



National Association of State  
Controlled Substances Authorities



## NASCSA NEWS

March 16, 2016

### Contact Us

NASCSA  
72 Brook Street

Quincy, MA 02170  
Phone: (617) 472-0520  
Fax: (617)472-0521

E-mail:  
[kathykeough@nascsa.org](mailto:kathykeough@nascsa.org)  
Website: [www.nascsa.org](http://www.nascsa.org)

Webmaster: [wward@nascsa.org](mailto:wward@nascsa.org)

### Interested in PMP Legislation?

Due to our recent collaboration with the National Alliance for Model State Drug Laws (NAMSDL), we have been provided with an updated compilation of information on state and federal legislation and regulations pertaining to Prescription Monitoring Programs as a courtesy to members. The latest listing is

### Presidents Message

Greetings! I hope everyone has survived the winter. NASCSA's Executive Committee and its committees have been very busy over the past several months on a variety of projects that the program for the conference and development of resolutions. We have done a great deal particularly in engaging our work on behalf of Prescription Monitoring Programs as you will read about more below. We are looking forward to a great conference this fall at the Crown Plaza French Quarter in New Orleans, Louisiana **October 18-21, 2016**, with an impressive list of topics and speakers. More information will be made available in the coming months but please put these dates in your calendar now. As always, if you have suggestions/comments, please feel free to contact me. Finally, the Executive Committee will be holding a midyear meeting in Boston next month to review NASCSA's strategic plan, hear committee updates and discuss overall operations of the organization.

David Dryden, President, NASCSA

### Save the Date for NASCSA's Annual Conference

The 32nd annual conference will take place at the Crown Plaza French Quarter in **October 18-21, 2016** located in the heart of the French Quarter in New Orleans, Louisiana. Registration information as well as information on hotel accommodations is available

found [here](#) under the PMP section of our website.

## State Regulatory Developments

Did you know that NASCSA publishes a monthly compilation of state regulatory actions related to pharmacy and controlled substances. State Regulatory Developments is located on the website [here](#).

## Harold Rogers PDMP FY 2016 Competitive Grant Announcement

The Bureau of Justice Assistance is seeking applications for funding under the Harold Rogers Prescription Drug Monitoring Program. This program furthers the Department of Justice's mission by providing resources to plan, implement, and enhance prescription drug monitoring programs to prevent and reduce the misuse and abuse of prescription drugs and

on our website [here](#). We would strongly urge members to book your hotel early as this is a particularly busy time of year. Check the website on a regular basis for updates. A preliminary program will be posted in May. In addition, we are pleased to announce that we have already booked the Drury Plaza Hotel on the Riverwalk in San Antonio, Texas for our 2017 conference.

## Travel Scholarships to Attend Our 2016 Conference Announced

**The Executive Committee has authorized the awarding of six (6) travel scholarships to attend this year's annual conference. Travel scholarship criteria as well as the application form and instructions have already been posted [here](#). The deadline for submitting applications is June 28, 2016.**

## NASCSA's Committees Hard at Work

This year NASCSA has an unprecedented seven committees that have been hard at work on a variety of projects. Committee members, comprised of volunteers from member states as well as associate members are the backbone of the organization and we would encourage all members to consider volunteering. For a list of committee members click [here](#). Below is a description of committee highlights.

**Membership** - In addition to developing the criteria for this year's travel scholarship, members of the committee will be reviewing the applicants in order to make recommendations to the Executive Committee after the receipt of all applicants. The Committee is also in the process of updating its newsletter policy and will be working on updating NASCSA's brochure to reflect bylaw changes passed at the annual conference. Finally the committee is in the process of reviewing NASCSA's website and identifying other individuals and organizations to reach out in order to expand its membership and sponsorship base.

**Program** -Members of the committee are hard at work

to aid in investigations of pharmaceutical crime.

