



COMMONWEALTH OF VIRGINIA

Meeting of the Virginia Prescription Drug Monitoring Advisory Panel

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Henrico, Virginia 23233

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Agenda of Meeting

March 2, 2016

10:00 AM

Board Room 4

TOPIC

Call to Order: Hughes Melton, M.D., Chairman

- Welcome and introductions
- Reading of emergency evacuation script: Ralph Orr
- Approval of Agenda
- Approval of minutes

Public Comment:

Department of Health Professions Report: David E. Brown, D.C., Director

Legislation and Regulation Update: Elaine Yeatts

Update on Utilization of PMP Data:

Phase II: Neal Kauder, VisualResearch, Inc.

PBSS Measures: Overview Ralph Orr

Health and Criminal Justice Data Committee Update: Ralph Orr

Research Requests Review: Update

Program Update:

- Automated Registration Update
- Interoperability and Integration update
- Program Statistics

New Business

Adjourn

Prescription Monitoring Advisory Committee

Report of the 2016 General Assembly

HB 293 Prescription Monitoring Program; requirements of prescribers of benzodiazepine or opiates.

Chief patron: Herring

Summary as passed House:

Prescription Monitoring Program; requirements of prescribers of benzodiazepine or opiates.

Requires a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than 14 consecutive days. Currently, a prescriber must request such information when a course of treatment is expected to last 90 days. The bill also eliminates the requirement that a prescriber request information about a patient from the Prescription Monitoring Program when prescribing benzodiazepine; allows a prescriber to delegate the duty to request information from the Prescription Monitoring Program to another licensed, registered or certified health care provider who is employed at the same facility under the direct supervision of the prescriber or dispenser who has routine access to confidential patient data and has signed a patient data confidentiality agreement; and creates an exemption from the requirement that a prescriber check the Prescription Monitoring Program for cases in which (i) the opioid is prescribed to a patient currently receiving hospice or palliative care; (ii) the opioid is prescribed to a patient as part of treatment for a surgical procedure, provided that such prescription is not refillable; (iii) the opioid is prescribed to a patient during an inpatient hospital admission or at discharge; (iv) the opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy; (v) Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or (vi) the prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record. The bill requires the Director of the Department of Health Professions to report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on utilization of the Prescription Monitoring Program and any impact on the prescribing of opioids. The provisions of this act shall expire on July 1, 2019.

02/26/16 Senate: Constitutional reading dispensed (39-Y 0-N)

02/29/16 Senate: Read third time

02/29/16 Senate: Passed Senate (38-Y 0-N)

02/29/16 Senate: Reconsideration of Senate passage agreed to by Senate (38-Y 0-N)

02/29/16 Senate: Passed Senate (38-Y 0-N)

HB 657 Prescription Monitoring Program; indicators of misuse, disclosure of information.

Chief patron: O'Bannon

Summary as passed House:

Prescription Monitoring Program; indicators of misuse; disclosure of information. Directs the Director of the Department of Health Professions to develop, in consultation with an advisory panel that shall include representatives of the Boards of Medicine and Pharmacy, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and authorizes the Director to disclose information about the unusual prescribing or dispensing of a covered substance by an individual prescriber or dispenser to the Enforcement Division of the Department of Health Professions.

02/24/16 House: Impact statement from VDH (HB657ER)

02/24/16 House: Signed by Speaker

02/25/16 Senate: Signed by President

02/25/16 House: Enrolled Bill communicated to Governor on 2/25/16

02/25/16 Governor: Governor's Action Deadline Midnight, March 3, 2016

HB 829 Prescribers of covered substances; continuing education.

Chief patron: Stolle

Summary as passed House:

Prescribers of covered substances; continuing education. Authorizes the Director of the Department of Health Professions to disclose information to the Board of Medicine about prescribers who meet a certain threshold for prescribing covered substance for the purpose of requiring relevant continuing education. The threshold shall be determined by the Board of Medicine in consultation with the Prescription Monitoring Program. The bill also directs the Board of Medicine to require prescribers identified by the Director of the Department of Health Professions to complete two hours of continuing education in each biennium on topics related to pain management, the responsible prescribing of covered substances, and the diagnosis and management of addiction. Prescribers required to complete continuing education shall be notified of such requirement no later than January 1 of each odd-numbered year. The provisions of the bill will expire on July 1, 2022.

02/26/16 Senate: Constitutional reading dispensed (39-Y 0-N)

02/29/16 Senate: Read third time

02/29/16 Senate: Passed Senate (38-Y 0-N)

02/29/16 Senate: Reconsideration of Senate passage agreed to by Senate (38-Y 0-N)

02/29/16 Senate: Passed Senate (38-Y 0-N)

HB 1044 Prescription Monitoring Program; disclosure of certain information.

Chief patron: Landes

Summary as passed House:

Prescription Monitoring Program; disclosures. Provides that the Director of the Department of Health Professions may disclose information in the possession of the Prescription Monitoring Program about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist licensed in the Commonwealth and employed by the Virginia Medicaid managed care program to determine eligibility for and to manage the care of the specific recipient in a Patient Utilization Management Safety or similar program. The bill also requires the Prescription Monitoring Program advisory committee to provide guidance to the Director regarding such disclosures.

02/26/16 Senate: Constitutional reading dispensed (39-Y 0-N)
02/29/16 Senate: Read third time
02/29/16 Senate: Passed Senate (38-Y 0-N)
02/29/16 Senate: Reconsideration of Senate passage agreed to by Senate (38-Y 0-N)
02/29/16 Senate: Passed Senate (38-Y 0-N)

HB 1292 Schedule IV drugs; adds eluxadoline to list.

Chief patron: Pillion

Summary as passed House:

Schedule IV drugs; eluxadoline. Adds eluxadoline to the list of Schedule IV drugs.

02/26/16 Senate: Constitutional reading dispensed (39-Y 0-N)
02/29/16 Senate: Read third time
02/29/16 Senate: Passed Senate (38-Y 0-N)
02/29/16 Senate: Reconsideration of Senate passage agreed to by Senate (38-Y 0-N)
02/29/16 Senate: Passed Senate (38-Y 0-N)

SB 287 Prescription Monitoring Program; reports by dispensers shall be made within 24 hours or next day.

Chief patron: Wexton

Summary as passed Senate:

Prescription Monitoring Program. Provides that, beginning January 1, 2017, reports by dispensers to the Prescription Monitoring Program (the Program) shall be made within 24 hours or the dispenser's next business day, whichever comes later. The bill also allows the Director of the Department of Health Professions to disclose information about a specific recipient to a prescriber for the purpose of establishing the treatment history of the specific recipient when the prescriber is consulting on the treatment of such recipient; allows the Director to disclose information on a specific recipient to a dispenser for the purpose of establishing a prescription history to assist the dispenser in providing clinical consultation on the care and treatment of the recipient; removes the requirement that information disclosed to a dispenser for the purpose of determining the validity of a prescription be disclosed only when the recipient is seeking a covered substance from the dispenser or the facility in which the dispenser practices; and provides that a prescriber may include information obtained from the Program for the purpose of establishing the treatment history of a specific recipient in the recipient's medical record.

02/26/16 Senate: Enrolled
02/26/16 Senate: Bill text as passed Senate and House (SB287ER)
02/26/16 Senate: Impact statement from VDH (SB287ER)
02/26/16 House: Signed by Speaker
02/29/16 Senate: Signed by President

SB 480 Drug Control Act; Schedule 1.

Chief patron: Obenshain

Summary as introduced:

Drug Control Act; Schedule I. Adds certain chemical substances to Schedule I of the Drug Control Act. The Board of Pharmacy has added these substances to Schedule I in an expedited regulatory process. A substance added via this process is removed from the schedule after 18 months unless a general law is enacted adding the substance to the schedule. This bill is identical to HB 1077.

02/23/16 Senate: Impact statement from VDH (SB480ER)

02/23/16 Senate: Signed by President

02/23/16 House: Signed by Speaker

02/23/16 Senate: Enrolled Bill Communicated to Governor on 2/23/16

02/23/16 Governor: Governor's Action Deadline Midnight, March 1, 2016

SB 491 Prescription Monitoring Program; disclosure of certain information.

Chief patron: Hanger

Summary as passed Senate:

Prescription Monitoring Program; disclosures. Provides that the Director of the Department of Health Professions may disclose information in the possession of the Prescription Monitoring Program about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist licensed in the Commonwealth and employed by the Virginia Medicaid managed care program to determine eligibility for and to manage the care of the specific recipient in a Patient Utilization Management Safety or similar program. The bill also requires the Prescription Monitoring Program advisory committee to provide guidance to the Director regarding such disclosures.

02/11/16 House: Read first time

02/11/16 House: Referred to Committee on Health, Welfare and Institutions

02/18/16 House: Reported from Health, Welfare and Institutions (21-Y 0-N)

02/18/16 House: Referred to Committee on Appropriations

02/22/16 House: Assigned App. sub: Health & Human Resources

SB 513 Prescription Monitoring Program; requirements of prescribers of opiates.

Chief patron: Dunnivant

Summary as passed Senate:

Prescription Monitoring Program; requirements of prescribers opioids. Requires a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than 14 consecutive days. Currently, a prescriber must request such information when a course of treatment is expected to last 90 days. The bill also eliminates the requirement that a prescriber request information about a patient from the Prescription Monitoring Program when prescribing benzodiazepine; allows a prescriber to delegate the duty to request information from the Prescription Monitoring Program to another licensed, registered, or certified health care provider who is employed at the same facility under the direct supervision of the prescriber or dispenser who has routine access to confidential patient data and has signed a patient data confidentiality agreement; and creates an exemption from the requirement that a prescriber check the Prescription Monitoring Program for cases in which (i) the opioid is prescribed to a patient currently

receiving hospice or palliative care; (ii) the opioid is prescribed to a patient as part of treatment for a surgical procedure, provided that such prescription is not refillable; (iii) the opioid is prescribed to a patient during an inpatient hospital admission or at discharge; (iv) the opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy; (v) the Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or (vi) the prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record. The bill requires the Director of the Department of Health Professions to report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on utilization of the Prescription Monitoring Program and any impact on the prescribing of opioids. The provisions of the bill expire on July 1, 2019.

02/23/16 Senate: Impact statement from VDH (SB513ER)

02/23/16 Senate: Signed by President

02/23/16 House: Signed by Speaker

02/23/16 Senate: Enrolled Bill Communicated to Governor on 2/23/16

02/23/16 Governor: Governor's Action Deadline Midnight, March 1, 2016

SB 701 Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide.

Chief patron: Marsden

Summary as passed Senate:

Cannabidiol oil and THC-A oil; permitting of pharmaceutical processors to manufacture and provide. Authorizes a pharmaceutical processor, after obtaining a permit from the Board of Pharmacy and under the supervision of a licensed pharmacist, to manufacture and provide cannabidiol oil and THC-A oil. The bill requires the Board of Pharmacy to adopt regulations establishing health, safety, and security requirements for permitted processors. The bill also requires that a practitioner who issues a written certification for cannabidiol and THC-A oil and the patient or his primary caregiver to register with the Board and requires a permitted pharmaceutical processor, prior to providing the patient or his primary caregiver and the practitioner who issues a written certification have registered with the Board. Finally, the bill provides criminal liability protection for pharmaceutical processors. An enactment clause provides that except for provisions requiring the Board of Pharmacy to promulgate regulations, the provisions of the bill do not become effective unless reenacted by the 2017 Session of the General Assembly.

