good role model** by following the same rules with your own medicines.
- **Properly conceal and dispose** of old or unused medicines in the trash.
- **Ask friends and family** to safeguard their prescription drugs as well.

Following these steps is a start. Let your teen know where you stand.
When you talk about drugs and alcohol, include prescription drugs in the conversation.

To learn more, visit
THEANTIDRUG.COM
or call 1-800-788-2800

- *American Academy of Family Physicians*
- *American Academy of Nurse Practitioners*
- *American Academy of Pediatrics*
- *American Academy of Physician Assistants*
- *American College of Emergency Physicians*
- *American Dental Association*
- *American Medical Association*
- *American Pharmacists Association*
- *American Society of Addiction Medicine*
- *National Association of School Nurses*
- *Partnership for a Drug-Free America*

1. 2008 National Survey on Drug Use and Health: SAMHSA, September 2007
2. Ibid.
3. Ibid.
4. Ibid.
5. 2005 Treatment Episode Data Set: SAMHSA, 2007

PARENTS.
THE ANTI-DRUG

Office of National Drug Control Policy

White House Office of National Drug Control Policy
National Youth Anti-Drug Media Campaign

FOR IMMEDIATE RELEASE
Thursday, January 24, 2008

Contact: Jennifer de Vallance, ONDCP, (202) 395-6648
Rosanna Maietta, Fleishman-Hillard, (202) 828-9706

ONDCP LAUNCHES FIRST MAJOR INITIATIVE TO COMBAT TEEN PRESCRIPTION DRUG ABUSE

New Ad Campaign Debuts During Super Bowl

(Washington, D.C.) – The White House Office of National Drug Control Policy (ONDCP) is launching its first major Federal effort to educate parents about teen prescription drug abuse. This national public awareness campaign will begin with advertising during this year's Super Bowl, and is ONDCP's first paid TV advertising targeting parents in nearly two years. The effort includes broadcast, print, and online advertising, community outreach, and new print and online resources to help parents and communities combat the troubling trend of teen prescription drug abuse. The Administration will leverage $14 million to generate nearly $30 million in advertising. The ads were made in collaboration with the Partnership for a Drug-Free America (The Partnership), with *pro bono* creative provided by Draftfcb New York.

Though overall teen drug use is down nationwide, more teens abuse prescription drugs than any other illicit drug, except marijuana; more than cocaine, heroin, and methamphetamine combined. Every day, 2,500 kids age 12-17 abuse a prescription painkiller for the first time and more people are getting addicted to prescription drugs. Drug treatment admissions for prescription painkillers increased more than 300 percent from 1995 to 2005. Teens are abusing prescription drugs because many believe the myth that these drugs provide a "safe" high. Especially troubling is that the majority of teens who abuse prescription drugs say they are easy to get and are often free.

"When used as prescribed, prescription painkillers can be tremendously beneficial. But their abuse is becoming a serious public health and addiction problem. We may be unintentionally providing our teens a new way to get high," said John P. Walters, Director, National Drug Control Policy. "Most teens who abuse prescription drugs say they get them from home, or from friends and relatives. We need parents to recognize that not all drug threats to their teens come from the street corner. Prescription drugs are in practically every home and parents can have an immediate impact on stopping teen prescription drug abuse."

Research shows many parents are not aware of teen prescription drug abuse and are not discussing the dangers with their teens. Only a third of parents (36%) have discussed the risks of prescription drugs with their teen, even though research shows that parental disapproval is a powerful way to keep teens away from using drugs.

"The need has never been greater for parents to learn the facts about this dangerous behavior which has become entrenched among teens," said Steve Pasierb, President and CEO of The Partnership. "Partnership research indicates that both parents and teens have a perilous

