

# Controlled Substances Advisory Committee

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**Date:** Thursday, March 2, 2016 from 1:00-4:00 PM

**Location:** Attorney General's Office, 1031 W 4<sup>th</sup> Ave  
Conference Room 502, Anchorage, AK 99501

**Chairperson:** Robert Henderson (LAW)

**Member in Attendance:** Leonard (Skip) Coile (public member)  
Lana Bell (Board of Pharmacy)  
Dr. Alexander Von Hafften (public member - telephonic)  
Sandra Aspen (public member - telephonic)  
Major Jeff Laughlin (DPS)  
Dr. Jay Butler (DHSS)  
Eric Jewkes (FPD - telephonic)  
Larry Stinson

**Public in Attendance:** Brian Howes (Board of Pharmacy)

**Secretary:** Shiloh Werner

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## Handouts

- ❖ Meeting Agenda
- ❖ SB74 & The Prescription Drug Monitoring Program (PDMP)
- ❖ December 20, 2016 Meeting Minutes
- ❖ Dr. Von Hafften Notes regarding December 20, 2016 Meeting Minutes

## Agenda

- ❖ Approval of Minutes from December 20, 2016
- ❖ Board of Pharmacy FAQ & the PDMP
- ❖ On-going discussion regarding the Controlled Substance Revision Project
- ❖ General Discussion
- ❖ Next Steps / Next Meeting

## APPROVAL OF MINUTES

The committee reviews Dr. Von Hafften's comments in regards to the minutes from the meeting held on December 20, 2016. The committee agrees to strike from the record the sentence on Page 3, line 1-2: "CBD stimulates cognitive function and serves as an alternative to an anti-psychotic" due to the inability to confirm. The committee reviews the suggestion that "Chief Medical Officer/Director of Division of Public Health, AK DHSS" be added to the minutes in order to clarify the recommendation. The committee agrees to this addition. The committee unanimously approves the minutes from December 20, 2016 with the addition of Dr. Von Hafften's comments as an attachment.

# Controlled Substances Advisory Committee

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## On-Going Discussion Regarding the Rollout of the Prescription Drug Monitoring Program (PDMP)

Dr. Stinson begins the discussion by sharing complaints and concerns he is aware of in regards to the Prescription Drug Monitoring Program (PDMP). It is regarded as an impediment or “in the way” by surgeons who will be dispensing pain meds regardless of whether or not they have checked the PDMP. Brian Howe points out that the PDMP has provisions for pain meds being provided after surgery. Family practitioners that Dr. Stinson has had interactions with do not want to take the time, effort, money etc. to participate. Some do not even have electronic health records. Dr. Stinson says from his own experience, the PDMP is helpful. However, it would be more convenient if the nursing staff had the capability to use the PDMP program. Henderson notes that the delegated authority function has passed. Dr. Stinson suggests notification of that change go out because his impression is that the ability to delegate authority is the ‘biggest thing’ that providers seem to be concerned with. There is an education problem, the information regarding the changes to the PDMP need to get out to people. Dr. Butler asks whether or not the providers are getting the information. Who is it being sent to? Brian Howe reports that this past week information has been sent out to Alaska providers. Lana Bell adds that these changes and these requirements are coming no matter what. This is the way things are moving. Henderson notes that it really comes down to providing education of Senate Bill 74 and he is not sure this committee can do anything about that other than to encourage. Ms. Bell said a concern regarding the PDMP is the inability to print from it. Howe responds that there are some things that can be printed, but safeguards are in place out of concern for privacy of health records. Ms. Bell wonders how she would be able to print and share things of concern with another provider. Mr. Henderson adds that the Department of Law is looking into the legality of secondary disclosures.

Ms. Bell brings up the issue of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the national push for PDMP programs. It looks like the definition of a provider is going to be narrowly defined. Ms. Bell reports that she brought up SAMHSA concerns up to the DEA at a past conference and the DEA referred her to SB 74, section 24, line 12.

\* Sec. 24. AS 17.30.200(b), as amended by sec. 23 of this Act, is amended to read:

(b) The pharmacist-in-charge of each licensed or registered pharmacy, regarding each schedule II, III, or IV controlled substance under federal law dispensed by a pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who directly dispenses a schedule II, III, or IV controlled substance under federal law other than those administered to a patient at a health care facility, shall submit to the board, by a procedure and in a format established by the board, the following information for inclusion in the database [ON AT LEAST A WEEKLY BASIS]:

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

(2) the date of the prescription;

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

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

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

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

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

and

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

# Controlled Substances Advisory Committee

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Section 24 provides the expectation. Changes to the final rule to provide clarification between state run PDMPs and SAMHSA have been put on hold reports Henderson. Mr. Henderson poses the question, is there anything this group can do? Ms. Bell believes no, there is nothing this committee can do in regards to these issues of education and SAMSHA with the PDMP rollout.

