

NH Prescription Drug Monitoring Program Advisory Council Meeting

Monday, May 20, 2019; 3:00 P.M.
Meeting Minutes

Council members present:

Chair David Strang, MD, NH Medical Society (NHMS)
Stephen Crawford, DVM, Board of Veterinary Medicine (BOVM) (via phone)
David DePiero, NH Hospital Association (NHHA)
Kate Frey, New Futures
Sean Gill, NH Attorney General's Office, Dept. of Justice (DOJ)
Dennis Hannon, DDS, NH Board of Dental Examiners
Joseph Harding, NH Dept. of Health and Human Services (DHHS)
Eric Hirschfeld, D.D.S, NH Dental Society (via phone)
Bradley Osgood, NH Police Chiefs' Association
Jonathan Stewart, Community Health Institute (CHI)
Michael Viggiano, NH State Pharmacy Associations

Council Members Absent:

Nicole Harrington, Commissioner, NH Board of Pharmacy (BOP)
Daniel Potenza, MD, NH Board of Medicine (BOM)
Empty Seat, APRN, NH Board of Nursing (BON)

Others in Attendance:

Michelle Ricco Jonas, Administrator, NH PDMP
Mark Cioffi, Analyst, NH PDMP
Joanie Foss, Administrative Assistant, NH PDMP
Kathy Bizarro-Thunberg, NH Hospital Association (NHHA)
Jim Giglio (TTAC) (via phone)
Pat Knue (TTAC) (via phone)
Shirley Shen, Asst. Investigator/Auditor, NH PDMP

The meeting was called to order by the Chairman, Dr. David Strang, at 3:05 pm.

Introductions:

Members of the Advisory Council (A.C.) and the public were introduced.

Approval of Minutes:

April 15, 2019: Motion to approve by S. Crawford. Second by S. Gill. All in favor.

New Business:

➤ **HB 369** (Re: potential data sharing with DHHS; D. Strang)

In the week following the April 15th A.C. meeting, D. Strang spoke with Rep. Bill Marsh (sponsor of HB 369) re: the data sharing language that his bill contained. This bill (which originally only mandated that MAT providers who were prescribing for opiate addiction, query the program) had been amended to include language that would have allowed the PDMP to share prescription data with DHHS. This amendment was originally attached (also as an amendment) to SB 120, but was then stripped from that bill during the legislative session and resurrected in HB 369.

The data sharing mechanism that had been proposed, would start with raw, identifiable data from the PDMP, to be sent to DHHS, where it would be combined with their patient identifiable data, after which identifiers would be “stripped,” making the data set “de-identified” or “aggregated.” D. Strang explained to Rep. Marsh that he felt the language in HB 369 was poorly written as (at the very least), it stated only aggregated or de-identified data would be shared (which was not the proposed mechanism). He felt that passage of the bill as written would leave the Program open to legal challenge by privacy rights advocates if sharing was then attempted, would likely then fail this legal scrutiny and therefore not allow the proposed sharing. The amendment also contained no restrictions on the copying of the PDMP data, no restrictions on DHHS sharing this data with other State agencies, nor a way to resolve a DHHS request for data that the PDMP or Advisory Council might not agree with.

D. Strang was then contacted by Atty. John Williams (NH DHHS) re: this problematic language, just 2 days before HB 369 was scheduled for a vote on the Senate “consent calendar.” Over the next 2 days, he worked very hard with Atty. Williams to resolve the multiple issues with the bill’s language, but ultimately D. Strang felt the process had gotten way ahead of itself and needed a much more thorough vetting and review process. In short, the process was moving too far, too fast. The amendment language was therefore stripped from HB 369 by Senators Bradley, Giuda and Sherman, as they felt it was most important to do this right, rather than to do this quickly. Thus, the data sharing process was put on hold. D. Strang provided the A.C. members with the language from that amendment (the work product with Atty. Williams) for their consideration, in lead-up to this discussion of the data sharing process.

