

SB

1966

ALASKA STATE LEGISLATURE



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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, 465-5038, 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 medical 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, dispensers, 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>

ALASKA STATE LEGISLATURE
HOUSE JUDICIARY COMMITTEE

Representative Jay Ramras
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Representative Nancy Dahlstrom,
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Representative John Coghill
Representative Bob Lynn
Representative Ralph Samuels
Representative Max Gruenberg
Representative Lindsey Holmes

State Capitol, Room 120
Juneau, Alaska 99801-1182

Fax

To: Jerry Luckhaupt

Fax #: 2029

Number of pages including cover: 1

From: Jane Pierson

Date: February 25, 2008

Re: HJUD Final for SB196 (25-LS1092\O)

Please go final on the above-referenced bill to include the following changes:

1. Rescind amendment #2. Page 4, Line 12-13, "in this paragraph, "practitioner" has the meaning given in AS 08.80.480."
2. Conceptual amendment #1 Page 5, Line 12 and 13, delete the words "improperly" and insert "contrary to this section"

For consideration at House Judiciary Committee, Monday February 25, 2008:

1. Rescind amendment 2 offered by Rep Gruenberg.
 - There are two definitions for "practitioner" in statute.
 - Title 08 is specific to individual prescribers and has a broad definition of a prescriber.
 - AS 11.71.900 (19) contains the definition already implied in SB 196 and defines a practitioner in relation to controlled substance activities. Title 11 specifically includes professionals such as veterinarians and professionals engaging in experimental research.
 - Legal services placed the "prescriber" definition on page 4, lines 12-13 referring to the specific paragraph rather than the whole Act. I, Ginger, did not ask legal services to redraft the amendment until the committee had decided which definition would be best for this act.
 - If the committee decides that the Title 11 definition should be used, the motion should be to **delete "; in this paragraph, "practitioner" has the meaning given in AS 08.80.480"**
 - If the committee decides that the Title 8 definition should be used, the motion should be to **delete "; in this paragraph, "practitioner" has the meaning given in AS 08.80.480"** and add the definition as passed in the original amendment to the definition section on page 6 by **"adding a new subsection (5) following line 21"**.

2. How are the documents disposed of by the Board?
 - An amendment was not needed to specify management of the data captured by the prescription drug monitoring program.
 - Page 4, lines 3-8 addresses confidentiality of the information contained within the database. "The board shall undertake to ensure the security and confidentiality of the database and the information contained within the database."
 - The specific procedures for disposing of reports of information in the database should be clearly defined in regulation.

3. Is there an appeals process for the patient who feels incorrect data has been submitted/reported?
 - Legal services incorporated a section to allow for individual challenges on page 5, lines 30-31, continuing to page 6, line 1.
 - In the regulations adopted under this section, the board shall provide: **"(2) a method for an individual to challenge information in the database about the individual that the person believes is incorrect or was incorrectly entered by a dispenser."**

4. Representative Coghill asked about the 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.
- Legal services added additional language to subsection (f) page 5, lines 10-14: **"The board shall prohibit a dispenser that is not regulated by the state from accessing the database if the dispenser has accessed information in the database improperly, discloses information in the database improperly, or allows nonauthorized persons access to the database."**
 - This section essentially 'cuts off' access by the dispenser to the data. Most states' experience would find that this 'cut off' would be sufficient to deter inappropriate activity.
 - I have contacted program managers from other states who have entered into memorandums of agreement with I HS entities or military entities. Many of these states have created an information sharing agreement verbally rather than in writing. Most federally regulated entities want access to the data and have approached the states asking to be allowed to participate.
 - A letter is in your bill files stating that states can ask military health care entities to participate. In the third paragraph; "Under 38 USC 5701 the Secretary can release information: 'to any criminal or civil law enforcement government 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.'"

