

**NASCSA Statement for the Record as presented by Barbara A Carter, President, NASCSA  
Submitted to: Department of Health and Human Services, Food and Drug Administration,  
Opioid Policy Steering Committee  
January 30, 2018**

Mr. Chair and Committee Members, the National Association of State Controlled Substances Authorities (NASCSA) appreciates the opportunity to share with the Committee the work that our organization, states and other stakeholders are executing in partnership to address the opioid crisis. We commend the FDA and its Opioid Policy Steering Committee for holding a hearing to receive stakeholder input on how the FDA might under its authority, improve the safe use of opioid analgesics by curbing overprescribing to decrease the occurrence of new addictions and limit misuse and abuse of opioid analgesics.

NASCSA is a 501(c) (3) non-profit organization whose members regulate controlled substance prescriptions in all states, commonwealths, districts and territories. A majority of our members oversee and operate Prescription Drug Monitoring Programs (PDMP). We strive on a daily basis to guard the public from the socially and economically devastating consequences of prescription drug misuse, abuse and diversion. We know firsthand how critical state PDMPs are to the protection of public health and safety.

Our PDMP members, working in conjunction with fellow PDMP officials around the country, have created a national network of state PDMPs (national network). Through this national network, state officials collaboratively identify and address problems of common concern and strengthen their PDMPs' responses to the needs of local health and safety professionals. Some of our colleagues may be less familiar with this national network than with other state PDMP efforts. The reason for this is simple. State PDMP officials are doers, not promoters. They focus their time and attention on enhancing their programs and overcoming obstacles so they can effect even more operational improvement.

In 2016, NASCSA and the national network of state PDMPs fostered even more consistency with the development of a comprehensive Model PMP Act that captures the collective knowledge and expertise of state PDMP officials. The model offers Congressional and state policymakers the guidance that can only be gleaned from the in-depth, detailed experiences of the national network.

Today I would like to address the committee's request for input regarding the consideration of requiring sponsors to create a system that utilizes a nationwide prescription history database to facilitate safe use of opioid analgesics.

Although PDMPs are separately managed and maintained by each state or jurisdiction, the national network facilitates more uniformity among states.

- **Standardization of reporting:** 49 states, the District of Columbia and St Louis County, Missouri use the same standard for reporting prescription data to the PDMP, requiring the use of the American Society for Automation in Pharmacy (ASAP) standards for prescription data reporting. Additionally, they collect the same core prescription data from all dispensers within their state
- **Data Submission Timelines:** In 2017, 44 PDMPs collect prescription data every 24 hours or more frequently and three collect every 72 hours to provide the most relevant data possible.
- **PDMP Data Uses:**
  - State PDMPs, while participating in the national network, remain able to react to local and regional needs within their jurisdiction to support resource allocation needs, evaluate effectiveness of legislation, support unique health and safety concerns, and support policy decision processes;
  - Provide unbiased and timely patient specific information on covered substances to prescribers and pharmacists to assist them in making informed treatment and dispensing decisions; and
  - Provide patient-specific data, prescribing, and dispensing information on covered substances to regulatory, law enforcement agencies, medical examiners and coroners and child protection agencies to assist them in investigations related to public health and safety.
- **Interstate sharing:** 43 PDMPs actively sharing PDMP data – accounting for more than 89 million transactions in 2017. These PDMPs are utilizing the PMP Interconnect solution provided by the National Association of Boards of Pharmacy at no cost to the PDMPs. Additional PDMPs are in the process of executing interoperability memorandums.

**Integration into clinical workflow:** More than 500 health care facilities and 2,500 pharmacies, in roughly 32 states provide access to PDMP via their clinical workflow. In 2017, there were more than 280 million transactions via these integrations. New integrations continue to occur monthly. In addition, eight states (Arizona, Indiana, Kansas, Massachusetts, Michigan, Ohio, Pennsylvania, and Virginia) provide or are in the process of providing integrated PDMP data for every prescriber and pharmacist in those states. PDMPs are currently evolving to provide clinical decision support, patient support, patient engagement and care team coordination.

