HB

324

<TARGET><BILL>HB 324</BILL><SUBJECT>HB 324</SUBJECT><COMM>HHSS28</COMM></TARGET>

OUSE COMMITTEE REPOR

(7)
Date Referred to Committee: February 21, 2014 **FURTHER REFERRALS: Finance**

Date of Committee Action: 3/20/2014

The HEALTH AND SOCIAL SERVICES Committee considered: **HB 324**

HOUSE BILL NO. 324
"An Act relating to the controlled substance prescription database."
HB 324-CONTROLLED SUBST. PRESCRIPTION DATABASE

Recommends it be replaced with [ ] HCS *or* [X] CS *for* HB 324 (HSS)
***For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR*______ [X] 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
DHS
LWF
LAW
LEG
MVA
DNR
DPS
REV
DOT
UA

***NEW* FISCAL NOTES**
*FN# is assigned by Chief Clerk's Office

*FN#	List by Dept(s):	Fiscal	Indet.	Zero
	ADM		✓	
	CED	✓		
	DHS			✓

***PREVIOUS* FISCAL NOTES**

FN#	List by Dept(s):	Fiscal	Indet.	Zero

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
Paul K Seaton	SEATON	X			
[signature]	Reinbold				X
[signature]	NAGEAK	X			
[signature]	Tarr			X	
Chair: Wes Keller	Keller	X			
Chair:					

28-LS1427\N.1
Strasbaugh
3/20/14

A M E N D M E N T

OFFERED IN THE HOUSE BY REPRESENTATIVE KELLER

TO: CSHB 324( ), Draft Version "N"

1 Page 2, line 31, through page 3, line 1:

2 Delete "**other than the state**"

ALASKA STATE LEGISLATURE

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Wasilla, Alaska 99654
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Juneau, Alaska 99801-1182
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REPRESENTATIVE WES KELLER
DISTRICT 7

MEMO

To: Members of the Alaska Legislature

Date: March 10, 2014

Re: Sectional for Committee Substitute for House Bill 324 (28-LS1427\N)

House Bill 324 is broken into seven sections. References to "Board" mean the Board of Pharmacy:

SECTION 1: Adds language to the Board's authority to establish fees for the dispensing of controlled substances a provides reference language for non or late payment penalties.

SECTION 2: Directs the Department of Commerce and Economic Development to assist the Board to seek funding outside of traditional state funding methods.

SECTION 3: Establishes that the primary method used will be an electronic database but permits alternatives.

SECTION 4: Permits the Board to contract with a private contractor to maintain the database in a secure manner but must be accessible to pharmacist and practitioners.

SECTION 5: Under regulation guidelines pharmacist and practitioners will be permitted to delegate input access to a licensed employee.

SECTION 6: The Board may provide for a good cause waiver.

SECTION 7: The Board, by regulation will establish reasonable fees and procedures and penalties for collection to offset direct costs associated with the database.

Please note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

E-Mail: Representative_Wes_Keller@legis.state.ak.us
Call Juneau Toll free: (800) 468-2186
Website: www.akrepublicans.org/keller/

28-LS1427\N
Strasbaugh
3/7/14

CS FOR HOUSE BILL NO. 324( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVE KELLER

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the 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 **(12) establish fees for the dispensing of controlled substances as**
19 **provided in AS 17.30.205**.
20 * Sec. 2. AS 17.30.200(a) is amended to read:
21 (a) The controlled substance prescription database is established in the Board
22 of Pharmacy. The purpose of the database is to contain data as described in this
23 section regarding every prescription for a schedule IA, IIA, IIIA, IVA, or VA
24 controlled substance under state law or a schedule I, II, III, IV, or V controlled
25 substance under federal law dispensed in the state to a person other than those
26 administered to a patient at a health care facility. The Department of Commerce,
27 Community, and Economic Development shall
28 **(1)** assist the board**;**
29 **(2)** [AND] provide necessary staff and equipment to implement this
30 section**; and**
31 **(3) in cooperation with the board, seek funding sources other than**

1 **__the state for the operation of the controlled substance prescription database__**.
2 * Sec. 3. AS 17.30.200(b) is amended to read:
3 (b) The pharmacist-in-charge of each licensed or registered pharmacy,
4 regarding each schedule IA, IIA, IIIA, IVA, or VA controlled substance under state
5 law or a schedule I, II, III, IV, or V controlled substance under federal law dispensed
6 by a pharmacist under the supervision of the pharmacist-in-charge, and each
7 practitioner who directly dispenses a schedule IA, IIA, IIIA, IVA, or VA controlled
8 substance under state law or a schedule I, II, III, IV, or V controlled substance under
9 federal law other than those administered **__directly__** to a patient at a health care facility,
10 shall submit to the board **__through an electronic database or another method__**, by a
11 procedure and in a format established by the board, the following information for
12 inclusion in the database:
13 (1) the name of the prescribing practitioner and the practitioner's
14 federal Drug Enforcement Administration registration number or other appropriate
15 identifier;
16 (2) the date of the prescription;
17 (3) the date the prescription was filled and the method of payment; this
18 paragraph does not authorize the board to include individual credit card or other
19 account numbers in the database;
20 (4) the name, address, and date of birth of the person for whom the
21 prescription was written;
22 (5) the name and national drug code of the controlled substance;
23 (6) the quantity and strength of the controlled substance dispensed;
24 (7) the name of the drug outlet dispensing the controlled substance;
25 and
26 (8) the name of the pharmacist or practitioner dispensing the controlled
27 substance and other appropriate identifying information.
28 * Sec. 4. AS 17.30.200(c) is amended to read:
29 (c) The board shall maintain **__or contract with a database provider to__**
30 **__maintain__** the database in **__a secure real-time__** [AN] electronic file [OR BY OTHER
31 MEANS] established by the board **__that is accessible to a pharmacist or practitioner__**

1 to facilitate use of the database for identification of
2 (1) prescribing practices and patterns of prescribing and dispensing
3 controlled substances;
4 (2) practitioners who prescribe controlled substances in an
5 unprofessional or unlawful manner;
6 (3) individuals who receive prescriptions for controlled substances
7 from licensed practitioners and who subsequently obtain dispensed controlled
8 substances from a drug outlet in quantities or with a frequency inconsistent with
9 generally recognized standards of dosage for that controlled substance; and
10 (4) individuals who present forged or otherwise false or altered
11 prescriptions for controlled substances to a pharmacy.
12 * **Sec. 5.** AS 17.30.200(k) is amended to read:
13 (k) In the regulations adopted under this section, the board shall provide
14 (1) that prescription information in the database shall be purged from
15 the database after two years have elapsed from the date the prescription was
16 dispensed;
17 (2) a method for an individual to challenge information in the database
18 about the individual that the person believes is incorrect or was incorrectly entered by
19 a dispenser**;**
20 **(3) a procedure for authorizing a pharmacist-in-charge to delegate**
21 **the submission of information under (b) of this section to an employee of the**
22 **pharmacist-in-charge who is licensed as a pharmacist or pharmacy technician**.
23 * **Sec. 6.** AS 17.30.200 is amended by adding a new subsection to read:
24 (o) Notwithstanding (b) of this section, the board may provide by regulation
25 for waiver of the requirement of electronic filing for good cause.
26 * **Sec. 7.** AS 17.30 is amended by adding a new section to article 5 to read:
27 **Sec. 17.30.205. Fees for dispensing controlled substances.** (a) The Board of
28 Pharmacy shall adopt regulations that establish reasonable fees to be charged to a
29 pharmacist or practitioner for dispensing controlled substances to cover the applicable
30 direct costs relating to the board's responsibilities in maintaining and operating the
31 controlled substance prescription database under AS 17.30.200 and procedures for the

1 collection of those fees. The fees established under this section shall include a late
2 payment fee if the fee required for dispensing a controlled substance is not paid when
3 required by the board.
4 (b) In this section, "direct cost" has the meaning given in AS 37.10.058.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 324
Fiscal Note Number:
() Publish Date:

Identifier: HB324-DCCED-CBPL-02-28-14
Title: CONTROLLED SUBST. PRESCRIPTION DATABASE
Sponsor: KELLER
Requester: House Health and Social Services

