

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
PRESCRIPTION DRUG MONITORING PROGRAM  
121 South Fruit Street  
Concord, N.H. 03301-2412  
Telephone 603-271-3608 · Fax 603-271-3950

LINDSEY COURTNEY  
Interim Executive Director



**APPROVED FINAL MINUTES**

**PRESCRIPTION DRUG MONITORING PROGRAM ADVISORY COUNCIL  
PUBLIC MINUTES OF THE JUNE 15, 2020 MEETING.**

The June 15, 2020, meeting of the PDMP Advisory Council (the “Council”) convened at 3:04 p.m. via ZOOM meeting through the Office of Professional Licensing and Certification, 121 South Fruit Street, Concord, New Hampshire with the following members present and eligible to vote:

**Council Members Present:**

Chairman David Strang, MD, NH Medical Society  
Stephen Crawford, DVM, NH Board of Veterinary Medicine  
David DePiero, NH Hospital Association  
Kate Frey, Governor’s Commission on Alcohol & Other Drugs  
Robert Giuda, NH Senate  
Dennis Hannon, DDS, NH Board of Dental Examiners  
Joseph Harding, NH Department of Health and Human Services  
Gene Harkless, APRN, NH Board of Nursing  
Nicole Harrington, RPH, Commissioner, NH Board of Pharmacy  
Richard Osborne, NH House of Representatives  
Bradley Osgood, NH Police Chiefs’ Association  
Daniel Potenza, MD, NH Board of Medicine  
Annika Stanley-Smith, Governor’s Commission on Alcohol & Other Drugs  
Michael Viggiano, RPH, NH State Pharmacy Associations  
Thomas Worboys, NH Attorney General’s Office

**Council Members Absent:**

Joseph Guthrie, NH House of Representatives  
Donna Roe, DNP, APRN, BC, CEN, NH APRN Society  
Claire Timbas, DVM, NH Veterinary Medical Association  
VACANT, NH Dental Society

**Others in Attendance:**

Lindsey Courtney, Interim Executive Director, OPLC  
Michelle Ricco Jonas, Program Manager, NH PDMP  
Joanie Foss, Administrative Assistant, NH PDMP  
Mark Cioffi, Program Analyst, NH PDMP  
Kathie Bizarro-Thunberg, Lobbyist, NH Hospital Association

- I. The Chairman read a statement recommended by the Governor's office to all State agencies, boards, commissions, etc. during the Covid-19 crisis (see attachment at the end of the minutes). At the conclusion, M. Ricco Jonas called the roll to determine those in attendance.

D. Strang extended a special welcome to two new members, Gene Harkless from the NH Board of Nursing and Atty. Thomas Worboys from the NH Attorney General's office, replacing Atty. Sean Gill.

II. Review of April 20, 2020, Advisory Council Meeting Minutes

Motion to accept by S. Crawford. Second by D. DePiero. Discussion: None of substance. Vote: Unanimously approved. The following Council members abstained: K. Frey, D. Hannon, G. Harkless, R. Osbourne, A. Stanley-Smith, M. Viggiano, T. Worboys.

Review of April 27, 2020, Council Special Meeting Minutes

Motion to accept by S. Crawford. Second by D. DePiero. Discussion: None  
Vote: Unanimously approved. The following Council members abstained: K. Frey, D. Hannon, G. Harkless, R. Osbourne, A. Stanley-Smith, M. Viggiano, T. Worboys

III. E- Prescribing Applications – S. Crawford

S. Crawford shared information that he had learned from Dr. Ashley Morgan, DVM, CAE of the American Veterinary Medical Association, re: e-prescribing applications. As regulations were drafted in 2010, ten years ago, the DEA does not endorse a specific company's e-prescribing product, but instead lists required product specifications. Third party auditors are used to review specific products in the market place, to ensure a given product meets the required specifications.

D. Strang will follow up with Rep. Merchant (sponsor of this session's e-prescribing bill) to see what he/the BOP knows about 3<sup>rd</sup> party approval.

