



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #561

Prescription Drug Monitoring Program (Safety and Professional Services -- Regulation of Professions)

[LFB 2017-19 Budget Summary: Page 405, #7]

CURRENT LAW

Overseen by the Controlled Substances Board (CSB) in the Department of Safety and Professional Services (DSPS), Wisconsin's Prescription Drug Monitoring Program (PDMP) is a web accessible database which assists health care professionals in making prescribing and dispensing decisions by providing them with information about controlled substance prescriptions dispensed in the state. The primary purpose of the PDMP is to improve patient care and safety, and to reduce the abuse and diversion of prescription drugs, while ensuring patients with a legitimate medical need for the drugs are not adversely affected.

Under the program, pharmacies and practitioners who dispense monitored prescription drugs, including some out-of-state dispensers, are required to submit specified information to the program by the end of the business day following the day a drug is dispensed. These submitted data are standardized, cleansed, and made available to authorized users, such as prescribers, pharmacists, regulatory boards, and law enforcement agencies. Monitored drugs include state and federally controlled substances in Schedule II, III, IV, or V that require a prescription order to be lawfully dispensed. Practitioners are also required to check the PDMP before issuing a prescription order for a monitored substance, with limited exceptions.

The development and deployment of the PDMP database is funded by various federal grants, while the PDMP staff is funded by DSPS program revenue. Currently, the PDMP is staffed with 2.0 PR positions. This staffing level has been the same since the PDMP was originally deployed in 2013.

GOVERNOR

Provide \$518,300 PR annually and 5.0 PR four-year project positions, beginning in 2017-18, to increase support for the PDMP.

DISCUSSION POINTS

1. The PDMP was primarily created as a response to the continuing problem of prescription opioid abuse in Wisconsin, a problem which has been described by the federal Centers for Disease Control and Prevention (CDC) as a national epidemic. According to the CDC, the rate of deaths in the United States due to opioid overdose quadrupled between 1999 and 2015. In Wisconsin, opioid-related deaths more than tripled from approximately 194 deaths in 2003 to 614 deaths in 2015. Prescription opioid painkillers have been identified as playing a key role in this epidemic, with sales of opioid pain medication increasing in parallel with opioid-related overdose deaths. Of the 614 opioid overdose deaths reported in Wisconsin in 2015, 384 involved prescription opioids.

The goal of the PDMP is to reduce the abuse of prescription opioids and other controlled substances by tracking their dispensation throughout the state and giving medical providers and law enforcement access to the data.

2. Over the past several years, PDMPs have become widely adopted by states and increasingly utilized for clinical and law enforcement purposes. As of April, 2017, every state other than Missouri has implemented a PDMP in some form, although there is variation among different states' programs in regards to their functionality and the legal requirements for data access and reporting. The CDC's recently updated *Guidelines for Prescribing Opioids for Chronic Pain* encourages physicians to review a patient's history of opioid and other controlled substance prescriptions using PDMP data to check for large dosages or prescriptions from other providers to determine whether the patient is at a heightened risk of overdose.

3. Academic studies on the use of PDMPs have generally found them to be effective at reducing the amount of opioids prescribed, as well as the harm associated with their dispensation. A 2016 study from Cornell University analyzed prescribing patterns in 24 states from 2001 to 2010, and found that the implementation of a PDMP was linked with an approximately 30 percent reduction in the prescribing rate of Schedule II opioids. Similarly, a 2016 study from Vanderbilt University found that a state's implementation of a PDMP was associated with an average reduction of 1.12 opioid-related overdose deaths for every 100,000 people in the year after implementation.

4. Originally authorized by 2009 Wisconsin Act 362, Wisconsin's PDMP first became operational in 2013. This legislation created the requirement for pharmacists and physicians to create a record of each dispensation of a prescription drug, and allowed these practitioners to consult with the PDMP prior to dispensing a prescription. Subsequent legislation made alterations to, and broadened the scope of, the PDMP. 2015 Act 55, the biennial budget bill, transferred the operation of the PDMP from the Pharmacy Examining Board to the CSB and authorized the CSB to refer to the appropriate board for discipline, or a law enforcement agency for investigation and prosecution, a

pharmacist, pharmacy, or practitioner that fails to comply with the rules of the PDMP, including failure to generate a record required by the program.