Department: Department of Commerce, Community and Economic Development
Appropriation: Corporations, Business and Professional Licensing
Allocation: Corporations, Business and Professional Licensing
OMB Component Number: 2360

Expenditures/Revenues
Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services							
Travel							
Services	56.6		56.6	56.6	56.6	56.6	56.6
Commodities	0.8		0.8	0.8	0.8	0.8	0.8
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	**57.4**	**0.0**	**57.4**	**57.4**	**57.4**	**57.4**	**57.4**

Fund Source (Operating Only)

1156 Rcpt Svcs	57.4		57.4	57.4	57.4	57.4	57.4
Total	**57.4**	**0.0**	**57.4**	**57.4**	**57.4**	**57.4**	**57.4**

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues	57.4		57.4	57.4	57.4	57.4	57.4

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS
Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 12/31/14

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Don Habeger, Director — Phone: (907)465-2536
Division: Corporations, Business and Professional Licensing — Date: 02/28/2014 05:35 PM
Approved By: Jeanne Mungle, Director — Date: 03/01/14
Agency: Administrative Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB324

Analysis

HB 324 reinforces the prescription drug database as an electronic method to gather information about dispensation of controlled substances by Alaska pharmacists and providers. The bill allows the prescriber/pharmacist to delegate submission of information to the electronic database in order to increase usage and streamline business practices. Under this legislation, the database would be funded by user fees. Licensing fees for each program are set per AS 08.01.065 so the revenue collected equals the occupation's regulatory costs.

Costs for establishing and maintaining the new license program are based on the existing program previously funded by a federal grant and consist of the following:

Services: $56.2 for database maintenance and support; $.2 for printing; $.2 for postage.

Commodities: $.8 business supplies.

The bill requires the board to establish fees to be charged to the pharmacist to cover the direct costs of operating the prescription drug database through regulation changes.

In addition to the above costs, there will be direct costs for personal services of staff that are not 100 percent dedicated to the program, increased authorization is not needed for these costs. Indirect costs representing management and administrative support services are allocated annually to all licensing programs. Although increased authorization is not needed for these costs, this program's share of the division's total indirect costs will be considered as part of the program's total costs during the biennial review of licensing fees.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 324
Fiscal Note Number:
() Publish Date:

Identifier: HB324-DHSS-MAA-02-28-14
Title: CONTROLLED SUBST. PRESCRIPTION DATABASE
Sponsor: KELLER
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services
Appropriation: Health Care Services
Allocation: Medical Assistance Administration
OMB Component Number: 242

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? no
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Margaret Brodie, Director
Phone: (907)334-2400
Division: Health Care Services
Date: 02/28/2014 11:00 AM
Approved By: Sarah Woods, Deputy Director, Finance & Management Services
Date: 02/28/14
Agency: Health & Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB324

Analysis

This bill would establish fees through the Board of Pharmacy to those medical practitioners dispensing controlled substances. Fees would in turn be used to support the direct costs associated with maintenance of the existing controlled substance prescription database, replacing current state funding of the database.

This bill will have no fiscal impact on the Division of Health Care Services.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 324
Fiscal Note Number:
() Publish Date:

Identifier: HB324-DOA-HPA-02-28-14
Title: CONTROLLED SUBST. PRESCRIPTION DATABASE
Sponsor: KELLER
Requester: House Health & Social Services Committee

Department: Department of Administration
Appropriation: Centralized Administrative Services
Allocation: Health Plans Administration
OMB Component Number: 2152

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services	***		***	***	***	***	***
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	***	**0.0**	***	***	***	***	***

Fund Source (Operating Only)

None							
Total	***	**0.0**	***	***	***	***	***

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? no
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By:	Mike Barnhill, Deputy Commissioner	Phone:	(907)465-5668
Division:	Department of Administration	Date:	02/28/2014 05:30 PM
Approved By:	Curtis Thayer, Commissioner	Date:	02/28/14
Agency:	Department of Administration		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB 324

Analysis

House Bill 324 would establish a controlled substance prescription database that would be managed by the Alaska Board of Pharmacy. The database would contain data for every prescription for a schedule IA, IIA, IIIA, IVA, or VA substance under state law (reference AS.11.71.140-11.71.180) or a Schedule I, II, III, IV or V controlled substance under federal law dispensed in the state other than those administered to a patient at a health care facility.

According to sections two and seven of the bill, funding for the database would come both from sources sought by the Alaska Board of Pharmacy other than the state and from additional fees charged to pharmacists or providers for dispensing controlled substances. Fees charged to pharmacists would be to "cover the applicable direct costs relating to the board's responsibilities in maintaining and operating the controlled substance prescription database."

The Department of Administration, in its role as the health plans administrator for AlaskaCare, would likely see increased costs as a result of this legislation. Pharmacists would likely pass on any increased costs resulting from the fees created in section seven of the bill to insurance providers in the form of higher fees. Because the fee schedule will not be determined until the Alaska Board of Pharmacy is able to adopt the regulations necessary to set fees, the Department of Administration is unable to estimate the possible increased costs that AlaskaCare would face as a result of this legislation.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 324
Fiscal Note Number:
() Publish Date:

Identifier: HB324-DCCED-CBPL-03-17-14
Title: CONTROLLED SUBST. PRESCRIPTION DATABASE
Sponsor: KELLER
Requester: House Health and Social Services

Department: Department of Commerce, Community and Economic Development
Appropriation: Corporations, Business and Professional Licensing
Allocation: Corporations, Business and Professional Licensing
OMB Component Number: 2360

Expenditures/Revenues
Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services		40.0					
Travel		2.0					
Services		60.0					
Commodities		2.5					
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	**0.0**	**104.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Fund Source (Operating Only)

1007 I/A Rcpts	(104.5)	104.5	(104.5)	(104.5)	(104.5)	(104.5)	(104.5)
1156 Rcpt Svcs	104.5		104.5	104.5	104.5	104.5	104.5
Total	**0.0**	**104.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues	0.0		104.5	104.5	104.5	104.5	104.5

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS
Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 12/31/15

Why this fiscal note differs from previous version:
Updated to reflect the full program costs as included in the Governors FY2015 request, with a fund source change to receipt supported services to reflect this legislations intent that the program be supported by fees.

Prepared By: Don Habeger, Director — Phone: (907)465-2536
Division: Corporations, Business and Professional Licensing — Date: 03/17/2014 05:00 PM
Approved By: Jeanne Mungle, Director — Date: 03/17/14
Agency: Administrative Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB324

Analysis

HB324 reinforces the prescription drug database as an electronic method to gather information about dispensation of controlled substances by Alaska pharmacists and providers. The bill allows the pharmacist or prescriber to delegate submission of information to the electronic database in order to increase usage and streamline business practices. Under this legislation, the database would be funded by fees to be charged to a pharmacist or provider for dispensing controlled substances to cover the applicable direct costs relating to the board's responsibilities in maintaining and operating the controlled substance prescription database. AS 08.80.30(b)(12) authorizes the Board of Pharmacy to establish fees for the dispensing of controlled substances as provided in AS 17.30.205.

Costs for continuing the prescription drug monitoring database program are based on the existing program, which was previously funded by a federal grant that terminated in early FY2014 and an inter-agency agreement with the Department of Health and Social Services (DHSS) for part of FY2014. Funding to continue the inter-agency agreement with the DHSS was included in the FY2015 Governor's request. This legislation directs the Board of Pharmacy to collect fees from the pharmacist or prescriber, which necessitates a fund source change from inter-agency receipts to receipt supported services.

HB324 requires the Board of Pharmacy to adopt regulations. The Board of Pharmacy typically meets four times a year and a board initiated regulation project requires additional time, the division believes an appropriate completion date is December 31, 2015.

NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

March 18, 2014

The Honorable Pete Higgins, Chair
Honorable Members of the House Health and Social Services Committee
Alaska State Legislature
Juneau, AK

RE: CS for House Bill 324 N

Dear Representative Higgins and Honorable Members of the Committee,

On behalf of the members of the National Association of Chain Drug Stores (NACDS) operating Alaska, I would like to respectfully share our concerns with House Bill 324 – amending the Controlled Substance Prescription Data Base. For the record, NACDS represents 820 of the 1,093 pharmacies in the State of Alaska. Those pharmacies employ over 101,000 full and part-time Alaska State residents and pay over $811 million in State taxes. We are also members of the Alaska Pharmacists Association and are well represented by Caren Robinson.