HOUSE CS FOR CS FOR SENATE BILL NO. 196(JUD)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY THE HOUSE JUDICIARY COMMITTEE

Offered:

Referred:

Sponsor(s): SENATORS GREEN, Ellis, Davis, Dyson, Stevens

A BILL

FOR AN ACT ENTITLED

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

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 *** Section 1. AS 08.80.030(b) is amended to read:**

4 (b) In order to fulfill its responsibilities, the board has the powers necessary
5 for implementation and enforcement of this chapter, including the power to

6 (1) elect a president and secretary from its membership and adopt rules
7 for the conduct of its business;

8 (2) license by examination or by license transfer the applicants who are
9 qualified to engage in the practice of pharmacy;

10 (3) assist the department in inspections and investigations for
11 violations of this chapter, or of any other state or federal statute relating to the practice
12 of pharmacy;

13 (4) adopt regulations to carry out the purposes of this chapter;

14 (5) establish and enforce compliance with professional standards and
15 rules of conduct for pharmacists engaged in the practice of pharmacy;

1 (6) determine standards for recognition and approval of degree
2 programs of schools and colleges of pharmacy whose graduates shall be eligible for
3 licensure in this state, including the specification and enforcement of requirements for
4 practical training, including internships;

5 (7) establish for pharmacists and pharmacies minimum specifications
6 for the physical facilities, technical equipment, personnel, and procedures for the
7 storage, compounding, and dispensing of drugs or related devices, and for the
8 monitoring of drug therapy;

9 (8) enforce the provisions of this chapter relating to the conduct or
10 competence of pharmacists practicing in the state, and the suspension, revocation, or
11 restriction of licenses to engage in the practice of pharmacy;

12 (9) license and regulate the training, qualifications, and employment of
13 pharmacy interns and pharmacy technicians;

14 (10) issue licenses to persons engaged in the manufacture and
15 distribution of drugs and related devices;

16 **(11) establish and maintain a controlled substance prescription**
17 **database as provided in AS 17.30.200.**

18 * Sec. 2. AS 17.30 is amended by adding a new section to read:

19 **Article 4A. Controlled Substance Prescription Database.**

20 **Sec. 17.30.200. Controlled substance prescription database.** (a) The
21 controlled substance prescription database is established in the Board of Pharmacy.
22 The purpose of the database is to contain data as described in this section regarding
23 every prescription for a schedule IA, IIA, IIIA, IVA, or VA controlled substance under
24 state law or a schedule I, II, III, IV, or V controlled substance under federal law
25 dispensed in the state to a person other than an inpatient in a licensed health care
26 facility. The Department of Commerce, Community, and Economic Development
27 shall assist the board and provide necessary staff and equipment to implement this
28 section.

29 (b) The pharmacist-in-charge of each licensed or registered pharmacy,
30 regarding each schedule IA, IIA, IIIA, IVA, or VA controlled substance under state
31 law or a schedule I, II, III, IV, or V controlled substance under federal law dispensed

1 by a pharmacist under the supervision of the pharmacist-in-charge, and each
2 practitioner who directly dispenses a schedule IA, IIA, IIIA, IVA, or VA controlled
3 substance under state law or a schedule I, II, III, IV, or V controlled substance under
4 federal law other than those administered to a patient at a health care facility, shall
5 submit to the board, by a procedure and in a format established by the board, the
6 following information for inclusion in the database:

7 (1) the name of the prescribing practitioner and the practitioner's
8 federal Drug Enforcement Administration registration number or other appropriate
9 identifier;

10 (2) the date of the prescription;

11 (3) the date the prescription was filled and the method of payment; this
12 paragraph does not authorize the board to include individual credit card or other
13 account numbers in the database;

14 (4) the name, address, and date of birth of the person for whom the
15 prescription was written;

16 (5) the name and national drug code of the controlled substance;

17 (6) the quantity and strength of the controlled substance dispensed;

18 (7) the name of the drug outlet dispensing the controlled substance;

19 and

20 (8) the name of the pharmacist or practitioner dispensing the controlled
21 substance and other appropriate identifying information.

22 (c) The board shall maintain the database in an electronic file or by other
23 means established by the board to facilitate use of the database for identification of

24 (1) prescribing practices and patterns of prescribing and dispensing
25 controlled substances;

26 (2) practitioners who prescribe controlled substances in an
27 unprofessional or unlawful manner;

28 (3) individuals who receive prescriptions for controlled substances
29 from licensed practitioners and who subsequently obtain dispensed controlled
30 substances from a drug outlet in quantities or with a frequency inconsistent with
31 generally recognized standards of dosage for that controlled substance; and

1 (4) individuals who present forged or otherwise false or altered
2 prescriptions for controlled substances to a pharmacy.