Eligibility for this grant is limited to two (2) categories:

1) PDMP Implementation and Enhancement Grants (Category 1)

2) Data-Driven Responses to Prescription Drug Abuse (Category 2)

BJA welcomes applications that involve two or more entities that will carry out the funded federal award activities; however, one eligible entity must be the applicant and the other(s) must be proposed as sub recipient(s). The applicant must be the entity with primary responsibility for administering the funding and managing the entire Harold Rogers Prescription Drug Monitoring Program. Only one application per lead applicant will be considered; however, a sub recipient may be part of multiple proposals.

The deadline to submit an application is April 26, 2016. The announcement is found [here](#).

working on the 2016 conference, taking into consideration feedback from last year's conference evaluation to ensure yet another successful conference. It is not too late however to provide suggestions for conference speakers and/or topics for consideration.

Survey/Data - The committee has just begun its work of developing potential surveys of the membership and will also be working with our webmaster Bill Ward on a new database management software that will help NASCSA compile information as we work towards becoming a central repository of information of state contacts, Prescription Monitoring Program (PMP) information as well as controlled substance information of value to our members. If there is information you feel would be helpful, please forward those suggestions.

Resolutions/Bylaws - The committee has reviewed the bylaws adopted last fall and made some minor editorial changes and is also reviewing the bylaws for potential changes this year. In addition, the committee will be reviewing potential resolutions for consideration by members at the annual conference. We would encourage all members to provide their suggestions on possible resolutions. In addition, that all members are permitted to submit proposed resolutions in accordance with our Bylaws, found at Article XI. Draft resolutions will be distributed in early September (45 days prior to the annual meeting). Any proposed bylaw changes will be distributed 60 days in advance of the meeting. The committee will also be working to developing guidelines for voting on resolutions and election of officers at this year's meeting.

Prescription Monitoring Program - NASCSA is initiating a series of 2016 projects to capture and disseminate nationally the collective knowledge and expertise of PMP Administrators, Coordinators and Managers (Administrators). In 2015, many Administrators shared their two and five year goals, their priorities, and their additional informational needs. The theme of Administrators' input is unmistakable, regardless of geography, years of experience or approach. The national network of Administrators want (1) more collaborative efforts to identify and address problems of common concern, (2) more peer-to-peer learning that facilitates quick, effective responses to local needs, and (3) more

## Follow NASCSA on Twitter

NASCSA is pleased to announce that it is now on Twitter and the number of followers continues to grow each month so please follow us at @NASCSA.

## NASCSA Continues Partnership with NAMSDL

NASCSA is pleased to have written a letter of support to key members of Congress urging continued funding for the National Alliance for Model State Drug Laws (NAMSDL). In addition, we have posted a recent compilation of federal legislation, PMP information and other items of interest to NASCSA members compiled by NAMSDL that may be found [here](#) on our homepage.

national representation of the unified voice of Administrators on key issues to share the guidance that only comes from their in-depth, detailed experiences.

Last month, NASCSA's representatives traveled to Washington, DC to discuss the organization's new PMP initiatives with Congressional staff and other key contacts. Highlighting the gains Administrators are making regarding interoperability, efficient access to data, and other key issues, NASCSA's representative reinforced the importance of ongoing Congressional support to transform PMPs into optimal public health and safety tools. In addition, in response to the expressed needs, NASCSA is in the midst of developing a draft Model PMP Act (model) that incorporates the full range of knowledge from Administrators. To ensure the model is grounded in the day-to-day realities of PMP operations, Administrators will serve on the drafting group and as reviewers providing feedback. NASCSA will coordinate with health care and criminal justice stakeholders so the model will promote more uniformity among PMPs and complement other national projects. The first meeting will take place this month. Stay tuned for more news as NASCSA unveils its other PMP projects throughout the year. For more information about how you can participate in NASCSA's PMP activities, please contact Barbara Carter, PMP Committee Chair, [Barbara.a.carter@state.mn.us](mailto:Barbara.a.carter@state.mn.us), (651) 201-2833.