A vigorous discussion re: data sharing then ensued. M. Viggiano asked if the data to be shared had to be identifiable from the start. J. Harding replied that yes, the process did need to start with identifiable data. If not, DHHS would not be able to match it to their patient specific data sets and would not be able to see patterns. J. Harding also talked about the importance of obtaining good data in order to determine risk factors for substance misuse. He felt the process needed to go far enough “up and down stream” to look at a person’s “touch points” to better identify concerns, health risks/behaviors, barriers etc., to then provide services via demographics and geography. DHHS and other state partners would then be better suited to identify the necessary resources and identify partnerships to meet their charge to serve and protect the health of NH citizens.

M. Viggiano asked how many individuals at DHHS would need to see the PDMP data if it were shared. This question could not be answered. D. Hannon felt that access to the data should be comparable to a government security clearance and on a “need to know basis.” This begs the question, “Who determines that?” D. Strang reminded the group of all the promises to secure the Program’s data that were made in testimony leading up to the passage of SB 286

in 2012, that established the PDMP. These promises are now part of State law. M. Viggiano stated it seemed many of these promises were being ignored in the rush to share data. D. Strang stated that those legislators concerned about privacy were the most vocal opponents to the establishment of the PDMP 7 years ago and that many of them were still in the Legislature. He advised caution in this process so as not to damage the Program or its reputation.

M. Ricco Jonas felt that sharing of the data was key to answering some of the Audit items. K. Bizarro-Thunberg felt it was important to balance privacy, access and use. The A.C. felt that we should take the time to understand the process prior to its undergoing legislative discernment.

Senator Giuda has been planning to hold a “Data Sharing Summit” later this summer to discuss the sharing of PDMP data with State partners, and given what has transpired with HB 369, he would also like to include this topic in the Summit. Given the potential complexity of the data sharing process, it was proposed to form a Data Sharing Sub-Committee to look into this issue, and hopefully make recommendations to Sen. Giuda’s Data Sharing Summit. If this Sub-Committee could identify specific studies that DHHS would like to commission that need the PDMP data and understood how to safeguard the sharing of data, it could be an advocate for this process. J. Harding agreed and felt we should list the questions the A.C. has, particularly around the security concerns. Motion to establish a Data Sharing Sub-Committee by J. Harding. Second by D. DePiero. All in favor. D. Hannon, J. Harding, J. Stewart, D. Strang, M. Viggiano, M. Cioffi, M. Ricco Jonas and K. Bizarro-Thunberg all volunteered to serve on this Sub-Committee. D. Strang will send an email with potential meeting dates to these members. M. Ricco Jonas will circulate the language from SB 120 re data sharing. J. Giglio and P. Knue stated many other States are already sharing data with other state agencies. They may be able to provide us with that information.

➤ Advisory Council Role (D. Strang)

D. Strang stated that during the discussion about data sharing with DHHS, Sen. Sherman felt the Advisory Council should take more of an oversight role in the function of the PDMP. Rep. Marsh wanted the A.C. to have similar oversight. D. Strang replied to them that he felt the A.C. could do this, but wanted to know what the other members thought and promised to bring the suggestion to this meeting for discussion.

M. Viggiano thought this was a good idea but mentioned that oversight councils/boards are typically appointed by the Governor & Executive Council. D. Strang agreed it would add an extra required step, but thought it could easily be accomplished.

J. Harding stated that in his prior position on the Governor’s Commission with “all the State agency heads, the roles ebbed and flowed as to what our roles would be.” As they held full time jobs, he felt they really did not have the time nor the background to make decisions. In the end, he thinks they exerted some influence, but the decision making process ended up going back to the Legislature and Governor. He thinks the A.C. should not have the role of “last authority.” He feels it would be “hard on the program and participants.”