In Section 2, Subsection (a) (3) we respectfully ask the committee to amend the language to read as follows: **in cooperation with the board, seek funding sources** ~~other than the state~~ **for the operation of the controlled substance prescription database.**

Rationale: By removing "other than the state" this allows the Board of Pharmacy and the Department of Commerce, Community, and Economic Development to pursue a number of options in terms of sustainable funding for the database.

In Section 4 (c) we respectfully ask the committee to amend the language to read as follows: (c) The board shall maintain **or contract with a database provider to maintain** the database in ~~a secure real-time~~ ~~[AN]~~ an electronic file ~~[OR BY OTHER MEANS]~~ or by other means established by the board **that is accessible to a pharmacist or practitioner** to facilitate the use of the datebase for the identification of ...

Rationale: On-line, real-time data reporting and processing is highly problematic, cost-prohibitive disruptive and provides little if any additional benefit. While a handful of states have attempted to implement such a requirement, these states have experienced implementation delays that continue even now.

Real-time reporting of dispensing data does not improve practitioners' ability to identify a history of abuse. Patterns of patient abuse of controlled substances are revealed over time. Practitioners ultimately need to be able to look back over the weeks to determine whether there are patterns of abuse with particular patients.

130 18th Avenue, SE • Olympia, WA 98501 • 360.480.6990 • www.NACDS.org

Weekly reporting provides timely data to compile the scope of histories necessary to accomplish this aim.

Section 7. AS 17.30.205 is a new Section to the existing law that NACDS respectfully requests be deleted.

Rationale: It is important that an ongoing governmental source of revenue be allocated to fund a prescription monitoring program. Funding should not be the responsibility of the pharmacies and practitioners through licensing fees or any other taxing mechanism. These are the same health care practitioners and pharmacists who report the data to the state. Pharmacies may incur software enhancement expenses, but the state should be responsible for the operation of the program.

Over the years, prescription monitoring programs have been established throughout the country as tools to curb diversion and abuse of controlled substances prescriptions. At this time, every state but Missouri has implemented their own program designed to assist in the identification and prevention of drug abuse and diversion at the prescriber, pharmacy and patient levels.

NACDS supports the important role that prescription monitoring programs have in helping to prevent drug abuse and diversion. Chain pharmacies actively support programs that are well designed to achieve program aims in a manner that does not disrupt the provision of patient care and the legitimate practices of pharmacy and medicine, and have minimal administrative burden associated with compliance.

With that in mind we respectfully ask the members of the House Health and Social Services Committee to consider the amended changes we're requesting and look at alternative sources of funding for the database program other than taxing those who provide all the data in the first place.

Sincerely,

Lis Houchen
lhouchen@nacds.org

Alaska Pharmacists Association

March 18, 2014

Representative Wes Keller
Capitol Room 118
Juneau, Alaska

RE: HB 324 Controlled Substance Prescription Database

Dear Representative Keller,

The Alaska Pharmacists Association (AKPhA) would once again like to thank you for requesting our input on House Bill 324. Our association has been supportive of the Controlled Substance Prescription Database (CSPD) program from its infancy and worked to insure its creation and passage in 2008. Accordingly, we would like to suggest the following changes and or clarifications to CSHB 324 version N:

- Section 2. Page 2 line 3 and page 3 line 1 clarifying no use of State funds. The bill addresses the need to establish fees to support the CSPD. Presumably the fees would be taken in by the Board of Pharmacy thru the Division of Occupational Licensing. Since this is an arm of State government it seems to us that the current language would not allow such fees to then be use to fund the program.

- Section 4. Page3 line 30. Requiring a **real-time** requirement for data submission may either not be possible or greatly increase the cost to administer the program. It is our understanding the State originally sought to implement such a feature when the program was introduced but this was not found to be possible with the database provider. Ideally the database would be real time but practically we are not sure this is possible.

- Section 5. Page 4 Section C (lines 20-22). While we appreciate the bill's intent to allow for pharmacy staff to access the database, we also suggest that other authorized practitioners be allowed to delegate authority to other **licensed** staff working with them (e.g. RN's and LPN's). This would theoretically allow for more access to check the database prior to prescriptions being written.

- Section 7. Page 4. Sec. 17.30.205. We note that this section is new in its entirety and for discussion purposes all of it should be in bold (currently only first line is bold). Additionally we would suggest adding **/prescribing** after the dispensing in the first line (line 27) and on line 29. To be clear, typically pharmacists dispense and practitioners prescribe controlled substances. This language would allow the Board of Pharmacy to potentially spread out the cost of fees to a greater number of licensee's as discussed during the first hearing on this legislation. As currently written the costs to administer the CSPS falls entirely on the dispensers (pharmacies).

As we stated during the last meeting, we feel the State of Alaska is receiving real value for its citizens by providing the small amount of funding required by the CSPD thru the general fund. Under CSHB 324 law enforcement and the court system would still have access to the database but would not be part of the funding mechanism. We feel this is unfair. Additionally, we would hope that more effort would be expended to get additional practitioners to utilize the system to help prevent prescription drug abuse prior to prescriptions being written.

Sincerely,

Barry Christensen, RPh
Co-Chair Legislative Committee

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NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

March 18, 2014

The Honorable Pete Higgins, Chair
Honorable Members of the House Health and Social Services Committee
Alaska State Legislature
Juneau, AK

RE: CS for House Bill 324 N

Dear Representative Higgins and Honorable Members of the Committee,

On behalf of the members of the National Association of Chain Drug Stores (NACDS) operating Alaska, I would like to respectfully share our concerns with House Bill 324 – amending the Controlled Substance Prescription Data Base. For the record, NACDS represents 820 of the 1,093 pharmacies in the State of Alaska. Those pharmacies employ over 101,000 full and part-time Alaska State residents and pay over $811 million in State taxes. We are also members of the Alaska Pharmacists Association and are well represented by Caren Robinson.

In Section 2, Subsection (a) (3) we respectfully ask the committee to amend the language to read as follows: **in cooperation with the board, seek funding sources** ~~other than the state~~ **for the operation of the controlled substance prescription database.**

Rationale: By removing "other than the state" this allows the Board of Pharmacy and the Department of Commerce, Community, and Economic Development to pursue a number of options in terms of sustainable funding for the database.

In Section 4 (c) we respectfully ask the committee to amend the language to read as follows: (c) The board shall maintain **or contract with a database provider to maintain** the database in ~~a secure real-time~~ ~~[AN]~~ an electronic file ~~[OR BY OTHER MEANS]~~ or by other means established by the board **that is accessible to a pharmacist or practitioner** to facilitate the use of the datebase for the identification of ...

Rationale: On-line, real-time data reporting and processing is highly problematic, cost-prohibitive disruptive and provides little if any additional benefit. While a handful of states have attempted to implement such a requirement, these states have experienced implementation delays that continue even now.

Real-time reporting of dispensing data does not improve practitioners' ability to identify a history of abuse. Patterns of patient abuse of controlled substances are revealed over time. Practitioners ultimately need to be able to look back over the weeks to determine whether there are patterns of abuse with particular patients.

130 18th Avenue, SE • Olympia, WA 98501 • 360.480.6990 • www.NACDS.org

Weekly reporting provides timely data to compile the scope of histories necessary to accomplish this aim.

Section 7. AS 17.30.205 is a new Section to the existing law that NACDS respectfully requests be deleted.

Rationale: It is important that an ongoing governmental source of revenue be allocated to fund a prescription monitoring program. Funding should not be the responsibility of the pharmacies and practitioners through licensing fees or any other taxing mechanism. These are the same health care practitioners and pharmacists who report the data to the state. Pharmacies may incur software enhancement expenses, but the state should be responsible for the operation of the program.

Over the years, prescription monitoring programs have been established throughout the country as tools to curb diversion and abuse of controlled substances prescriptions. At this time, every state but Missouri has implemented their own program designed to assist in the identification and prevention of drug abuse and diversion at the prescriber, pharmacy and patient levels.

NACDS supports the important role that prescription monitoring programs have in helping to prevent drug abuse and diversion. Chain pharmacies actively support programs that are well designed to achieve program aims in a manner that does not disrupt the provision of patient care and the legitimate practices of pharmacy and medicine, and have minimal administrative burden associated with compliance.

