COMMONWEALTH of VIRGINIA

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MEMORANDUM

TO: The Honorable Stephen H. Martin
Chairman, Senate Committee on Education and Health

The Honorable Ralph K. Smith
Senate of Virginia

FROM: Ralph A. Orr
Director
Virginia Prescription Monitoring Program

DATE: October 29, 2014

RE: **Report on the Frequency of Reporting to the Prescription Monitoring Program pursuant to Senate Bill 638 of the 2014 General Assembly**

During the 2014 Session of the General Assembly, Senate Bill 638 was introduced by Senator Ralph Smith to require reporting of covered substances to the Virginia Prescription Monitoring Program (PMP) within three days of dispensing. The Senate Committee on Education and Health decided to pass the bill by indefinitely but to refer the subject matter to the Virginia Board of Pharmacy. It was requested by letter from the Clerk of the Senate that a written report be submitted to the committee chair and bill patron by November 1, 2014.

On behalf of the Board, the following report was prepared by the Director and Deputy Director of the Prescription Monitoring Program. The report summarizes the reporting requirements of all states and the District of Columbia. It does not conclude with a recommendation on the frequency of reporting the dispensing of a covered substance but does note that the trend is toward shorter time frames as the value of the PMP becomes more accepted by prescribers and dispensers.

We appreciate your review of the report and are available to answer any questions you may have or provide additional information if necessary.

REPORT OF THE VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Compilation of the Frequency of Collection of Data of Prescription Drug Monitoring Programs pursuant to SB 638 (2014)

To the Senate Committee on Education and Health

COMMONWEALTH OF VIRGINIA
RICHMOND
2014

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I. Executive Summary

During the 2014 Session of the General Assembly, Senate Bill 638 was introduced by Senator Ralph Smith to require reporting of covered substances to the Virginia Prescription Monitoring Program (PMP) within three days of dispensing. The Senate Committee on Education and Health decided to pass the bill by indefinitely but to refer the subject matter to the Virginia Board of Pharmacy. On behalf of the Board, the following report was prepared by the Director and Deputy Director of the Prescription Monitoring Program.

Virginia's Prescription Monitoring Program was implemented in response to a prescription drug abuse epidemic that began in Southwest Virginia. The program is one of many tools that assist prescribers and dispensers in making more informed treatment and dispensing decisions. It is also designed to be a tool for authorized law enforcement and regulatory personnel to assist them in investigations related to prescription drug abuse and diversion.

The PMP started operations in September 2003 as a fax-based system covering only Schedule II prescriptions in Virginia's southwest region. In 2006, the PMP went statewide and began using a web-based platform. At that time, the Virginia PMP required reporting of all Schedule II, III and IV controlled substances dispensed by both resident and non-resident pharmacies as well as dispensing physicians. However, the system was still not available to registered users during evenings, nights and weekends.

In October 2009, the PMP enabled automated response software that provided access 24/7. Ease of use and increased availability of the program prompted huge growth in the program. In 2013, the program processed greater than one million requests; and during calendar year 2014, program staff anticipates the program may process approximately two million requests. As request volume increases, the number of individuals obtaining prescriptions from a relatively large number of both prescribers and dispensers continues to decrease.

As perceived added value of the PMP also increases, expectations with respect to timely data have also been increasing. There is a current trend in reporting toward submission of data more frequently than once per week, though the great majority of states (including Virginia) require weekly reporting at the present time (59%). Very few states require reporting less than once per week (10%), and fewer still require on-line real-time reporting (2%).

This report identifies the reporting time frames for each state as obtained from information provided by the National Alliance for Model State Drug Laws (NAMSDL). These reporting time frames are current as of 8/29/2014. Refer to page 8 of this document for the map of current reporting intervals as collected by NAMSDL.

II. Authority for the Prescription Monitoring Program

The law governing Virginia's Prescription Monitoring Program is found in Chapter 25.2 of Title 54.1 of the Code of Virginia. Regulations governing the program are found at 18 VAC 76-20-10 et seq.

III. Evaluation of Current Reporting Intervals

As of July 2014, forty-nine states and the District of Columbia have either a functional prescription drug monitoring program (PDMP) or have legislation in place to establish one. Forty-seven states currently collect PMP data. At present, only one state requires reporting of prescription data in real time (Oklahoma). Ten states (Arizona, Delaware, Kansas, Kentucky, Michigan, Minnesota, New York, North Dakota, South Carolina and West Virginia) and the District of Columbia require reporting on a daily basis or within 24 hours of dispensing. Two states require reporting within three days of dispensing (Maryland, North Carolina), and the remaining states require weekly, bimonthly or monthly reporting. The majority require weekly reporting (thirty states, or 59%, including Virginia). Current trends are toward shorter intervals. A summary of each state's reporting requirements is included in Table 1.

