Implementation Status of HB 14-1283 (Concerning Modifications to the Prescription Drug Monitoring Program)

January 12, 2015

The purpose of this memorandum is to inform stakeholders of the implementation status of HB 14-1283 regarding modifications to the Prescription Drug Monitoring Program ("PDMP"). Detailed below is each individual modification to the PDMP made from HB 14-1283 followed by corresponding summaries regarding the status of implementation, related activity regarding the PDMP not necessarily reflected in HB 14-1283 followed by corresponding summaries regarding the status, as well as statistical data related to the utilization of the PDMP in 2014.

Implementation Status of HB 14-1283

1. The PDMP may provide unsolicited reports (or "Push Notices") to both prescribers and pharmacists when patients visit a certain number of prescribers and pharmacies to obtain a controlled substance over a certain period of time:

   On October 28, 2014, the first round of push notices were sent to affected prescribers and pharmacies. Since that time, push notices have been sent in November and December 2014.

2. Mandatory PDMP registration for pharmacists and Drug Enforcement Administration ("DEA") registered prescribers who are licensed by the Division of Professions and Occupations:

   Approximately 85% of all applicable licensees (those with a DEA registration) have registered a user account with the PDMP. Most individual boards are at or above a 90% registration rate. The Division has sent letters to licensees who still need to comply. This takes into account all prescribers who are not registered with the DEA and therefore are not required to register a PDMP user account.

3. A Delegated authority to delegate access to the PDMP to agents of prescribers and pharmacists:

   As of January 5, 2015, each prescriber and pharmacist who has registered a user account with the PDMP may delegate access to up to 3 agents by way of creating a sub-account with the PDMP under the corresponding prescriber's or pharmacist's account.

3. Direct access to the PDMP by the Colorado Department of Public Health & Environment ("CDPHE") for public health and research purposes:

   Administrative PDMP access was provided to CDPHE on November 18, 2014, and PDMP training was provided on November 21, 2014.

4. Permissive authority for federally owned and operated pharmacies to submit controlled substance dispensing data into the PDMP:

   On November 4, 2014, pharmacies owned and operated by the U.S. Department of Veterans Affairs in Denver, Grand Junction, Pueblo and Colorado Springs began submitting controlled substance dispensing data into the PDMP. The Division will continue to work with other federal agencies, such as the Indian Health Service, to submit data.

5. Creation of a PDMP Task Force to examine issues, opportunities, and weaknesses of the program, and to make recommendations on ways to make the PDMP a more effective tool to reduce prescription drug abuse in Colorado:

On July 24, 2014, Executive Director Barbara Kelley sent a formal letter to the Colorado Consortium to Reduce Prescription Drug Abuse inviting the consortium to serve as the task force. Since that time, the consortium has been engaged in this regard, and anticipates submitting its first report by July 1, 2015.

Related Activity Regarding the PDMP

1. Daily reporting to the PDMP by in-state and nonresident pharmacies:

Effective October 15, 2014, Pharmacy Board rulemaking went into effect which requires all in-state and nonresident pharmacies registered by the Pharmacy Board to submit controlled substance dispensing data into the PDMP on a daily basis. Before that time, pharmacies were only required to submit such data twice monthly.

2. Enhancements to PDMP Interface:

Effective January 5, 2015, enhancements were made to the PDMP's interface by its vendor which include: (a) fewer clicks from the main public PDMP website to the log-in page; (b) an easier downward flow to query patient information as opposed to jumping up and down from various parts of a page to query the same information; (c) a decrease in the amount of time to obtain information based on enhancements to the capacity of the interface; (d) the ability to reset a password and username without having to call a helpdesk; and (e) morphine equivalent dosing for all opioid controlled substances prescribed.

3. Educational outreach efforts:

Since HB 14-1283 became law in May 2014, numerous educational outreach efforts have taken by the Division of Professions and Occupations which include, among others, on-site presentations, webinars, various e-blasts (informing licensees of both user account registration requirements and highlights to HB 14-1283), postcard mailings, brochures, affected regulatory board website updates, stakeholder feedback from affected boards and others regarding the setting of push notice thresholds, and a video highlighting the importance of the PDMP.

Statistical Data Regarding the Utilization of the PDMP

Between July 2014 and December 2014, the utilization increased from 41% to 56% (more than a one-third increase during this short period of time since HB 14-1283 was enacted).

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Prescriptions Dispensed	722,964	629,701	658,044	638,726	638,577	601,895	633,952	592,510	616,317	591,235	509,238	585,587
Patients Receiving Prescriptions	467,922	422,939	434,744	422,787	417,691	402,576	415,673	399,140	414,032	395,274	352,749	400,676
Queries Performed	168,938	154,904	164,264	166,187	163,614	159,681	169,387	169,913	174,301	211,241	196,817	223,043
Overall Utilization Rate (Patients Receiving Prescriptions Relative to Queries performed)	36%	37%	38%	39%	39%	40%	41%	43%	42%	53%	56%	56%