With that in mind we respectfully ask the members of the House Health and Social Services Committee to consider the amended changes we're requesting and look at alternative sources of funding for the database program other than taxing those who provide all the data in the first place.

Sincerely,

Lis Houchen
lhouchen@nacds.org

Alaska Pharmacists Association

March 18, 2014

Representative Wes Keller
Capitol Room 118
Juneau, Alaska

RE: HB 324 Controlled Substance Prescription Database

Dear Representative Keller,

The Alaska Pharmacists Association (AKPhA) would once again like to thank you for requesting our input on House Bill 324. Our association has been supportive of the Controlled Substance Prescription Database (CSPD) program from its infancy and worked to insure its creation and passage in 2008. Accordingly, we would like to suggest the following changes and or clarifications to CSHB 324 version N:

- Section 2. Page 2 line 3 and page 3 line 1 clarifying no use of State funds. The bill addresses the need to establish fees to support the CSPD. Presumably the fees would be taken in by the Board of Pharmacy thru the Division of Occupational Licensing. Since this is an arm of State government it seems to us that the current language would not allow such fees to then be use to fund the program.

- Section 4. Page3 line 30. Requiring a **real-time** requirement for data submission may either not be possible or greatly increase the cost to administer the program. It is our understanding the State originally sought to implement such a feature when the program was introduced but this was not found to be possible with the database provider. Ideally the database would be real time but practically we are not sure this is possible.

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Sincerely,

Barry Christensen, RPh
Co-Chair Legislative Committee

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ALASKA STATE LEGISLATURE

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REPRESENTATIVE WES KELLER
DISTRICT 7

SPONSOR STATEMENT
HB 324

"An Act relating to the controlled substance prescription database."

Today, in Alaska as in America drug abuse no longer means merely illegal narcotics sold by the local dealer or pusher. Often it means the kind prescribed by an area medical professional and filled by a pharmacist. Misuse of pain killers, better known as opiates is reaching epidemic proportions and for many abusers are the Drug of Choice. They are also the leading source of overdose and narcotic related deaths.

Recently, the Federal Government recognized the need for better monitoring of this growing narcotic problem. Congress authorized funding for a database that would allow medical professionals to see if a patient is acquiring an excessive amount of a pain medication. As expected, that funding dried up in August of 2013. Alaska is currently fundingthe database through an inter-department agreement that probably cannot survive our tighter budgets.

House Bill 324 gives life to this key part of the program. It takes the process to an organized level by addressing the input at the point of distribution, the pharmacist. How the program will work will be up the Board of Pharmacy. How it is paid for will also be up to the Board and the Department of Commerce and Economic Development.

While it may seem strange to be asking for a system to track Alaskan's prescription drug behavior, it has become a problem that cannot be ignored. HB 324 is a key part in curtailing the abuse of a new generation of drug abuse.

E-Mail: Representative.Wes.Keller@akleg.gov
Call Juneau Toll free: (800) 468-2186
Website: www.housemajority.org/keller/

ALASKA STATE LEGISLATURE

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REPRESENTATIVE WES KELLER
DISTRICT 7

MEMO

To: Members of the Alaska Legislature

Date: February 21, 2014

Re: Sectional for House Bill 324 (28-LS1427\U)

House Bill 324 is broken into seven sections. References to "Board" means the Board of Pharmacy:

SECTION 1: Adds language to the Board's authority to establish fees for the dispensing of controlled substances.

SECTION 2: Directs the Department of Commerce and Economic Development to assist the Board to seek funding outside of traditional state funding methods.

SECTION 3: Establishes that the method used will be an electronic database.

SECTION 4: Permits the Board to contract with a private contractor to maintain the database in a secure manner but must be accessible to pharmacist and practitioners.

SECTION 5: Under regulation guidelines pharmacist and practitioners will be permitted to delegate input access to an employee.

SECTION 6: The Board may provide for a good cause waiver.

SECTION 7: The Board, by regulation will establish reasonable fees and procedures for collection to offset direct costs associated with the database.

Please note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

E-Mail: Representative_Wes_Keller@legis.state.ak.us
Call Juneau Toll free: (800) 468-2186
Website: www.akrepublicans.org/keller/

Alaska: Drug Climate

Due to its location, Alaska is a transfer point as well as consumer a state with respect to controlled substances. With its separation from the rest of United States and shared border with Canada, Alaska unique. Cocaine distribution in Alaska is dominated by Mexican and Dominican groups. Meth use and seizures are on the rise. Alaskans average among the highest per capita users of controlled substances. This corresponds to an equally high per capita rate of alcoholism and suicide when compared to the lower 48 States. Money laundering by drug trafficking organizations is also a major problem in Alaska.

- Cocaine
  In Alaska cocaine trafficking is controlled primarily by Mexican and Dominican trafficking groups. "Crack" cocaine is a major a threat to Alaskans. Many Drug Trafficking Organizations deal in both crack and cocaine, obtaining it from the lower 48 states. It sells in Alaska at greatly inflated prices due to the limited supply.
- Heroin
  Access is limited. Mexican organizations dominate the limited trade in black tar heroin. Heroin users have turned to Oxycontin as a substitute because of its greater availability.
- Meth
  In an attempt to limit meth manufactures Alaska has passed statutes limiting the sale of pseudoephedrine requiring that it be placed behind the counter. Many stores have chosen to remove all pseudoephedrine based products. The number of small lab seizures has indeed decreased. Methamphetamine is still readily available. The majority of meth for sale in Alaska is available from groups trafficking it from the lower 48. "Yaba" - Meth in tablet form is becoming available in Alaska, trafficked from Southeast Asia it is reportedly manufactured in Laos or Burma.
- Club Drugs
  MDMA or Ecstasy is not yet widely available and is being distributed in limited amounts by the same drug traffickers as those distributing cocaine, meth, and pot. LSD and GHB are also available in Alaska.
- Marijuana
  Marijuana is the most widespread illicit drug used in Alaska. In 2006, Governor Murkowski signed a bill into law re-criminalizing possession of marijuana. Almost all of the marijuana produced in the state is grown in indoors under climate controlled conditions. BC Bud smuggled from British Columbia is also a problem and widely available, especially locally in the Anchorage area.
- **Pharmaceutical Diversion**
  Prescription drugs are one of the most widely abused class of drugs especially by younger people. In Alaska diversion of legitimate pharmaceuticals continues through:
  - Illegal dispensing and prescribing by doctors and healthcare workers
  - By pharmacists
  - Forged prescriptions
  - "Doctor Shopping"
  - Thefts from pharmacies, nursing homes, and hospitals. Pharmacy burglaries are a problem statewide.
  - Pharmaceuticals purchased without a doctor's prescription via the Internet are also significant.
  - The prescription drugs most ffrequent trafficked include: oxycodones like OxyContin®, Percocet and Percodan, Hydrocodones such as Vicodin, and Lortab and anabolic steroids.

- http://nationalsubstanceabuseindex.org/alaska/

A Guide to State Opioid Prescribing Policies

State Opioid Prescribing Policy: Alaska

Jennifer Bolen, JD

Pain Policy and Regulation: Alaska

Summary

Alaska is one of just a couple of states that lacks a formal medical board position statement on the use of controlled medications to treat pain. As demonstrated below, however, Alaska's Board of Nursing has adopted a guideline on the use of controlled medications to treat pain, and that guideline is modeled after the Federation of State Medical Boards' Model Policy Statement.

Record-Keeping Requirements

The Alaska Medical Board's rules require physicians to maintain adequate records for each patient for whom the physician performs a professional service. The physician is required to meet the following minimum requirements for each patient record: The record must:

1. Be legible;
2. Contain only those terms and abbreviations that are or should be comprehensible to similar licensees;
3. Contain adequate patient identification;
4. Indicate the dates that professional services were provided to the patient;
5. Reflect what examinations, vital signs, and tests were obtained, performed, or ordered concerning the patient and the findings and results of each;
6. Indicate the chief complaint of the patient;
7. Indicate the licensee's diagnostic impressions of the patient;
8. *Indicate the medications prescribed for, dispensed to, or administered to the patient and the quantity and strength of each medication;*
9. Reflect the treatment provided to or recommended for the patient; and
10. Document the patient's progress during the course of treatment provided by the licensee.