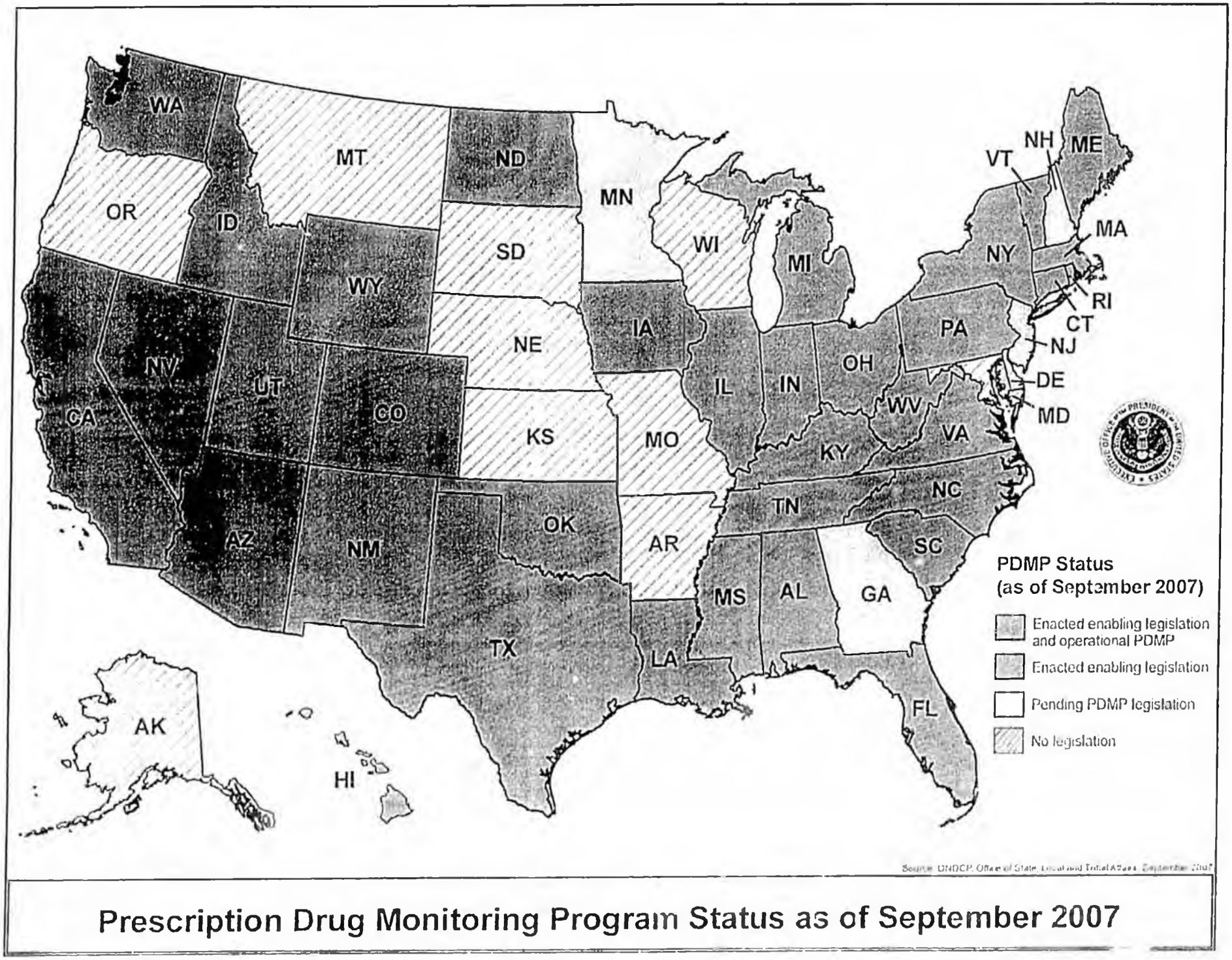
misconception that abusing medicines is safer than using street drugs, and that is simply not true. Parents are the most important influence in helping teens make healthy choices, and talking about the dangers of intentional prescription and OTC drug abuse must be at the forefront of parent-teen conversations. We applaud ONDCP for their responsiveness to the data on this issue and for their action to alert more parents to the facts."

The ad concepts underwent extensive focus group testing before production and were subjected to rigorous quantitative testing – involving parents and teens – before airing. The effort also includes the following advertising and non-advertising elements, which will unfold in the coming months and continue through May of this year, reaching over 90 percent of our target parent audience:

- Two television ads, the first of which launches during primetime Super Bowl viewing. Both ads will run on 27 networks nationwide for more than two months;
- An Open Letter to parents in 43 national and regional newspapers such as *The New York Times*, *The Chicago Tribune*, and *The Los Angeles Times* endorsed by 11 leading health, medical, prevention, and educational organizations;
- Two Open Letter ads targeting health and school professionals in medical and educational publications running for 2 months;
- Two print ads targeting parents in 14 national magazines and running for 4 months;
- Online banner ads and search engine advertising for parents running for 4 months and driving to the Campaign's Web site for parents www.TheAntiDrug.com;
- Targeted messages on prescription information sheets for commonly abused substances in 15,000 pharmacies nationwide during February and March.
- Featured content on ONDCP's Web site for parents, www.TheAntiDrug.com, including a virtual house tour showing "danger zones" in the home, as well as tips on safeguarding and disposing of prescription and OTC drugs;
- A new, comprehensive brochure on teen prescription drug abuse for parents; and
- A tool kit to help community groups implement local prescription drug abuse prevention efforts.

When used correctly and under the care of a health provider, prescription drugs provide many benefits. But there are serious consequences to abusing prescription drugs or combining them with alcohol or other drugs, as many teens do. ONDCP has released a full report: "Prescription for Danger: A Report on Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens." To view the report, visit: http://theantidrug.com/pdfs/prescription_report.pdf and to view the ads visit www.TheAntiDrug.com.

Since its inception in 1998, the National Youth Anti-Drug Media Campaign has been authorized by Congress to reduce and prevent teen drug use. For more information on the ONDCP National Youth Anti-Drug Media Campaign, visit www.TheAntiDrug.com.



Source: ONDCP, Office of State, Local and Tribal Affairs, September 2007

Prescription Drug Monitoring Program Status as of September 2007

Alaska Pharmacists Association

February 5, 2008

Diversion and abuse of prescription medications, particularly controlled substances, are problems throughout the nation and also in the great State of Alaska. A program for assuring that patient's do not "doctor shop" to obtain narcotics for diversionary purposes or due to addiction should be implemented. This program could help prevent some of the abuses of the current system which would also include the writing of excessive numbers of prescriptions for individual patients by single or multiple providers. At the September 20th, 2007 Board of Pharmacy Meeting, Brian Howes who is the Senior Investigator for the State of Alaska Department of Commerce, Community and Economic Development, presented a proposal to institute a Prescription Monitoring Program (PMP) in the State of Alaska. Prior to this proposal, the membership of the Alaska Pharmacists Association reviewed the current status of PMP programs throughout the nation which led to some concerns of our pharmacists. We are in agreement that a program is needed in order to cut down on some of the diversion and abuse of narcotics in the State of Alaska. Our concerns are based on the funding for this program, potential liabilities of accidental release of HIPPA protected medical information, and the oversight/administration of the program. I will outline these concerns in this order.