3 (d) The database and the information contained within the database are
4 confidential, are not public records, and are not subject to public disclosure. The board
5 shall undertake to ensure the security and confidentiality of the database and the
6 information contained within the database. The board may allow access to the
7 database only to the following persons, and in accordance with the limitations
8 provided and regulations of the board:

9 (1) personnel of the board regarding inquiries concerning licenses or
10 registrants of the board or personnel of another board or agency concerning a
11 practitioner under a search warrant, subpoena, or order issued by an administrative law
12 judge or a court; in this paragraph, "practitioner" has the meaning given in
13 AS 08.80.480;

14 (2) authorized board personnel or contractors as required for
15 operational and review purposes;

16 (3) a licensed practitioner having authority to prescribe controlled
17 substances, to the extent the information relates specifically to a current patient of the
18 practitioner to whom the practitioner is prescribing or considering prescribing a
19 controlled substance;

20 (4) a licensed or registered pharmacist having authority to dispense
21 controlled substances, to the extent the information relates specifically to a current
22 patient to whom the pharmacist is dispensing or considering dispensing a controlled
23 substance;

24 (5) federal, state, and local law enforcement authorities may receive
25 printouts of information contained in the database under a search warrant, subpoena,
26 or order issued by a court establishing probable cause for the access and use of the
27 information; and

28 (6) an individual who is the recipient of a controlled substance
29 prescription entered into the database may receive information contained in the
30 database concerning the individual on providing evidence satisfactory to the board that
31 the individual requesting the information is in fact the person about whom the data

1 entry was made and on payment of a fee set by the board under AS 37.10.050 that
2 does not exceed \$10.

3 (e) The failure of a pharmacist-in-charge, pharmacist, or practitioner to submit
4 information to the database as required under this section is grounds for the board to
5 take disciplinary action against the license or registration of the pharmacy or
6 pharmacist or for another licensing board to take disciplinary action against a
7 practitioner.

8 (f) The board may enter into agreements with dispensers that are not regulated
9 by the state and practitioners in this state to submit information to and access
10 information in the database subject to this section and the regulations of the board. The
11 board shall prohibit a dispenser that is not regulated by the state from accessing the
12 database if the dispenser has accessed information in the database improperly,
13 discloses information in the database improperly, or allows nonauthorized persons
14 access to the database.

15 (g) The board shall promptly notify the president of the senate and the speaker
16 of the house of representatives if, at any time after the effective date of this Act, the
17 federal government fails to pay all or part of the costs of the controlled substance
18 prescription database.

19 (h) An individual who has submitted information to the database in
20 accordance with this section may not be held civilly liable for having submitted the
21 information. Nothing in this section requires or obligates a dispenser or practitioner to
22 access or check the database before dispensing, prescribing, or administering a
23 medication, or providing medical care to a person. Dispensers or practitioners may not
24 be held civilly liable for damages for accessing or failing to access the information in
25 the database.

26 (i) In the regulations adopted under this section, the board shall provide

27 (1) that prescription information in the database shall be purged from
28 the database after two years have elapsed from the date the prescription was
29 dispensed;

30 (2) a method for an individual to challenge information in the database
31 about the individual that the person believes is incorrect or was incorrectly entered by

1 a dispenser.

2 (j) A person

3 (1) with authority to access the database under (d) of this section who
4 knowingly

5 (A) accesses information in the database beyond the scope of
6 the person's authority commits a class A misdemeanor;

7 (B) accesses information in the database and knowingly
8 discloses that information to a person not entitled to access or to receive the
9 information commits a class C felony;

10 (C) allows another person who is not authorized to access the
11 database to access the database commits a class C felony;

12 (2) without authority to access the database under (d) of this section
13 who knowingly accesses the database or knowingly receives information that the
14 person is not authorized to receive under (d) of this section from another person
15 commits a class C felony.

16 (k) In this section,

17 (1) "board" means the Board of Pharmacy;

18 (2) "database" means the controlled substance prescription database
19 established in this section;

20 (3) "knowingly" has the meaning given in AS 11.81.900;

21 (4) "pharmacist-in-charge" has the meaning given in AS 08.80.480.