N. Harrington also offered to follow up with her company's resources. This topic will be revisited at the next meeting

IV. High Risk Indicators as Part of an Opioid Death Review – J. Harding & M. Ricco Jonas

This was an ongoing discussion from April 20<sup>th</sup> Advisory Council meeting. The outcome of the discussion today was to see how the PDMP could work with the Office of Chief Medical Examiner (OCME or ME) to obtain the following data:

1. Patients utilizing multiple prescribers and/or pharmacies for controlled substances
2. Patients receiving high morphine milligram equivalency (MME)
3. Patients receiving concurrent prescriptions for opioids and benzodiazepines

M. Ricco Jonas shared information from meetings/discussions with the ME's office. Currently, the OCME reviews the PDMP for a brief timeframe leading up to a decedent's death, to determine if they were taking any controlled substances prior to their death. It was asked if they look at the whole three years' worth of available data to see if there are

any trends of risk factors that could have contributed to the misuse of controlled substances that then led to addiction and/or the possible use of illicit drugs that led to their disease, possible overdoses and their ultimately death. Working with the ME's office to obtain this type of information, would assist in analyzing data that could inform public health agencies with prevention, intervention and treatment services.

There was additional conversation as to how their investigation into a death unfolds, which includes that of county level investigators. It may be helpful to develop a system with the OCME that would allow these investigators to become delegates so they could assist in gathering this information from the PDMP and incorporate this in a standardized reporting system back to the OCME. From this report, data could then be shared with the PDMP on the high risk indicators that we are following and trying to reduce. The conversation also showed that a training with ME's office would be needed as they have many new staff members.

The Council concluded this would be a good starting point

V. SB 744: Creation of a Drug Overdose Fatality Review Commission - L. Courtney and D. Strang

D. Strang stated he had learned of SB 744 at last week's meeting (June 8) of the Opiate Prescribing Advisory Council OPAC (of which he and M. Ricco Jonas are members). This bill would establish the above Commission and it was explained by Atty. David Mara, OPAC Chair, that it was expected that OPLC would provide PDMP data to facilitate their reviews. Since it's introduction in the Senate, it has been rolled into HB 1639. L. Courtney reviewed the bill's language and does not think that the transfer of PDMP data would be allowed under current NH law. D. Strang confirmed that the bill's language is rather broad and non-specific. It states:

“The commission may request the information and records from any of the following:

(A) A provider of medical, dental or behavioral health care.

(B) Any state or a political subdivision of this state that might assist the commission in reviewing the fatality.”

D. Strang noted that neither OPLC, the PDMP nor the Advisory Council would have a seat on this Commission. He asked the Council members if they had similar concerns with this expected transfer of data (when requested) and if they felt contact with the bill's sponsors now was recommended, to alert them to those concerns.

M. Ricco Jonas asked why the proposed Commission couldn't get this information from the ME's office, which does have access to PDMP data and also has a seat on the Commission?

L. Courtney stated that under RSA 318:B, the ME's office has legal access to query the PDMP, but could then only share the data beyond their immediate need (i.e. autopsy/death investigation) if they were given legal authority from the person(s) who can provide that (spouse, family, etc.). She asked what is the Council's view on sharing data with this Commission and what/how they would use this data for?

K. Bizarro-Thunberg stated that this bill is now part of HB 1639 and since it is part of a larger, more comprehensive package, is likely to pass.

Kate Frey stated this would not be the only fatality review board in the State. Language from these other groups went into the writing of this legislation and the Commission membership was intended to include the ME's office and other active review boards.

L. Courtney feels this would be a valuable review board. None-the-less, she is concerned that there does not seem to be statutory language that would allow access to PDMP data. Access by the ME's office may be the best way (with the correct processes in place) to allow the proposed Commission to use PDMP data.

R. Osborne thought the House would be voting on this bill on June 30<sup>th</sup> and felt that if there were things that needed to be discussed, it could be helpful to bring them up now, but possibly at some risk for the bill in general.

J. Harding emphasized that the PDMP/A.C. should not take a position on this legislation, but look only for clarification. G. Harkless agreed with this point (not taking a position).