02/18/16 House: Placed on Calendar

02/18/16 House: Read first time

02/18/16 House: Referred to Committee for Courts of Justice

02/18/16 House: Assigned Courts sub: Criminal Law

02/29/16 House: Subcommittee recommends reporting with amendment(s) (11-Y 0-N)

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 54.1-2523.1 of the Code of Virginia, relating to Prescription Monitoring*
3 *Program; disclosure of information.*

4 [H 657]
5 Approved

6 **Be it enacted by the General Assembly of Virginia:**

7 **1. That § 54.1-2523.1 of the Code of Virginia is amended and reenacted as follows:**

8 **§ 54.1-2523.1. Criteria for indicators of misuse; Director's authority to disclose information;**
9 **intervention.**

10 *A. The Director shall develop, in consultation with an advisory panel which shall include*
11 *representatives of the Boards of Medicine and Pharmacy, criteria for indicators of unusual patterns of*
12 *prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered*
13 *substances by recipients and a method for analysis of data collected by the Prescription Monitoring*
14 *Program using the criteria for indicators of misuse to identify unusual patterns of prescribing or*
15 *dispensing of covered substances by individual prescribers or dispensers or potential misuse of a*
16 *covered substance by a recipient.*

17 ~~Upon the development of such criteria and data analysis,~~ *B. In cases in which analysis of data*
18 *collected by the Prescription Monitoring Program using the criteria for indicators of misuse indicates*
19 *an unusual pattern of prescribing or dispensing of a covered substance by an individual prescriber or*
20 *dispenser or potential misuse of a covered substance by a recipient, the Director may, in addition to the*
21 *discretionary disclosure of information pursuant to § 54.1-2523, disclose information using the criteria*
22 *that indicates potential misuse by recipients of covered substances to (i) their specific prescribers:*

23 *1. Disclose information about the unusual prescribing or dispensing of a covered substance by an*
24 *individual prescriber or dispenser to the Enforcement Division of the Department of Health Professions;*
25 *or*

26 *2. Disclose information about the specific recipient to (i) the prescriber or prescribers who have*
27 *prescribed a covered substance to the recipient for the purpose of intervention to prevent such misuse or*
28 *abuse of such covered substance or (ii) an agent who has completed the Virginia State Police Drug*
29 *Diversion School designated by the Superintendent of the Department of State Police or designated by*
30 *the chief law-enforcement officer of any county, city, or town or campus police department for the*
31 *purpose of an investigation into possible drug diversion.*

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HOUSE BILL NO. 829

House Amendments in [] — February 1, 2016

A BILL to amend and reenact §§ 54.1-2523 and 54.1-2912.1 of the Code of Virginia, relating to prescribers of covered substances; continuing education.

Patron Prior to Engrossment—Delegate Stolle

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2523 and 54.1-2912.1 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2523. Confidentiality of data; disclosure of information; discretionary authority of Director.

A. All data, records, and reports relating to the prescribing and dispensing of covered substances to recipients and any abstracts from such data, records, and reports that are in the possession of the Prescription Monitoring Program pursuant to this chapter and any material relating to the operation or security of the program shall be confidential and shall be exempt from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 15 of § 2.2-3705.5. Records in possession of the Prescription Monitoring Program shall not be available for civil subpoena, nor shall such records be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall such records be deemed admissible as evidence in any civil proceeding for any reason. Further, the Director shall only have discretion to disclose any such information as provided in subsections B and C.

B. Upon receiving a request for information in accordance with the Department's regulations and in compliance with applicable federal law and regulations, the Director shall disclose the following:

1. Information relevant to a specific investigation of a specific recipient or of a specific dispenser or prescriber to an agent who has completed the Virginia State Police Drug Diversion School designated by the superintendent of the Department of State Police or designated by the chief law-enforcement officer of any county, city, or town or campus police department to conduct drug diversion investigations pursuant to § 54.1-3405.

2. Information relevant to an investigation or inspection of or allegation of misconduct by a specific person licensed, certified, or registered by or an applicant for licensure, certification, or registration by a health regulatory board; information relevant to a disciplinary proceeding before a health regulatory board or in any subsequent trial or appeal of an action or board order to designated employees of the Department of Health Professions; or to designated persons operating the Health Practitioners' Monitoring Program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.).

3. Information relevant to the proceedings of any investigatory grand jury or special grand jury that has been properly impaneled in accordance with the provisions of Chapter 13 (§ 19.2-191 et seq.) of Title 19.2.

4. Information relevant to a specific investigation of a specific recipient, dispenser, or prescriber to an agent of a federal law-enforcement agency with authority to conduct drug diversion investigations.

5. Information relevant to a specific investigation, supervision, or monitoring of a specific recipient for purposes of the administration of criminal justice pursuant to Chapter 1 (§ 9.1-100 et seq.) of Title 9.1 to a probation or parole officer as described in Article 2 (§ 53.1-141 et seq.) of Chapter 4 of Title 53.1 or a local community-based probation officer as described in § 9.1-176.1 who has completed the Virginia State Police Drug Diversion School designated by the Director of the Department of Corrections or his designee.

C. In accordance with the Department's regulations and applicable federal law and regulations, the Director may, in his discretion, disclose:

1. Information in the possession of the program concerning a recipient who is over the age of 18 to that recipient. The information shall be mailed to the street or mailing address indicated on the recipient request form.

2. Information on a specific recipient to a prescriber, as defined in this chapter, for the purpose of establishing the treatment history of the specific recipient when such recipient is either under care and treatment by the prescriber or the prescriber is initiating treatment of such recipient. In a manner specified by the Director in regulation, notice shall be given to patients that information may be requested by the prescriber from the Prescription Monitoring Program.

3. Information on a specific recipient to a dispenser for the purpose of establishing a prescription history to assist the dispenser in determining the validity of a prescription in accordance with

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HB829E

59 § 54.1-3303 when the recipient is seeking a covered substance from the dispenser or the facility in
60 which the dispenser practices. In a manner specified by the Director in regulation, notice shall be given
61 to patients that information may be requested by the dispenser from the Prescription Monitoring
62 Program.

63 4. Information relevant to an investigation or regulatory proceeding of a specific dispenser or
64 prescriber to other regulatory authorities concerned with granting, limiting or denying licenses,
65 certificates or registrations to practice a health profession when such regulatory authority licenses such
66 dispenser or prescriber or such dispenser or prescriber is seeking licensure by such other regulatory
67 authority.

68 5. Information relevant to an investigation relating to a specific dispenser or prescriber who is a
69 participating provider in the Virginia Medicaid program or information relevant to an investigation
70 relating to a specific recipient who is currently eligible for and receiving or who has been eligible for
71 and has received medical assistance services to the Medicaid Fraud Control Unit of the Office of the
72 Attorney General or to designated employees of the Department of Medical Assistance Services, as
73 appropriate.

74 6. Information relevant to determination of the cause of death of a specific recipient to the designated
75 employees of the Office of the Chief Medical Examiner.

76 7. Information for the purpose of bona fide research or education to qualified personnel; however,
77 data elements that would reasonably identify a specific recipient, prescriber, or dispenser shall be deleted
78 or redacted from such information prior to disclosure. Further, release of the information shall only be
79 made pursuant to a written agreement between such qualified personnel and the Director in order to
80 ensure compliance with this subdivision.

81 8. Information relating to prescriptions for covered substances issued by a specific prescriber, which
82 have been dispensed and reported to the Program, to that prescriber.

83 9. *Information to the Board of Medicine about prescribers who meet a certain threshold for*
84 *prescribing covered substance for the purpose of requiring relevant continuing education. The threshold*
85 *shall be determined by the Board of Medicine in consultation with the Program.*

86 D. The Director may enter into agreements for mutual exchange of information among prescription
87 monitoring programs in other jurisdictions, which shall only use the information for purposes allowed by
88 this chapter.

89 E. This section shall not be construed to supersede the provisions of § 54.1-3406 concerning the
90 divulging of confidential records relating to investigative information.

91 F. Confidential information that has been received, maintained or developed by any board or
92 disclosed by the board pursuant to subsection A shall not, under any circumstances, be available for
93 discovery or court subpoena or introduced into evidence in any medical malpractice suit or other action
94 for damages arising out of the provision of or failure to provide services. However, this subsection shall
95 not be construed to inhibit any investigation or prosecution conducted pursuant to Article 1 (§ 18.2-247
96 et seq.) of Chapter 7 of Title 18.2.

97 **§ 54.1-2912.1. Continued competency and office-based anesthesia requirements.**

98 A. The Board shall prescribe by regulation such requirements as may be necessary to ensure
99 continued practitioner competence, which may include continuing education, testing, ~~and/or~~ or any other
100 requirement.

101 B. In promulgating such regulations, the Board shall consider (i) the need to promote ethical practice,
102 (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v)
103 appropriate communication with patients, and (vi) knowledge of the changing health care system.

104 C. *The Board shall require prescribers identified by the Director of the Department of Health*
105 *Professions pursuant to subdivision C 9 of § 54.1-2523 to complete two hours of continuing education in*
106 *each biennium on topics related to pain management, the responsible prescribing of covered substances*
107 *as defined in § 54.1-2519, and the diagnosis and management of addiction. Prescribers required to*
108 *complete continuing education pursuant to this subsection shall be notified of such requirement no later*
109 *than January 1 of each odd-numbered year.*

110 D. The Board may approve persons who provide or accredit such programs in order to accomplish
111 the purposes of this section.

112 ~~D. E.~~ Pursuant to § 54.1-2400 and its authority to establish the qualifications for registration,
113 certification, or licensure that are necessary to ensure competence and integrity to engage in the
114 regulated practice, the Board of Medicine shall promulgate regulations governing the practice of
115 medicine related to the administration of anesthesia in physicians' offices.

116 [2. That the provisions of this act shall expire on July 1, 2022.]

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HOUSE BILL NO. 1044

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions
on February 9, 2016)

(Patron Prior to Substitute—Delegate Landes)

A BILL to amend and reenact §§ 54.1-2520 and 54.1-2523 of the Code of Virginia, relating to Prescription Monitoring Program; disclosures.

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2520 and 54.1-2523 of the Code of Virginia are amended and reenacted as follows:
§ 54.1-2520. Program establishment; Director's regulatory authority.

A. The Director shall establish, maintain, and administer an electronic system to monitor the dispensing of covered substances to be known as the Prescription Monitoring Program. Covered substances shall include all Schedule II, III, and IV controlled substances, as defined in the Drug Control Act (§ 54.1-3400 et seq.), and any other drugs of concern identified by the Board of Pharmacy pursuant to § 54.1-3456.1.

B. The Director, after consultation with relevant health regulatory boards, shall promulgate, in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq.), such regulations as are necessary to implement the prescription monitoring program as provided in this chapter, including, but not limited to, the establishment of criteria for granting waivers of the reporting requirements set forth in § 54.1-2521.

C. The Director may enter into contracts as may be necessary for the implementation and maintenance of the Prescription Monitoring Program.

D. The Director shall provide dispensers with a basic file layout to enable electronic transmission of the information required in this chapter. For those dispensers unable to transmit the required information electronically, the Director shall provide an alternative means of data transmission.

E. The Director shall also establish an advisory committee within the Department to assist in the implementation and evaluation of the Prescription Monitoring Program. *Such advisory committee shall provide guidance to the Director regarding information disclosed pursuant to subdivision C 9 of § 54.1-2523.*

§ 54.1-2523. Confidentiality of data; disclosure of information; discretionary authority of Director.

A. All data, records, and reports relating to the prescribing and dispensing of covered substances to recipients and any abstracts from such data, records, and reports that are in the possession of the Prescription Monitoring Program pursuant to this chapter and any material relating to the operation or security of the program shall be confidential and shall be exempt from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 15 of § 2.2-3705.5. Records in possession of the Prescription Monitoring Program shall not be available for civil subpoena, nor shall such records be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall such records be deemed admissible as evidence in any civil proceeding for any reason. Further, the Director shall only have discretion to disclose any such information as provided in subsections B and C.

B. Upon receiving a request for information in accordance with the Department's regulations and in compliance with applicable federal law and regulations, the Director shall disclose the following:

1. Information relevant to a specific investigation of a specific recipient or of a specific dispenser or prescriber to an agent who has completed the Virginia State Police Drug Diversion School designated by the superintendent of the Department of State Police or designated by the chief law-enforcement officer of any county, city, or town or campus police department to conduct drug diversion investigations pursuant to § 54.1-3405.

2. Information relevant to an investigation or inspection of or allegation of misconduct by a specific person licensed, certified, or registered by or an applicant for licensure, certification, or registration by a health regulatory board; information relevant to a disciplinary proceeding before a health regulatory board or in any subsequent trial or appeal of an action or board order to designated employees of the Department of Health Professions; or to designated persons operating the Health Practitioners' Monitoring Program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.).

3. Information relevant to the proceedings of any investigatory grand jury or special grand jury that has been properly impaneled in accordance with the provisions of Chapter 13 (§ 19.2-191 et seq.) of Title 19.2.

4. Information relevant to a specific investigation of a specific recipient, dispenser, or prescriber to an agent of a federal law-enforcement agency with authority to conduct drug diversion investigations.

5. Information relevant to a specific investigation, supervision, or monitoring of a specific recipient

60 for purposes of the administration of criminal justice pursuant to Chapter 1 (§ 9.1-100 et seq.) of Title
61 9.1 to a probation or parole officer as described in Article 2 (§ 53.1-141 et seq.) of Chapter 4 of Title
62 53.1 or a local community-based probation officer as described in § 9.1-176.1 who has completed the
63 Virginia State Police Drug Diversion School designated by the Director of the Department of
64 Corrections or his designee.

