

# ***VERMONT2007***

*Vermont Prescription Monitoring Program*

Report to the Legislature on **Act 205**  
January 15, 2008

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## **Executive Summary**

The Vermont Department of Health was authorized by the Legislature to establish the Vermont Prescription Monitoring System (VPMS) in July 2006, subject to the availability of outside funding. The Department had received notice from the Bureau of Justice Administration that it would receive a Development grant of \$350,000 upon passage of authorizing legislation. While the Development grant was originally awarded to cover the period May 1, 2005 to July 31, 2006, because to the delay in passage of the legislation, the grant was extended to September 2008.

The goal of the program is to reduce the incidence of abuse of and addiction to controlled substances in the population of Vermont, while insuring that patients receive adequate and timely medications for pain and other conditions that can benefit from a regimen of controlled substance.

The VPMS resides in the Division of Alcohol and Drug Abuse Programs of the Department of Health that is headed by one of two Deputy Commissioners. It is overseen by Chief of the Treatment Services, with support from the Substance Abuse Program Coordinator. There is a VPMS Advisory Committee appointed by the Commissioner of Health which is available to advise the Department on the development and the ongoing operation of the System.

Act 205 requires the VPMS Advisory Committee to issue a report the Senate and House Committees on Judiciary, the Senate Committee on Health and Welfare, and the House Committee on Human Service in January 2008, 2010, and 2012. This is the first of these required reports.

## ***Introduction***

Act 205, 2006, authorized the Department of Health to establish the Vermont Prescription Monitoring System (VPMS), contingent upon the receipt of federal funding. The System will collect a standard set of information on each Controlled Substance dispensed by an outpatient pharmacy licensed by the State, and hold that information in a central database for six years. Information from the database will be available to providers, including pharmacists, to use in the active treatment of a patient. The purpose of the database is to provide a complete picture of a patient's Controlled Substance use, so that the provider can properly manage the patient's treatment, including the referral of a patient to services offering treatment for drug abuse or addiction. The VPMS data may also be used by professional licensure boards as a part of an active investigation of an individual licensed by the board. Patients may also access their personal data. In certain very limited cases, information from the VPMS database may also be provided to the Department of Public Safety.

### Need

There is broad consensus within the System's Advisory Committee that the need for the database is critical. Recent reports at the state and national level indicate that the abuse of pharmaceutical drugs is the fastest growing area of use and addiction, and abuse is becoming a major problem among youth and young adults.

### Advisory Committee Membership

Act 205 names fourteen individuals or organizations that were to be included in the membership of the System's Advisory Committee. The members include representation from:

- The Commissioner of Health
- The Deputy Commissioner of Health for ADAP
- Consumers in recovery from drug abuse, and receiving treatment for chronic pain
- Vermont Medical Society
- Vermont State Nurses Association
- Vermont Dental Society
- Appropriate licensure boards
- Retail pharmacies
- Pharmacists
- Emergency Department physicians
- Commissioner of Vermont Public Safety
- Attorney General
- Drug and Alcohol treatment professionals

In addition, over thirty people receive the mailings on the Committee and many attend the meetings. The Advisory Committee has met four times in 2007 to discuss the structuring and operation of the VPMS, including the development of Rules to implement the System.

## **Objectives**

The major objectives of the VPMS include:

- Establishing a database containing the individual controlled substances medication history of each patient receiving such drugs in VT.
- Establishing a mechanism through which health care providers and pharmacists can readily access this database to view a patient's controlled substance history prior to prescribing or dispensing such medications.
- Establish a multi-disciplined VPMS Advisory Committee to advise the Department of Health on the development and implementation of the System.
- Once sufficient data are available in the database, to periodically produce "Threshold Reports" of patients using multiple providers, and/or multiple pharmacies to obtain controlled substances, or patients who are using extraordinary amounts of such drugs.
- To respond to requests from licensure boards for information on the prescribing or dispensing history of a licensee under specific investigation by the board.
- To alert the appropriate professional board when the Commissioner reasonably suspects fraudulent or illegal activity by a health care provider.
- To disclose to Public Safety information on patient activity in order to avert a serious and imminent threat to a person or the public.

## **Implementation**

Key implementation activities of the System to date include:

- Engaging an outside consultant to work on implementation of the System.
- The formation of an internal Management Committee for the System.
- Development of the program outline and timetables for implementation.
- Establishment of the VPMS Advisory Committee, which has had four meetings this year.
- The successful review of the System's information technology needs by the Departmental IT review committee.
- Development of proposed Rules for the System, with significant input from the Advisory Committee and the public.
- Working towards Adoption of Rules for implementation of the System. The Rules have successfully been reviewed at the Department level, and by the state's Interagency Committee on Administrative Rules. A public hearing was held on October 29, 2007. Following a review of the modified Rules by the Advisory Committee on November 29, 2007, the Rules will be forwarded to the Secretary of State, and scheduled for review by the Legislative Committee on Administrative Rules. The Final Rules will subsequently be released by the Department, with an implementation date of May 2008.
- Extensive research of Prescription Monitoring Programs in other states, including site visits to Maine and Nevada, and attendance at a meeting of New England states PMP representatives in September.

- Working towards development of the System's Request for Proposals for a vendor to provide the database development and maintenance, including providing web-portal access to registered providers and pharmacists for the timely query of the database.

**Conclusion**

The VPMS is off to a deliberate and thoughtful start. Within the next few months, an outside vendor will be selected to develop and manage the VPMS database so that the various System objectives can be achieved. The Department is committed to continuing to work closely with the VPMS Advisory Committee as it moves from adoption of the overarching Rules, to the specifics of the System's implementation. This effort will only be successful if it gains the broad support of providers, pharmacists, and key health policy interests in the State. The best way to do this is through the continued engagement of the broad range of interests represented in the Advisory Committee membership.