If indeed integration of access to PDMP data within the electronic clinical workflow is the ultimate desire, then the creation of a parallel system or even an alternate system would become a duplication of efforts and costs. Furthermore, we recommend that the FDA focus on marshalling funding for integration solutions, with the expectation that such solutions would plug into existing PDMP systems, and not a new system.

The National Association of State Controlled Substances goes on record as opposing any initiative or program that duplicates or replaces individual state prescription drug monitoring programs. NASCSA continues to support state based PDMPs, their efforts to share data across state borders, integrate access into clinical workflow, and that they remain the responsible owners of the data collected from entities licensed by their states to dispense controlled substances.

Thank you for the opportunity to provide information on the current state of PDMPs and the position of the NASCSA membership. We are committed to continuing our work to ensure that health care providers can access reliable PDMP data quickly in order for patients to receive appropriate, informed treatment options. NASCSA as an organization would be more than willing to serve as a resource to FDA's Opioid Steering Committee as well as staff at FDA and would welcome the opportunity to work collaboratively on efforts to address the opioid crisis.

I would be happy to answer any questions you might have.



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National Association of State  
Controlled Substances Authorities

**NASCSA Resolution 2017-03**  
**October 2017**  
**San Antonio, Texas**

**A RESOLUTION IN SUPPORT OF STATE PRESCRIPTION MONITORING PROGRAMS (PMPs)  
AND IN OPPOSITION TO ANY INITIATIVES TO DUPLICATE OR REPLACE PMPs**

**WHEREAS**, the National Association of State Controlled Substances Authorities (NASCSA) has historically supported prescription monitoring programs by individual states; and

**WHEREAS**, forty-nine states, the District of Columbia, and the County of St Louis in the state of Missouri currently have an operating prescription monitoring program; and

**WHEREAS**, forty-two PMPs are actively transmitting data across state lines to identify patients at risk and assist in preventing doctor-shopping; and

**WHEREAS**, thirty-five PMPs require daily reporting to their prescription monitoring programs by dispensers, with another twelve requiring, at minimum, weekly reporting; and

**WHEREAS**, the PMPs provide prescription information to an authorized healthcare professional who is treating a patient; and

**WHEREAS**, thirty-five PMPs have begun to require prescribers and pharmacists to use their state prescription monitoring program in many situations; and

**WHEREAS**, forty-seven PMPs provide prescription data when a law enforcement agency is investigating an individual who may be violating drug laws via a prescription; and

**WHEREAS**, most PMPs actively work with law enforcement agencies to detect prescribers or dispensers who may be trafficking via the prescriptions; and

**WHEREAS**, many PMPs actively work with law enforcement agencies to identify and prosecute fraud, waste, and abuse by providers and recipients of health care; and

**WHEREAS**, all PMPs have established security measures to protect patients' privacy; and

**WHEREAS**, all PMPs collect the data for all covered prescriptions regardless of payer type and twenty-six states specifically identify those prescriptions for which cash is the primary or only payment type;

**THEREFORE BE IT RESOLVED**, that NASCSA support the continued implementation, utilization, collaboration, and enhancement of state prescription monitoring programs; and

**BE IT FURTHER RESOLVED**, that NASCSA rescinds resolution 2012-05 and replace it with this most current resolution; and

**BE IT FURTHER RESOLVED**, the executive committee is directed to seek opportunities to support the states' prescription monitoring programs by participating in meetings, collaborating with interested parties, and writing letters to further support the states' programs; and

**BE IT FURTHER RESOLVED**, that NASCSA oppose any initiative or program that duplicates or replaces individual state prescription monitoring programs.



ATTEST: \_\_\_\_\_  
President

DATE: October 19, 2017