65 C. In accordance with the Department's regulations and applicable federal law and regulations, the
66 Director may, in his discretion, disclose:

67 1. Information in the possession of the program concerning a recipient who is over the age of 18 to
68 that recipient. The information shall be mailed to the street or mailing address indicated on the recipient
69 request form.

70 2. Information on a specific recipient to a prescriber, as defined in this chapter, for the purpose of
71 establishing the treatment history of the specific recipient when such recipient is either under care and
72 treatment by the prescriber or the prescriber is initiating treatment of such recipient. In a manner
73 specified by the Director in regulation, notice shall be given to patients that information may be
74 requested by the prescriber from the Prescription Monitoring Program.

75 3. Information on a specific recipient to a dispenser for the purpose of establishing a prescription
76 history to assist the dispenser in determining the validity of a prescription in accordance with
77 § 54.1-3303 when the recipient is seeking a covered substance from the dispenser or the facility in
78 which the dispenser practices. In a manner specified by the Director in regulation, notice shall be given
79 to patients that information may be requested by the dispenser from the Prescription Monitoring
80 Program.

81 4. Information relevant to an investigation or regulatory proceeding of a specific dispenser or
82 prescriber to other regulatory authorities concerned with granting, limiting or denying licenses,
83 certificates or registrations to practice a health profession when such regulatory authority licenses such
84 dispenser or prescriber or such dispenser or prescriber is seeking licensure by such other regulatory
85 authority.

86 5. Information relevant to an investigation relating to a specific dispenser or prescriber who is a
87 participating provider in the Virginia Medicaid program or information relevant to an investigation
88 relating to a specific recipient who is currently eligible for and receiving or who has been eligible for
89 and has received medical assistance services to the Medicaid Fraud Control Unit of the Office of the
90 Attorney General or to designated employees of the Department of Medical Assistance Services, as
91 appropriate.

92 6. Information relevant to determination of the cause of death of a specific recipient to the designated
93 employees of the Office of the Chief Medical Examiner.

94 7. Information for the purpose of bona fide research or education to qualified personnel; however,
95 data elements that would reasonably identify a specific recipient, prescriber, or dispenser shall be deleted
96 or redacted from such information prior to disclosure. Further, release of the information shall only be
97 made pursuant to a written agreement between such qualified personnel and the Director in order to
98 ensure compliance with this subdivision.

99 8. Information relating to prescriptions for covered substances issued by a specific prescriber, which
100 have been dispensed and reported to the Program, to that prescriber.

101 9. *Information about a specific recipient who is a member of a Virginia Medicaid managed care*
102 *program to a physician or pharmacist licensed in the Commonwealth and employed by the Virginia*
103 *Medicaid managed care program. Such information shall only be used to determine eligibility for and to*
104 *manage the care of the specific recipient in a Patient Utilization Management Safety or similar*
105 *program. Notice shall be given to recipients that information may be requested by a licensed physician*
106 *or pharmacist employed by the Virginia Medicaid managed care program from the Prescription*
107 *Monitoring Program.*

108 D. The Director may enter into agreements for mutual exchange of information among prescription
109 monitoring programs in other jurisdictions, which shall only use the information for purposes allowed by
110 this chapter.

111 E. This section shall not be construed to supersede the provisions of § 54.1-3406 concerning the
112 divulging of confidential records relating to investigative information.

113 F. Confidential information that has been received, maintained or developed by any board or
114 disclosed by the board pursuant to subsection A shall not, under any circumstances, be available for
115 discovery or court subpoena or introduced into evidence in any medical malpractice suit or other action
116 for damages arising out of the provision of or failure to provide services. However, this subsection shall
117 not be construed to inhibit any investigation or prosecution conducted pursuant to Article 1 (§ 18.2-247
118 et seq.) of Chapter 7 of Title 18.2.

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact §§ 54.1-2521, 54.1-2523, and 54.1-2525 of the Code of Virginia, relating*
 3 *to the Prescription Monitoring Program.*

4 [S 287]

5 Approved

6 **Be it enacted by the General Assembly of Virginia:**

7 **1. That §§ 54.1-2521, 54.1-2523, and 54.1-2525 of the Code of Virginia are amended and reenacted**
 8 **as follows:**

9 **§ 54.1-2521. Reporting requirements.**

10 A. The failure by any person subject to the reporting requirements set forth in this section and the
 11 Department's regulations to report the dispensing of covered substances shall constitute grounds for
 12 disciplinary action by the relevant health regulatory board.

13 B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the
 14 following information:

15 1. The recipient's name and address.

16 2. The recipient's date of birth.

17 3. The covered substance that was dispensed to the recipient.

18 4. The quantity of the covered substance that was dispensed.

19 5. The date of the dispensing.

20 6. The prescriber's identifier number.

21 7. The dispenser's identifier number.

22 8. The method of payment for the prescription.

23 9. Any other non-clinical information that is designated by the Director as necessary for the
 24 implementation of this chapter in accordance with the Department's regulations.

25 10. Any other information specified in regulations promulgated by the Director as required in order
 26 for the Prescription Monitoring Program to be eligible to receive federal funds.

27 C. The reports required herein shall be made *to the Department or its agent within 24 hours or the*
 28 *dispenser's next business day, whichever comes later, and shall be made* and transmitted in such manner
 29 and format and according to the standards and schedule established in the Department's regulations.

30 **§ 54.1-2523. Confidentiality of data; disclosure of information; discretionary authority of**
 31 **Director.**

32 A. All data, records, and reports relating to the prescribing and dispensing of covered substances to
 33 recipients and any abstracts from such data, records, and reports that are in the possession of the
 34 Prescription Monitoring Program pursuant to this chapter and any material relating to the operation or
 35 security of the program shall be confidential and shall be exempt from the Virginia Freedom of
 36 Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 15 of § 2.2-3705.5. Records in possession
 37 of the Prescription Monitoring Program shall not be available for civil subpoena, nor shall such records
 38 be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall such records
 39 be deemed admissible as evidence in any civil proceeding for any reason. Further, the Director shall
 40 only have discretion to disclose any such information as provided in subsections B and C.

41 B. Upon receiving a request for information in accordance with the Department's regulations and in
 42 compliance with applicable federal law and regulations, the Director shall disclose the following:

43 1. Information relevant to a specific investigation of a specific recipient or of a specific dispenser or
 44 prescriber to an agent who has completed the Virginia State Police Drug Diversion School designated by
 45 the superintendent of the Department of State Police or designated by the chief law-enforcement officer
 46 of any county, city, or town or campus police department to conduct drug diversion investigations
 47 pursuant to § 54.1-3405.

48 2. Information relevant to an investigation or inspection of or allegation of misconduct by a specific
 49 person licensed, certified, or registered by or an applicant for licensure, certification, or registration by a
 50 health regulatory board; information relevant to a disciplinary proceeding before a health regulatory
 51 board or in any subsequent trial or appeal of an action or board order to designated employees of the
 52 Department of Health Professions; or to designated persons operating the Health Practitioners'
 53 Monitoring Program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.).

54 3. Information relevant to the proceedings of any investigatory grand jury or special grand jury that
 55 has been properly impaneled in accordance with the provisions of Chapter 13 (§ 19.2-191 et seq.) of
 56 Title 19.2.

ENROLLED

SB287ER

57 4. Information relevant to a specific investigation of a specific recipient, dispenser, or prescriber to
58 an agent of a federal law-enforcement agency with authority to conduct drug diversion investigations.

59 5. Information relevant to a specific investigation, supervision, or monitoring of a specific recipient
60 for purposes of the administration of criminal justice pursuant to Chapter 1 (§ 9.1-100 et seq.) of Title
61 9.1 to a probation or parole officer as described in Article 2 (§ 53.1-141 et seq.) of Chapter 4 of Title
62 53.1 or a local community-based probation officer as described in § 9.1-176.1 who has completed the
63 Virginia State Police Drug Diversion School designated by the Director of the Department of
64 Corrections or his designee.

65 C. In accordance with the Department's regulations and applicable federal law and regulations, the
66 Director may, in his discretion, disclose:

67 1. Information in the possession of the program concerning a recipient who is over the age of 18 to
68 that recipient. The information shall be mailed to the street or mailing address indicated on the recipient
69 request form.

70 2. Information on a specific recipient to a prescriber, as defined in this chapter, for the purpose of
71 establishing the treatment history of the specific recipient when such recipient is either under care and
72 treatment by the prescriber or the prescriber is *consulting on or* initiating treatment of such recipient. In
73 a manner specified by the Director in regulation, notice shall be given to patients that information may
74 be requested by the prescriber from the Prescription Monitoring Program.

75 3. Information on a specific recipient to a dispenser for the purpose of establishing a prescription
76 history to assist the dispenser in (i) determining the validity of a prescription in accordance with
77 § 54.1-3303 ~~when the recipient is seeking a covered substance from the dispenser or the facility in~~
78 ~~which the dispenser practices or~~ (ii) *providing clinical consultation on the care and treatment of the*
79 *recipient*. In a manner specified by the Director in regulation, notice shall be given to patients that
80 information may be requested by the dispenser from the Prescription Monitoring Program.

81 4. Information relevant to an investigation or regulatory proceeding of a specific dispenser or
82 prescriber to other regulatory authorities concerned with granting, limiting or denying licenses,
83 certificates or registrations to practice a health profession when such regulatory authority licenses such
84 dispenser or prescriber or such dispenser or prescriber is seeking licensure by such other regulatory
85 authority.

86 5. Information relevant to an investigation relating to a specific dispenser or prescriber who is a
87 participating provider in the Virginia Medicaid program or information relevant to an investigation
88 relating to a specific recipient who is currently eligible for and receiving or who has been eligible for
89 and has received medical assistance services to the Medicaid Fraud Control Unit of the Office of the
90 Attorney General or to designated employees of the Department of Medical Assistance Services, as
91 appropriate.

92 6. Information relevant to determination of the cause of death of a specific recipient to the designated
93 employees of the Office of the Chief Medical Examiner.

94 7. Information for the purpose of bona fide research or education to qualified personnel; however,
95 data elements that would reasonably identify a specific recipient, prescriber, or dispenser shall be deleted
96 or redacted from such information prior to disclosure. Further, release of the information shall only be
97 made pursuant to a written agreement between such qualified personnel and the Director in order to
98 ensure compliance with this subdivision.

99 8. Information relating to prescriptions for covered substances issued by a specific prescriber, which
100 have been dispensed and reported to the Program, to that prescriber.

101 D. The Director may enter into agreements for mutual exchange of information among prescription
102 monitoring programs in other jurisdictions, which shall only use the information for purposes allowed by
103 this chapter.

104 E. This section shall not be construed to supersede the provisions of § 54.1-3406 concerning the
105 divulging of confidential records relating to investigative information.

106 F. Confidential information that has been received, maintained or developed by any board or
107 disclosed by the board pursuant to subsection A shall not, under any circumstances, be available for
108 discovery or court subpoena or introduced into evidence in any medical malpractice suit or other action
109 for damages arising out of the provision of or failure to provide services. However, this subsection shall
110 not be construed to inhibit any investigation or prosecution conducted pursuant to Article 1 (§ 18.2-247
111 et seq.) of Chapter 7 of Title 18.2.

112 **§ 54.1-2525. Unlawful disclosure of information; disciplinary action authorized; penalties.**

113 A. It shall be unlawful for any person having access to the confidential information in the possession
114 of the program or any data or reports produced by the program to disclose such confidential information
115 except as provided in this chapter. Any person having access to the confidential information in the
116 possession of the program or any data or reports produced by the program who discloses such
117 confidential information in violation of this chapter shall be guilty of a Class 1 misdemeanor upon

118 conviction.

119 B. It shall be unlawful for any person who lawfully receives confidential information from the
120 Prescription Monitoring Program to redisclose or use such confidential information in any way other
121 than the authorized purpose for which the request was made. Any person who lawfully receives
122 information from the Prescription Monitoring Program and discloses such confidential information in
123 violation of this chapter shall be guilty of a Class 1 misdemeanor upon conviction.

124 C. Nothing in this section shall prohibit *(i)* a person who prescribes or dispenses a covered substance
125 required to be reported to the program from redisclosing information obtained from the Program to
126 another prescriber or dispenser who has prescribed or dispensed a covered substance to a recipient *or*
127 *(ii) a person who prescribes a covered substance from placing information obtained from the Program*
128 *in the recipient's medical record.*

129 D. Unauthorized use or disclosure of confidential information received from the Prescription
130 Monitoring Program shall also be grounds for disciplinary action by the relevant health regulatory board.