Code of Ethics

The Alaska Medical Board has a rule that adopts the Principles of Medical Ethics of the American Medical Association.

Definition of Unprofessional Conduct

"Unprofessional conduct," as defined by the Alaska Medical Board in its Rules, includes:

...(8) delegating professional practice responsibilities that require a license or permit under AS 08.64 to a person who does not possess the appropriate education, training, or licensure to perform the responsibilities; (9) failing to prepare and maintain accurate, complete, and legible records in accordance with generally accepted standards of practice for each patient and to make those records available to the board and the board's representatives for inspection for investigation purposes; ... (12) intentionally or negligently releasing or disclosing confidential patient information; this paragraph does not apply to disclosures required under state or federal law or when disclosure is necessary to prevent an imminent risk of harm to the patient or others; (13) offering, giving, soliciting, or receiving fees or other benefits, in whole or in part, to a person for bringing in or referring a patient; ... (17J) unlawful distribution or possession for distribution of a controlled substance; for purposes of this subparagraph, "controlled substance" has the meaning given in AS 11.71.900; (18) using alcohol or other drugs (A) to the extent that the use interferes with professional practice functions of the licensee or endangers the safety of patients; or (B) that is illegal under state or federal law; ... (27) providing treatment, rendering a diagnosis, or prescribing medications based solely on a patient-supplied history that a physician licensed in this state received by telephone, facsimile, or electronic format; ...

Alaska's Medical Board Rules include a specific provision relating to the prescribing of controlled substances, which requires a physician to create and maintain a complete, clear, and legible written record of care that includes -- at a minimum -- (1) a patient history and evaluation sufficient to support a diagnosis; (2) a diagnosis and treatment plan for the diagnosis; (3) monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate; and (4) a record of drugs prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills.

Nursing Board Pain Management Guideline

In 1996, the Alaska Board of Nursing published an Advisory Opinion adopting a Guideline on the Use of Controlled Medications to Treat Pain, which applies to advanced nurse practitioners. This guideline is based on the Federation of State Medical Boards' Model Guideline and those adopted by other boards. The main provisions of the Alaska Nursing Board Guideline are as follows.

Evaluation of the Patient

A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of 1 or more recognized medical indications for the use of a controlled substance.

Treatment Plan

The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate whether any further diagnostic evaluations or other treatments are planned. After treatment begins, the healthcare practitioner should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

Informed Consent and Agreement for Treatment

The advanced nurse practitioner should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is without medical decision-making capacity. The patient should receive prescriptions from 1 advanced nurse practitioner and 1 pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the advanced nurse practitioner should consider the use of a written agreement between provider and patient outlining patient responsibilities, including urine/serum medication levels screening when requested, number and frequency of all prescription refills, and reasons for which drug therapy may be discontinued (eg, violation of agreement).

Periodic Review

The advanced nurse practitioner should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the practitioner's evaluation of progress toward treatment objectives. Satisfactory response to treatment may be indicated by the patient's reduced pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored, and information from family members or other caregivers should be considered in determining the patient's response to treatment. If the patient's progress is unsatisfactory, the practitioner should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

Consultation

The advanced nurse practitioner should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those patients with pain who are at risk for medication misuse, abuse, or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation, and consultation with or referral to an expert in the management of such patients.

Medical Records

The advanced nurse practitioner should keep accurate and complete records to include:

1. The medical history and physical examination;
2. Diagnostic, therapeutic, and laboratory results;
3. Evaluations and consultations;
4. Treatment objectives;
5. Discussion of risks and benefits;
6. Informed consent;
7. Treatments;
8. Medications, including date, type, dosage, and quantity prescribed;
9. Instructions and agreements; and
10. Periodic reviews.

Adequate records are legible and contain, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, adequately document the results, indicate advice and cautionary warnings provided to the patient, and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the treatment. Records should remain current and be maintained in an accessible manner and readily available for review. "Coded" information, without definitions, does not constitute an acceptable record.

Compliance With Controlled Substances Laws and Regulations

To prescribe, dispense, or administer controlled substances, the advanced nurse practitioner must be licensed in the state and comply with applicable federal and state regulations. Practitioners are referred to the *Physicians Manual* of the US Drug Enforcement Administration for specific rules governing controlled substances as well as applicable state regulations.

The Alaska Board of Nursing's Advisory Opinion on the Pain Management Guideline includes the following definitions.

Acute pain. Acute pain is the normal, predicted physiologic response to a noxious chemical, thermal, or mechanical stimulus and typically is associated with invasive procedures, trauma, and disease. It is generally time-limited.

Addiction. Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiologic consequences of extended opioid therapy for pain and are not the same as addiction.

Chronic pain. Chronic pain is a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Pain. Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical dependence. Physical dependence is a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction. Pseudoaddiction is a iatrogenic syndrome resulting from the misinterpretation of relief-seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief-seeking behaviors resolve upon institution of effective analgesic therapy.

Substance abuse. Substance abuse is the use of any substance(s) for nontherapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance. Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Relevant Basic Provisions of the Alaska Controlled Substances Act Include the Following

Controlled substances may only be prescribed, administered, dispensed, or distributed for a medical purpose. (The Alaska statute omits the word "legitimate" from the "medical purpose" requirement.)

Alaska Prescription Drug Monitoring Database

The Alaska Board of Pharmacy monitors the state's controlled substance prescription database. The purpose of the database is to contain data with regard to every prescription for a schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or a schedule I, II, III, IV, or V controlled substance under federal law dispensed in the state to a person other than those administered to a patient at a healthcare facility.

The database and the information contained within the database are confidential, are not public records, and are not subject to public disclosure. The Board may allow access to the database only to the following persons, and in accordance with the limitations provided and regulations of the board:

...(3) a licensed practitioner having authority to prescribe controlled substances, to the extent the information relates specifically to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing a controlled substance; (4) a licensed or registered pharmacist having authority to dispense controlled substances, to the extent the information relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance; (5) federal, state, and local law enforcement authorities may receive printouts of information contained in the database under a search warrant, subpoena, or order issued by a court establishing probable cause for the access and use of the information; and (6) an individual who is the recipient of a controlled substance prescription entered into the database may receive information contained in the database concerning the individual on providing evidence satisfactory to the board that the individual requesting the information is in fact the person about whom the data entry was made and on payment of a fee set by the board under AS 37.10.050 that does not exceed $10.

Medscape Neurology & Neurosurgery. 2008; ©2008 Medscape

Injury Prevention & Control

Policy Impact: Prescription Painkiller Overdoses

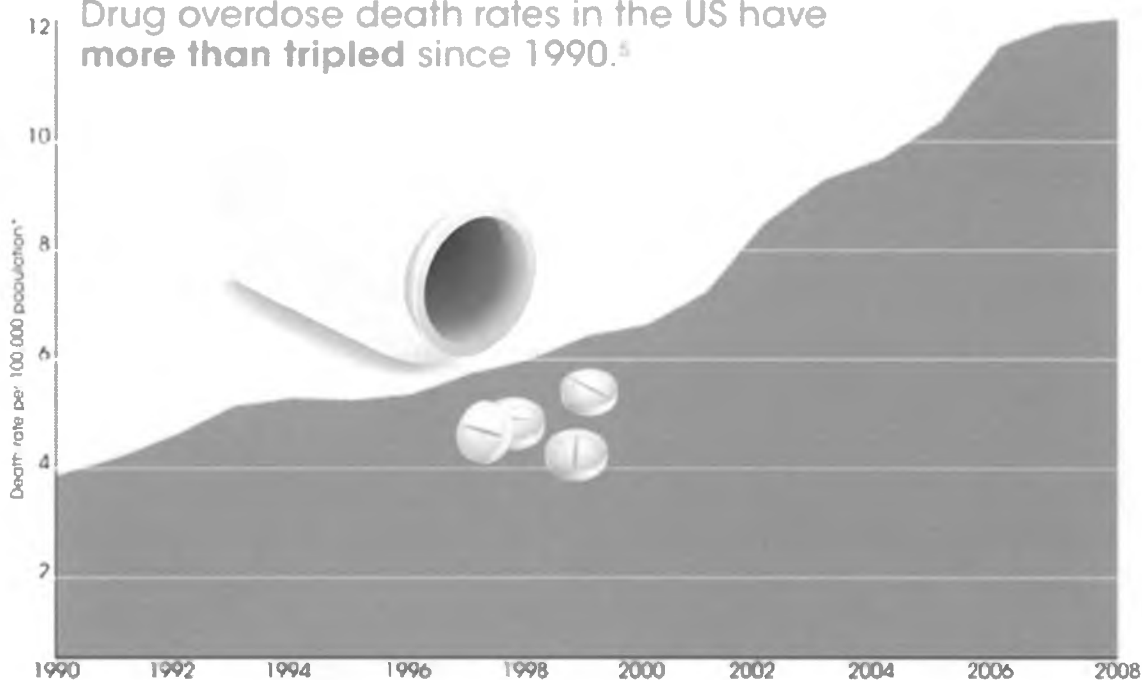
From the Center for Disease Control

What's the Issue?

