

**2016 HAROLD ROGERS PRESCRIPTION
DRUG MONITORING PROGRAM
NATIONAL MEETING**

**NATIONAL LEGISLATIVE UPDATES:
HIGHLIGHTS OF 2016**

**AUGUST 18, 2016
SHERRY L. GREEN**

ADDITIONAL MONITORED SUBSTANCES

- Ephedrine and pseudoephedrine dispensed by prescription/drug order
 - ✓ Indiana (2016)
- Opioid antagonists/naloxone
 - ✓ West Virginia (2016)
- As of 1/1/18, all prescribed substances
 - ✓ Nebraska (2016)

- Snapshot

- ✓ Schedules II, III, IV - All states + D.C.
- ✓ Schedule V - 35 states + D.C. until 7/17/17 when Alaska monitors only Schedules II – IV under federal law
- ✓ Designated substances
 - Ephedrine/pseudoephedrine - Indiana
 - Opioid antagonists/naloxone - West Virginia
 - Drugs of concern – 17 states + D.C.
- ✓ All prescriptions - Nebraska

INCREASED FREQUENCY OF REPORTING

- Daily/next business day/24 hours
 - ✓ Connecticut, Maryland, Nebraska, New Hampshire, Rhode Island, Tennessee, Vermont, Virginia, Wisconsin (2016; effective dates vary)
 - ✓ Rhode Island – dispensing of opioids
- Weekly
 - ✓ Alaska (2016; eff. 7/17/17)

- Snapshot
 - ✓ Real time - Oklahoma
 - ✓ Daily/next business day/24 hours - as of 4/1/17, 33 states + D.C.
 - ✓ Weekly/8 days - as of 7/17/17, 11 states
 - ✓ 3 days/72 hours – 4 states

NON-PMP INFORMATION REPORTED TO PMP

- Deaths involving overdoses
 - ✓ Tennessee, Utah, Wisconsin (2016)
- Admissions to hospitals for overdoses
 - ✓ Utah (2016)
- Instances/experiences of opioid-related overdoses
 - ✓ Wisconsin 2016)

- Convictions for DUI or driving while impaired
 - ✓ Utah (existing law)
- Convictions for specified violations of controlled substances/prescription drug laws
 - ✓ Utah (2016)
- Suspected violations
 - ✓ Wisconsin (2016)

- Reports of stolen prescriptions
 - ✓ Wisconsin (2016)
- Patient's voluntary non-opiate directive
 - ✓ Massachusetts (2016)

EXPANDED ACCESS – DELEGATES

- New authority
 - ✓ Alaska, Florida, Georgia, Hawaii, New Hampshire (2016)
- Modified existing authority
 - ✓ Idaho, Connecticut, Virginia, Maryland, Minnesota
- Snapshot
 - ✓ 48 states + D.C.

EXPANDED ACCESS – NEW AUTHORIZED USERS

- Medical examiner/coroner
 - ✓ Alaska, Hawaii, Idaho, Indiana, New Hampshire, Utah (2016)
- State Medicaid and CMS
 - ✓ Georgia (2016)
- Medicaid managed care physician/pharmacist
 - ✓ Virginia (2016)

- Prescriber/dispenser consulting on treatment
 - ✓ Virginia (2016)
- Temporary medical fellowship permittee
 - ✓ Indiana (2016)
- Substance abuse counselor/ individual authorized to treat
 - ✓ Wisconsin (2016)
- Impaired practitioner consultant
 - ✓ Florida (2016)

- Health care facilities
 - ✓ Washington (2016)
- Health care provider groups of 5 or more providers
 - ✓ Washington (2016)
- Board member monitoring licensee on probation
 - ✓ Utah (2016)
- Probation or parole officer
 - ✓ Utah (2016)

- Diversion committee member
 - ✓ Utah (2016)
- Legal, communications, and analytical employees
 - ✓ Oklahoma (2016)
- Third party designated by patient to receive notice that patient received controlled substances on a specific date
 - ✓ Utah (2016)

MANDATED REGISTRATION

- New requirement
 - ✓ Alaska, Hawaii, Maryland, Minnesota (2016)
- Added requirement for pharmacists
 - ✓ Maine, Mississippi (2016)
- Automated registration
 - ✓ Hawaii, Maine, Rhode Island (2016)

- ✓ As part of controlled substances registration or upon application or renewal of license/authority
- Snapshot
 - ✓ 30 states

MANDATED USE

- New requirement
 - ✓ Alaska, Maine, Maryland, New Hampshire, Utah, Wisconsin (2016)
- Added circumstances requiring check of PMP
 - ✓ Arizona, Connecticut, Indiana, Massachusetts, New Mexico, Rhode Island, Vermont, Virginia, West Virginia (2016)

- Common new triggers for check
 - ✓ Prescribing/dispensing opioids
 - ✓ Prescribing/dispensing benzodiazepines
 - ✓ Prescribing/dispensing Schedule II or III narcotic
- Common new timeline for subsequent checks
 - ✓ 90 days
- Snapshot
 - ✓ 33 states

INTEGRATION OF PMP DATA

- Use of health/pharmacy IT systems to access PMP data
 - ✓ Arizona, Iowa, Oregon, Rhode Island, Utah (2016)
- Reconcile requirements for PMP data and other health information
 - ✓ Credentialing, access, use, and disclosure
 - ✓ Storage and presentation
- Secured access and confidentiality

