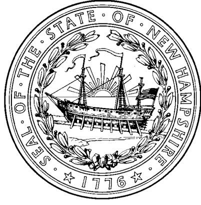

Lori A. Weaver
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

PRESCRIPTION DRUG MONITORING PROGRAM

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-6978 1-800-852-3345 Ext. 6978
Fax: 603-696-3150 TDD Access: 1-800-735-2964
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NH PDMP ADVISORY COUNCIL MEETING MINUTES

September 18, 2023
DHHS Offices – Rooms 311/312
29 Hazen Drive, Concord NH
3:00 – 5:00 pm

Council Members in Attendance:

Chairman David Strang, MD, NH Medical Society – (via Teams)
Tonya Carlton, RPH, NH Hospital Association
Tad Dionne, NH Police Chiefs' Association
Sarah Garland, DVM, NH Veterinary Medical Association
Joseph Harding, NH Department of Health and Human Services
Matthew Kitsis, RN, NH Board of Nursing (BON)
Gary Merchant, NH House of Representatives
Tom Ploszaj, NH House of Representatives
Karen Prazar, NH NP Association
Michael Viggiano, RPH, NH State Pharmacy Associations
Thomas Worboys, NH Attorney General's Office

Council Members Absent:

Jay Patel, DDS, NH Board of Dental Examiners
Suzanne Prentiss, NH Senate
Claire Timbas, NH Board of Veterinary Medicine
Kelly Whelan, MD, NH Dental Society
VACANT, Governor's Commission on Alcohol & Other Drugs
VACANT, Governor's Commission on Alcohol & Other Drugs
VACANT, NH Board of Medicine (BOM)
VACANT, NH Board of Pharmacy (BOP)

Staff in Attendance:

Michael Holt, DHHS Administrator
Adam Burch, Program Administrator, NH PDMP
Joanie Foss, Administrative Assistant, NH PDMP
Mark Cioffi, Program Analyst, NH PDMP
Leslie Pond, Auditor, NH PDMP

Others in Attendance:

Kathy Bizarro-Thunberg, NH Hospital Association (via Teams)

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The meeting began at 3:02 p.m. A quorum (8 needed in person) was present.

I. Welcome – Introductions

Chairman Strang had requested that Rep. Merchant stand in as Chair as he was participating remotely and therefore unable to attend in person.

II. Review of June 19, 2023 Meeting Minutes

Chairman Strang made a motion to approve the June 19, 2023 meeting minutes with the following edit: Add under d. Stimulant Prescribing - "M. Cioffi stated that stimulant prescriptions have increased by 11% per year on average during the two-year time period of July 1, 2020 through June 30, 2022." T. Dionne seconded. The Council voted unanimously to approve these minutes with this edit.

III. Old Business

1) Stimulant Prescribing Discussion (general Council discussion)

Rep. Merchant stated that at the June 19 meeting, Council members were tasked with going back to their respective seat holders to inquire if they were concerned with the rise in stimulant prescribing. Council members were then asked to report back with their findings at this meeting.

M. Kitsis (NH Board of Nursing) stated that the Board is more than happy to gather and accept information from the PDMP. They are willing to review and disperse the information amongst the Board but not send it out to all licensees. They would like to keep the information internal and just watch for trends.

T. Worboys (NH Attorney General's Office) stated that he checked around to see if prosecutions were on the rise with prescription drugs (in general) and found that they were not. He stated that drug prosecutors are still seeing a lot of fentanyl cases and on occasion they may find that when they are prosecuting someone, they may have a prescription for Ritalin.

J. Harding (DHHS) stated that stimulant use disorders are an emerging public health issue and "the nice thing about the PDMP is that you get to see the data on the front side, early, because when people experience problems with addiction, it doesn't usually happen overnight, it happens over some period of time. That being said, when we have certain metrics such as from the PDMP that gives us information on the medication prescribed, that's good information that can serve as an early warning sign." He feels this is an issue that deserves attention.

