



Louisiana Board of Pharmacy

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EXECUTIVE COMMITTEE MEETING

May 18, 2005

MINUTES

The Executive Committee of the Louisiana Board of Pharmacy, scheduled to meet on May 18, 2005, in conjunction with the Prescription Monitoring Program Task Force, convened at 10:00 a.m., at the Louisiana Board of Pharmacy office, 5615 Corporate Blvd., Suite 8-E, Baton Rouge, Louisiana, to consider and discuss the following agenda:

A G E N D A

1. Call to Order
2. Opportunity for Public Comment
3. Prescription Monitoring Program
4. Adjourn

Those Executive Committee members in attendance were: Carl W. Aron (President), Dr. Reuben Dixon, Joe Adams, and Morris Rabb.

Other Board of Pharmacy representatives present were: Malcolm Broussard (Executive Director), Carlos Finalet (General Counsel), and Kathleen Gaudet (Chief Compliance Officer).

Invited guests or designees present were: Alfred Gaudet (LA Board of Medical Examiners), C. Barry Ogden (LA Board of Dentistry), J.J. Williams (LA District Attorneys Association), Jack Stephens (LA Sheriff's Association), Brenda Ward (LA Board of Psychologists), Captain David Staton (LA State Police), Donald Hickman (DEA), Brenda Lands (DHH – Office of Addictive Disorders), Donna Mayeux (Executive Director – LA Pharmacists Association), Peggy Griener (LA State Board of Nursing) and Joni Nickens (LA Association of Nurse Practitioners), and Ward Blackwell (LA Dental Association).

Invited guests not present: Dave Tarver (LA State Medical Society), Steve Erwin (DHH – Bureau of Health Standards), Kyle Ardoin (LIPA), Barbara Morvant (Board of Nursing), and Bud Courson (Courson, Nickel, LLC, for NACDS).

Public Observers were: Raymond Gibbs (Jefferson Parish Sheriff's Office), John Thevenot (Jefferson Parish Sheriff's Office), Warren Bujol (Jefferson Parish Sheriff's Office), Capt. Chad Clark (St. Bernard Sheriff's Office), Capt. Pete Tofaro (St. Bernard Sheriff's Office), Jude Mathews (State Police), Jacques Kado (OAD), Warren Bujole, and Deanna Murray (Purdue Pharma).

Prescription Monitoring Program (“PMP”)

Mr. Aron presented House Concurrent Resolution 98 filed by Rep. Badon (Exhibit A) proposing a task force to address prescription monitoring. Not all the entities represented at today’s meeting are named to the task force as established by the Resolution. Mr. Broussard will approach the Legislature to amend the resolution to add those not named.

The Chair recognized Mr. Broussard for an update on the progress of his research. Mr. Broussard explained that the plan is to model our state’s language after language already present in other states. Mr. Broussard will also file for additional federal grants as allowed for the establishment and maintenance of a PMP.

Mr. Broussard directed the Task Force to “Objectives & Performance Measures” (Exhibit B), and requested today’s meeting concentrate on Objective #3: ‘Determine extent of problem related to drug abuse and diversion’.

Referencing Objective #5 – ‘Identify and adjudicate persons engaged in diversion of CDS’, Mr. Broussard explained that the federal government wants to have a before and after picture when parceling grants. Law enforcement representatives will be asked to provide these numbers. Regulatory boards will also be asked to provide numbers for administrative adjudication.

Brenda Lands and Jacques Kado (DHH-OAD) provided ‘Admissions to Treatment Programs’ (Exhibit C). This synopsis covers addictions to drugs, alcohol and gambling.

Donald Hickman (DEA) discussed DEA’s Arcos Report (Exhibit D), comparing utilization of selected controlled substances in Louisiana and Louisiana’s ranking compared to other states. The DEA ranks the states by these numbers which are based on grams of Target Drug per 100,000 of population. The higher the number, the better the state sits in the rankings.

Sheriff Stephens pointed out that Louisiana is ranked 4th in the country. This ranking highlights the pervasive problem he is seeing in his area as a result of methadone deaths. Mr. Hickman clarified that this number does not include those doses going to methadone clinics. Mr. Broussard also clarified that these numbers only address legal transactions, not illegal diversion.

Mr. Tufaro presented a handout outlining the causes of death attributable to drug-induced mortality by parish of residence from 2001-2003. (Exhibit E) The numbers cover any death in the state where drugs were involved (i.e. drug-related overdose deaths). The codes noted in this report will be defined for the Committee’s review at its next meeting.

Mr. Broussard directed Mr. Finalet to research and compile all laws from other states that establish PMP’s. He also referred to the Model Act (Exhibit F) for a conceptual framework.

Mr. Broussard suggested that any legislation might place the PMP provisions in the Louisiana Revised Statutes, Title 40 – Uniform Controlled Dangerous Substances Act.

Mr. Broussard's desire is for a bi-weekly update of the information in the PMP database. This would allow for time limitations and other logistical obstacles.

Those who would have access to the PMP information would be prescribers, dispensers, law enforcement, drug addiction treatment programs, and federal and state regulators.

Mr. Ogden (LA Board of Dentistry) suggested that, due to the potential lag time in accessing the information, perhaps we should restrict the access and cut out the prescribers' access to the information. Limit it to the pharmacies and law enforcement. However, Mr. Gaudet (LA Medical Board) stated he has received feedback in favor of prescribers' access. Several other attendees voiced similar feedback.

Mr. Broussard concluded with a review of the Project Timeline for the PMP (Exhibit G).

The next meeting of the Task Force is tentatively set for Thursday, August 4, 2005.