S. Crawford felt there was not enough time to do an adequate job for oversight. He also felt that legislators couldn’t be on an operational/oversight council but could be on an advisory council (SB 120, likely to be passed and signed by the Governor, would add members of the Legislature to the A.C.).

D. DePiero stated that with the likely transfer of the PDMP to OPLC, OPLC would likely provide a different perspective/ownership than what the Program has received in the past. D. Strang offered to discuss this possibility with Peter Danles (head of OPLC) to see what his recommendation/preference would be, given the likely passage of SB 120 that will move the PDMP to OPLC.

➤ Advisory Council Meeting Schedule (M. Ricco Jonas)

At recent meetings, the possibility of moving to a (minimum) quarterly meeting schedule has been discussed. M. Ricco Jonas asked the A.C. if they would prefer starting quarterly meetings in July or August. Discussion ensued. J. Stewart motioned to meet July, Oct., Jan. and April. Second by J. Harding. All in favor. Note: This is a *minimum* meeting schedule and would not prevent the A.C. from scheduling a meeting in the in-between months, if conditions mandate.

It was suggested that Sub-Committees (such as the proposed Data Sharing S.C.) could meet in the in-between months and report at the quarterly A.C. meetings. Given the next A.C. meeting will be in July, it was suggested the newly formed Data Sharing Sub-Committee consider holding their first meeting in June.

Old Business:

➤ Prescription Designation Language/Codes for Opioid Use (M. Ricco Jonas)

At the April 15th A.C. meeting, it was voted to recommend to the State licensing boards that their prescribers add the words “Acute, Chronic or Palliative “ to an opiate prescription, in order to assist the dispensing pharmacist. D. Strang has written a letter outlining this recommendation to the licensing boards. M. Ricco Jonas now asks the A.C. to consider a different tool, that would require the prescriber to select one (or more) of 10 (ten) different codes, based on treatment type. It was felt by the A.C. members that this was much too complicated. D. Strang stated that whereas it could easily be remembered to write “Acute, Chronic or Palliative,” on a prescription, this numeric coding would require yet one more dropdown menu on an EMR or posting the sheet with the codes next to a printer. This would additionally burden the already overworked prescriber and likely would lead to much lower compliance. The A.C. felt that this mechanism was too complicated and recommended the resolution passed at the April 15th meeting.

➤ Legislation Update: SB 120 (cosmetic changes) (M. Ricco Jonas)

M. Ricco Jonas reviewed changes to SB 120 made by the legislative process. These include:

- Add language “held by the program” after prescription information on RSA 318 B:32 III.
- Move the responsibility of the Annual Report (to the legislature) from the Advisory Council to that of the Program , under RSA 318:35 IV.
- Add under RSA 318B:38 I – appoint a member of NH Veterinary Medical Association.

➤ Program Enhancements (M. Ricco Jonas)

M. Ricco Jonas reviewed the Data Analysis Report, which included:

- clinical alerts –data
- prescriber report – first release

➤ **Strategic Plan** (M. Ricco Jonas)

M. Ricco Jonas reviewed portions of the 3-year Strategic Plan, dated Jan. 2019. She asked the A.C members to analyze this information and submit their comments to her.

Other Items of Interest:

D. DePiero discussed the legislation (that has passed) that will mandate a pharmacist to attach an orange label to a bottle that contains an opiate medication. This bill was introduced as a safety measure. Originally this bill would have required the use of a red cap, but it was felt that this could target opiate recipients and the legislation was amended to require an orange label instead.

Non-Public Session:

Not needed

Next Meeting:

Date/Time: July 22, 2019; 3:00 p.m. (Note: 1 week later in the month than usual)

Location: Office of Professional Licensure and Certification

Data Sharing Sub-Committee – To meet in June (date to be determined)

Adjournment:

Motion to adjourn at 5:25 p.m. by J. Stewart. Second by D. DePiero. All in favor.

Respectfully submitted,



David E. Strang, MD
Chairman