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSSB 196(L&C)
 (S) Publish Date: 2/6/08
 Dept. Affected: Health & Social Services
 RDU: Health Care Services
 Component: Medicaid Services

ID(File name) SB196-DHSS-MS-1-28-08
 Title PRESCRIPTION DATABASE
 Sponsor GREEN
 Requester SENATE L&C

Component No. 2077

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation		Information					
	Required		FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
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)

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
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)	(121.0)

Estimate of any current year (FY2008) cost: _____

POSITIONS

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
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 FY 09 if the prescription drug monitoring database is brought on line in FY 09. Year-to-year inflation in the drug program is 7%. Federal financial participation in FY10 and FY11 is slightly over 50% and 50% thereafter.

Prepared by: William J. Streur
 Division: Health Care Services
 Approved by: Karleen Jackson, Commissioner
 Agency: Department of Health and Social Services

Phone 269-7827
 Date/Time 01/25/2008
 Date 01/28/2008

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 3
 Bill Version: CSSB 195(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						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services	3.0							
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	0.0	**	**	**

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES ()								
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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	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
 Division: Corporations, Business, and Professional Licensing
 Approved by: Emil R. Notti, Commissioner
Commerce, Community, and Economic Development

Phone: (907) 465-2144
 Date/Time: 2/13/08 5:27 PM
 Date: 1/25/2008

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.

Prescription Drug Monitoring Program and Database

Senate Bill 196
Offered by Senator Green

1

Introduction

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

2



Introduction

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

3



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.

4

Goals

- o PDMPs are intended to promote pharmaceutical care while deterring diversion through education and law enforcement.
- o 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)

5

Nationally Speaking

- o Nov 29: 20/20 reported that as many as 50% of military personnel returning from Iraq may be prescribed prescription narcotics.
- o 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.

6

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

7

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

8

What Rx are Commonly Abused?

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

9

Rx Abuser Profiles

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

10

Why Legislation?

- o 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.**

11

Why Legislation?

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

12

● ● ● | 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.

13

● ● ● | 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.

14



Data Use

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

15



Data Use

- o 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.

16

Data Use

- o 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.

17

Fiscal Notes

- o 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)
- o DHSS Medicaid
 - Initial savings of \$86,000 total funds
 - May actually be 2 or 3 times that amount of savings

18

Changes to SB 196

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

19

Changes to SB 196

- o Concern regarding data security:
 - An amendment that better clarifies the Class A misdemeanor and Class C felony was adopted in Senate Finance.
- o Senate Floor Amendments
 - Summary of amendments included in bill packet.

20

Summary of Side-by-Side Bill Comparison in Senate Labor and Commerce

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.

The Senate Labor and Commerce Committee added the following language to address data security. "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

The Senate Labor and Commerce Committee added the following language to encourage the Board of Pharmacy to include memorandums of agreement with health care entities who may 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, Oregon, and others have been approached by tribal or military health providers to request to be included in the PDMP.

The Senate Labor and Commerce Committee added the following language 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 the 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.

The Senate Labor and Commerce Committee added the following language to address liability for use or non-use of the database by health care professionals. "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.

ALASKA STATE LEGISLATURE



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(907) 376-3157 Fax

Senator_Lyda_Green@legis.state.ak.us

Session:

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

Toll Free: 1-877-465-6601

SENATOR LYDA GREEN
PRESIDENT OF THE SENATE

February 5, 2008

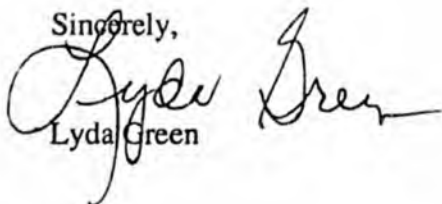
Senator Ellis, Chair
Senate Labor and Commerce Committee

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

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.
9. **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." Senator Therriault felt that this may have been redundant information within the paragraph and may have not been necessary.