Mr. Howes presented the data on the startup of PMP in a number of states and discussed Federal Grant money that is currently available to help states institute a PMP program. Currently two funding options are available, the Howard Rogers Prescription Monitoring Grant and the National All Schedules Prescription Electronic Reporting Act of 2005 (NASPER). The first grant is through the Department of Justice, the second grant program is administered through the Department of Health and Human Services. The push is on from the local investigator to get a program up and running while this grant money is available. These grants are designed specifically to aid in the setup of the PMP programs. In fact, the money set aside is only available for the first 48 months of program operation. After that there is no guaranteed funding from the federal government for the ongoing administration of the program. The Association feels strongly that if the State of Alaska decides to take advantage of the federal monies to get a PMP program up and running, that a funding source for continued operation of the program needs to be delineated before the program is developed. The program should not be abandoned after only a short time because federal funds dry up. The expense of ongoing operation is estimated between $100,000 and $1,000,000 depending on the size of the state, program requirements, and software vendor chosen. States of similar size to Alaska are paying towards the lower end of this range. Still this is a cost that needs to be funded if the State is considering implementing this program and the source of the funding should be delineated before the program is ever put in place.

The second concern is for liability resulting from loss of control of HIPAA regulated information. An example is in order here. Currently the VA is facing a multi-billion, yes billion, dollar lawsuit due to inadvertent loss of control of veteran's health information. Just the defense against this class action lawsuit will run into the millions. Loss of the lawsuit would swamp the budget of the largest single program of the federal government. Where would the liability rest if the database was compromised through accident or intentional hacking? The Board of Pharmacy could not afford this kind of lawsuit. The State of Alaska budget would also be challenged by a lawsuit of similar magnitude. This is a worst case scenario but a risk that should be planned for and distributed appropriately before implementation of a program that has potential for disclosure of vast amounts of protected confidential information.

This brings us to the third concern which is oversight/administration of a PMP. The Board of Pharmacy is the body for the State of Alaska that is tasked with the protection of the public when it comes to pharmaceuticals, including the diversion and/or abuse of controlled substances. It should be this board that has oversight of the program, particularly regarding the punishment of pharmacies and/or pharmacists who do not comply with data collection and download requirements. The problems lie in the jurisdiction. Alaska is unique in that a significantly large number of prescriptions that are filled in this state do no fall under the jurisdiction of the State Board. Currently two large populations of state residents have their prescriptions filled at federal facilities which do not have to follow State laws and Board of Pharmacy regulations. These are the IHS and former IHS facilities such as SEAHC and the Native Hospitals and the Veterans Administration, both of which dispense outpatient clinics. These two groups comprise about 20% of the population in the State of Alaska, a much higher proportion than in other states. In fact, our per capita veteran population is the highest in the nation. Perhaps, this program should be federally legislated to make sure it is comprehensive. This would make sense also for those states whose share state lines since diverters can easily cross over to other states to avoid detection throughout the lower 48. Why start up 50

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203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880

different programs that will eventually have to be combined into one program? The DEA is federal organization that was founded to prevent diversion of controlled substances; it is this organization that will benefit most from central databases of controlled substance dispensing records. The jurisdiction and funding should be through them since this is their federal mandate and all 50 states follow DEA guidelines for prevention of diversion.

Finally, and this segues nicely from the last question/solution, who are the beneficiaries of a PMP. The list includes the addicts who will be caught and hopefully treated and not just incarcerated, the diverters/dealers who will hopefully be incarcerated, the public who will benefit from having neither on the streets, the providers/physicians who will for the first time be able to prescreen pain patient's to see if they are "doctor shopping", and of course the regulatory agencies such as the DEA and the investigators for the State of Alaska Department of Commerce, Community and Economic Development. The membership of the Alaska Pharmacists Association, which is comprised of pharmacists, technicians, pharmacy business members, and pharmaceutical industry corporate members would like assurance that any program legislated into being has the funding source to continue to provide the valuable service that brought it into being in the first place. The funding source should be based upon the beneficiaries and not be mandated upon the members of our association through higher professional fees in the future. The funding source should come from the federal government for the reasons above. Lacking this foresight and federal resolve, secondarily it should come from the people of the State of Alaska through the State of Alaska Department of Commerce, Community and Economic Development from tax dollars. The pharmacists who will already be taxed fulfilling the computer system compatibility issues, data collection and download requirements, and final check for diversion of each controlled substance prescription, should not also be required to pay for administrative costs of maintaining a HIPPA regulated repository of controlled substances dispensing information.

John Wanek, Pharm.D.
AkPhA President

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OHIO Automated Rx Reporting System

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TTY/TDD: Use the Ohio Relay Service: 1-800/750-0750 *URL:* http://www.ohiopmp.gov

Patient Rx History Report

BETTY TESTPATIENT

DATE : 1/29/08

Search Criteria: (Last Name = 'TestPatient' And First Name = 'Betty') And D.O.B. = '1/1/1970' And Zip = '43215' And State = 'OH' and Request Period = '1/1/2007 12:00:00AM' to '1/29/2008 12:00:00AM'

Prescriptions

Filled	Product Name/Form	Qty	Days	Pt ID	Prescriber	Written	Rx #	N/R	Pharm	Pay
9/5/2007	ALPRAZOLAM 1 MG TAB	120	30	1287	BAR	9/5/2007	04077535	N	RALEY	C
9/4/2007	ALPRAZOLAM 0.5 MG TAB	60	30	1289	ANT DE	9/4/2007	664233	N	W-G2694	CI
7/12/2007	ALPRAZOLAM 1 MG TAB	120	30	1287	BAR	7/12/2007	04076995	N	RALEY	C
4/19/2007	ALPRAZOLAM 1 MG TAB	120	30	1289	BAR	4/19/2007	0676157	N	HUGHES	C