Special Projects - The Committee is in the final stages of reviewing an updated "White Paper" commissioned by NASCSA and being prepared by the University of Kentucky on State Laws Regulating Pseudoephedrine on Methamphetamine Trafficking and Abuse. The final document should be available later this Spring.

Policy and Procedures - A committee has been formed to review NASCSA's written policies and procedures to ensure that these documents are current and up to date. These policies are to ensure the smooth operation of the organization and to provide a roadmap for overall operations of the organization.

---

NASCSA Members to Present at 2016

## National RX Drug Abuse and Heroin Summit

NASCSA will be sending several representatives to speak the [2016 National Rx Drug Abuse & Heroin Summit](#) in Atlanta, Georgia March 28-31, 2016.

NASCSA submitted a number of proposals and we are delighted to report that many of our members will be on the program including the following:

- [New Developments in PDMPs: California, Colorado and Minnesota](#) - featuring Barbara Carter, MPM Manager, Minnesota Board of Pharmacy; Mark O'Neill, Colorado Prescription Drug Monitoring Program.
- [State Responses to Rx Drug and Heroin Abuse](#) - featuring Ralph Orr, Virginia Prescription Monitoring Program, Virginia Department of Health Professions and Dean Wright, PMP Director, Arizona State Board of Pharmacy.
- [New Developments in PDMPs: South Carolina, Wisconsin and Florida](#) - featuring Christie Frick, Prescription Monitoring Program, South Carolina Department of Health and Environmental Control and Chad Zadrazil, Wisconsin Controlled Substances Board and PDMP Program, Wisconsin Department of Safety and Professional Services.

We are thrilled to have a voice of PMP administrators well at this national conference. If you are attending, please make sure to say hello. We will provide an overview of the conference next month.

### CDC Guidelines for Prescribing Opioids for Chronic Pain Released Today!

The CDC Guideline for Prescribing Opioids for Chronic Pain is being published today in the [Morbidity and Mortality Weekly Report Recommendations and Reports](#). The guideline includes recommendations to improve patient safety and care for those with chronic pain, and address the ongoing prescription opioid overdose epidemic.

#### **The Recommendations:**

Patients with chronic pain deserve safer and more effective pain management. The guideline provides recommendations about the appropriate prescribing of opioids to improve pain management and patient safety. The guideline is intended for primary care

providers who are treating adult patients for chronic pain, and is not intended for active cancer treatment, palliative care, and end-of-life care. Key recommendations include:

- Nonopioid therapy is preferred for chronic pain outside of active cancer treatment, palliative care, and end-of-life care.
- When opioids are used, providers should prescribe the lowest effective dosage.
- Providers should work with patients to establish pain treatment goals, check for improvements in pain and function regularly, and taper or discontinue opioids if a patient experiences harm.

A copy of the CDC Guidelines is found [here](#).

Other Resources:

CDC developed user-friendly resources to make the guideline easy for providers and patients to understand and use. Materials for [download](#) include information for patients and tools to help providers implement the recommendations, such as fact sheets and a decision checklist.

## NIDA Announces Strategic Plan

The National Institute on Drug Abuse (NIDA) has released its Strategic Plan for 2016-2020: Advancing Addiction Science, focusing on its mission to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

Drug use and substance use disorders (SUDs) affect millions of Americans and impose enormous costs on society. In 2014, nearly 27 million people in the U.S. were current users of illicit drugs or misused prescription drugs, and almost 67 million people smoked or used other harmful tobacco products.