131 **2. That the provisions of subsection C of § 54.1-2521 of the Code of Virginia as set forth in this**
132 **act shall become effective on January 1, 2017.**

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SB513ER

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 54.1-2522.1 and 54.1-2523.2 of the Code of Virginia, relating to Prescription Monitoring Program; requirements of prescribers of opioids.

[S 513]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2522.1 and 54.1-2523.2 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2522.1. Requirements of prescribers.

A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions.

B. ~~Prescribers~~ *A prescriber registered with the Prescription Monitoring Program or a person to whom he has delegated authority to access information in the possession of the Prescription Monitoring Program pursuant to § 54.1-2523.2 shall, at the time of initiating a new course of treatment to a human patient that includes the prescribing of benzodiazepine or an opiate opioids anticipated at the onset of treatment to last more than 90 14 consecutive days, request information from the Director for the purpose of determining what, if any, other covered substances are currently prescribed to the patient. In addition, any prescriber who holds a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances approved for use in opioid addiction therapy shall, prior to or as a part of execution of a treatment agreement with the patient, request information from the Director for the purpose of determining what, if any, other covered substances the patient is currently being prescribed. Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices.*

C. ~~The Secretary of Health and Human Resources may identify and publish a list of benzodiazepines or opiates that have a low potential for abuse by human patients. Prescribers who prescribe such identified benzodiazepines or opiates shall not be required to meet the provisions of subsection B. In addition, a A prescriber shall not be required to meet the provisions of subsection B if the course of treatment arises from pain management relating to dialysis or cancer treatments.~~

1. The opioid is prescribed to a patient currently receiving hospice or palliative care;

2. The opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is not refillable;

3. The opioid is prescribed to a patient during an inpatient hospital admission or at discharge;

4. The opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy;

5. The Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or

6. The prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record.

§ 54.1-2523.2. Authority to access database.

Any prescriber or dispenser authorized to access the information in the possession of the Prescription Monitoring Program pursuant to this chapter may, pursuant to regulations promulgated by the Director to implement the provisions of this section, delegate such authority to ~~health care professionals individuals~~ *who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser and (i) are licensed, registered, or certified by a health regulatory board under the Department of Health Professions or in another jurisdiction and or (ii) employed at the same facility and under the direct supervision of the prescriber or dispenser have routine access to confidential patient data and have signed a patient data confidentiality agreement.*

2. That the provisions of this act shall expire on July 1, 2019.

3. That the Director of the Department of Health Professions shall report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on utilization of the Prescription Monitoring Program and any impact on prescribing opioids.

PMP Committee Meeting

March 2, 2016

- Q3 2015 data (July–Sept); Number of prescriptions = 3.6 million
- Adults only, rates always expressed as “per 1,000 adults”
- Numbers of scripts by HPD (Health Planning District) and Region are derived by counting filled prescriptions using the Prescriber’s zip code, Pharmacy’s zip code and Recipient’s zip code
- Some analysis excludes cases with invalid zip codes
- Units of analysis:
 - Prescriptions reported by pharmacies to VA PMP database
 - Recipients--scripts combined for the same persons (to calculate MMEs)

Key Performance Indicators

- VA PMP Opioid Rates per 1,000 persons by region (Graphic 1)
- *KPI* - VA PMP Opioid Rates per 1,000 persons by HPD (Graphic 2 & 3)
- *KPI* - Locations of opiate prescription writing, filling and receiving (Graphic 3)
- *KPI* - Percent of adults with MMEs greater than 100 (Graphic 4)

Highlighted Findings

- The most populated regions of the state (Northern, Tidewater, and Central) appear to have the lowest opiate prescribing rates; conversely rural areas have higher opiate prescribing rates.
- Opiate prescribing, dispensing, and receiving rates vary widely by Health Planning Districts (HPDs)
- When considering opiate prescribing, the PMP data is not normally distributed; a small number of persons with high MMEs skew the average; the median is a better measure of gauging the more typical MME values for persons in the database
- Typical MMEs for recipients receiving opiates is low; the median MME is 45, although just over 20% of opiate recipients have MMEs over 100

VA PMP Opioid Rates by Region (per 1,000 population) - Graphic 1

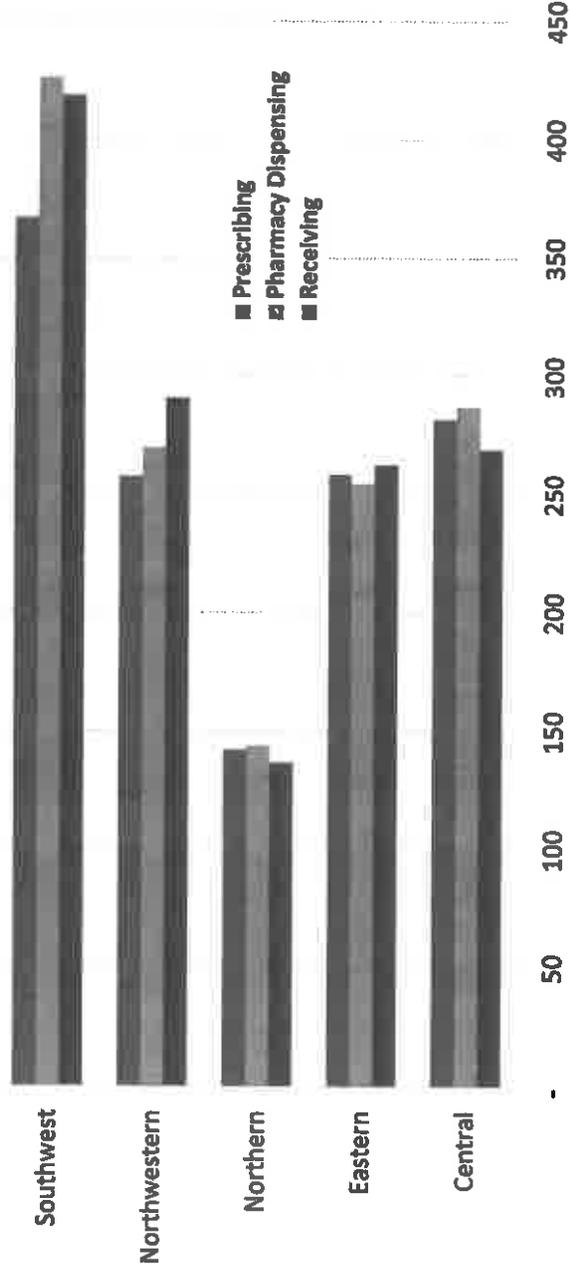
Data from Q3 2015

Rate and Number of filled prescriptions by Region using the Prescriber's zip code, Pharmacy's zip code and Recipient's zip code.

	Adult Population	Prescribers	Prescribing Rate	Pharmacy			Recipients	Receiving Rate
				Dispensed Scripts	Dispensing Rate	Receiving Rate		
Central	1,098,878	309,639	282	315,171	287	295,441	269	
Eastern	1,478,456	381,855	258	376,164	254	387,998	262	
Northern	1,826,357	259,820	142	262,720	144	249,905	137	
Northwestern	1,004,804	258,733	257	270,690	269	292,082	291	
Southwest	1,048,679	384,585	367	446,307	426	438,820	418	
Total	6,457,174	1,594,632	247	1,671,052	259	1,664,246	258	

VA PMP Opioid Rates by Region (per 1,000 population)

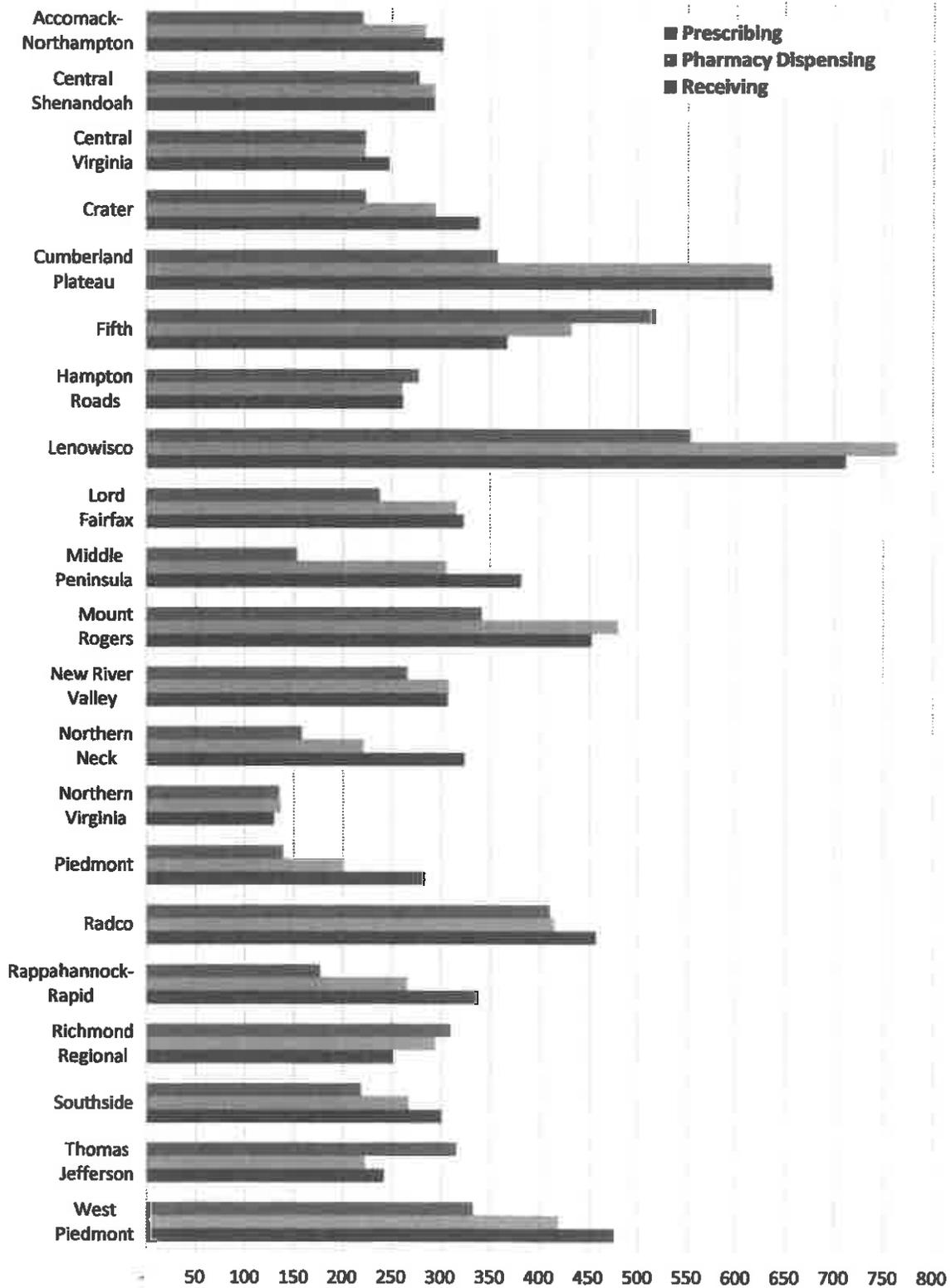
3rd Qrt 2015, Adults only (n=1.67 million)



Source: Adult Population obtained from UVA's Weldon Cooper, July 2014 and U.S. Census Bureau, Population Division

VA PMP Opioid Rates by HPD (per 1,000 population) - Graphic 2

Rate of filled prescriptions by HPD using the Prescriber's zip code, Pharmacy's zip code and Recipient's zip code.
3rd Qrt 2015



VA PMP Locations of opiate prescription writing, dispensing and receiving - Graphic 3

Data from Q3 2015

Number of filled prescriptions by HPD using the Prescriber's zip code, Pharmacy's zip code and Recipient's zip code.