Table 1. Summary of State Reporting Frequency Requirements					
State	**Real Time**	**Daily/24 Hours**	**3 Days**	**Weekly/7 Days**	**Bimonthly/Monthly**
Alabama				X	
Alaska					X
Arizona		X			
Arkansas				X	
California				X	
Colorado					X
Connecticut				X	
Delaware		X			
District of Columbia		X			
Florida				X	
Georgia				X	
Table 1. Summary of State Reporting Frequency Requirements					
State	**Real Time**	**Daily/24 Hours**	**3 Days**	**Weekly/7 Days**	**Bimonthly/Monthly**
Hawaii				X	
Idaho				X	
Illinois				X	
Indiana				X	
Iowa				X	
Kansas		X			
Kentucky		X			
Louisiana				X	
Maine				X	
Maryland			X		
Massachusetts				X	
Michigan		X (July 14, 2014)			
Minnesota		X			

Mississippi				X	
Missouri	**No authorizing legislation.**				
Montana				X	
Nebraska	**Do not collect prescription data.**				
Nevada				X	
New Hampshire				X	
New Jersey					X
New Mexico				X	
New York		X			
North Carolina			X		
North Dakota		X			
Ohio				X	
Oklahoma	X				
Oregon				X	
Pennsylvania					X
Rhode Island					X
South Carolina		X			
South Dakota				X	
Tennessee				X	
Texas				X	

Table 1. Summary of State Reporting Frequency Requirements

State	Real Time	Daily/24 Hours	3 Days	Weekly/7 Days	Bimonthly/Monthly
Utah				X	
Vermont				X	
Virginia				X	
Washington				X	
West Virginia		X			
Wisconsin				X	
Wyoming				X	
TOTAL	**1**	**11**	**2**	**30**	**5**
Percentage	**2%**	**22%**	**4%**	**59%**	**10%**

IV. States' Individual Experience

Oklahoma is the only state that requires reporting at the point of service (on-line, real time.) According to the National Alliance for Model State Drug Laws (NAMSDL), New York requires reporting at the point of service by statute, but interprets the law by regulation to mean that everything must be reported within 24 hours of dispensing.

Arizona, Delaware, the District of Columbia, Kansas, Kentucky, Michigan, Minnesota, North Dakota, South Carolina and West Virginia require reporting on a daily basis (and New York by

interpretation of the regulation). Arizona's expectation is that dispensers must report by the end of the business day or the following morning prior to the start of the next business day. The Kansas experience is while they require reporting once every 24 hours, some pharmacies report as they are filled; Kansas' software vendor has data available for queries via the Clearinghouse within 2 hours of dispensing, while other pharmacies "batch report" once per day. Regardless, each Kansas pharmacy is held responsible for consistency in reporting within a 24 hour window from their previous report. Kentucky allows a bit of a cushion in that they define daily reporting as the expectation that all data is received by the close of business the following day, though most pharmacies submit their data once per day toward the end of the business day. Their vendor then uploads all data they receive by midnight each day to their site by 2 a.m. the following morning. Michigan just began this reporting requirement in July 2014 (from bi-monthly). In Minnesota, all data is expected to be reported within 24 hours though that may be the end of the business day, the middle of the night or 8 am the following day. North Dakota also allows pharmacies to report within 24 hours, and it is their experience that most pharmacies report either the evening the prescriptions are dispensed or the following morning. West Virginia indicates their experience is similar; the statute requires reporting within 24 hours of dispensing, and while some report as they fill, most pharmacies batch their prescriptions, reporting once per day at the end of the day or early the following morning. In Louisiana, beginning August 1, 2014, pharmacies were required to report the "next business day" (they previously had a weekly reporting requirement).

Maryland and North Carolina require reporting no later than three business days after the prescription is dispensed. Maryland indicates they are still working to ensure that all pharmacies are reporting in compliance with the regulations. In North Carolina, while this requirement exists, dispensers are encouraged to report their data no later than 24 hours after the prescription was delivered, so they are trending toward daily reporting. The 72-hour requirement was a compromise because the North Carolina Retail Merchants Association was opposed to the 24-hour requirement.

As indicated previously, the majority of states, including Virginia (59%), require weekly reporting. Only 5 states (10%) require reporting of data either bi-monthly or monthly.

V. Virginia Experience

The Virginia PMP is one of 30 states that require reporting within 7 days. In order to determine whether there would be significant advantage to a greater reporting frequency, PMP staff looked at the prescriber and pharmacy visitation frequency of individuals whose data was collected in the Virginia PMP over the first 6 months of 2014. Data showed that an average of 9 individuals visited 2 or more pharmacies within a 24-hour period and that an average of 25 individuals visited 2 more prescribers within a 24-hour period. Refer to Table 2 for the rate/day for individuals visiting 2 or more of each within 3 days and 2 or more of each within 7 days.

