

Data and Monitoring Workgroup

	Share and integrate data among relevant licensing agencies, law enforcement, courts, health care providers and organizations, and programs such as the PMP, in order to clarify and address public safety and public health concerns, understand emerging trends, and utilize data driven decision making to mitigate harm						
Number	Potential Recommendations	Legislation Required ?	Fiscal Impact ?	Action Steps/ Responsible Party	NOTES	Timeframe (Dec/June)	Priority
1	Add pharmacists to mandatory registration with the PMP in addition to prescribers	Yes: Amend 54.1-2522.1	None		Also a recommendation from PMP Advisory Panel	Dec	
2	Revise statutory requirements for mandatory PMP registration and use. Existing code effective July 1, 2015 for mandatory registration depends on renewal cycle of licensees which will take 2 years to complete, mandatory use is restricted to chronic use lasting more than 90 days which excludes emergency room and dental prescribing and other acute use which may lead to misuse and abuse. Statute also ties mandatory requests to the existence of a treatment agreement which is considered to be a standard of practice for chronic pain management.	Yes Amend 54.1-2522.1	None	Obtain state statutes from TN, KY, and others. (Ralph Orr) Dec 16 meeting	PMP Advisory Panel recommended review of this statute	Dec	
3	Place Morphine Milligram Equivalent Dosing (medd)Score on PMP report. Develop guidance to inform prescribers and dispensers of what the score represents	No	According to vendor, feature can be added with no additional cost	Gather guidelines from other states or health systems (Dr. Forster, Ralph Orr) Dec 16 meeting	PMP Advisory panel consensus that medd information would be beneficial and should be added	Dec	

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4	Send "unsolicited reports" on specific patients to prescribers involving potentially high risk combinations of controlled substances (i.e. narcotics and benzodiazepines, Soma) or patients receiving more than 120 morphine milligram equivalents per day	No. Authority exists in 54.1-2523.1	Cost to develop new query protocols			Dec	
5	Send feedback to prescribers in the form of "report Cards" for "outliers" or "high-risk notices"	No. Authority exists in 54.1-2523 Para C-8	Cost to develop query protocols and for Printing/mailing	Check with Arizona: Can law enforcement access report cards? NO Are there other states with report cards? NM, OH (Ralph Orr)		Dec	
6	Add National Provider Identifier (NPI) as a required data element to be reported to PMP for prescribers of covered substances for human patients	Yes Amend 54.1-2521		NPI contains provider specialty information such as Cardiologist, Orthopedic Surgeon. Sample for Dec 16 meeting (Ralph Orr)	Needed to support sending feedback to prescribers and for reporting Drugs of concern when a prescriber does not have a DEA number.	?	
7	Add "Species Code" as a required data element to be reported to PMP for dispensing of covered substances	Yes Amend 54.1-2521			Would allow prescriptions prescribed and dispensed for animals to be readily identified in the PMP database	?	

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8	Expand who can access the PMP to reflect the team approach that is now being used in many practices (as opposed to current system, which ties pharmacist use to the dispensing function and prescriber use to the prescribing function)	Yes Amend 54.1-2523	None	Discuss Maryland and California legislative language. (Ralph Orr) DEC 16 meeting	Also a recommendation from PMP Advisory Panel	Dec	
9	Require daily reporting of dispensed prescriptions to PMP (as opposed to current requirement of within 7 days of dispensing)	Yes (currently within 7 days of dispensing in regulation)	Minimal impact related to changing schedule from 7 days	Review report to Senate Education and Health Committee (Ralph Orr)	PMP Advisory Panel consensus was to explore issue	June	
10	Reducing the list of those who are exempt from reporting to the PMP (DOD, veterinarians)	Yes		Richmond DEA office will reach out to federal partners to determine status of capability of reporting by DOD facilities to state PMPs. (Greg Cherundolo) More info is needed to determine need for veterinarian reporting of dispensing to PMP. Adding species code as a data element reported to PMP will assist in obtaining baseline data. (Ralph Orr, Dr. Miller)	Note: All 3 VA Facilities in Virginia are now reporting to the PMP	June	
	Mandate reporting of fatal overdoses to law enforcement by physicians/EMS/Hospitals	Possibly		Review available data of overdoses reported by emergency departments (Amanda Wahnich)		June	

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	Add ID requirement for dispensing of controlled substances in Schedules II-V and increase retention of ID information from 1 month to 6 months	Yes. Amend 54.1-3420.1		Gather information on other state ID requirements (Ralph Orr)		June	
	Require pharmacists to verify the validity of out of state prescriptions for CII controlled substances			Ascertain and obtain applicable Board of Pharmacy Guidance (Ralph Orr)		June	
	Send "unsolicited reports" on specific prescribers and pharmacies to Law Enforcement/Regulatory Boards indicating indiscriminate prescribing or dispensing	Yes. Amend 54.1-2523.1		Gather language from other states on this topic (Ralph Orr) Dec 16 meeting	Also a recommendation from PMP Advisory Panel	June	
	Send "unsolicited reports" on specific patients to law enforcement involving potentially high risk combinations of controlled substances (i.e. narcotics and benzodiazepines, Soma)	No. Authority exists in 54.1-2523.1				June	
	Allow a prescriber to complete an affidavit in lieu of appearing in person for a criminal case	Yes		Obtain more information on possible legal issues (Katya Herndon) Dec 16 Meeting		June	
	Placeholder for recommendations related to promoting the e-prescribing of controlled substances					June	

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	Create Overdose Death Review Team Violent death group to create	Yes		Similar to authority for Maternal Mortality Review Team		June	