10 Gram of Fentanyl HCL 98.3%

This listing is for 1 gram of Fentanyl. Its is directly from our source and comes with tracked postage. It is shipped the best way possible to ensure if passes every cust are very good if you want to profit on it. By ordering from us you are cutting out the middleman who wants to charge extreme ridiculous prices. The quality will be a lot b

Sold by [banditbrothersreborn](#) - 7 sold since Dec 27, 2015

Vendor Level 2

Trust Level 4

	Features		Features
Product class	Physical package	Origin country	China
Quantity left	Unlimited	Ships to	Worldwide
Ends in	Never	Payment	Escrow

UK First Class - 2 days - USD +3.00 / item
UK First Class - 2 days - USD +3.00 / item
EU Airmail - 4 days - USD +6.69 / item
USA Airmail - 6 days - USD +6.69 / item
AUS Airmail - 8 days - USD +7.00 / item
Elsewhere Airmail - 11 days - USD +7.00 / item

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s directly from our source and comes with tracked postage. It is shipped the best way possible to ensure if passes every customs without fail. The prices for this are ve middleman who wants to charge extreme ridiculous prices. The quality will be a lot better or match those who currently sell on the darknet. This is ideal for those who w ting. The pictures on this listing shows the HNMR, HPLC and the MS tests for this one batch that we had especially made for us. Do not be fooled by the prices. Yes we this product/batch is shown to you in the pictures. If you understand lab results you will understand the photos. If you have any questions that can be answered by looki

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By BlackShark300 (100.0%) Level 1 (14)

0 4.5550 / BTC 4.5550

In stock.

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- Escrow Yes, escrow by RealDeal is available.
- Class Digital
- Ships From Worldwide

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Description

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1512 rdp servers city:
United States;Lander
United States;Cheyenne
United States;Charleston
United States;Parkersburg
United States;Osceola
United States;Milwaukee
United States;Douman

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COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016 (CARA)

- Pub. Law 114-198 (7/22/16)
- Reauthorized NASPER
 - ✓ Funds can be used for maintenance
 - ✓ Submission of plan to integrate PMP data into prescriber/pharmacist workflow
 - ✓ Information on joint work with substance abuse agency

- ✓ Facilitate prescriber/dispenser use of PMP
- ✓ Educate prescribers/dispensers on benefits of PMP
- Comprehensive Opioid Abuse Grant Program
 - ✓ U.S. Attorney General
 - ✓ State can use funds to develop, implement or expand a PMP
 - Collects and analyzes Schedules II – IV controlled substances

- Provides interstate data sharing
- Comprehensive Opioid Abuse Response Grants
 - ✓ U.S. Secretary of Health
 - ✓ State response plan may include establishing, maintaining, or improving a PMP
 - Track dispensing of Schedules II – IV controlled substances
 - Provide for interstate data sharing

- Allow all state authorized prescribers of Schedules II – IV controlled substances to access PMP
- ✓ Priority considerations
 - Ensures interstate data sharing capability
 - Ensures regular updating of data in PMP
 - Ensures notice to prescribers/dispensers of possible overuse/misuse by patients
 - Statutes or policies that maximize use of PMP by state authorized prescribers of Schedules II – IV controlled substances

- ✓ Secretary of Health to report to Congress on state laws/policies that maximize use of PMP
- ✓ County or other unit of local government shall be treated as a state if no state PMP
- Programs to prevent prescription drug abuse under Medicare
 - ✓ Secretary of Health shall authorize Medicare drug integrity contractors to respond to information requests from PMPs to help prevent fraud, waste, and abuse

- Department of Veterans Affairs – Opioid Therapy and Pain Management
 - ✓ Secretary of Veterans Affairs shall issue guidance for health care providers
 - Before initiating opioid therapy, use Opioid Therapy Risk Report tool or subsequent tool
 - Tool shall include PMP information on patient
 - ✓ Secretary shall ensure health care providers have access to PMPs

- ✓ Secretary shall require health care providers to submit information on prescribed controlled substances received by veterans to PMPs
- ✓ 38 U.S.C. 5701(1) changed to require mandatory disclosure of certain veteran information to PMPs

PRESCRIPTION DRUG MONITORING ACT OF 2016

- S. 3209 introduced by Senator Klobuchar on 7/13/16
- 2 years after enactment, Harold Rogers or SAMHSA state grantees shall require:
 - ✓ All prescribers and designees to check PMP before prescribing a Schedule II – IV controlled substance
 - ✓ Every 3 months as long as treatment continues
 - ✓ Proactive notice to practitioner of patterns of misuse
 - ✓ Require 24 hour reporting

- ✓ PMP make available quarterly de-identified set and annual report for public and private use
- Attorney General or Secretary of Health may withhold grant funds for noncompliance
- 2 years after enactment, each grantee state shall be interoperable through data sharing single technology solution
- Attorney General in coordination with Secretary of Health shall award grant for interstate data sharing single hub

- Hub shall:
 - ✓ Allow states to own data
 - ✓ Provide source of de-identified data
 - ✓ Allow access to data without user fee
 - ✓ Conform with standards of PMIX
- Hub shall not:
 - ✓ Disclose PMP data without written consent of PMP
 - ✓ Limit disclosure approved by PMP

EXPANDING ACCESS TO PRESCRIPTION DRUG MONITORING PROGRAMS

- S. 2479 introduced by Senator Blumenthal on 2/2/16
- Harold Rogers and SAMHSA grantees shall demonstrate that PMP data is available to all state authorized prescribers of Schedule II – IV controlled substances

CONTACT INFORMATION

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