In a period of nine months, a tiny Kentucky county of fewer than 12,000 people sees a 53-year-old mother, her 35-year-old son, and seven others die by overdosing on pain medications obtained from pain clinics in Florida.1 In Utah, a 13-year-old fatally overdoses on oxycodone pills taken from a friend's grandmother.2 A 20-year-old Boston man dies from an overdose of methadone, only a year after his friend also died from a prescription drug overdose.3

These are not isolated events. Drug overdose death rates in the United States have more than tripled since 1990 and have never been higher. In 2008, more than 36,000 people died from drug overdoses, and most of these deaths were caused by prescription drugs.4

100 people die from drug overdoses every day in the United States.4



*Deaths are those for which poisoning by drugs (illicit, prescription, and over-the-counter) was the underlying cause

Commonly Abused Medications

Opioids
Derived from the opium poppy (or synthetic versions of it) and used for pain relief. Examples include hydrocodone (Vicodin®), oxycodone (OxyContin®, Percocet®), fentanyl (Duragesic®, Fentora®), methadone, and codeine.

Benzodiazepines
Central nervous system depressants used as sedatives, to induce sleep, prevent seizures, and relieve anxiety. Examples include alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®).

Amphetamine-like drugs
Central nervous system stimulants used to treat attention deficit hyperactivity disorder (ADHD). Examples include dextroamphetamine/amphetamine (Adderall®, Adderall XR®), and methylphenidate (Ritalin®, Concerta®).

What Do We Know?

The role of prescription painkillers

Although many types of prescription drugs are abused, there is currently a growing, deadly epidemic of prescription painkiller abuse. Nearly three out of four prescription drug overdoses are caused by prescription painkillers—also called opioid pain relievers. The unprecedented rise in overdose deaths in the US parallels a 300% increase since 1999 in the sale of these strong painkillers.4 These drugs were involved in 14,800 overdose deaths in 2008, more than cocaine and heroin combined.4

The misuse and abuse of prescription painkillers was responsible for more than 475,000 emergency department visits in 2009, a number that nearly doubled in just five years.6

More than 12 million people reported using prescription painkillers nonmedically in 2010, that is, using them without a prescription or for the feeling they cause.7

The role of alcohol and other drugs

About one-half of prescription painkiller deaths involve at least one other drug, including benzodiazepines, cocaine, and heroin. Alcohol is also involved in many overdose deaths.8

In 2008, there were 14,800 prescription painkiller deaths.4

For every 1 death there are...

10 treatment admissions for abuse[9]

32 emergency dept visits for misuse or abuse[6]

130 people who abuse or are dependent[7]

825 nonmedical users[7]

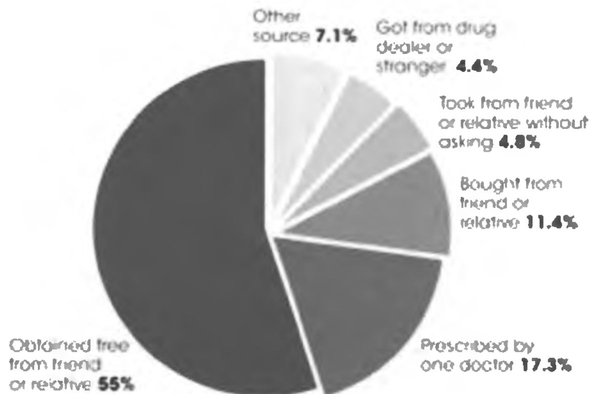
How Prescription Painkiller Deaths Occur

Prescription painkillers work by binding to receptors in the brain to decrease the perception of pain. These powerful drugs can create a feeling of euphoria, cause physical dependence, and, in some people, lead to addiction. Prescription painkillers also cause sedation and slow down a person's breathing.

A person who is abusing prescription painkillers might take larger doses to achieve a euphoric effect and reduce withdrawal symptoms. These larger doses can cause breathing to slow down so much that breathing stops, resulting in a fatal overdose.

In 2010, 2 million people reported using prescription painkillers nonmedically for the first time within the last year—nearly 5,500 a day.[7]

People who abuse prescription painkillers get drugs from a variety of sources[7]



Where the drugs come from

Almost all prescription drugs involved in overdoses come from prescriptions originally; very few come from pharmacy theft. However, once they are prescribed and dispensed, prescription drugs are frequently diverted to people using them without prescriptions. More than three out of four people who misuse prescription painkillers use drugs prescribed to someone else.7

Most prescription painkillers are prescribed by primary care and internal medicine doctors and dentists, not specialists.10 Roughly 20% of prescribers prescribe 80% of all prescription painkillers.11,12,13

Who is most at risk

Understanding the groups at highest risk for overdose can help states target interventions. Research shows that some groups are particularly vulnerable to prescription drug overdose:

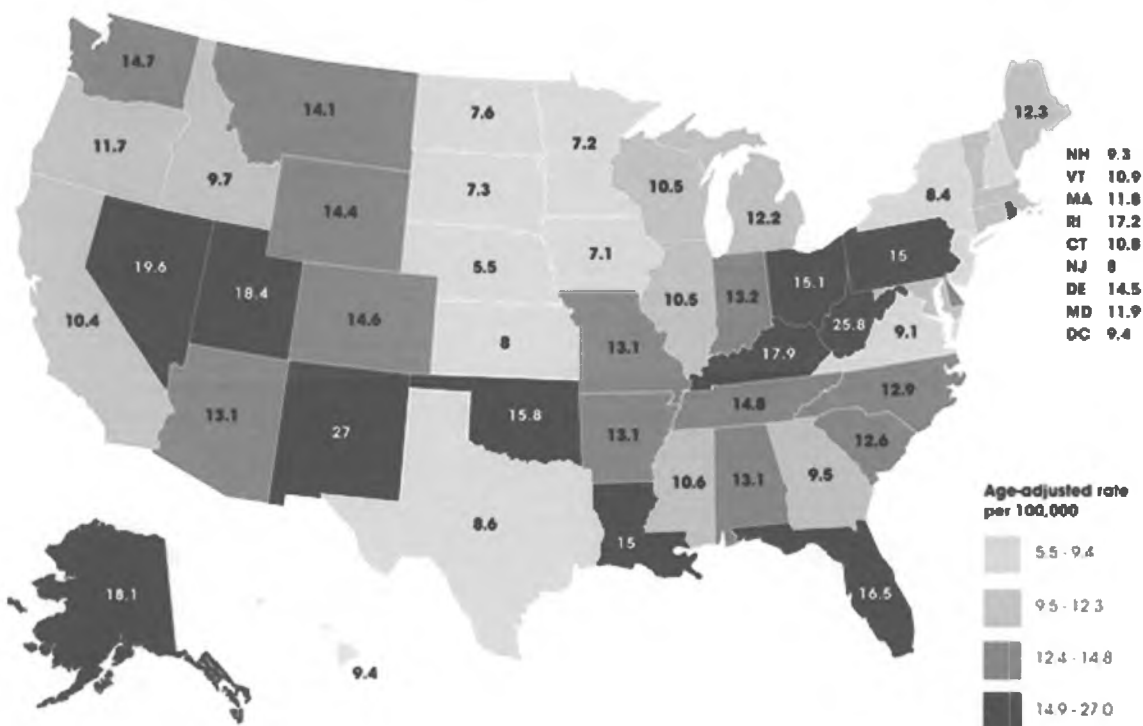
- People who obtain multiple controlled substance prescriptions from multiple providers—a practice known as "doctor shopping."14,15
- People who take high daily dosages of prescription painkillers and those who misuse multiple abuse-prone prescription drugs.15,16,17,18,19
- Low-income people and those living in rural areas.
  - People on Medicaid are prescribed painkillers at twice the rate of non-Medicaid patients and are at six times the risk of prescription painkillers overdose.20,21 One Washington State study found that 45% of people who died from prescription painkiller overdoses were Medicaid enrollees.20

- People with mental illness and those with a history of substance abuse.19

Where overdose deaths are the highest

The drug overdose epidemic is most severe in the Southwest and Appalachian region, and rates vary substantially between states. The highest drug overdose death rates in 2008 were found in New Mexico and West Virginia, which had rates nearly five times that of the state with the lowest rate, Nebraska.4

Drug Overdose Rates by State, 20084



View detailed list of rates

What Can We Do?