OHIO Automated Rx Reporting System

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

-Equal Opportunity Employer and Service Provider-

TEL: 614/466-4143

E-MAIL: info@chiopmp.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)

DATE : 11/15/06

Page 1 of 2

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	Pl ID	Prescriber	Written	RX#	N/R	Pharm	Pay
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	4432314	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	RCE	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

Disclaimer: The State of Ohio does not warrant the above information to be accurate or complete. The Report is based on the search criteria entered and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

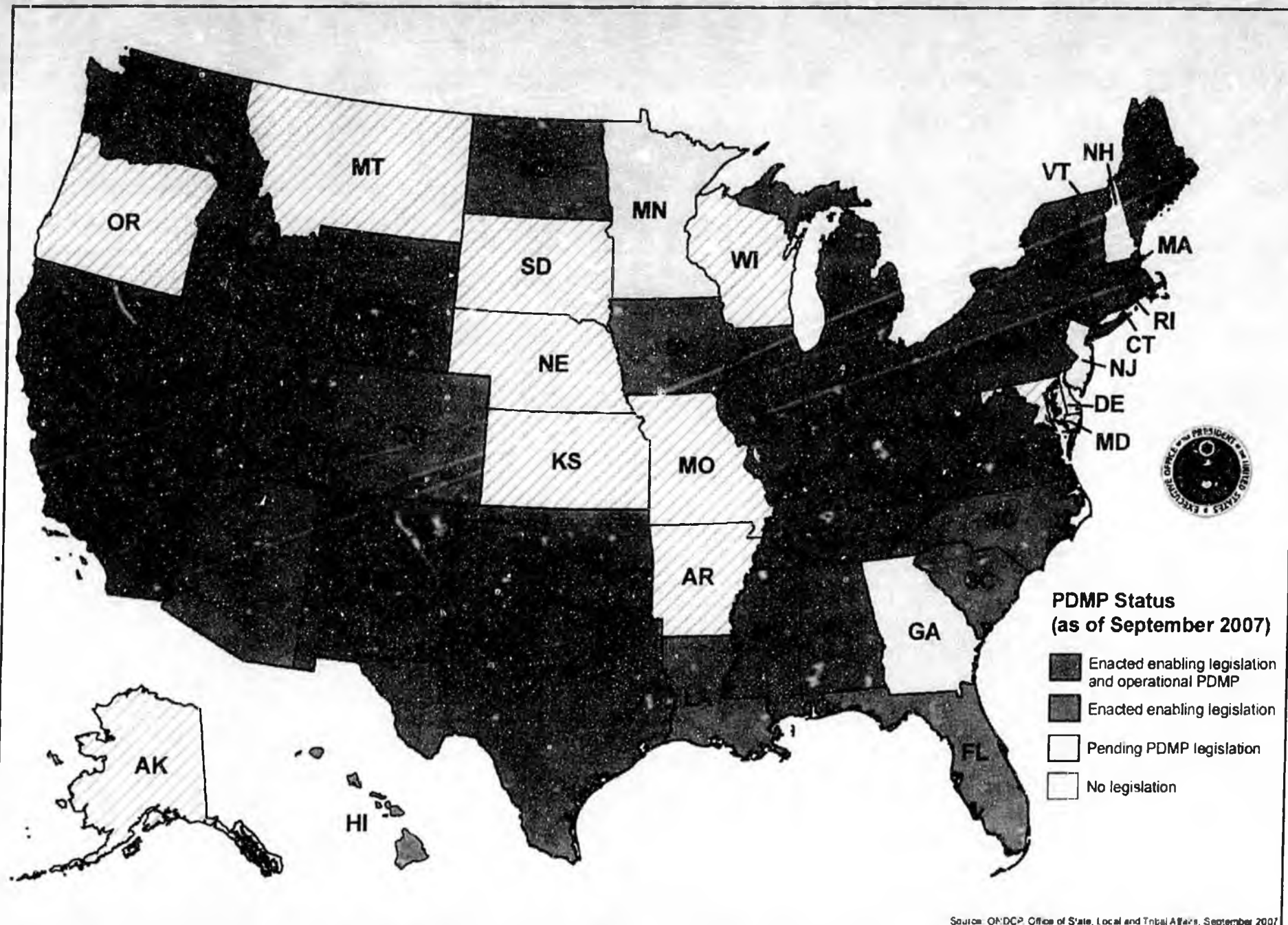
PATIENT Rx HISTORY REPORT

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 5/18/1972; 354 BROADWAY, CINCINNATI OH 45240
7137 Joseph Hinton-Llewellyn, DOB 5/18/1972; 2008 QUAIL CT, CINCINNATI OH 45240



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

Prescription Drug Monitoring Program Status as of September 2007

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;



John Elias Baidacci
Governor

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

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 and 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

Our vision is Maine people enjoying safe, healthy and productive lives.