M. Viggiano (NH State Pharmacy Associations) stated that his comments were geared toward his own personal practice, so these are his field observations and what he sees every day. He began by defining what a Schedule II drug is. "It is a substance, chemical or drug with a high potential for abuse which can potentially lead to severe psychological or physical dependence. These drugs are considered potentially dangerous." He stated that dispensing parameters have expanded in the retail world. "When OxyContin came on the market, it was prescribed for anything from tooth pain to cancer pain. Prescribers unknowingly, in many cases, prescribed this with many being caught off guard by the addiction potential. As a pharmacist, we knew we had a problem when people would line up at the door as we were opening, wanting to know if we had filled their OxyContin prescription and when they could pick it up. This scenario would play out over and over again and now is what has become known as the opioid crisis. Pharmacists are now seeing the exact same situation all over again with

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amphetamines, that is, people lining up at the doorway wanting to know if they can pick up their prescriptions, seeing if they can fill new ones, etc. Many times, the patients are anxious and panicking and many exhibit signs of withdrawal which to me is an indication of addiction. Many of you in the room do not have direct 24/7 day-to-day contact with patients. It's very different reading about something versus having someone in your face with some of this stuff. Sadly, when some prescribers are confronted with pharmacists validating prescriptions, there is the occasional resistance from many providers to reconsider their decisions. It's frustrating for us because many of us have seen this before (with opiates) and we feel that we're headed there again. My editorial here is that pharmacies seem to be shouldering most of the blame because every chain pharmacy in the country is being sued by the feds because of our Oxycodone dispensing. I've seen the emails go back and forth with Chief Dionne, Rep. Merchant and Chairman Strang about fentanyl and opioids, and I recall at a recent meeting somebody made the comment that with amphetamines, no one appears to be dying. When the amphetamine shortage began, I thought it would be very short lived, but as the shortage deepened, I was made aware that this was anecdotally against my practice, and that some of my adult patients were interested in and located meth as an alternative, because when they google Adderall, things like meth come up. Then the conversation turns to (illicit) crystal meth. I think that we should take every geographical area and identify the high prescribers (in each) as soon as possible."

Tonya Carlton (NH Hospital Association) stated that this issue was brought up at the NH Hospital Association pharmacists meeting. What she is seeing in the hospitals and practice sites is very similar to what M. Viggiano just stated. "It has become a crisis situation with the shortage of stimulants, where our practices are really struggling to figure out how to get the medication to the pharmacies so that they have it in a timely fashion to get a patient's prescription filled. What is happening is the patient will locate a pharmacy that says they have the medication, they will have their prescriber call it in, but by the time the patient gets to the pharmacy, it is no longer available which creates more of a panic. This could potentially lead people to obtain it in other ways, such as getting Adderall off the street, which could be laced with Fentanyl, which increases the number of potential opiate overdoses. So, in the hospital setting, the shortage has made it even more of a crisis."

Karen Prazar (NH Nurse Practitioner's Association) stated that she works mostly in addiction medicine, but also works in primary care and prescribes stimulants to patients with ADHD. She reached out to nurses, the chair of the nursing department at UNH, as well as to John Burns with SOS Recovery, a NH-based community organization. She stated that they dug into the academic research and went to primary sources removed from the anecdotal experiences that are being reported here and could not find any evidence linking prescribed stimulants for ADHD treatment to substance use disorders. "Actually, untreated ADHD is a bigger risk for substance use disorder than treating ADHD with a stimulant." She feels that if anyone can find evidence indicating that prescribed stimulant use leads to substance use disorders, hospitalizations or deaths from stimulant use, that would be important evidence. She will agree that the lines at the pharmacies are due to the shortage of stimulant medications, that patients who have ADHD and who are expected to operate in society as it exists really struggle, and that contributes to their mental illness. Expecting them to chase a prescription around to different pharmacies is a nightmare for them. "So, when a patient knows there is a prescription at a pharmacy that is ready for them, they are going to be stressed. That is part of the neurodiversity process." She feels that the nurse practitioners as well as those experts that she spoke with, are concerned that the focus is not on mental health and improving mental health access in our state, but rather to, again, start to focus on restricting a medication that is very necessary and helpful

for people. She stated that adolescents and young adults have the highest rates of potentially misusing or diverting their stimulant medications. Her recommendation is that those populations should be closely monitored. What she sees day to day is that most people who come to her Suboxone program are people who had untreated ADHD in childhood and then went to street drugs because their ADHD was unrecognized and untreated. John Burns' opinion on stimulant uptake over the past five years was that during the pandemic, people had new access via telehealth to providers and that was a good thing. This made it possible for people who hadn't had access to health care providers, to have access and people who needed an ADHD diagnosis were therefore getting one.