	Pharmacy		
	Prescribers	Dispensed Scripts	Recipients
Accomack-Northampton	7,875	10,162	10,812
Central Shenandoah	65,518	69,226	69,140
Central Virginia	55,924	55,744	61,974
Crater	30,452	40,167	46,310
Cumberland Plateau	31,633	56,349	56,485
Fifth	113,926	95,122	80,904
Hampton Roads	356,310	334,548	335,955
Lenowisco	40,557	56,041	52,201
Lord Fairfax	42,421	56,409	57,680
Middle Peninsula	11,152	22,311	27,839
Mount Rogers	52,477	73,681	69,537
New River Valley	40,109	46,462	46,279
Northern Neck	6,518	9,143	13,392
Northern Virginia	259,820	262,720	249,905
Piedmont	11,495	16,713	23,597
Radco	65,779	66,477	73,288
Rapid	23,400	35,132	44,743
Richmond Regional	253,116	240,458	205,470
Southside	14,576	17,833	20,064
Thomas Jefferson	61,615	43,446	47,231
West Piedmont	49,959	62,908	71,440
	1,594,632	1,671,052	1,664,246

Percent of Adults with MMEs Greater than 100 - Graphic 4

Data from Q3 2015

	Number of Adults	Percent	Mean	Median	Mode	Std. Deviation
Recipients with any MME	821,120	22.8%	115	45	30	317.96
Excluding Recipients with MMEs over 1069 (3 St. Dev from the mean)	810,255	21.6%	91	45	30	134.92

Virginia's Prescription Monitoring Program

Prescription Behavioral Surveillance System (PBSS) Data:

3-2-2016

Attached sheets contain data gleaned from de-identified data collected by Virginia's Prescription Monitoring Program (PMP). PBSS is a project conducted by Brandeis University and funded by grants from CDC, FDA and administered by the Bureau of Justice Assistance (BJA).

This data needs to be considered with other information and should in most cases not be considered as actionable data.

Prescription rates by year^a by drug class and age group

Virginia

Drug Class	Age Category	Annual Rate 2011	Annual Rate 2012	% Change 2010 to 2011	% Change 2012 to 2013
1. Opioids					
Missing		0.00	0.00		
<18		59.79	53.14	2.52	-1.85
18-24		400.23	353.32	2.33	-7.26
25-34		733.22	698.30	3.59	-2.98
35-44		901.75	867.09	3.69	-2.35
45-54		1,164.04	1,098.85	2.68	-3.93
55-64		1,190.38	1,195.60	1.38	-1.23
65 and older		1,208.27	1,155.89	-1.81	-13.02
Total		748.32	721.41	2.21	-2.69
2. Stimulants					
Missing		0.00	0.00		
<18		364.13	388.17	9.24	8.52
18-24		269.37	304.58	14.10	6.48
25-34		236.83	292.64	18.40	11.94
35-44		209.20	258.84	18.11	11.50
45-54		174.32	207.05	13.71	9.33
55-64		124.93	144.38	12.22	7.55
65 and older		39.85	45.39	13.73	-5.89
Total		217.84	246.72	12.56	6.25
3. Benzodiazepines					
Missing		0.00	0.00		
<18		26.22	26.54	14.90	5.82
18-24		127.51	129.66	9.21	0.59
25-34		308.38	310.12	8.03	0.42
35-44		460.64	460.92	7.49	-0.06
45-54		639.08	614.10	5.27	-2.86
55-64		736.79	726.35	4.41	-1.63
65 and older		924.52	863.51	3.28	-13.39
Total		425.23	418.59	6.05	-1.04

^aReported by quarter and year per 1,000 state residents. Limited to prescriptions to state residents in state's PDMP.

State Notes:

Please refer to the Appendix 2 table for information on the % missing data for sex, age, payment type, patient ZIP code and prescriber ZIP Code, by quarter.
 S refers to table suppression of data when 25% or more of data are missing in measure to be computed.

Mean daily dosage^a per patient in morphine milligram equivalents (MMEs) by year, by major opioid drug category
Virginia

Opioid Drug (including combinations)	Annual Average 2011	Annual Average 2013	% Change 2010 to 2011	% Change 2012 to 2013
% rec > 100 MMEs daily ^b				
Buprenorphine	8.84	8.53	-17.23	4.79
Butorphanol	144.34	132.80	-5.20	-1.78
Codaine	24.40	17.51	18.39	-3.31
Dihydrocodeine	20.34	19.72	-1.98	-2.04
Fentanyl LA	23.94	23.94	11.66	-4.58
Fentanyl SA ^d	180.06	155.30	-1.90	-1.10
Hydrocodone LA ^{e,f}	388.06	377.95	0.51	-0.38
Hydrocodone SA ^g	27.94	27.62	-1.90	-0.25
Hydromorphone	101.50	87.54	1.12	-0.51
Meperidine	27.36	26.32	-2.18	-1.24
Methadone	156.58	149.13	-0.74	-2.76
Morphine LA	112.06	105.55	1.29	-3.03
Morphine SA	156.24	95.98	-7.52	-4.75
Oxycodone LA	147.37	132.32	-7.12	-5.45
Oxycodone SA	74.29	72.48	6.28	-0.97
Oxymorphone LA	170.57	152.37	6.55	-6.96
Oxymorphone SA	99.44	96.22	1.09	-1.74
Pentazocine	74.92	70.49	1.82	-6.24
Tapentadol	113.04	110.75	2.99	1.10
Tramadol LA ^h				
Tramadol SA ^h				
Other Opioids	92.47	101.90	9.60	-1.69
Any Opioid	68.38	66.05	-2.66	0.17

^a Mean daily dosage is calculated for subjects that have a prescription in a given quarter and refers to MMEs per day prescribed (total number of MMEs prescribed divided by the total number of prescription days).

^b Limited to prescriptions to state residents in state's PDMP.

^c The % of patients receiving >100 MMEs daily refers to the % of patients with > 100 MMEs per day prescribed for all drugs used by the patient, calculated using the average daily MMEs over the three month period.

^d Fentanyl SA products are not necessarily bioequivalent to each other and do not lend themselves readily to calculation of MMEs as a group. The MMEs shown here for fentanyl SA are likely an overestimate and the data should be interpreted with caution.

^e Hydrocodone combination products were rescheduled from DEA Schedule III to Schedule II effective October 6, 2014.

^f The FDA approved Zohydro ER, a single-entity, long-acting hydrocodone (i.e., hydrocodone LA) on October 25, 2013.

^g Tramadol became a DEA Schedule IV controlled substance on August 18, 2014.

^h State Notes:

^s refers to table suppression of data when 25% or more of data are missing in measure to be computed.

Number and percentage of unique patients with controlled substance prescriptions (RxS) paid for by Medicaid and by cash^a, by quarter and by year^b
 Virginia

Patients with RxS paid for by Medicaid and Cash	2013				2014				2015				Annual Rate 2013	
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec		
Number	208.00	216.00	201.00	190.00	201.00	201.00	201.00	201.00	201.00	201.00	201.00	201.00	201.00	203.75
Percentage(%)	0.24	0.21	0.18	0.22	0.13	0.14	0.22	0.22	0.13	0.14	0.22	0.22	0.21	0.21

^aThe number of unique patients with controlled substance prescriptions paid for by Medicaid and by cash which were (i) less than 10 days apart and within the same quarter, (ii) for the same drug, (iii) from a different prescriber, and (iv) where the number of days supply for the earlier prescription was greater than the number of days between the prescription fill dates. The percentage of unique patients is defined as the number of unique patients who meet the criteria above divided by the number of unique patients with at least one prescription paid for by Medicaid in the quarter.

^bReported by quarter and year. The annual rate is calculated as the average quarterly rate for the specified year.

Limited to prescriptions to state residents in state's PDMP.

State Notes:
 Please refer to the Appendix 2 table for information on the % missing data for sex, age, payment type, patient ZIP code and prescriber ZIP Code, by quarter.

S refers to table suppression of data when 25% or more of data are missing in measure to be computed.

Mean daily dosage for opioids in MMEs by pharmacy percentile ranking, based on daily dispensing counts, by year^a

Virginia

Pharmacy Percentile Ranking ^b by Total Opioid Rxs Dispensed per Day	Annual Average 2011	Annual Average 2013	% Change 2010 to 2011	% Change 2011 to 2012	% Change 2012 to 2013
1st (Top 1%)	91.25	93.53	2.50	2.50	-3.61
1st-10th	75.70	75.17	-0.70	0.59	-0.77
11th-20th	66.25	64.98	-1.92	1.02	0.56
21st-30th	58.83	64.23	-6.68	2.08	2.26
31st-40th	66.15	66.96	1.22	0.19	0.86
41st-50th	67.36	65.47	-2.81	1.65	-1.74
51st-60th	68.76	64.36	-6.40	0.11	0.61
61st-70th	69.67	62.08	-2.50	1.79	-1.08
71st-80th	61.80	68.32	10.55	14.71	-2.69
81st-90th	63.66	65.95	3.60	14.59	1.63
91st-100th	206.96	225.92	9.16	9.62	-8.85
Total	70.19	69.05	-1.90	3.69	-0.08

^aLimited to in-state pharmacies. Includes out-of-state-residents.

^bTied values that overlapped deciles were randomly assigned to the higher or lower decile so that all deciles are equal-sized.

State Notes:

^S refers to table suppression of data when 25% or more of data are missing in measure to be computed.

Percentage of patients prescribed long-acting/extended release (LA/ER) opioids who were opioid-naïve^a and mean daily dosage per LA/ER prescription, by year^b

Virginia

Measure	Annual Rate/Average age 2010	Annual Rate/Average age 2011	Annual Rate/Average age 2012	Annual Rate/Average age 2013	% Change 2010 to 2011	% Change 2012 to 2013
% opioid-naïve patients ^c	35.07	41.07	35.25	33.90	17.28	-3.86
Average daily dosage per Rx ^d	131.04	129.35	119.94	117.42	-1.29	-2.10

^a Defined as one with no opioid prescriptions in the previous 60 days.

^b Limited to prescriptions to state residents in state's PDMP.

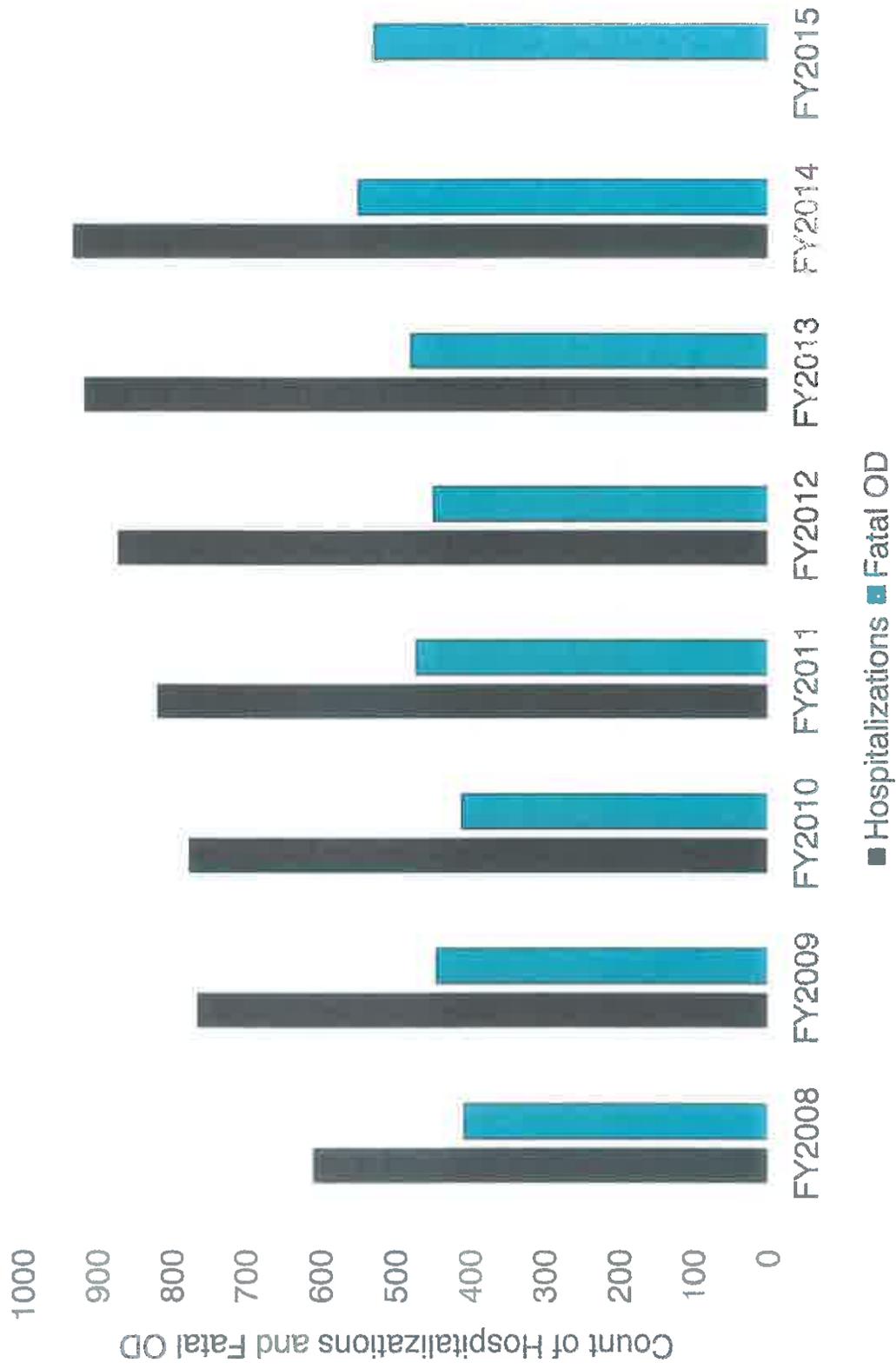
^c Calculated as the number of opioid-naïve patients receiving at least 1 LA/ER opioid Rx per quarter, divided by the total number of patients who received an LA/ER opioid Rx per quarter and multiplied by 100.