## **Board of Pharmacy & the PDMP**

The Board of Pharmacy has regulatory authority over the PDMP. Could they create a regulation that allows for de-identified data from the PDMP be preserved for the purposes of determining trends, etc.? If a provider sees a fraudulent thing, can they notify law enforcement about it? What can be disclosed from the PDMP? It is noted that most notifications to law enforcement come from Pharmacies as opposed to doctors. If more of the pharmacists are on board with the PDMP than doctors, what mechanisms exist for a pharmacist if they believe something should not be filled? Ms. Bell answers that a pharmacist is like a 'bartender' in that they can refuse service to anyone. Ms. Bell reports that the DEA is looking for doctor shoppers. For example, they have a red flag for a period of 90 days and 5 different providers. Mr. Stinson notes that the 90 days/5 providers could pose a problem because a patient could realistically have 5 providers within that period and nothing about their service would have been improper. Mr. Henderson wonders if the PDMP sends a clinic a letter in which that is the case, does it not simply allow the clinic to take a look and be aware? If nothing was done improperly, than they just take no action?

Mr. Coile wonders about the "pill mills". Ms. Bell responds that most pharmacists would go to the doctors first if they think there is a problem. That being said, established providers don't have to fear pharmacists turning them over to law enforcement. It's more a concern when new providers come from out of state and begin dispensing a lot of pain meds. There is talk about tightening the regulations to try and protect established in-state providers. Brian Howe reports that the pill mill scenario would be an anomaly and there isn't a specific mechanism in place to get that sort of information straight to law enforcement. Ms. Bell believes that reporting on problems is primarily going to come from the pharmacists who have noticed an irregularity.

Dr. Butler brings up two issues he has in regards to the PDMP. First, he asks Dr. Stinson if he believes periodic unsolicited reports would be helpful. Dr. Stinson shares that his office receives some letters he believes come from the Medicaid Review. His office appreciates these letters and what they do is simply check and ensure none of their patients are listed. Dr. Butler's second question is in regards to recent media reports about people diverting drugs from their veterinarians. This is something that may come up, is anyone talking about it? Henderson confirms that it is being talked about.

It is reported to the committee that the Board of Pharmacy is currently hiring someone to manage the PDMP. The position is out for recruitment but no hire has been made. Brian Howes is acting manager of the PDMP until March 20<sup>th</sup>, than it will be Sarah Chambers until a hire has been made.

## **On-Going Discussion Regarding the Controlled Substance Revision Project**

Henderson updated the committee on the status of their requests to the Governor. Both substances that this committee brought up to the Governor are before the legislature. Pink is sailing through and has moved to the floor. Tramadol is currently hung up in the house judiciary and has not

# Controlled Substances Advisory Committee

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moved out. The hope is to get it to a 4A controlled substance. Dr. Stinson has volunteered to testify in support of moving tramadol on.

Mr. Henderson's second update is in regards to the committee's talks about establishing some sort of task force to advise a regulatory body. That has created significant discussion in the legislature. Dr. Butler believes this committee is a great, interdisciplinary body for communications regarding substances that can then be given to a regulatory body. Legislature wants to know if there is more flexible and nimble way. Who would be responsible for the heavy lifting? Where would the regulatory authority be held? Laughlin adds that he believes that health is a more appropriate venue. Everyone does agree that the current scheduling of drugs is not nimble enough.

## Other Discussions

Henderson asks if there is anything else the committee would like to discuss. Mr. Coile asks about the state of our current drug (or therapeutic) courts. Laughlin said he would be curious about the attendance in therapeutic courts after the changes that went into effect this past year. To his knowledge, the attendance has been dropping. Henderson responds that this group *does* have authority to take this issue up and make recommendations. During testimony on SB54 (the SB91 fix-it bill) this topic came up. Specifically in regards to diverting funds to therapeutic courts, substance abuse rehabilitation, etc. This group could hear from the statewide therapeutic courts coordinator as to the trends. The committee is in agreement over exploring this issue in the future.

What's the next big issue that the committee would like to tackle? Our work is finished in regards to the PDMP. The focus now is on getting the information out - It is coming, it is mandatory, get on board. Scheduling substances will always be a topic on the table.

Ms. Bell was tasked by the Board of Pharmacy to ask this committee whether the Opioid Task Force is another working group. Dr. Butler reports that it is now an action group. The Board of Pharmacy is getting confused over the different groups gathering information and wants to know if they are coordinated in any one spot. Dr. Butler responds that the purpose of the Opioid Task Force is to establish an incident command structure and break down barriers to going out and getting things done. The task force is still in the process of gathering people and groups together.

## ASSIGNMENTS

- ❖ **Invite Barbara Dunham, Alaska Criminal Justice Commission, to present and/or share data with the committee on the therapeutic courts.**
- ❖ **Invite Sarah Chambers, temporary PDMP manager, to meet with the committee about the vision for the PDMP manager position.**

**Next Meeting: An email will go out to schedule the committee's next meeting after the close of the current legislative session.**