Tad Dionne (NH Police Chiefs' Association) stated that what law enforcement was seeing on the street was fentanyl and meth in different forms. Once they analyzed what they were seeing in pills, it was mostly fake pills "because they are so easy to make, and as there is no required quality control, money (production cost) is not an object." He stated there are exorbitant amounts of meth in NH and "it's of a high purity, so it is very expensive. When folks are looking for Adderall on the street today, they are getting fake Adderall because it is so easy to make, and they (pill mills) are doing a very good job of making it look like real Adderall. It's cheap and mostly meth, and because there is no quality control, it gets laced with Fentanyl very easily." He stated they are also finding Xanax on the street, so they then started looking at who was using these drugs and found that they were the drug addicts who want to self-regulate and do their own thing, so they mix their meth with fentanyl, similar to when they mixed cocaine and heroin in the past. The user that they worry about is the vulnerable user who wants Adderall (i.e. college students who are abusing it for partying or for studying), so that has become problematic because there is a high chance that what they are really taking is laced. There is also a market for prescription drugs because there is the perception that prescription medications are safe. "Real prescription drugs on the street are expensive, real prescription stimulants are expensive. It is so cheap to make the fake Adderall and there is huge profit in selling it." He did speak with the DEA diversion supervisor and stated that she is on board with the Council taking a look at this issue.

Sarah Garland (NH Veterinary Medical Association) stated that she has never known or heard of a veterinarian prescribing stimulants. She said she does know a lot more adults personally who take one form of stimulants or another, some of whose lives have been changed in a positive way and she would hate to see access taken away.

Chairman Strang (NH Medical Society) stated that he looked at the National Alliance for Model State Drug Laws (NAMSDL) which is a national organization that was very helpful in setting up the PDMP. They are still exclusively focused on opiates. He went to their website and did not find any data about stimulants. He also spoke with Jim Giglio and Pat Knue from the Technical Training Assistance Center (TTAC) at Brandeis University. Jim reported that back in 2013 through 2018 there was a national study that showed an almost 80% increase in stimulant prescriptions during that five-year period. They were not aware of any other state that was seeing an 11% increase per year over the last two years, like NH has seen. Chairman Strang is also going to reach out to John Eadie who is part of the National Emerging Threats Initiative. Chairman Strang along with Mike Padmore (the head of legislative advocacy at the NHMS) also convened a zoom conference on Aug. 21st with several other physicians from the NH Medical Society (Dr. Seddon Savage, Dr. Gary Sobelson, and Dr. Molly Rossignol). What came out of that meeting was that adult ADHD stimulant use has received much more attention over the last several years particularly as stimulants are now being used a lot for age-

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related memory loss. Dr. Sobelson reported that at a conference he attended, it was shown that from 2003 to 2005, NH had the highest rate of stimulant use in the country. That conference concluded it was due to the high percentage rate of insured citizens and therefore access to primary care. They also found that over 50% of prescriptions were from non-MD's (i.e nurse practitioners and PAs). Stimulant use in treating drug resistant depression is increasing and it was agreed amongst all that the diagnostic criteria for stimulant use have been lowered. They also discussed three avenues for prescribing: one is provider suggested, second is patient requested, and the third is a patient request after trying someone else's prescription. They also recognize that there are a lot of new products that were being heavily marketed. Dr. Sobelson was surprised by the number of patients that are coming into his practice that are already on stimulants. Chairman Strang asked M. Cioffi if there is a list of drugs that are in the stimulant category and has it changed over the last several years with the addition of these newly marketed drugs. This might be something that the Council would like to get some additional feedback on: has that list of stimulants been stable or is it growing so that it will skew the data from one year to the next. The last question discussed, suggested at the June Council meeting by Mike Holt, was the idea of a mandated PDMP query before prescribing a stimulant. There was not support amongst that group for a mandate, but there was support for making it a best practice. Chairman Strang suggested the Council could vote on whether they would also support this recommendation once this discussion matures, and if it is supported, then that advice could then be disseminated to the licensing boards.

