

# ***VERMONT2008***

*Vermont Prescription Monitoring Program*

Report to the Legislature on **Act 205**  
January 15, 2009



**DEPARTMENT OF HEALTH**  
**Agency of Human Services**

108 Cherry Street, PO Box 70  
Burlington, VT 05402  
1.802.863.7341  
healthvermont.gov

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## **Executive Summary**

The Vermont Prescription Monitoring System (VPMS) resides in the Department of Health, Division of Alcohol and Drug Abuse Programs. It is overseen by the Chief of the Treatment Services, and the Deputy Commissioner for Substance Abuse. There is a VPMS Advisory Committee appointed by the Commissioner of Health which advises the Department on the development and the ongoing operation of the System. In addition, a Medical Affairs Committee has been formed to provide the Program with medical guidance.

Act 205 requires the VPMS Advisory Committee to issue a report to 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. However, given the extensive Program activity during 2008, the Department of Health's Division of Alcohol and Drug Abuse Programs determined that a report would be beneficial to the Legislature.

## ***Background***

The Vermont Department of Health was authorized by the Legislature to establish the VPMS in July 2006, subject to the availability of outside funding. The Department had received notice from the Bureau of Justice Administration (BJA) that it would receive a Development grant of \$350,000 upon passage of authorizing legislation. The initial grant was awarded to cover the period May 1, 2005 to July 31, 2006. However, because of the delay in passage of the legislation, and the subsequent need to develop several components of the System, the initial grant has been extended to June 30, 2009. In the interim, the Department has also been awarded an Enhancement Grant from BJA that will support many of the Program costs through June of 2010.

The goal of the program is to reduce the incidence of abuse of, and addiction to, controlled substances<sup>1</sup> 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 substances.

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<sup>1</sup> Controlled substances are substances which have potential for abuse, development of addiction or dependence. They are designated by the Federal Drug Enforcement Administration as Schedule I - V (C-I, C-II, C-III, C-IV and C-V) according to their medical use, potential for abuse, and safety or dependence liability. Refer to [21 CFR 1308](#) for the schedules of controlled substances.

## ***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 directly from the Commissioner of Health as prescribed in the legislation.

## ***Program Planning and Implementation***

### **Meeting a Critical Need**

There is broad consensus within the VPMS program's Advisory Committee and the broader public 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 is becoming a major problem among youth and young adults. Excluding alcohol, and after marijuana, prescription drugs are the second most commonly abused substances among every age group in Vermont.

- Almost a third (32%) of teens say they abuse prescription painkillers because they believe there are fewer side effects than from street drugs. (PATS, 2006)
- Nearly three out of 10 teens believe prescription painkillers—even if not prescribed by a doctor—are not addictive (PATS, 2000, [http://www.drugfree.org/portal/drugissue/research/teens\\_2005/Generation Rx Study Confirms Abuse of Prescription](http://www.drugfree.org/portal/drugissue/research/teens_2005/Generation_Rx_Study_Confirms_Abuse_of_Prescription) )

### **Advisory Committee Membership**

Act 205 names fourteen individuals or organizations that are to be included in the membership of the System's Advisory Committee. (Membership list in Appendix A)

The Advisory Committee met four times in 2008 to discuss the structure and operation of the VPMS, including the development of rules for implementing the System. In addition, over thirty people receive the Committee mailings and many attend the meetings. The Advisory Committee has met four times in 2008

### **Medical Affairs Committee**

The VPMS Medical Affairs Committee (MAC) is a group of health care professionals, selected for their professional clinical expertise, who advise the VPMS Advisory Committee and the Department of Health on issues related to the prescription and dispensing of controlled substances, the referral of patients to appropriate treatment and/or rehabilitation services, and, in broad terms, the behavior of health care providers as it relates to controlled substances.

(Membership list in Appendix B)

### **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.
- Produce reports to support the efforts of prescribers and pharmacists to assure that the drugs they prescribe or dispense are being put to legitimate use.
- 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 the Department of Public Safety information on patient activity in order to avert a serious and imminent threat to a person or the public.