There are many different points of intervention to prevent prescription drug overdoses. States play a central role in protecting the public health and regulating health care and the practice of the health professions. As such, states are especially critical to reversing the prescription drug overdose epidemic.

The following state policies show promise in reducing prescription drug abuse while ensuring patients have access to safe, effective pain treatment.

CDC Recommendations

Prescription Drug Monitoring Programs

Thirty-six states have operational Prescription Drug Monitoring Programs.[22]

Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients. They are designed to monitor this information for suspected abuse or diversion—that is, the channeling of the drug into an illegal use—and can give a prescriber or pharmacist critical information regarding a patient's controlled substance prescription history. This information can help prescribers and pharmacists identify high-risk patients who would benefit from early interventions.

CDC recommends that PDMPs focus their resources on

- patients at highest risk in terms of prescription painkiller dosage, numbers of controlled substance prescriptions, and numbers of prescribers; and
- prescribers who clearly deviate from accepted medical practice in terms of prescription painkiller dosage, numbers of prescriptions for controlled substances, and proportion of doctor shoppers among their patients.

CDC also recommends that PDMPs link to electronic health records systems so that PDMP information is better integrated into health care providers' day-to-day practices.

Patient review and restriction programs

State benefits programs (like Medicaid) and workers' compensation programs should consider monitoring prescription claims information and PDMP data (where applicable) for signs of inappropriate use of controlled prescription drugs. For patients whose use of multiple providers cannot be justified on medical grounds, such programs should consider reimbursing claims for controlled prescription drugs from a single designated physician and a single designated pharmacy. This can improve the coordination of care and use of medical services, as well as ensure appropriate access, for patients who are at high risk for overdose.

Health care provider accountability

States should ensure that providers follow evidence-based guidelines for the safe and effective use of prescription painkillers. Swift regulatory action taken against health care providers acting outside the limits of accepted medical practice can decrease provider behaviors that contribute to prescription painkiller abuse, diversion, and overdose.

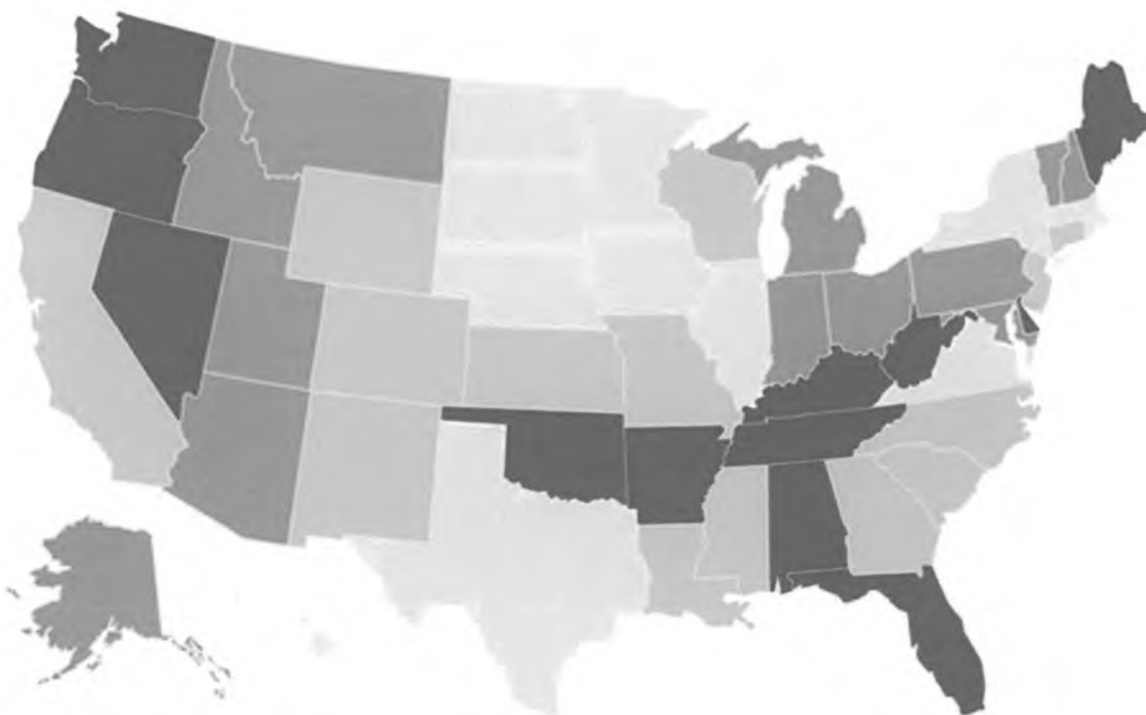
Laws to prevent prescription drug abuse and diversion

States can enact and enforce laws to prevent doctor shopping, the operation of rogue pain clinics or "pill mills," and other laws to reduce prescription painkiller diversion and abuse while safeguarding legitimate access to pain management services. These laws should also be rigorously evaluated for their effectiveness. View your state's prescription drug laws.

Better access to substance abuse treatment

Effective, accessible substance abuse treatment programs could reduce overdose among people struggling with dependence and addiction. States should increase access to these important programs.

These recommendations are based on promising interventions and expert opinion. Additional research is needed to understand the impact of these interventions on reducing prescription drug overdose deaths.



Kilograms of prescription painkillers sold, rates per 10,000 people

The amount of prescription painkillers sold in states varies.[4]

The quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices was 4 times larger in 2010 than in 1999. Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for one month.

Additional Resources

CDC Vital Signs: Prescription Painkiller Overdoses in the US

MMWR: Vital Signs: Overdoses of Prescription Opioid Pain Relievers --- United States, 1999--2008

CDC Feature Article: Prescription Painkiller Overdoses in the U.S.

Science Clips: CDC Vital Signs, Opioid Pain Reliever (OPR) Abuse

CDC Vital Signs: Prescription Painkiller Overdoses - A Growing Epidemic, Especially Among Women

Prescription Drug Overdose: State Laws

Nearly 15,000 people die every year of overdoses involving prescription painkillers. In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year. Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

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Prescription painkiller overdoses at epidemic levels

Kill more Americans than heroin and cocaine combined The death toll from overdoses of prescription painkillers has more than tripled in the past decade, according to an analysis in the CDC Vital Signs report released today from the Centers for Disease Control and Prevention. This new finding shows that more than 40 people die every day from overdoses involving narcotic pain relievers like hydrocodone (Vicodin), methadone, oxycodone (OxyContin), and oxymorphone (Opana).

"Overdoses involving prescription painkillers are at epidemic levels and now kill more Americans than heroin and cocaine combined, " said CDC Director Thomas Frieden, M.D., M.P.H. "States, health insurers, health care providers and individuals have critical roles to play in the national effort to stop this epidemic of overdoses while we protect patients who need prescriptions to control pain. "

The increased use of prescription painkillers for nonmedical reasons (without a prescription for the high they cause), along with growing sales, has contributed to the large number of overdoses and deaths. In 2010, 1 in every 20 people in the United States age 12 and older-a total of 12 million people-reported using prescription painkillers nonmedically according to the National Survey on Drug Use and Health. Based on the data from the Drug Enforcement Administration, sales of these drugs to pharmacies and health care providers have increased by more than 300 percent since 1999.