Kathy Bizarro-Thunberg (NH Hospital Association) stated the group had not met this summer. They are scheduled to meet with the hospital pharmacy directors on September 19 to further this conversation with them.

J. Harding asked if there were any guidelines in place around prescribing stimulants to make sure they were being prescribed with a thorough background assessment and follow-up to monitor the patient? Rep. Merchant asked if in the process of creating a best practice/development of guidelines, was there some way the provider could bring the pharmacist into the conversation such as notes in the EMR. Rep. Merchant proposed creating an ad hoc committee to: 1) create prescribing guidelines for simulants based on best practice; 2) identify ways to create bi-directional communication between the prescriber and the dispenser; and 3) update the Council at the next Council meeting in December. S. Garland, T. Carlton, T. Dionne, J. Harding, Rep. Ploszaj, K. Prazar, M. Viggiano, and Chairman Strang volunteered to be on the ad hoc committee. DHHS staff will assist in setting up the virtual meetings via Teams.

2) E-prescribing (M. Holt, M. Cioffi)

M. Holt stated that at the last meeting the Council agreed on its approach for notifying the regulatory boards of levels of compliance with the new e-prescribing law. It was decided to wait until after June so that there would be a full six months' worth of data in this notice. The report was shared with all the regulatory boards, along with a cover letter signed by Chairman Strang. M. Holt reviewed the e-prescribing data, from July-December 2021 (when we were at 26.8% compliance), January-June 2022 (53.5% compliance), July-December 2022 (90.3% compliance) and January-June 2023 (91.3% compliance). He then went on to review e-prescribing by provider category. Veterinarians were at 0% compliance as they have a statutory exemption from the prescribing law; Naturopaths were at 43.8%; VA prescribers were at 49.1%; Dentists were at 72%; Podiatrists were at 86.1%; MD/DO's were at 92.3%; NP/APRN/ARNP's were at 92%; and PA's were at 92.8%. Optometrists were not on

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the list as they wrote zero controlled substance prescriptions over the past six months. He then went on to review e-prescribing by provider role including the percent transmitted electronically and the percent with unspecified transmission type. He reported that the number of prescriptions that were reported without the transmission type was relatively small, but this is an area that the PDMP has been working on by rolling out ASAP 4.2B standards on July 1. Beginning October 1, the required entry of transmission type will be enforced.

3) DHHS Update (M. Holt)

a. Staffing

M. Holt announced that Adam Burch has been newly hired as the PDMP Program Administrator. Adam started on September 8. He also announced the new hire of a full time data analyst who starts on September 22.

b. Federal Grant Applications for PDMP Funding

M. Holt stated that the Program did receive an OD2A grant. At this time, we do not know how much we have been awarded, although we do know that our funding request was not fully met. We should know how much we were awarded soon, pending CDC review of submitted budgets. We are still waiting for our second grant funding request announcement re: the Department of Justice BJA grant. We should know by October 1.

c. PDMP Rules

M. Holt announced that this is still a body of work in process. Our hope and expectation is to have a set of draft rules for the December Council meeting.

d. Mandatory Registration Enhancement

M. Holt announced a new mandatory registration system enhancement. NH state law requires controlled substance prescribers to register with the NH PDMP. Up until now, the PDMP has not had a data driven mechanism to ensure that these practitioners are registered. Bamboo (our vendor) developed a reporting module which pulls data from both OPLC and the DEA and pairs those sources of data with PDMP registration data. This shows those practitioners that should be registered but who are not and will provide a list of names to potentially share with regulatory boards. This enhancement will give us a chance to ensure that everyone that should be registered, is in fact registered and also gives us an opportunity to work with the regulatory boards on how we make those referrals. This module was just rolled out and "we would like to come back to the December meeting and show some preliminary data based on role and volume of noncompliance." M. Holt recommended that the representatives from each licensing board bring this information back to their boards and let them know that we have the reports and will begin engaging them on how to share this information.

IV. Next Meeting Date:

December 18, 2023 – 3:00-5:00 pm

Rep. Merchant suggested the following agenda items for the December meeting:

- Mandatory Registration
- Stimulant Ad hoc Committee Report
- PDMP Rules

The meeting was adjourned at 4:42 p.m.

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