### **Status and Accomplishments**

Accomplishments of the System in 2008 include:

- Engagement of a full-time Program Coordinator in March 2008.
- Selection of Database Vender, Development of an RFP for a vender to provide the Vermont Prescription Monitoring System with support for the development, implementation, and on-going maintenance of a database containing information on all controlled substances dispensed by pharmacies. Reviewed proposals from five vendors, and made a final vender selection.
- Successful completion of contract negotiations with the selected vender, Health Information Design. Contract concluded on September 8, 2008.
- Health Information Design worked with VPMS staff to develop and implement the database, which will start on January 1, 2009.
- The writing of the rule for the operation of the VPMS. It was reviewed at various levels as required by law, and approved by the LCAR on May 8, 2008, prior to its being issued by the Department with an effective date of June 1, 2008.
- The convening of several meetings of the VPMS Advisory Committee and the Medical Affairs Committee during 2008 to provide advice and comments on the development and policies of the VPMS.
- Development and distribution to pharmacies of a public notice informing the public that information on all controlled substances dispensed in Vermont is held in a Department of Health database. Pharmacies are required to either post this notice, or include it in material given to the consumer.

- Enrolled 106 out of 141 in-state (about 75%), and 158 out of the 295 out-of-state pharmacies (about 54%) licensed by Vermont as contributors to the VPMS database as of 01/09/2009; Data from these pharmacies are available from the database for controlled substances dispensed on or after July 1, 2008. (The VPMS is actively enrolling Vermont licensed pharmacies each day; the numbers above are based on a point-in-time of 1/09/2009).
- Extensive research of Prescription Monitoring Programs in other states, including attending the national meeting of the Alliance of States with Prescription Monitoring Programs in October, 2008.

#### **Potential Challenges or Politically Sensitive Issues**

- Since the Bureau of Justice Administration grant funding may only be available for three years, and in Years 2 and 3 does not cover the full cost of the VPMS, some other source of funding may be needed to support the program.
- Providers in bordering states who do not hold a VT license cannot access the VPMS database for information on patients living in Vermont.
- Pharmacies in bordering states that do not hold a VT license are not required to report information on Vermont residents to the database.
- Maintaining the integrity of the VPMS database such that only individuals authorized by law obtain VPMS data.
- Maintaining the focus of the VPMS program on its primary role of enhancing public health and the primary objective of providing a tool to assist providers in their care of patients.
- Finding effective methods of registering providers to allow them to use the web-portal access feature of the VPMS, and to assist them with tools to effectively treat patients with drug abuse problems.
- Ensuring that providers are aware of treatment and rehabilitation options for patients experiencing drug abuse problems.

## ***Conclusion***

The planning and initial implementation of the VPMS program has moved forward smoothly. The Department is committed to continue working closely with the VPMS Advisory Committee, Medical Affairs Committee and other key partners as it implements the Program in January 2009. This effort will only be successful if it gains the broad supports of providers, pharmacists, and key health policy stakeholders in the State. The most effective strategy for accomplishing this is through the continued engagement of the broad range of interests represented in the Advisory Committee and Medical Affairs Committee membership. In the development of the rule and policies for the program, program staff and advisory committee members have worked to maintain a transparent process that allows for the input of all interested parties. It is believed that this approach will serve to create a solid foundation for the Program's success.

## Appendix A

### **Advisory Committee Membership**

The members include representation from:

- The Commissioner of Health
- The Deputy Commissioner of Health for Substance Abuse
- 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 the Department of Vermont Public Safety
- Attorney General
- Drug and Alcohol treatment professionals

## Appendix B

### **VPMS Medical Affairs Committee (MAC)**

Membership on this committee includes:

- Donald Swartz, MD - Medical Director, VT Department of Health (Chair)
- Todd Mandell, MD - ADAP Medical Director
- Zail Berry, MD - Specialty Practitioner (Medical/Surgical) – Oncologist, Palliative Care, Pain Management
- Steve Leffer, MD - Emergency Medical Physicians
- Jennifer Laurent, FNP - Nurse Practitioner
- Jeffrey Crandall, DDS - Dentist
- Thea Yates, RPh- Pharmacist
- Halle Sobel, MD– Primary Care Internal Medicine
- Rick Baum, DVM- Veterinarian