^d Calculated as the average daily dosage in MMEs per LA/ER opioid Rx to opioid-naïve patients as defined above.

State Notes:

S refers to table suppression of data when 25% or more of data are missing in measure to be computed.

Virginia Prescription Opioid Data Comparing Hospitalizations to Fatal Overdoses

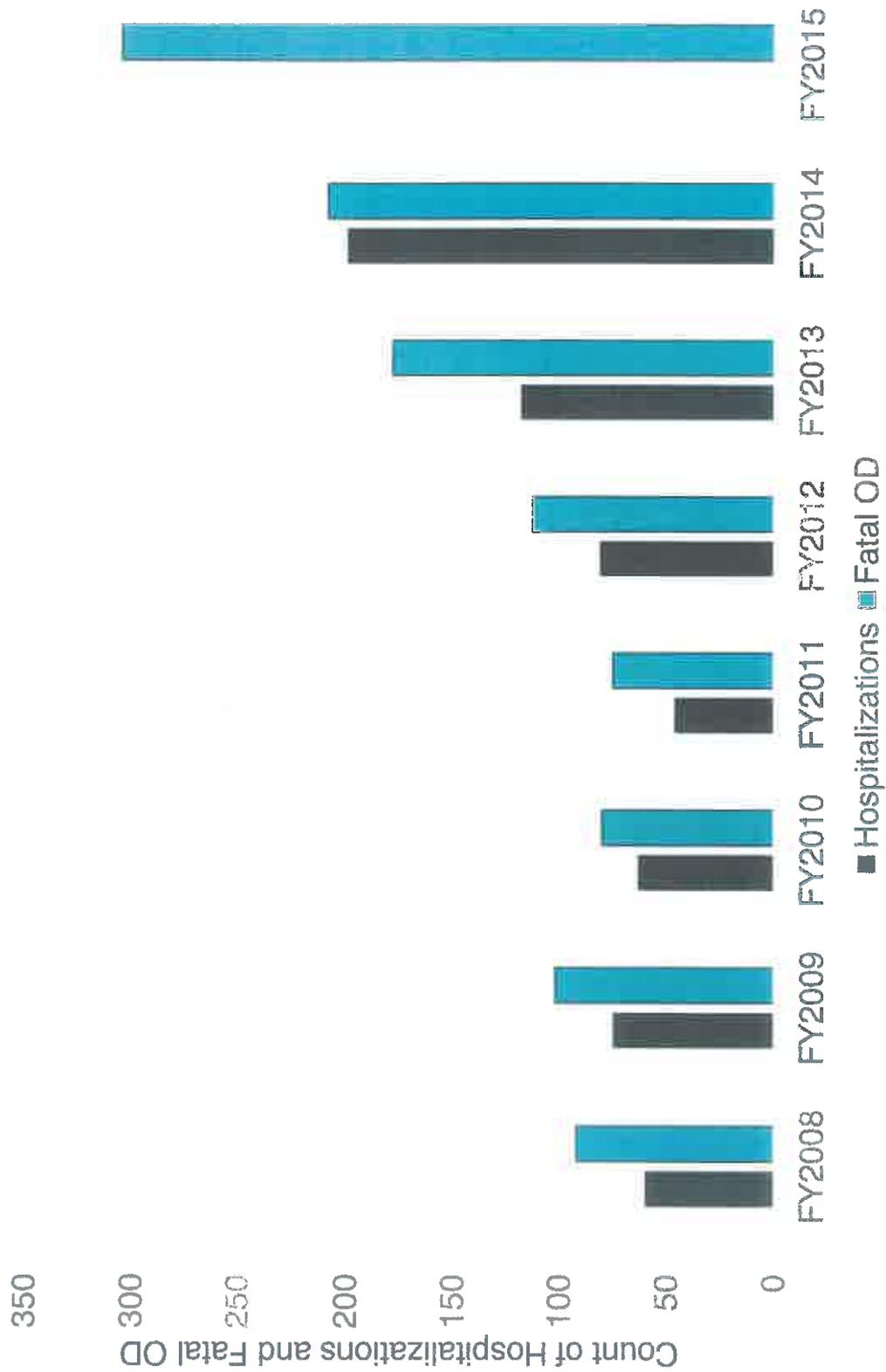


Data Sources: OCME Fata Drug Overdose Quarterly Report (2015 data are projected, preliminary figures); OFHS response to data request 12/30/2015.



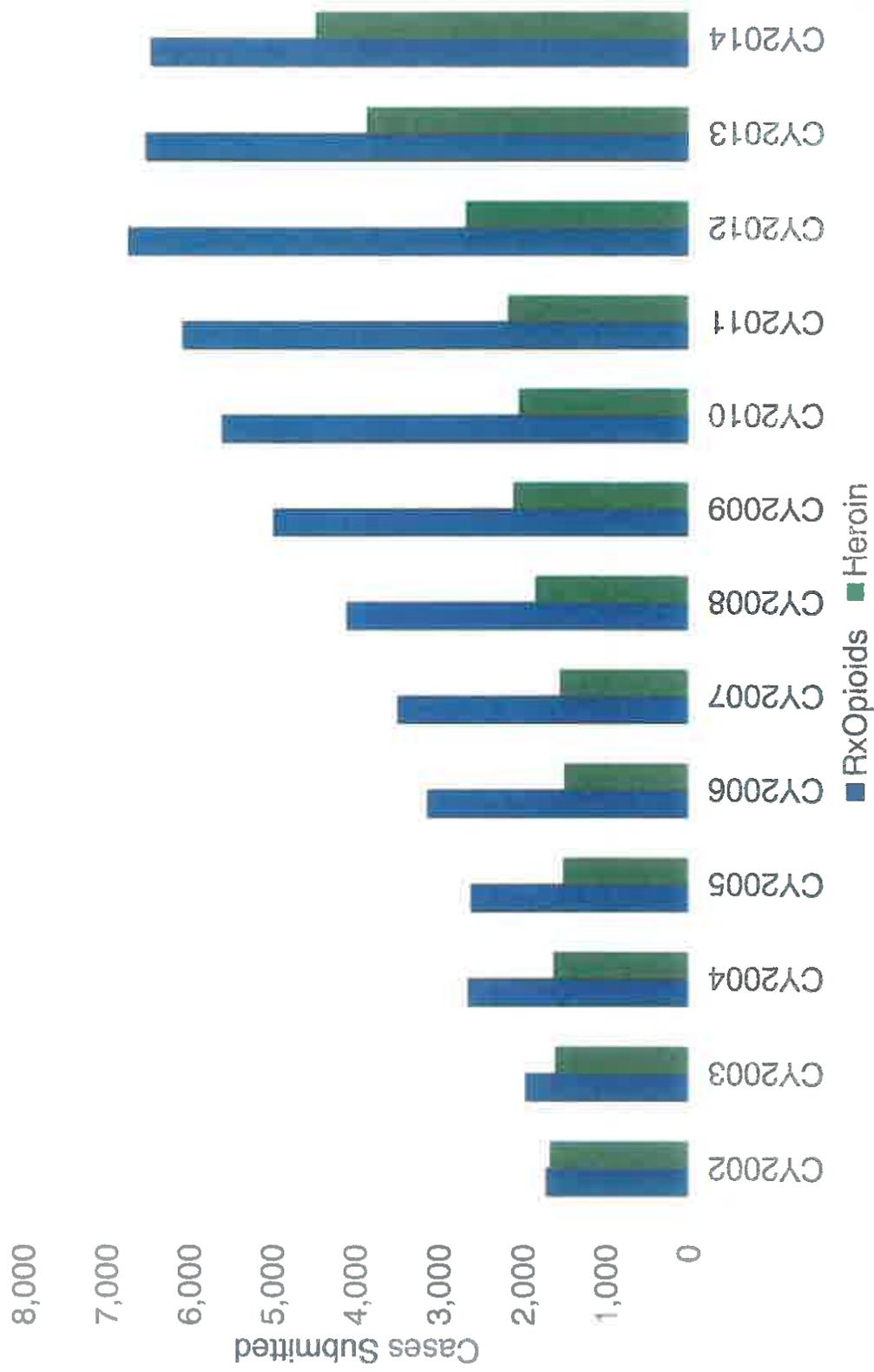
www.dcs.virginia.gov

Virginia Heroin Data Comparing Hospitalizations to Fatal Overdoses



Data Sources: OCME Fatal Drug Overdose Quarterly Report (2015 data are projected, preliminary figures); OFHS response to data request 12/30/2015

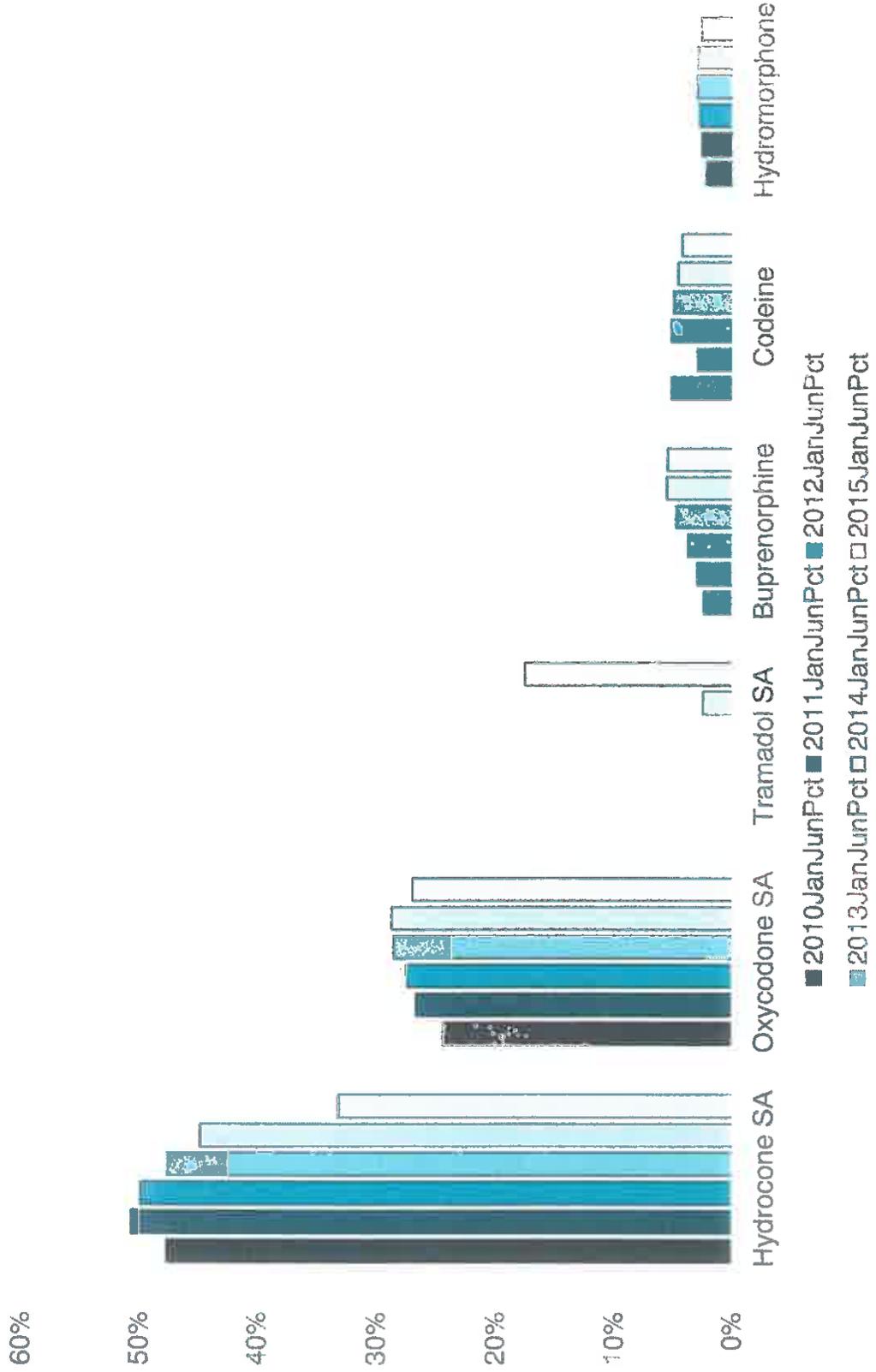
Submissions to Virginia Department of Forensic Science Prescription Opioids and Heroin