N/R: N=New R=Refill

Pay: I=Insurance C=Cash M1=Medicare M2=Medicaid WC=Workers Comp CI=Commercial PBM Insurance U-Unknown

Total Prescriptions: 4

Prescribers for prescriptions listed

ANT DE	DENNIS ANTHONY M, MD; , 5971 GOLF CLUB LANE,, HAMILTON OH 45011
BAR	BARBERTON HEALTH SYSTEM, LLC; DBA BARBERTON CITIZENS HOSP DEPT OF PHARMACY, 155 FIFTH STREET, NE, BARBERTON OH 44203

Pharmacies that dispensed prescriptions listed

HUGHES	HUGHES PHARMACY; , 302 MAIN ST,, HAMILTON OH 45013, PHONE (513) 868-1199
RALEY	RALEY DRUG STORE, INC; , 1760 GOODYEAR BLVD,, AKRON OH 44305, PHONE (330) 784-3527
W-G2694	WALGREEN CO.; DBA: WALGREENS # 02694, 385 NORTHLAND BLVD,, SPRINGDALE OH 45246, PHONE (513) 825-6446

Patients that match search criteria

1287 BETTY TESTPATIENT, DOB 1/1/1977, 123 BROADWAY, COLUMBUS OH 43215

1289 BETTY TESTPATIENT, DOB 1/1/1970, 234 WEST ST, WESTERVILLE OH 43081

OHIO Automated Rx Reporting System

77 South High Street, Room 1702; Columbus, OH 43215-6126

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TEL: 614/466-4143 *E-MAIL:* Info@ohiopmp.gov *FAX:* 614/644-8556

TTY/TDD: Use the Ohio Relay Service: 1-800/750-0750 *URL:* http://www.ohiopmp.gov

Patient Rx History Report

JOSEPH LLEWELLYN (This is a fictitious patient name)

Search Criteria: (Last Name = 'Llewellyn' and First Name = 'Joseph') and D.O.B. = '05/08/1972' And Address = '2110 Quail St' And Zip = '45240' and Request Period = '8/1/2006 to 11/15/2006'

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R[1]	Pharm	Pay[2]
10/12/2006	PERCOCET 325 MG-5 MG TAB	286	35	4055	MAR JO	10/10/2006	2204075	N	K-M7753	C
10/06/2006	APAP/HYDROCODONE 500MG-10MG TAB	120	30	1170	AP1234563	10/06/2006	4432344	N	MEIJ159	C
09/28/2006	APAP/HYDROCODONE 500MG-10MG TAB	180	30	7137	AM1111119	09/28/2006	6010985	N	JJIMSPH	C
09/25/2006	NDC# 32144568710	120	30	3323	DEL AM	09/25/2006	00254513	N	CVS7699	C
09/23/2006	APAP/HYDROCODONE 500MG-10MG TAB	20	5	3323	CGR	09/23/2006	00254464	N	CVS7699	C
09/20/2006	APAP/OXYCODONE 325MG-7.5MG TAB	112	19	0938	KHA RA	09/20/2006	0166311	N	COST379	C
09/19/2006	APAP.OXYCODONE 325MG-5MG TAB	183	30	0489	KHA RA	09/19/2006	2226135	N	KRO943	C
09/13/2006	APAP/HYDROCODONE 500MG-10MG TAB	90	30	9241	DEL AM	09/12/2006	4013392	N	BIGGS719	CI
09/08/2006	APAP/HYDROCODONE 500MG-10MG TAB	120	30	7817	AP1234563	09/08/2006	4432061	N	MEIJ159	C
08/28/2006	APAP/HYDROCODONE 500MG-10MG TAB	120	20	3323	DEL AM	08/28/2006	00252704	N	CVS7699	C
08/23/2006	APAP/OXYCODONE 325MG-7.5MG TAB	120	20	0938	MIN RA	08/23/2006	0164710	N	COST379	C
08/22/2006	APAP/OXYCODONE 325MG-5MG TAB	180	30	0489	KHA RA	08/22/2006	2225879	N	KRO943	C
08/15/2006	APAP/HYDROCODONE 500MG-10MG TAB	180	30	9241	AM1111119	08/15/2006	4013193	N	BIGGS719	CI
08/07/2006	APAP/HYDROCODONE 500MG-10MG TAB	120	30	1747	ROE	08/07/2006	4006605	N	MEIJ223	C

N/R N=New R=Refill

Pay I=Insurance C=Cash/Private Pay M1=Medicare M2=Medicaid WC=Workers Comp U=Unknown

Prescribers for prescriptions listed (These are fictitious practitioners)

AM1111119

AP1234563

BAR DA	DAVID BARBER, MD; 672 MAIN ST., CINCINNATI OH 45233
CGR	CHRIST HOSP; PHARMACY DEPT, 2139 AUBURN AVE,,CINCINNATI OH 45219
DEL AM	AMOS DELANEY, MD; FAMILY MEDICINE GROUP, 5757 MEDICINE AVENUE, CINCINNATI OH 45238
HEU SO	SONNY HEUSON A, MD; 6331 MEDICINE AVENUE, CINCINNATI OH 45211
KHA RA	RANDALL KHAN, MD; NORTHEAST MEDICAL GROUP, 1380 COLLY ROAD,, CINCINNATI OH 45231
MAR JO	JOSEPH MARTIN, MD; PRIMARY HEALTH SOURCE, INC, 3328 WESTERN DRIVE,, CINCINNATI, OH 45248
MIN RA	RACHEL MINTON, MD; 8250 ASHWOOD CROSSING WAY, SUITE 100,, CINCINNATI OH 45236