**VOTE:** Motion for D. Strang to make Atty. Mara aware and possibly the sponsors of this legislation, that PDMP data for review by the proposed Drug Overdose Fatality Review Commission could only be accessed through the OCME.

Motion by M. Viggiano. Second by J Harding. Vote: Unanimously approved, 14-0

#### VI. Pharmacies Changing the Days' Supply on a Prescription – D. Strang

D. Strang explained that when he received his 3<sup>rd</sup> quarter 2019 "Prescriber Report Card," he was listed as writing for a 7-day supply of an opiate, outside that of the recommended 3 days maximum supply for an Emergency Physician. As he does not write for more than a 3 day supply, he contacted the pharmacy that had filled the prescription and the covering pharmacist indicated the change was likely made to ensure coverage by the insurer.

He is concerned that this creates several important consequences. First and foremost, it invalidates the days supply, an important data item within the PDMP. It may also falsely look as though the patient has overlapping prescriptions when they don't. Finally, it may inappropriately put a prescriber under a microscope, by creating the false impression that they are prescribing outside of their peer group.

D. Strang stated that it would be difficult (if not impossible) to determine how often this was happening, but given we know it is happening, he felt it should be addressed. How do we pursue this? At the April meeting, M Ricco Jonas offered to have a conversation with the Dept of Insurance and/or the Board of Pharmacy (BOP). Do we provide more specific instructions on the Rx (i.e. specifically list the number of days' supply on the Rx so there is no ambiguity)? Where do we go from here?

When it comes to determining the days' supply on a "prn" prescription, M. Viggiano stated that pharmacists were taught in school to use the maximum dose in the shortest

period of time. Therefore, 1-2 tabs every 4-6 hr prn would translate to 2 tabs every 4 hr.. Pharmacists do have the option to work with the patient based on their tolerance of the pain. When there is an insurance edit, there a number of things that come back and must then be interpreted that requires the pharmacist to figure out what is best for the patient's care and best way to proceed. This should include aligning any changes in the prescription with the provider.

N. Harrington stated the BOP was meeting in two days and that she will speak with Helen Pervanas (BOP President) to see if the this topic could be included on their agenda, primarily to see if the BOP or the Exec. Director of the Board should send out a letter to the State's pharmacies/pharmacists addressing this concern.

PDMP General Updates:

M. Ricco Jonas stated that the OPLC offices were being re-located. There is no definitive new location at this time. The only information at this time is that it will be somewhere in Concord. The PDMP and other OPLC staff have been tasked with packing. It is anticipated that the move will take place by the end of the month.

M. Ricco Jonas also shared that the Memorandum of Understanding (MOU) between OPLC & the NH Department of Justice, as well as \$83,395 for the purpose of maintaining staffing and enhancing operations of the PDMP, were approved by Governor and Council on May 6, 2020, retroactively, from April 1, 2020, through June 30, 2021.

M. Ricco Jonas shared that the MOU between the NH Department of Health and Human Services and OPLC/PDMP, which includes an accept and expend approval of \$989,543 from the Center of Disease Control - Opioid Overdose Crisis Cooperative Agreement Supplement (OPIS S2) for the enhancement of the PDMP Program, was approved by Governor and Council on June 10, 2020, retroactively from April 1, 2020 through June 30, 2021

M. Ricco Jonas stated that a contract enhancement between OPLC/PDMP and APPRISS was approved by Governor and Council on June 10, 2020. This contract is also now extended to January 31, 2021.

M. Ricco Jonas stated that with the addition of Rx Check, the PDMP is now connected to both interstate data sharing hubs (PMPi and Rx Check). This allows the PDMP to connect with those States which only have interstate connection through the Rx Check Hub (currently 10 states). This includes Florida, which has long been on our list of states with which to share data, which has requested that we connect only through the Rx Check hub.

VIII. Next **Meeting: August 17, 2020; 3:00 – 5:00 PM**

G. Harkless motioned to adjourn the meeting at 4:56 PM. D. DePiero seconded the motion. The Council voted unanimously to adjourn the meeting at 4:56 PM.