APhA2020
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American Pharmacists Association
House of Delegates – National Harbor, Maryland

To be completed by the Office of the Secretary of the House of Delegates

Item No.: 3
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NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: William "Chris" Charles
(Name)

1/21/2020 **APhA Academy of Pharmacy Practice and Management (APhA-APPM)**
(Date) **(Organization)**

Subject: Integrated Nationwide Prescription Drug Monitoring Program

Motion: To amend and to add a new statement to existing policy statement on *Integrated Nationwide Prescription Drug Monitoring Program (2015)*:

AMEND Current Statement #1:

1. APhA ~~supports~~ advocates for nationwide integration and uniformity of prescription drug monitoring programs (PDMP) that incorporate federal, state, and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances.

ADD a new statement #8:

8. APhA opposes laws and regulations that may place an onerous burden on pharmacies by mandating system query prior to dispensing a controlled substance.

Background:

We would like to amend statement #1 of the Integrated Nationwide Prescription Drug Monitoring Program 2015 (henceforth referred to as the 2015 Policy) to more accurately reflect the current challenges with PDMP's utility in helping pharmacists address the opioid crisis. In order to maximize its utility the state based PDMPs need to be integrated and uniform nationwide rather than regionally.

We are leaving statements #2 through 7 of the 2015 Policy as originally written as they are still pertinent and needed.

We are adding statement #8 to the 2015 Policy to address a concerning trend in state legislation mandating pharmacists check the PDMP before dispensing controlled substances. We understand the benefit of reviewing the PDMP prior to dispensing a controlled substance; however, mandates are disruptive to the dispensing process. Mandating review of the PDMP would require an additional task in an already complicated process. Due to declining prescription drug reimbursements, pharmacies have been forced to reduce staffing levels in order to stay in business. Adding an additional step to every controlled substance prescription a pharmacy dispenses would significantly increase workload potentially leading to an increase in dispensing errors.

Currently, pharmacists are trained to recognize 'red flags' and react accordingly, including checking the PDMP, verifying the prescription by calling the prescriber, and notifying law enforcement officials if needed. Typical practice includes checking the PDMP for new patients, new prescriptions, and any 'red flags'; once a consistent, reliable pharmacist-patient relationship is established, checking the PDMP generally occurs on a periodic basis rather than with every prescription. Mandating pharmacies check the PDMP with every prescription limits our ability to offer a high-quality service to our patients in a timely fashion. We believe the pharmacist has the right to decide when it is necessary to check the PDMP.

The American Medical Association does not have an official position regarding mandatory system query; however, they do have one that states they will work to ensure it "does not place an onerous burden" on physician practices[1].

1. American Medical Association Policy H-95.929. Support for Prescription Drug Monitoring Programs. Available at: https://policysearch.ama-assn.org/policyfinder/detail/prescription%20drug%20monitoring?uri=%2FAMADoc%2FHOD-95.929.xml. Accessed 4 November 2019.

Current APhA Policy & Bylaws:

2015 Integrated Nationwide Prescription Drug Monitoring Program

1. APhA supports nationwide integration of prescription drug monitoring programs (PDMP) that incorporate federal, state, and territory databases for the purpose of providing health care professionals with accurate and real-time information to assist in clinical decision making when providing patient care services related to controlled substances.

2. APhA supports pharmacist involvement in the development of uniform standards for an integrated nationwide prescription drug monitoring program (PDMP) that includes the definition of authorized registered users, documentation, reporting requirements, system response time, security of information, minimum reporting data sets, and standard transaction format.

3. APhA supports mandatory prescription drug monitoring program (PDMP) enrollment by all health care providers, mandatory reporting by all those who dispense controlled substances, and appropriate system query by registrants during the patient care process related to controlled substances.

4. APhA advocates for the development of seamless workflow integration systems that would enable consistent use of a nationwide prescription drug monitoring program (PDMP) by registrants to facilitate prospective drug review as part of the patient care process related to controlled substances.

5. APhA advocates for continuous, sustainable federal funding sources for practitioners and system operators to utilize and maintain a standardized integrated and real-time nationwide prescription drug monitoring program (PDMP).

6. APhA supports the use of interprofessional advisory boards, that include pharmacists, to coordinate collaborative efforts for (a) compiling, analyzing, and using prescription drug monitoring program (PDMP) data trends related to controlled substance misuse, abuse, and/or fraud; (b) providing focused provider education and patient referral to treatment programs; and (c) supporting research activities on the impact of PDMPs.

7. APhA supports education and training for registrants about a nationwide prescription drug monitoring program (PDMP) to ensure proper data integrity, use, and confidentiality.

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 19, 2020** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.