PATIENT Rx HISTORY REPORT

Pharmacies that dispensed prescriptions listed

BIGGS719	BIGGS PHARMACY, 719, 8430 COLERAIN AVENUE,, CINCINNATI OH 45239, Pharmacy phone number
COST 379	COSTCO PHARMACY #379, 1100 EAST KEMPER ROAD, SPRINGDALE OH 45246, Pharmacy phone number
CVS7699	CVS/PHARMACY #7699, 11611 HAMILTON AVENUE,, CINCINNATI OH 45231, Pharmacy phone number
JJIMSPH	JUNGLE JIM'S PHARMACY; 5440 DIXIE HWY,, FAIRFIELD OH 45014, Pharmacy phone number
K-M7753	K MART PHARMACY #7753; 12171 PARKFIELD DRIVE,, FOREST PARK OH 45240, Pharmacy phone number
KRO943	THE KROGER STORE, #943; 1212 WEST KEMPER RD,, CINCINNATI OH 45240, Pharmacy phone number
MEIJ159	MEIJER PHARMACY, #159; 6325 S. GILMORE ROAD,, FAIRFIELD OH 45014, Pharmacy phone number
MEIJ223	MEIJER PHARMACY #223; 6550 HARRISON ROAD,, CINCINNATI OH 45247, Pharmacy phone number
TARG1092	TARGET STORE T-1092, ATTN; PHARMACY, 8680 BEECHMONT AVE., ANDERSON OH 45255, Pharmacy phone number
TARG1545	TARGET STORES, T-1545, ATTN: PHARMACY, 9040 COLERAIN AVE, CINCINNATI OH 45251, Pharmacy phone number
W-G4522	WALGREEN CO #04522; 9775 COLERAIN AVENUE,, CINCINNATI OH 45251, Pharmacy phone number

Patients that match search criteria (All information is fictitious.)

0489	Joseph Llewellyn, DOB 5/8/1972; 5545 BROADWAY, FAIRBORN OH 45240
0938	Joe Llewellyn, DOB 5/8/1972; 100 MAIN AVE, BEAVER CREEK OH 45002
1170	Joseph Llewellyn, DOB 5/8/1972; 2110 QUAIL CT., CINCINNATI OH 45240
1747	Jo Llewellyn, DOB 5/18/1972; 109 N. MAIM, BEAVER CREEK OH 45002
3323	Joseph Llewellyn, DOB 1/1/2004; 2010 QUILL CT, CINCINNATI OH 45240
4055	Joseph Lewellen, DOB 5/8/1972; 2101 LINPAR APT. 4, FAIRBORN OH 45240
7817	Joey Llewellyn, DOB 5/18/1972; 2108 QUAILLT, FAIRBORN OH 45240
9241	Joseph Loewellyn, DOB 5/16/1972; 354 BROADWAY, CINCINNATI OH 45240
7137	Joseph Hinton-Llewellyn, DOB 5/18/1972; 2008 QUAIL CT, CINCINNATI OH 45240

ALASKA STATE LEGISLATURE

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Wasilla, Alaska 99654
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(907) 376-3157 Fax

Session:
State Capitol
Juneau, Alaska 99801-1182
(907) 465-6600
(907) 465-3805 Fax

SENATOR LYDA GREEN
SENATE DISTRICT G

Sponsor Statement: Senate Bill 196
Prescription Drug Monitoring Program

"An Act relating to establishing a controlled substance prescription database."

Posted: January 15, 2008
Contact: Ginger Blaisdell, 465-5028, Professional Aide

"According to the 2002 National Survey on Drug Use and Health, if tobacco and alcohol are discounted, prescription medication ranks second only to marijuana as a source of drug abuse in the United States. Psychoactive medications are most often targeted for abuse, especially opiates intended for pain relief. For several decades, a community-based matrix of physicians, pharmacists, law enforcement entities, state medial boards and federal regulatory agencies has evolved to attempt to prevent prescription drug abuse."[1]

During the past decade, 40 states have launched Prescription Drug Monitoring Programs (PDMP) with intention to curb prescription drug abuse. PDMPs provide a tool for prescribers, dispersers, law enforcement and medical boards to review drug trends. The PDMP database will provide immediate information to doctors as they review a patient's prescription needs, and pharmacists to review a customer's history before dispensing medication. This proactive approach to reviewing prescription trends will help control the availability of prescription narcotics to those who may not medically need them. Licensing boards will be able to use the data at the time of licensure and law enforcement will be able to request information as part of a court order, subpoena or affidavit for an active case.

Federal funding is available to establish and operate a PDMP and cost savings to the State of Alaska can be achieved by eliminating unnecessary prescription use. A PDMP will provide timely prescription drug information to assist in prevention of diversion and promote safe and effective health care for Alaska's citizens.

I would appreciate your support of this bill.

Additional materials can be found at http://www.aksenate.org/SB196

[1] http://www.mayoclinicproceedings.com

Summary of Bill Changes to Version "V"

The data collection section on Page 3 was rewritten to remove the requirement to collect and report data on the person picking up the prescription. The Alaska Pharmacists Association wrote a letter asking the legislature to remove the requirement because it would dramatically increase the work load on pharmacists. Others were concerned that they may be targeted because as part of their job, they do pick up prescriptions for home-bound individuals. Many pharmacists will continue to collect ID on the individual picking up the prescription as they feel this is critical to identifying drug seekers.