Data Source: DFS monthly submission to the National Forensic Laboratory Information System (NFLIS), shared with DCJS

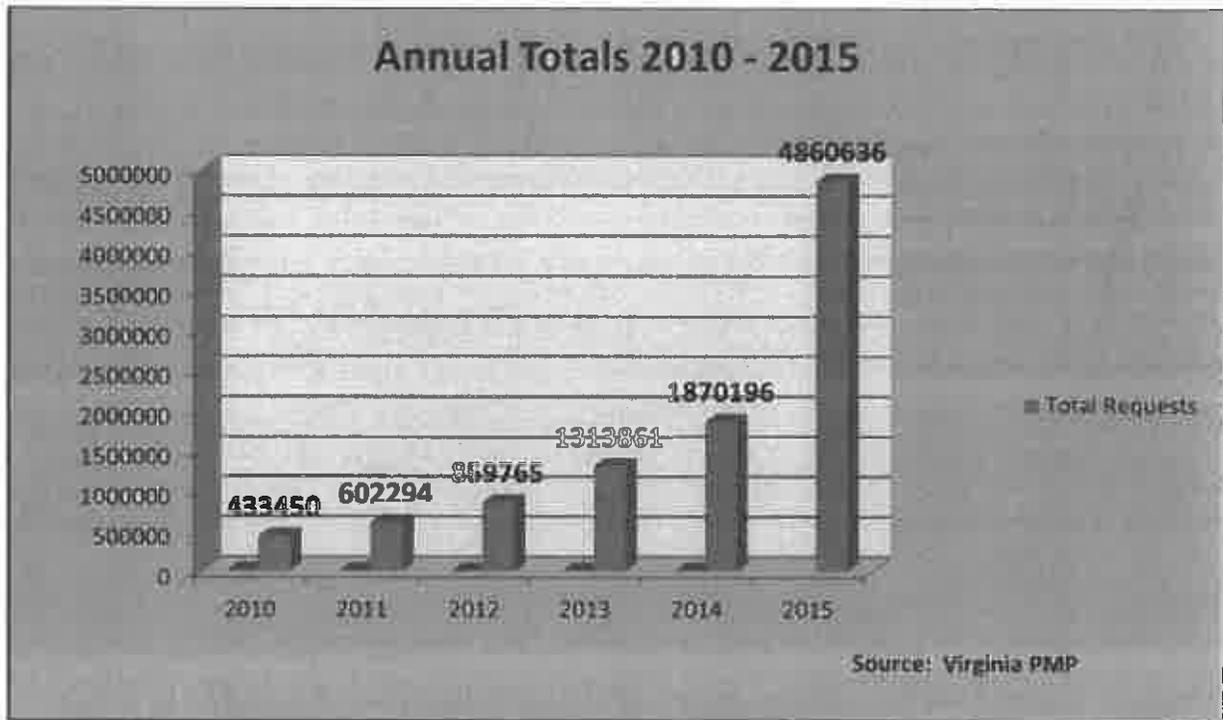
Opioids Prescribed in Virginia

Six Drugs Represent 90% of Opioid Prescriptions in First Half of 2015

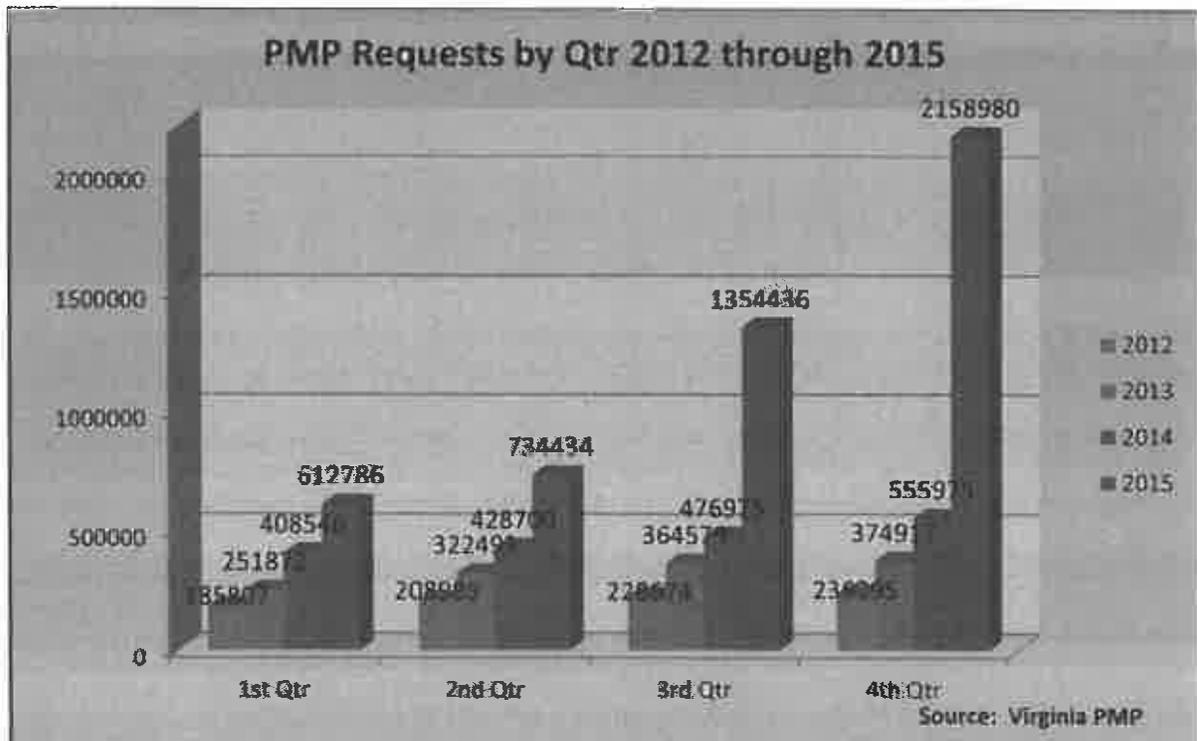


Data Sources: Brandeis University report, 11/23/2015. That report used Virginia Prescription Monitoring Program database as its source.

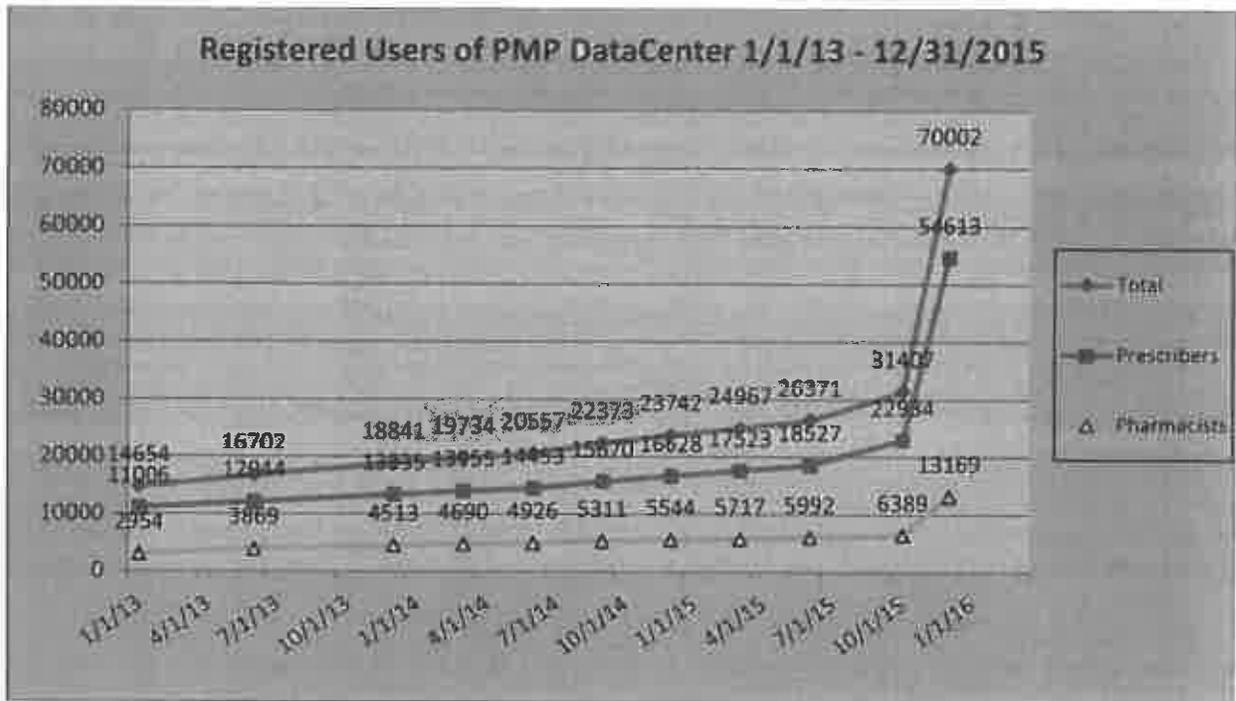
Virginia Prescription Monitoring Program Statistics 2015



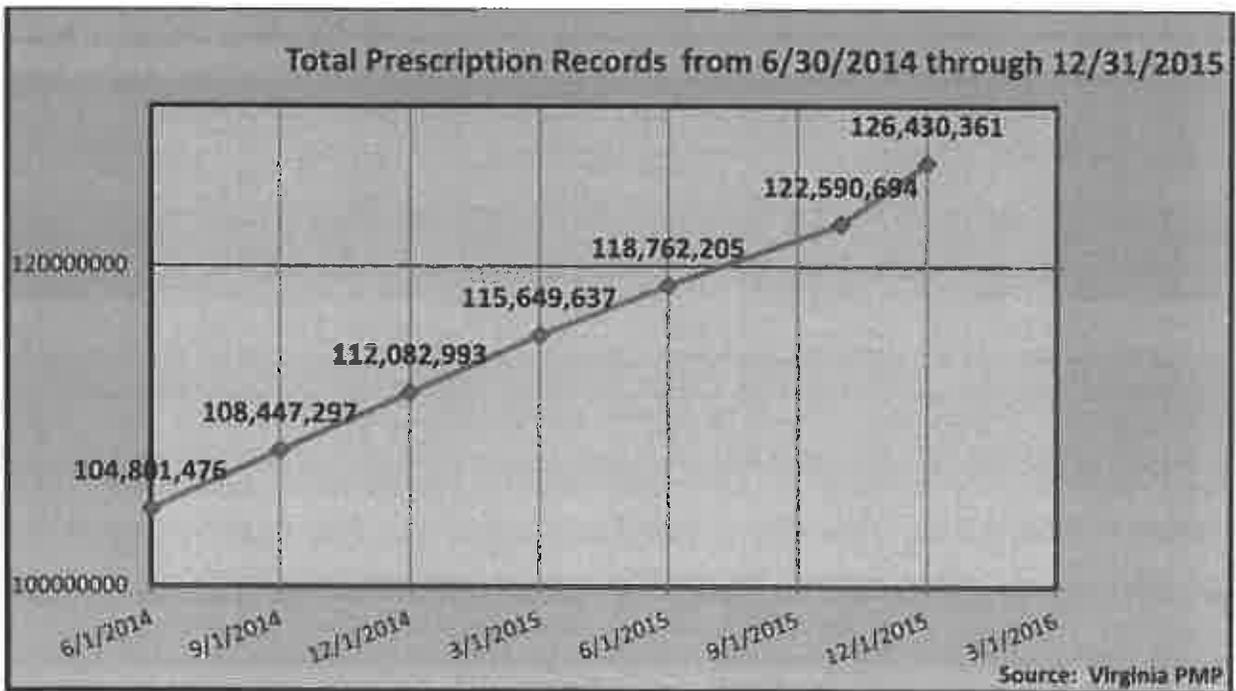
Interoperability has had a huge impact on the utilization of Virginia's PMP.