As the lead federal agency devoted to research on the health effects of drug use, NIDA has developed a plan with four priority areas that present unique opportunities to be leveraged over the next five years. The plan is designed to increase the understanding of the basic science of the brain as it relates to behavior and translate what is learned into more effective prevention and treatment interventions that can ultimately reduce the negative impacts of

drug use and SUDs on society. To achieve its mission, NIDA will focus on the following high-level strategic goals centered on basic science, prevention, treatment, and public health, respectively:

- GOAL 1: Identify the biological, environmental, behavioral and social causes and consequences of drug use and addiction across the lifespan
- GOAL 2: Develop improved strategies to prevent drug use and its consequences
- GOAL 3: Develop new and improved treatments to help people with substance use disorders achieve and maintain a meaningful and sustained recovery
- GOAL 4: Increase the public health impact of NIDA research and programs

To view NIDA's 2016-2020 Strategic Plan click [here](#).

From the States:

## Minnesota Boards Update Policy on Pain Management

The Minnesota Boards of Medical Practice, Nursing, and Pharmacy recently updated their Joint Statement on Pain Management. The Boards adopted the first Joint Statement on Pain Management in 2004, which was reaffirmed in 2009, to give guidance regarding untreated or inadequately-treated pain. In 2015, the Boards again reviewed the issue of pain management to offer added guidance regarding appropriate prescribing with emphasis on the critical balance between pain management and the potential misuse of controlled substance medications. Pain management and opioid prescription drug abuse are significant issues in healthcare today.

There is a critical balance between preventing opioid misuse and managing pain. When appropriately used, opioid pain relievers have an important role to play in the management of pain. However, misuse of these drugs can cause serious problems. In the United States, 46 people die from a prescription

opioid overdose each day. In 2013, the leading cause of death due to injury was drug overdose with 51.8% being related to prescription drugs. "Pharmacists need to balance their professional duty to fill prescriptions with their responsibility under federal law to ensure that opioid prescriptions are filled for legitimate medical reasons," stated Cody Wiberg, Pharm.D., M.S., R.Ph., Executive Director of the Minnesota Board of Pharmacy. Ruth Martinez, MA, Executive Director of the Minnesota Board of Medical Practice added, "Adequate knowledge of pain management and pharmacotherapeutics, effective communication with patients, family members and other health care providers, and a commitment to ethical, compassionate patient care are essential to responsible opioid prescribing."

The Joint Statement is meant to offer guidance to healthcare providers in the management of pain and to provide resources where practitioners can obtain additional information. The Boards jointly promote appropriate prescribing, dispensing, and administration of controlled substance medications and encourage healthcare providers to work cooperatively and effectively to manage the dimensions of pain and minimize prescription drug misuse. "It is incumbent upon Minnesota nurses, pharmacists, and physicians to work cooperatively to effectively address the use of opioids and the dimensions of pain management. This joint statement is a result of work by the three licensing boards because competent comprehensive pain management requires this interdisciplinary approach," said Shirley A. Brekken, RN, MS, Executive Director of the Minnesota Board of Nursing. The 2015 Joint Statement on Pain Management may be accessed on each board's [here](#).

#### **Lawsuit of Note: Kansas**

Defendant in Kansas civil lawsuit may not compel disclosure of records by Kansas Board of Pharmacy  
In a Title IX lawsuit filed against Pittsburg State University, the defendant sought to compel production of certain prescription records by the plaintiff. The plaintiff provided access to medical and pharmacy records, but a year's gap in the filling of a particular prescription became a potential element in the defense. The defendant sought to compel plaintiff to seek

records from the Kansas Board of Pharmacy, which operates the state prescription drug monitoring program. Plaintiff submitted the request, which was denied by the Board pursuant to state law which provides that PMP records "shall be privileged and confidential, [and] shall not be subject to subpoena or discovery in civil proceedings," citing K.S.A. 65-1685.

The Court denied the defendant's motion to compel production of records from the PMP, even though it found the information sought to be "relevant given Plaintiff's claimed damages." [Fox v. Pittsburg State University, No. 14-2606-JAR/KGG, D. Kans., 2016 U.S. Dist. LEXIS 2259, January 8, 2016]

**N.A.S.C.S.A, 72 Brook Street, Quincy, MA 02170**

Copyright © 2012. All Rights Reserved.