Data security language was included to subsection (d) on page 4. "The board shall undertake to ensure the security and confidentiality of the database and the information contained within the database." Specific data security requirements will be at the discretion of the Board of Pharmacy. It is generally recommended that the data follow NASPER standards for interoperability. The vendor contract for data collection should include approved standards, encryption, and internet security provisions as well as accountability and liability for data security.

NASPER: National All Schedules Prescription Electronic Reporting Act of 2005

Page 5 subsection (f) encourages the Board of Pharmacy to enter into memorandums of agreement with health care entities that might not fall under the act. "The board may enter into agreements with tribal and military dispensers and practitioners in this state to submit information to and access information in the database subject to this section and the regulations of the board." Currently, tribal and military providers are not required to follow the state's program because they follow federal mandate which supersedes state law. The states of Maine, Oklahoma, Michigan, Nevada, and others have been approached by tribal or military health providers to request to be included in the PDMP. The terms "tribal and military" were changed to "non state regulated" health care agencies to encompass any provider that might be federally managed.

A Letter of Intent has been approved and continues to move with the bill to address future funding concerns voiced by pharmacists. "The board shall notify the president of the senate and the speaker of the house of representatives if, at any time after the effective date of this Act, the federal government fails to pay the costs of t:. controlled substance prescription database." This allows the legislature to plan for other means for funding without assuming the board would automatically increase license fees to database users. It is the intent of the legislature that this database be implemented as a tool for improving public service and that cost should not be assessed to prescribers and dispensers. The intent of this section is backed with the **Letter of Intent** included in this bill packet.

Professional liability for use or non-use of the database by health care professionals is included on Page 5 subsection (h). "An individual who has submitted information to the database in accordance with this section may not be held civilly liable for having submitted the information. Nothing in this section requires or obligates a dispenser or practitioner to access or check the database before dispensing, prescribing, or administering a medication, or providing medical care to a person. Dispensers or practitioners may not be held civilly liable for damages for accessing or failing to access the information in the database." Although querying the database is not mandated, it is anticipated that most prescribers and dispensers will find the information invaluable in evaluating the health care for their client. There may be instances in Alaska where a medical provider may not have access to the database to query information prior to treating an individual. E.g., Iditarod emergency.

An amendment was adopted in Senate Finance Committee that better clarified the Class A misdemeanor and Class C felony provisions to data misuse.

Amendment history from the Senate Floor 19 Feb 08

1. **Passed:** Page 3, line 4 remove "dispensed for an inpatient" replace with "administered to a patient" We had discussed the definition of inpatient and came up with many scenarios where that term may not have been the most definitive. Administered clears up the question of a patient's status and clearly identifies that the prescription is not provided out of managed care.

2. **Passed:** Page 3, line 11 clarification of "method of payment" Senator Therriault included additional information to clarify that specific account numbers would not be collected and stored in the database.

3. **Passed:** Page 3, line 12 following "name" insert ", date of birth" Included the patient's data of birth as requested by many health care professionals and legal professionals around the state.

4. **Passed:** Page 3, line 15 remove "prescribed or" The reference to prescriptions was removed because we are only tracking drugs that are dispensed, not as they are written by the prescriber. In the event drug diversion is suspected, the dispensing history can be compared to the prescribers' records. Secondly, many times one prescription may be forwarded from one pharmacy to another, with only one Rx being dispensed. We did not want to create a false impression of over-prescribing.

5. **Passed:** Page 3, line 20 remove subsection (9) Removing the provision for the Board of Pharmacy to collect other information as necessary eliminated some fear of "Board gone wild" in collecting unnecessary data. For reasons of personal privacy, this section was removed.

6. **Passed:** Add language that instructs the Board of Pharmacy to destroy the data after it is more than two years old. Again, this section was added with the concern for personal privacy and that the data is typically not relevant beyond two years.

7. **Failed:** Page 4, line 30 remove "$10" and insert "$5" The language was a nominal fee to begin with and was most in line with other similar program fee charges. Most individuals who want to know about their drug history will meet with their provider, who will run the report, and will be able to better analyze the data shown.

8. **Passed:** Page 5, line 5 remove "tribal and military" and replace with language similar to "non-state regulated health care" This language change just allows for any other health care entity that may not fall under "tribal or military" to participate. It still includes tribal and military health care entities.

Failed: Page 5, lines 13-15 remove "Nothing in this section requires or obligates a dispenser or practitioner to access or check the database before dispensing, prescribing, or administering a medication, or providing medical care to a person." It was assumed that this was redundant information within the paragraph and may not be necessary.

House Judiciary Committee reviewed the legislation and recommended changes to establish an expedited notification to the legislature in the event of federal funding reduction. Page 5, subsection (g).

A new subsection requiring the board to establish in regulation an appeals process for individual challenges to the data was added under subsection (i).

The committee asked about potential federal "immunity issues" in the event the state enters into a memorandum of agreement with federal health care agencies. Concern was expressed that there might be conflict with state misdemeanor or felony charges as stated in this bill. Language was added to subsection (f) that would allow the Board of Pharmacy to terminate the person's ability to access data and it was discussed that the memorandum of agreement should establish specific consequences for inappropriate use as well as specific criteria for authorization to access the data.

The Alaska State Medical Association requested that reports be made available to investigators who were reviewing practitioner histories, which would follow current processes of obtaining an administrative warrant rather than completing the legal process of obtaining a court warrant or subpoena. This language was changed on page 4, subsection (d) (1).

Technical changes have been made in most committees that improve the general language of the bill without changing substantive meaning.