Phone: 207-287-2595

Fax: 207-287-4334

TTY: 207-287-4475
1-800-215-7604

the same established
and route of adminis-
trative ingredients in the
applicable standards for
characteristics such as
colors, flavors, preserva-

pharmacy while under
supervision toward meeting

approved by the board for
licensure as a

related to a drug container,
supplier, or distributor of a
device;

production, conversion, or
distillation from a substance
chemical synthesis, and
repackaging or relabeling of its
contents; "manufacturing" also
includes products from bulk
supplies;

drug that may be sold
to the consumer and labeled in
accordance with the
regulations of the state and the

administration outside of the
state; wholesaling, retailing,

provision of information.
The pharmacist or pharmacist
in order to improve

includes a governmental

other pharmaceutical
purpose or prevention of a
condition or slowing of a

the state to engage in the

responsibility for oper-
ating regulations applicable to
personally in charge of

dispensed and pharma-
ceutical subject to licensure or

that prepares or mixes
at which those drugs

(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 (8), (6)-(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)

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 inquiries" 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



Alaska State Legislature

Please enter into the record my testimony to the House Judiciary
committee name

Committee on HB 316 & SB 196, dated 2-22-08
bill # / subject public hearing date

Please consider, with these drug bills that the first information we need is how many adult and juvenile Alaskans are taking conscious altering prescription drugs with a warning label. Without this specific information on the quantity of drugs, and disregarding the personal information aspect of the bills currently presented, please note how many adult Alaskans and juveniles are on prescription drugs. We need cross-drug testing for people using drugs other than those prescribed to them, including alcohol and marijuana. Without this type of deterrent the information we gather will just be another bureaucratic boondoggle.

We also need constraints that are consistent with the warning labels on these drugs. If it says "do not operate machinery", the driver's license of that person should be suspended until the prescription is terminated. If it says it "will alter the conscious and mood", adult workers and juvenile children in school should be responsible for alerting the authorities at their work place and school concerning the fact that they are under the influence of a drug and appropriate steps should be taken to see to it that they are not operating machinery or interacting with others in these places in a way that would be dangerous or affect the positive working environment of co-workers and students. We must have a specific idea of how many adults and children are taking these drugs. The figures that I have acquired in an informal manner show a shocking percentage of adults and children on these drugs regularly. One last thought, should there be a disaster that causes an interruption in the flow of these drugs for an extended period, what do you consider will be the consequences of over 100,000 adult & children Alaskan prescription drug users who will be withdrawing from these medications? We must be aware. Please tell us how many of these people there are, not who they are. Please do not get lost in the details of a bill specifically intended for control of these drugs by being swayed by informational impairments.

Signed: Thomas Corbitt
Testifier

self
Representing (optional)

PO Box 132 Clam Gulch, AK 99568
Address

262-5678
Phone number

OHIO Automated Rx Reporting System

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

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URL: <http://www.ohiopmp.gov>

Patient Rx History Report

BETTY TESTPATIENT

DATE: 1/29/08

Page 1 of 1

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

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

Disclaimer: The State of Ohio does not warrant the above information to be accurate or complete. The Report is based on the search criteria entered and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: February 20, 2008

FURTHER REFERRALS: Finance

Date of Committee Action: 2/25/08

The JUDICIARY Committee considered:

CSSB 196(FIN)

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 HCS or CS for CSSB 196 (JUD)
 For Senate Bills with new title: Technical Title New Title: HCR Same Title New Title

- attach amendments
- add new referral to _____ Committee
- Letter of Intent _____ Committee

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

<u>NEW FISCAL NOTES</u>				
*A igned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero

<u>PREVIOUS FISCAL NOTES</u>				
List by Dept(s):	FN#	Fiscal	Indet.	Zero
HSS	2	✓		
CD	3	✓		

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
<i>[Signature]</i>	Greenberg			✓	
<i>[Signature]</i>	LYNCH			X	
<i>[Signature]</i>	Loophat				
<i>[Signature]</i>	SAMUELS			X	
<i>[Signature]</i>	Holmes			X	
Chair: <i>[Signature]</i>	Dunst			X	
Vice-Chair: <i>[Signature]</i>					