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Quick Look:

This document includes: Background Information, What the Bill Does, FAQs, Quick Facts, Terms to Understand, and Additional Resources about **PCB HHSC 11-04** sponsored by the **Health & Human Services Committee** Chaired by **Representative Schenck**.

Quick Facts:

As of June 2010…

- **42 States:** have laws authorizing the establishment of a prescription drug monitoring program
- **33 States:** have prescription drug monitoring programs that are presently operational
- **8 States:** have legislation in place to establish a PDMP but systems are not yet operational (*Alaska, Florida, Kansas, Minnesota, New Jersey, Oregon, South Dakota and Wisconsin*)
- Washington state recently dismantled its PDMP due to lack of funding

3/8/11

OPI Pulse: Repeal of the Prescription Drug Monitoring Program

Background:

Since the early 1930's state regulatory, administrative, and law enforcement agencies have worked to establish systems to track and monitor the prescribing and dispensing of particular prescription drugs. California was the first state to establish a prescription drug monitoring program (PDMP) in 1939. By 1992, ten states had operational PDMPs and many more states were in the process of enacting legislation to establish a PDMP.

Prescription drug monitoring programs can take a variety of forms in different states, and research notes that the impact of a PDMP depends on how active the program is. According to the National Alliance for Model State Drug Laws, there are seven key characteristics of a strong PDMP:

1. Broad range of drugs being monitored
2. Proactive monitoring systems which proactively provide information to law enforcement agencies, licensing officials, and other appropriate individuals
3. Access to the database by dispensers, prescribers, law enforcement agencies, and licensing officials
4. Specialized training for authorized users
5. Ongoing evaluation
6. Exemptions from public or open records laws
7. Measures to address interstate misuse and abuse of prescription drugs

The transmission of prescription information (patient identifier, drug dispensed, date of dispensing, quantity dispensed, prescriber, and dispenser) from dispensers to the PDMP administrator is a multi-step process. Most states with active PDMPs employ external vendors to collect prescription information from pharmacies, which are the primary dispensers of controlled substances. At this time, no state has implemented a program that requires real-time data transmission at the point of controlled substance dispensing. Currently, the most common time frame for data transmission is bi-weekly. The state of Oklahoma, however, is hoping to reach real-time data transmission by the year 2011.

Numerous studies have tried to determine the effectiveness of the PDMP on curbing drug abuse and mortality. One of the studies most often cited by proponents of PDMPs relied on statistical modeling techniques to estimate what drug abuse levels might have occurred if the PDMP had not been implemented. A more recent study found no evidence that PDMPs, even active PDMPs, are linked to any reduction in deaths due to prescription drug abuse.

Issues at a Glance:

The House Health and Human Services Committee noticed a proposed committee bill (PCB) to repeal Florida's Prescription Drug Monitoring Program. Proponents of the legislation assert the monitoring program will not effectively curtail the

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Terms to Understand:

Controlled Substance:

- A drug with potential for abuse and addiction delineated by law in five schedules based on level of risk and level of medical value.

Dispense:

- The transfer of one or more doses of a medicinal drug by a pharmacist or other licensed practitioner to the ultimate consumer.

***Prescribe*:**

- To order drugs by written and signed forms, or direct verbal communication by a licensed practitioner to another person authorized to dispense.

***Administer*:**

- The direct application of controlled substances whether by injection, inhalation, ingestion, or any other means.

excessive prescribing and dispensing of controlled substances, or the resulting addiction, overdose and death of the individuals receiving these drugs. Proponents also oppose the collection and cataloguing of private medical information by the government required by the PDMP. Proponents have expressed the following reasons for the proposed committee bill:

- A study of all 50 states and the District of Columbia examining drug supply and death rates due to prescription drug mortality between 1999 and 2005 found that PDMPs are not significantly associated with lower rates of overdose or death due to misuse.
- Proponents of repealing the PDMP assert the most reliable predictor of increased abuse and mortality is an increase in the supply of controlled substances. The federal Drug Enforcement Administration verifies that supply has increased dramatically in all states, even those with PDMPs.
- One of the goals of PDMPs is to enable practitioners to identify patients who are "doctor shopping" to get drugs. Proponents point to a recent national study of PDMP data that found very limited evidence of doctor shopping and the amount found depends on the definition.
- Proponents of repealing the PDMP also note, no PDMP in the country is currently equipped to supply practitioners with real-time access to patient prescription histories in order to readily identify potential "doctor shopping."
- Data on the purchase of drugs in Florida indicates that physicians here purchase more controlled substances than their counterparts in all the other states, combined. This indicates the problem is not doctor shopping or the practice of uninformed overprescribing by a few physicians in need of guidance; rather, the problem appears to be large scale drug-dealing by a subset of physicians.
- Proponents of repealing the PDMP also object to the PDMP requirement that the government collect and store private health information of law-abiding Floridians' legal drug use.

What the bill does:

PCB HHSC 11-04 as introduced by the House Health & Human Services Committee proposes to repeal Florida's existing, although not yet operational, Prescription Drug Monitoring Program. The proposed legislation would:

- Repeal existing legislation enacted in 2009 and 2010 requiring Florida's Department of Health to create and implement a statewide Prescription Drug Monitoring Program in order to track the prescription and dispensing of controlled substances.
- Repeals the Office of Drug Control, which heads the direct support organization to fund the PDMP, and makes conforming changes in various statutes.

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Additional Resources:

National Drug Intelligence Center

Florida Department of Law Enforcement

Centers for Disease Control Prescription & Over-the-Counter Drug Abuse

Prescription Drug Monitoring Program in Florida

Florida House of Representatives Heath and Human Services Committee

Frequently Asked Questions:

What is a controlled substance?

Controlled substances are drugs with potential for abuse and addiction delineated by law in five schedules based on level of risk of addiction and level of medical value.

If these medications are so dangerous, why allow them to be prescribed in the first place?

The medications have legitimate clinical uses for the treatment of various problems, including post-surgical and chronic pain, anxiety, and sleeplessness.

What are the most frequently abused prescription drugs in Florida?

Oxycodone, hydromorphone, hydrocodone and methadone.

Why did the Legislature pass the Prescription Drug Monitoring Program law to begin with?

Advocates of prescription drug monitoring programs feel strongly the program is capable of detecting drug abuse and preventing deaths due to prescription drug abuse. Proponents of repealing the PDMP reference recent information suggesting PDMPs are not effective for this purpose.

Why isn't the Prescription Drug Monitoring Program database operation yet?

The creation and implementation of the PDMP in Florida has been delayed due to bid protests by vendors vying to contract for the project.

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