Prescription Drug Monitoring Program and Database

Senate Bill 196

Offered by Senator Green

Introduction

- All states have laws and regulations that govern the distribution and handling of controlled substances.
- Diversion of controlled substances and other pharmaceuticals is generally recognized as a serious problem throughout the United States.

Introduction

- States have found that prescription drug monitoring programs (PDMPs) are among the most effective tools available to identify and prevent drug diversion.

Drug Diversion

- Diversion is taking a legal prescriptive substance and altering it to provide a different effect or selling/giving it to someone other than the person to whom it was intended.
- Diversion affects the health of our citizens.
- Diversion often promulgates other criminal activity.

Goals

- PDMPs are intended to promote pharmaceutical care while deterring diversion through education and law enforcement.
- PDMPs are aimed at upholding statutory mandates in a manner that is most supportive of and least disruptive to medical and pharmacy practices. (2 minutes per day)

Nationally Speaking

- Nov 29: 20/20 reported that as many as 50% of military personnel returning from Iraq may be prescribed prescription narcotics.
- Dec 11: President Bush's 5-year plan to reduce illicit drug was met by reaching 24% decline. Negatively, the report of an increase of Rx drug abuse has increased approximately 50% during the same time frame.

Nationally Speaking

- The White House Office of Drug Policy implemented a nationwide Rx drug abuse campaign with its first advertisement shown during the Super Bowl.
  - $30 Million is leveraged for this campaign
  - www.theantidrug.com

Understanding the Rx Problem

- There is a national presumption that the misuse of prescription drugs is safer than using illicit “street” drugs.
- Prescription and OTC medications are fast becoming the new ‘party’ drugs for many teenagers and adults.
  - 25-40% of MySpace users include posting on how to get Rx on the internet

What Rx are Commonly Abused?

- Pain Killers
  - Vicodin, OxyContin, Percocet, Codeine
- Stimulants
  - Ritalin, Conderta, Adderall, Dexedrine
- Sedatives and Tranquilizers
  - Valium, Xanax, Ambien, Lunesta
- Over-The-Counter drugs
  - Coricidin, Contac, Theraflu, Robitussin, Tylenol brand cough, cold and flu products

Rx Abuser Profiles

- Children through elderly individuals abuse for themselves or for personal profit.
- Nearly 70% of Rx drugs are obtained for free from friends and family.
- Pain killers are the number one abused drug because of the feeling of euphoria and/or high resale value.

Why Legislation?

- The DCCED, Board of Pharmacy currently conducts research and licensee investigations regarding drug diversion practices.
  - A PDMP will provide the direction and tool for collecting accurate and timely prescription drug information to assist in prevention of diversion and **promote safe and effective health care for Alaska's citizens**.

Why Legislation?

- State and local law enforcement agencies are experiencing a rise in prescription drug diversion criminal activity.
- This legislation was requested by Alaskan pharmacists, doctors and law enforcement officials.
- With legislation, the state will be eligible for federal funding.

What does this bill do?

- Establishes a PDMP within the responsibilities of the Board of Pharmacy.
- Tracks all schedule I-V controlled substances in state and federal law.
- Data will be electronic rather than paper.

Data Use

- Data can be used by licensed prescribers who have the authority to prescribe when caring for a patient.
- Data can be used by a licensed or registered dispenser who is considering a controlled substance to an individual.

Data Use

- Data can be used by the personnel of the Board of Pharmacy regarding licensing inquiries, and for database management.
- Data can be requested through the Board by law enforcement entities with a subpoena or court ordered warrant.

Data Use

- Data can be used to:
  - improve health care for patients
  - identify prescribing and dispensing practices that may be of question; and
  - identify individuals who show a pattern of inappropriate use.

Data Use

- Data is confidential and not subject to public disclosure
  - HIPAA exceptions are allowed for state PDMPs.
  - Patient privacy is secured by the details of the contract for the vendor who will capture the data.
  - Privacy is insured by the Class A misdemeanor and Class C felony charges that would accompany inappropriate use of the data.

Fiscal Notes

- DCCED Occupational and Professional Licensing
  - Start up costs of $400,000 federal funds
  - Ongoing costs will decrease significantly (Wyoming annual costs are $90,000 per year)
- DHSS Medicaid
  - Initial savings of $86,000 total funds
  - May actually be 2 or 3 times that amount of savings

Changes to SB 196

- Senate Labor and Commerce adopted a CS that addressed almost all concerns voiced by the medical community and government agencies.
  - Side-by-side document in bill packet
- Senate Labor and Commerce adopted intent language regarding the impact of future funding.
  - Intent memo in bill packet

Changes to SB 196

- Concern regarding data security:
  - An amendment has been prepared for the committee's consideration.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

March 17, 2008

The Honorable Lyda Green
Alaska State Senate
State Capitol, Room 111
Juneau, Alaska 99801

Via facsimile, 907-465-3805

Dear Senator Green:

As I am sure you are aware, prescription drug abuse is on the rise and has become America's second largest illicit drug abuse problem. Nearly 6.4 million people report non-medical use of controlled substance prescription drugs, with misuse of pain killers representing three-fourths of the overall problem (4.7 million).

Unfortunately, Alaska is facing a significant public health threat from the abuse of prescription drugs, as well. According to data from the 2004-2005 National Survey on Drug Use and Health, 5.47 percent of Alaska residents have abused prescription drugs in the past year ranking 17th for abuse nationally. Among young adults aged 18 to 25 in Alaska, 11.26 percent report misuse of a prescription drug in the past year. Nationally this age group is increasingly abusing prescription drugs with rates growing by 17 percent from 2002 to 2005.