5. 2015 Act 266 added additional requirements for providers to report to and consult with the PDMP. Under the act, a pharmacy or practitioner who dispenses a monitored prescription drug must submit a record to the CSB no later than 11:59 p.m. of the next business day after the monitored prescription drug is dispensed. In addition, the act requires pharmacies or practitioners to review a patient's PDMP record before issuing a prescription to that patient, with some limited exceptions. 2015 Act 268 required that if a law enforcement officer found a prescription medicine container in the vicinity of a suspected controlled-substance violation, drug overdose, or death, or if a controlled-substance prescription was reported stolen, they must report this information to the PDMP.

6. The Department indicates that the added requirements imposed by recent legislation have created additional work beyond the capacity of the two program and policy analyst positions currently budgeted for the program, and that additional position authority is necessary to adequately carry out the functions of the PDMP as required in current law. According to the Department, these additional workload requirements include providing support for the approximately 100,000 healthcare professionals that were granted access to the PDMP under Act 266, as well as an approximately 500% increase in the number of reporting requests from law enforcement and other government agencies.

7. Of the five additional positions that would be provided under the bill, two are intended to augment the operations and administration of the PDMP to help with the additional workload associated with the recent expansions in the scope of the program. These positions, an office program associate and an information systems (IS) data specialist, would create, run, and distribute reports, as well as ensure that data submitted to and reported from the PDMP is timely and accurate.

The Department has requested that these be implemented as project positions, rather than permanent positions. DSPS indicates that it is still determining the exact level of staffing necessary for compliance with the recent PDMP legislation and that it desires the ability to review the positions and determine staffing needs. If the Department determines that the positions are needed on an ongoing basis, DSPS could request that the project positions in the bill be converted to permanent positions in the future. Under the Governor's bill, the positions will expire June 31, 2021.

8. The other three positions, an attorney and two investigators, would be located in the Division of Legal Services and Compliance, and would work on investigating and prosecuting cases of critically dangerous conduct by a prescriber or pharmacy identified by the Controlled Substances Board in accordance with 2015 Act 55.

These positions are also four-year project positions, and are proposed as a part of a PDMP pilot project. DSPS intends for these positions to make use of PDMP-generated data to review prescribers and pharmacies, as well as to conduct follow-up investigations when suspicious activity is identified. At the end of the four-year period, DSPS intends to review the pilot project to determine if the project should continue.

9. The costs related to the development and maintenance of the PDMP's IT infrastructure, including software, hardware, data warehousing, subscriptions, license agreements, and software maintenance, are funded through federal grants. These include grants from the U.S. Department of Justice's Harold Rogers Prescription Drug Monitoring Program and the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration. In state fiscal year 2015-16, DSPS spent approximately \$572,500 in federal grants on the PDMP.

10. Other costs associated with the PDMP, which include salary and fringe benefits for the program's two permanent positions as well as supplies and services not covered by federal grant funding, are paid for with the Department's program revenue. In 2015-16, DSPS spent approximately \$252,600 in program revenue on the PDMP.

The positions would be funded from an appropriation that supports regulatory functions of the Medical Examining Board and attached affiliated credentialing boards. The program revenues are primarily derived from credentials issued under Chapter 448 for medical professionals.

11. The bill would provide twelve months of salary and fringe benefits funding for the 5.0 positions. However, the Department of Administration's Technical Budget Instructions direct agencies to budget funding for new positions for a maximum of nine months in the first year of the biennium, under the assumption that agencies can only begin the hiring process for any new positions once the bill has been enacted. If the Committee chooses to authorize the 5.0 positions recommended by the Governor, salary and fringe benefit funding for these positions should be reduced by \$92,000 PR in 2017-18 to budget the new positions for nine months, rather than 12 months, in 2017-18. This funding adjustment has been incorporated into Alternative 1.

ALTERNATIVES

1. Adopt the Governor's recommendation to provide 5.0 PR positions annually to increase staff support for the operations of the PDMP. Reduce funding in the bill by \$92,000 PR in 2017-18 to budget the new positions for nine months, rather than 12 months, in 2017-18.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	\$944,600	5.00	- \$92,000	0.00

2. Delete provision.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
PR	\$0	0.00	- \$1,036,600	- 5.00

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