Virginia Prescription Monitoring Program Statistics 2015

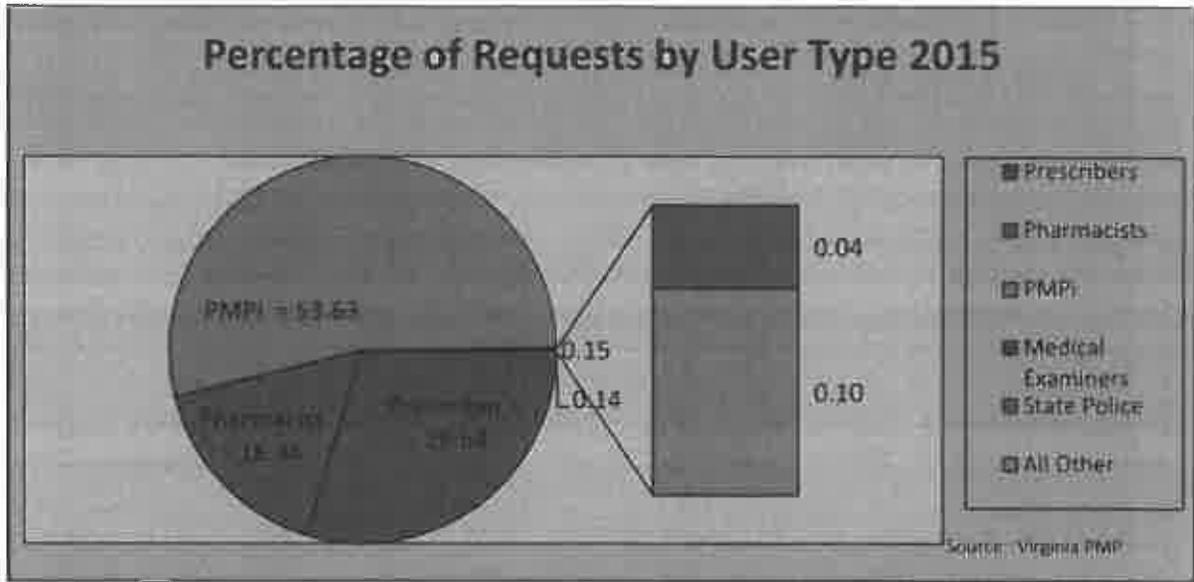


By year-end 2015, following the completion of automated registration, the PMP had 70,002 registered users and had enrolled 46,260 individuals during the calendar year.

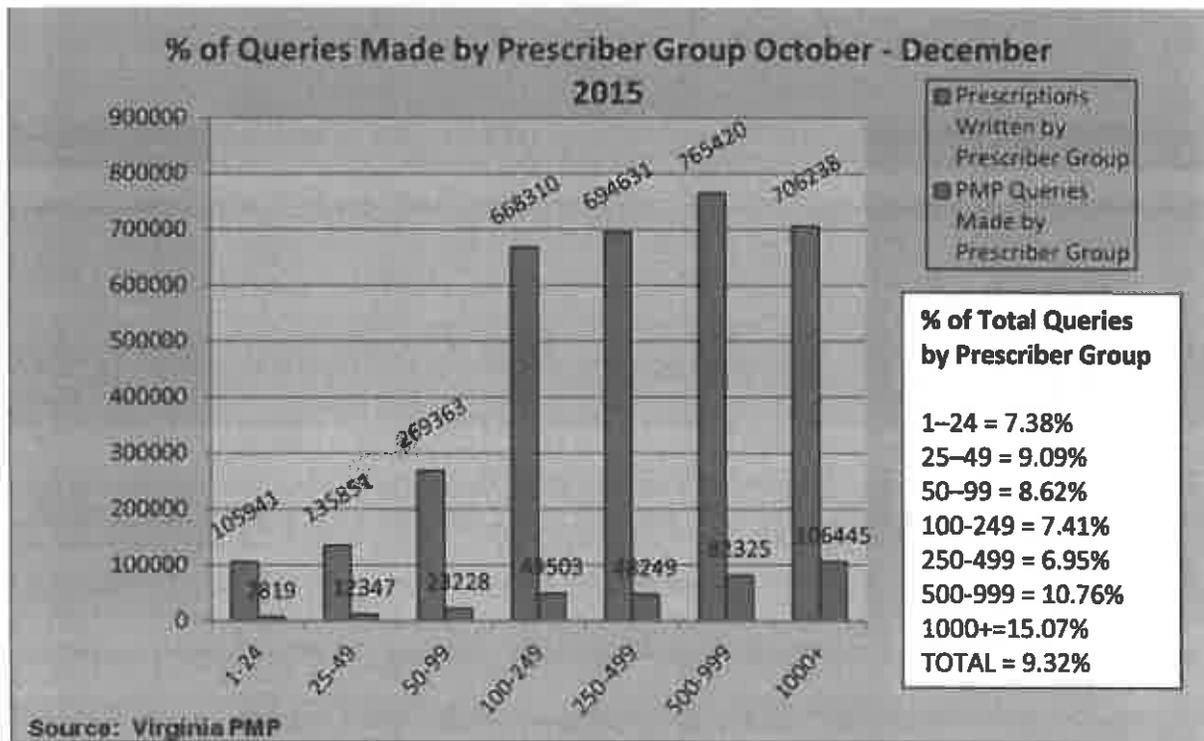


On January 8, 2016, the PMP program had collected 126,430,361 prescription records since its inception.

Virginia Prescription Monitoring Program Statistics 2015

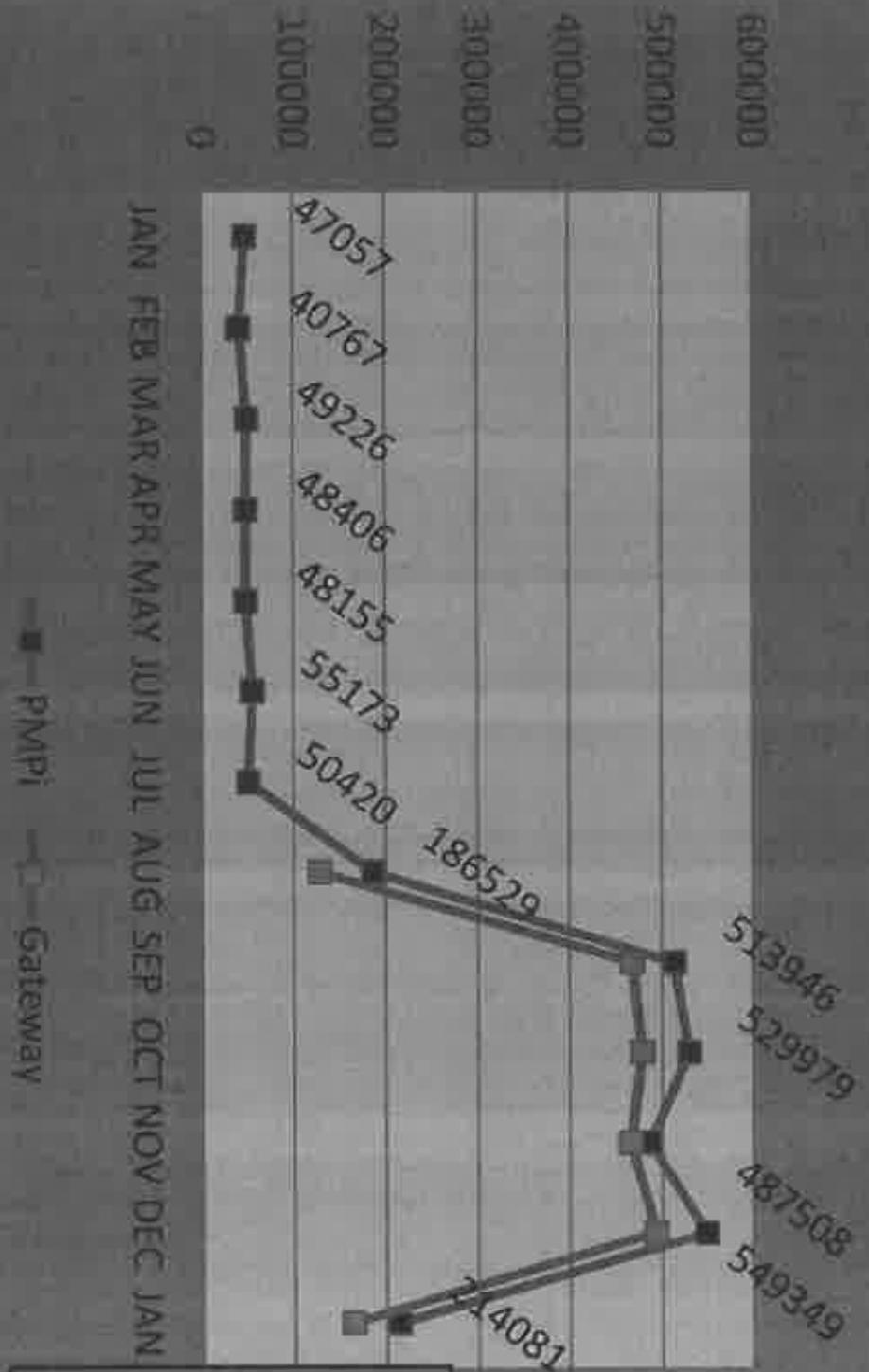


By year-end 2015, the interoperability portion of Virginia’s PMP was responsible for more than half of all processed requests (those being primarily prescribers and pharmacists).



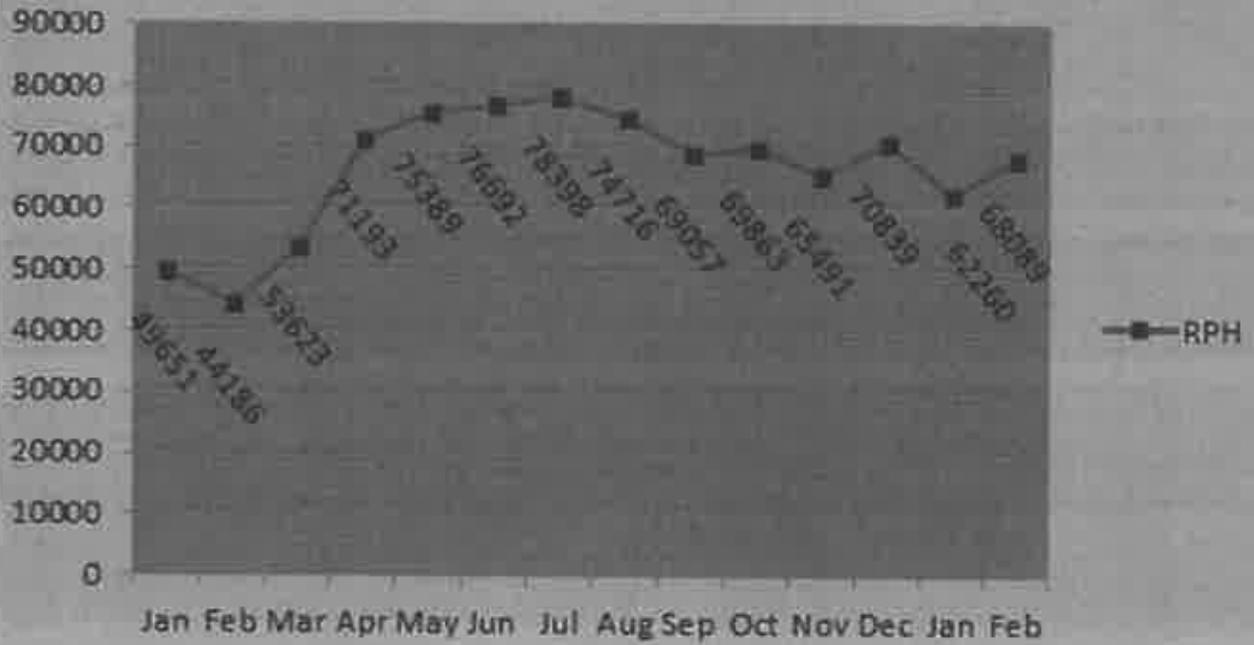
By year-end 2015, registered users had queried the database, on average, for 9.32% of all prescriptions written and dispensed.

Total PMPI and Total Gateway Requests Jan 2015 - Jan 2016



Gateway	
Aug	= 128599
Sept	= 468145
Oct	= 479085
Nov	= 466346
Dec	= 493745
Jan	= 164760

Requests from Pharmacists Jan 2015 - Jan 2016



Requests from Prescribers Jan 2015 - Jan 2016