That same report states that nearly 60 percent of non-medical prescription drug users say they received the prescription drug "free from a friend or relative." Of that 60 percent, 81 percent of those individuals received the medication from a doctor. Other methods of acquiring prescription drugs for non-medical use include "doctor shopping" (going from one doctor to another to obtain multiple prescriptions), traditional drug-dealing, theft from pharmacies or homes, and illicitly acquiring prescription drugs over the Internet.

Prescription Drug Monitoring Programs (PDMPs) help engage physicians and pharmacists in reducing the illegal diversion of prescription drugs. Because of their potential to help ensure proper prescribing and to intervene with those who may be addicted to prescription drugs, the Administration is encouraging all states to adopt a PDMP. In fact, the federal government provided $7.5 million in assistance grants to states in the 2007 fiscal year to help develop, implement, and enhance PDMPs.

In 2001, there were 15 PDMPs in this country. Today there are 35 states that have either an active (24) PDMP or are in the process of implementing (11) a PDMP. ONDCP, and other agencies, are working with states to see programs in all 50 states. Of the 15 states without a PDMP, Alaska is one of seven states that currently have pending legislation.

The introduction of SB 196 shows your clear understanding of the magnitude of this problem that we face together and I applauded your efforts to protect the citizens of Alaska. If

implemented, this bill would create a program that could significantly help reduce illicit diversion of prescription drugs without impending legitimate access to these important medications.

- This Administration and my office are committed to reducing the prescription drug abuse problem nationwide. I would be pleased to speak with you to discuss any questions you may have about PDMPs from a national perspective, or how we can work together to address Alaska's prescription drug abuse challenge. Please feel free to contact me at 202-395-6700.

Sincerely,

John P. Walters
Director

Enclosure

cc: Governor Palin

Sec. 08.80.480. Definitions.

(28) "practitioner" means an individual currently licensed, registered, or otherwise authorized by the jurisdiction in which the individual practices to prescribe and administer drugs in the course of professional practice;

Sec. 11.71.900. Definitions.

In this chapter, unless the context clearly requires otherwise,

(19) "practitioner" means

(A) a physician, dentist, veterinarian, scientific investigator, or other person licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer or use in teaching or chemical analysis a controlled substance in the course of professional practice or research in the state;

(B) a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or to administer a controlled substance in the course of professional practice or research in the state;

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(26) "pharmacy technician" means a supportive staff member who works under the immediate supervision of a pharmacist;

(27) "practice of pharmacy" means the interpretation, evaluation, and dispensing of prescription drug orders in the patient's best interest; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug-related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care; and the responsibility for: compounding and labeling of drugs and devices except labeling by a manufacturer, repackager, or distributor of nonprescription drugs and commercially packaged legend drugs and devices; proper and safe storage of drugs and devices; and maintenance of proper records for them;

(28) "practitioner" means an individual currently licensed, registered, or otherwise authorized by the jurisdiction in which the individual practices to prescribe and administer drugs in the course of professional practice;

(29) "preceptor" means an individual who is currently licensed by the board, meets the qualifications as a preceptor under the regulations of the board, and participates in the instructional training of pharmacy interns;

(30) "prescription drug" means a drug that, under federal law, before being dispensed or delivered, is required to be labeled with either of the following statements: (A) "Caution: Federal law prohibits dispensing without prescription"; (B) "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian"; or a drug that is required by an applicable federal or state law or regulation to be dispensed only under a prescription drug order or is restricted to use by practitioners only;

(31) "prescription drug order" means a lawful order of a practitioner for a drug or device for a specific patient;

(32) "prospective drug use review" means a review of the patient's drug therapy and prescription drug order, as defined in the regulations of the board, before dispensing the drug as part of a drug regimen review;

(33) "significant adverse drug reaction" means a drug-related incident that may result in serious harm, injury, or death to the patient;

(34) "substitution" means to dispense without the prescriber's expressed authorization, an equivalent drug product in place of the prescribed drug;

(35) "wholesale" means sale by a manufacturer, wholesale dealer, distributor, or jobber to a person who sells, or intends to sell, directly to the user;

(36) "wholesale drug distributor" means anyone engaged in wholesale distribution of drugs, including but not limited to manufacturers; repackagers; own-label distributors; private label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses; chain drug warehouses; wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions. (§ 2 ch 194 SLA 1955; am §§ 27 — 29 ch 206 SLA 1972; am § 11 ch 53 SLA 1973; am §§ 20, 21 ch 166 SLA 1980; am § 9 ch 45 SLA 1982; am §§ 6, 7, 22 ch 146 SLA 1986; am § 6 ch 50 SLA 1989; am § 3 ch 56 SLA 1992; am § 4 ch 70 SLA 1992; am §§ 24 — 28 ch 45 SLA 1996)

Revisor's notes. — Reorganized in 1992. Reorganized again in 1996 to alphabetize new terms originally enacted as paragraphs (21)–(46) and to reflect the repeal of former paragraphs

Effect of amendments. — The 1996 amendment, effective August 22, 1996, deleted former paragraphs (2), (5)–(7), (13), (16)–(18), and (20), in paragraph (8), substituted "as a drug in an official compendium, or supplement to an official compendium" for "in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary", added paragraphs (1), (3), (5), (8), (10)–(15), (19)–(23), (26)–(29), (31)–(34), (36), and rewrote paragraphs (24) and (30).

Sec. 08.80.490. Short title. This chapter may be known as the Pharmacy Act. (§ 1 ch 194 SLA 1955)