"Prescription drug abuse is a silent epidemic that is stealing thousands of lives and tearing apart communities and families across America, " said Gil Kerlikowske, Director of National Drug Control Policy. "From day one, we have been laser-focused on this crisis by taking a comprehensive public health and public safety approach. All of us have a role to play. Health care providers and patients should be educated on the risks of prescription painkillers. And parents and grandparents can take time today to properly dispose of any unneeded or expired medications from the home and to talk to their kids about the misuse and abuse of prescription drugs. "

In April, the Administration released a comprehensive action plan to address the national prescription drug abuse epidemic to reduce this public health burden.

Titled "Epidemic: Responding to America's Prescription Drug Abuse Crisis, " the plan includes support for the expansion of state-based prescription drug monitoring programs, more convenient and environmentally responsible disposal methods to remove unused medications from the home, education for patients and healthcare providers, and support for law enforcement efforts that reduce the prevalence of "pill mills" and doctor shopping.

Already, 48 states have implemented state-based monitoring programs designed to reduce diversion and doctor shopping while protecting patient privacy and the Department of Justice has conducted a series of takedowns of rogue pain clinics operating as "pill mills. " President Obama has also signed into law the Secure and Responsible Drug Disposal Act, which will allow states and local communities to collect and safely dispose of unwanted prescription drugs and support DEA's ongoing national efforts to collect unneeded or expired prescription drugs which have collected over 300 tons of medications over the past year.

"Almost 5,500 people start to misuse prescription painkillers every day, " said Substance Abuse and Mental Health Services Administration Administrator Pamela S. Hyde. "Just like other public health epidemics, community-based prevention can be a proven, life-saving and cost-effective key to breaking the trend and restoring health and well-being. "

The prescription painkiller death rates among non-Hispanic whites and American Indians/Alaska Natives were three times those of blacks and Hispanic whites. In addition, the death rate was highest among persons aged 35-54 years. Overdose resulted in 830,652 years of potential life lost before age 65 years, a number comparable to the years of potential life lost from motor vehicle crashes and much higher than the years of potential life lost due to homicide.

For the analysis, CDC reviewed state data on fatal drug overdoses, nonmedical use of prescription painkillers, and sales of prescription painkillers to pharmacies and health care providers.

The study found:

- State death rates from overdoses (from 2008 data) ranged from a high of 27.0 deaths per 100,000 people in New Mexico to a low of 5.5 deaths per 100,000 people in Nebraska.
- Nonmedical use of prescription painkillers ranged from a high of 1 in 12 people aged 12 and older in Oklahoma to a low of 1 in 30 in Nebraska. States with more nonmedical use tend to have more deaths from drug overdoses.
- Prescription painkiller sales per person were more than three times higher in the highest state, Florida, than in the lowest state, Illinois. States with higher sales per person tend to have higher death rates from drug overdose.

While national strategies are being strengthened, states, as regulators of health care practice and large public insurers, can take the following steps to help prevent overdoses from prescription painkillers and reduce this public health burden:

- Start or improve prescription drug monitoring programs, which are electronic databases that track all prescriptions for painkillers in the state.
- Use prescription drug monitoring programs, public insurance programs, and workers' compensation data to identify improper prescribing of painkillers.
- Set up programs for public insurance programs, workers' compensation programs, and state-run health plans that identify and address improper patient use of painkillers.
- Pass, enforce and evaluate pill mill, doctor shopping and other state laws to reduce prescription painkiller abuse.
- Encourage professional state licensing boards to take action against inappropriate prescribing.
- Increase access to substance abuse treatment.

CDC is also releasing "Policy Impact: Prescription Painkiller Overdoses, "one in a series of issue briefs highlighting key public health issues and important, science-based policy actions that can be taken to address them. Through this new publication, CDC supports state-based efforts to reduce prescription drug abuse while ensuring patients have access to safe, effective pain treatment.

For more information about prescription drug overdoses in the United States, please visit www.cdc.gov/HomeandRecreationalSafety/Poisoning.

CDC works 24/7 saving lives, protecting people from health threats, and saving money to have a more secure nation. Whether these threats are chronic or acute, manmade or natural, human error or deliberate attack, global or domestic, CDC is the U.S. health protection agency.

Vital Signsis a CDC report that appears on the first Tuesday of the month as part of the CDC journal Morbidity and Mortality Weekly Report, or MMWR. The report provides the latest data and information on key health indicators, such as cancer prevention, obesity, tobacco use, motor vehicle passenger safety, prescription drug overdose, HIV/AIDS, alcohol use, health care-associated infections, cardiovascular health, teen pregnancy, asthma, and food safety.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 324
Fiscal Note Number:
() Publish Date:

Identifier: HB324-DCCED-CBPL-02-28-14
Title: CONTROLLED SUBST. PRESCRIPTION DATABASE
Sponsor: KELLER
Requester: House Health and Social Services

Department: Department of Commerce, Community and Economic Development
Appropriation: Corporations, Business and Professional Licensing
Allocation: Corporations, Business and Professional Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services							
Travel							
Services	56.6		56.6	56.6	56.6	56.6	56.6
Commodities	0.8		0.8	0.8	0.8	0.8	0.8
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	**57.4**	**0.0**	**57.4**	**57.4**	**57.4**	**57.4**	**57.4**

Fund Source (Operating Only)

1156 Rcpt Svcs	57.4		57.4	57.4	57.4	57.4	57.4
Total	**57.4**	**0.0**	**57.4**	**57.4**	**57.4**	**57.4**	**57.4**

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues	57.4		57.4	57.4	57.4	57.4	57.4

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 12/31/14

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Don Habeger, Director Phone: (907)465-2536
Division: Corporations, Business and Professional Licensing Date: 02/28/2014 05:35 PM
Approved By: Jeanne Mungle, Director Date: 03/01/14
Agency: Administrative Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB324

Analysis

HB 324 reinforces the prescription drug database as an electronic method to gather information about dispensation of controlled substances by Alaska pharmacists and providers. The bill allows the prescriber/pharmacist to delegate submission of information to the electronic database in order to increase usage and streamline business practices. Under this legislation, the database would be funded by user fees. Licensing fees for each program are set per AS 08.01.065 so the revenue collected equals the occupation's regulatory costs.

Costs for establishing and maintaining the new license program are based on the existing program previously funded by a federal grant and consist of the following:

Services: $56.2 for database maintenance and support; $.2 for printing; $.2 for postage.

Commodities: $.8 business supplies.

The bill requires the board to establish fees to be charged to the pharmacist to cover the direct costs of operating the prescription drug database through regulation changes.

In addition to the above costs, there will be direct costs for personal services of staff that are not 100 percent dedicated to the program, increased authorization is not needed for these costs. Indirect costs representing management and administrative support services are allocated annually to all licensing programs. Although increased authorization is not needed for these costs, this program's share of the division's total indirect costs will be considered as part of the program's total costs during the biennial review of licensing fees.

— New fiscal Note
will change language.

Fiscal Note

State of Alaska
2014 Legislative Session

Bill Version: HB 324
Fiscal Note Number:
() Publish Date:

Identifier: HB324-DHSS-MAA-02-28-14
Title: CONTROLLED SUBST. PRESCRIPTION DATABASE
Sponsor: KELLER
Requester: House Health & Social Services Committee

Department: Department of Health and Social Services
Appropriation: Health Care Services
Allocation: Medical Assistance Administration
OMB Component Number: 242

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2015 Appropriation Requested	Included in Governor's FY2015 Request	Out-Year Cost Estimates				
OPERATING EXPENDITURES	**FY 2015**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Fund Source (Operating Only)

None							
Total	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							

Estimated SUPPLEMENTAL (FY2014) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2015) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? no
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Margaret Brodie, Director — Phone: (907)334-2400
Division: Health Care Services — Date: 02/28/2014 11:00 AM
Approved By: Sarah Woods, Deputy Director, Finance & Management Services — Date: 02/28/14
Agency: Health & Social Services

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2014 LEGISLATIVE SESSION

BILL NO. HB324

Analysis

This bill would establish fees through the Board of Pharmacy to those medical practitioners dispensing controlled substances. Fees would in turn be used to support the direct costs associated with maintenance of the existing controlled substance prescription database, replacing current state funding of the database.

This bill will have no fiscal impact on the Division of Health Care Services.