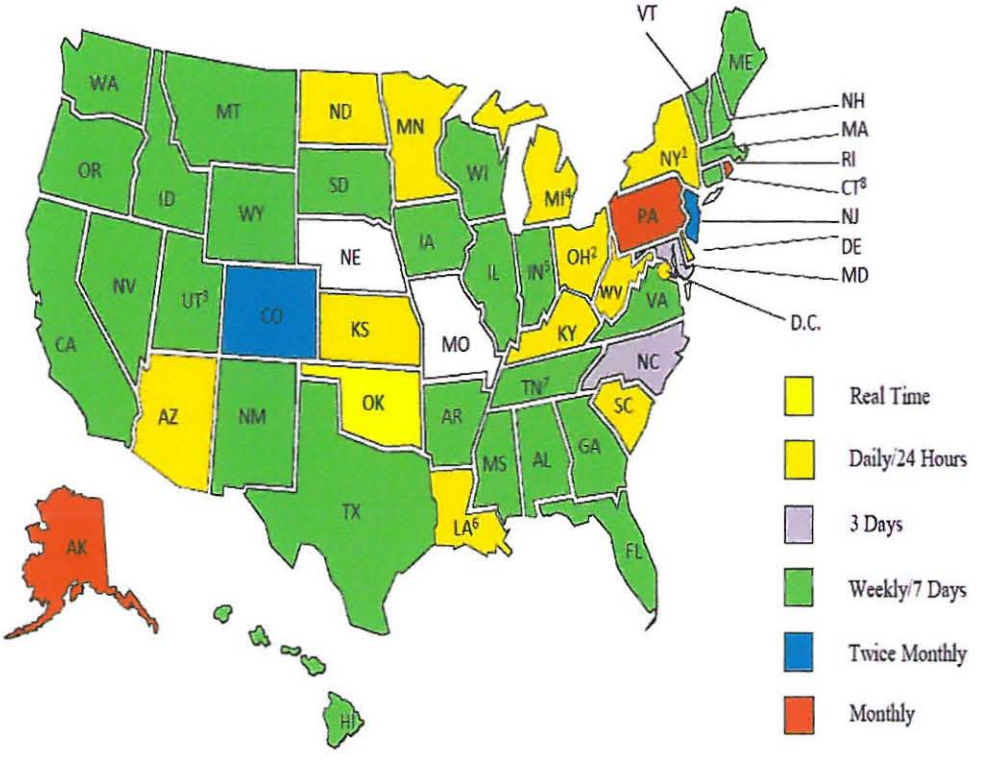
Table 2. Individuals Using Two or More Pharmacies/Prescribers During the First 6 Months of 2014		
Location Individual Visiting	Total for Range	Rate/Day
Pharmacies - Range - Cumulative Individual Visits -		
Less Than 24 Hours	1,592	9 individuals

0-3 Days	7,649	42 individuals
0-7 Days	15,536	86 individuals
Prescriber Office – Range -Cumulative Individual Visits		
Less Than 24 Hours	4537	25 individuals
0 – 3 Days	21661	120 individuals
0-7 Days	43708	243 individuals

VI. Conclusion

Fifty-nine percent (59%) of states require weekly reporting of PMP data. The trend is toward shorter time frames. Those requiring daily reporting or reporting of data at the point of service have not communicated that they have experienced difficulty obtaining the data, though some states indicate they allow reporting of data by the following morning or the close of the next business day. As the perceived value of PMP data increases, there is an increasing expectation that data be available to authorized users in a more timely fashion.

Data Collection Interval



[1] New York requires the submission of data in real time by statute, but that has been interpreted by regulation to mean no later than 24 hours after the substance is delivered. [2] Ohio requires submission of data from pharmacies daily and from wholesalers monthly. [3] Utah requires submission weekly, but for those participating in the statewide pilot program, submission is required daily. [4] Michigan requires daily reporting for online reporting of dispensing information and weekly for mail-in submission of data. [5] Indiana will begin requiring the submission of data within 3 days by July 1, 2015 and within 24 hours by January 1, 2016. [6] Louisiana begins daily reporting on August 1, 2014. [7] Tennessee will begin requiring daily submission on January 1, 2016. [8] Connecticut requires marijuana dispensaries to report marijuana dispensing to the PMP daily.

INTRODUCED

14102546D

SENATE BILL NO. 638

Offered January 17, 2014

A BILL to amend and reenact § 54.1-2521 of the Code of Virginia, relating to the Prescription Monitoring Program; reporting requirements.

Patron—Smith

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2521 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.
2. The recipient's date of birth.
3. The covered substance that was dispensed to the recipient.
4. The quantity of the covered substance that was dispensed.
5. The date of the dispensing.
6. The prescriber's identifier number.
7. The dispenser's identifier number.
8. The method of payment for the prescription.
9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.
10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. The reports required herein shall be made and transmitted *within three days of dispensing a covered substance and* in such manner and format and according to the standards ~~and schedule~~ established in the Department's regulations.