Action Items

Mr. Finalet will research and prepare for dissemination at the next meeting all statutes from other states establishing a PMP program.

Adjournment: The Task Force adjourned at approximately 12:00 p.m.

I certify that the foregoing are true and accurate minutes of a meeting of the Executive Committee of the Louisiana Board of Pharmacy, held on the above noted date.



Malcolm J. Broussard
Executive Director

Prepared by: Carlos M. Finalet, III, General Counsel

ORIGINAL

HLS 05RS-721

Regular Session, 2005

HOUSE CONCURRENT RESOLUTION NO. 98

BY REPRESENTATIVE BADON

HEALTH: Requests a study of the feasibility and effectiveness of a prescription monitoring program for controlled dangerous substances

1 A CONCURRENT RESOLUTION

2 To request the Louisiana Board of Pharmacy to study the feasibility and effectiveness of
3 implementing a prescription monitoring program for controlled dangerous
4 substances and to report its findings to the speaker of the House of Representatives
5 and the president of the Senate no later than February 1, 2006, and to create the
6 Prescription Monitoring Program Task Force to assist in this study.

7 WHEREAS, the abuse of controlled dangerous substances is a nationwide problem;

8 and

9 WHEREAS, many families in this state have been destroyed due to the devastating
10 effects of the abuse of controlled dangerous substances; and

11 WHEREAS, implementation of a prescription monitoring program for controlled
12 dangerous substances could curtail the abuse of controlled dangerous substances; and

13 WHEREAS, many states have implemented prescription monitoring programs for
14 controlled dangerous substances; and

15 WHEREAS, the Louisiana Board of Pharmacy is the state agency best equipped to
16 monitor a prescription monitoring program.

17 THEREFORE, BE IT RESOLVED that the Louisiana Board of Pharmacy, with the
18 assistance of the task force created herein, shall study a variety of issues relating to the
19 feasibility and effectiveness of implementing a prescription monitoring program for
20 controlled dangerous substances.

1 BE IT FURTHER RESOLVED that the Legislature of Louisiana does hereby create
2 the Prescription Monitoring Program Task Force to assist the Louisiana Board of Pharmacy
3 in conducting this study. The task force shall be composed of the following members:

- 4 (1) The president of the Louisiana State Board of Medical Examiners or his
5 designee.
- 6 (2) The president of the Louisiana State Board of Dentistry or his designee.
- 7 (3) The president of the Louisiana State Board of Psychologists or his designee.
- 8 (4) The president of the Louisiana State Board of Nursing or his designee.
- 9 (5) The colonel of the office the Louisiana State Police or his designee.
- 10 (6) The secretary of the Department of Health and Hospitals or his designee.
- 11 (7) The president of the Louisiana Board of Pharmacy or his designee.
- 12 (8) The president of the Louisiana State Medical Society or his designee.
- 13 (9) The president of the Louisiana Pharmacists Association or his designee.
- 14 (10) A representative from the Drug Enforcement Agency.
- 15 (11) The president of the Louisiana Independent Pharmacies Association or his
16 designee.
- 17 (12) The president of the Louisiana Nurse Practitioner's Association, or his designee.
- 18 (13) The speaker of the Louisiana House of Representatives, or his designee.
- 19 (14) The president of the Louisiana Senate, or his designee.
- 20 (15) The chairman of the House Committee on Health and Welfare or his designee.
- 21 (16) The chairman of the Senate Committee on Health and Welfare or his designee.

22 BE IT FURTHER RESOLVED that the members of the task force shall serve at the
23 pleasure of the appointing authority. The members shall elect a chairman and vice chairman
24 whose duties shall be established by the task force.

25 BE IT FURTHER RESOLVED that the Louisiana Board of Pharmacy shall fix a
26 time and place for regular meetings of the task force and shall meet at least quarterly.

27 BE IT FURTHER RESOLVED that a majority of the membership of the task force
28 shall constitute a quorum and shall be necessary to take action.

1 BE IT FURTHER RESOLVED the Louisiana Board of Pharmacy shall report its
2 findings to the speaker of the House of Representatives and the president of the Senate no
3 later than February 1, 2006.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument.

Badon

HCR No. 98

Requests the Louisiana Board of Pharmacy study the feasibility and effectiveness of implementing a prescription monitoring program for controlled dangerous substances and to report its findings to the speaker of the House of Representatives and the president of the Senate no later than February 1, 2006. Creates the Prescription Monitoring Program Task Force to assist in this study.

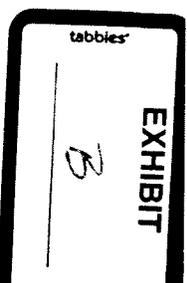
Louisiana Board of Pharmacy
Louisiana Controlled Substance Utilization Review Program

Objectives & Performance Measures

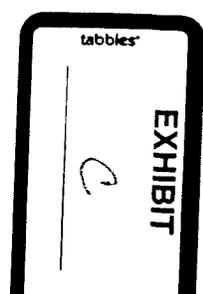
Objective

Performance Measure

1. Increase number of stakeholders.
 - A. Number of stakeholders.
2. Increase understanding of PMP among stakeholders.
 - A. Number of site visits to PMPs.
 - B. Number of regional and national PMP planning meetings.
3. Determine extent of problem related to drug abuse and diversion.
 - A. Number of relevant emergency department (ED) and medical examiner (ME) reports.
 - B. Number of admissions to addiction treatment centers for prescription drug abuse.
 - C. State ranking in ARCOS reports.
4. Develop PMP implementation plan.
 - A. Draft enabling legislation.
5. Identify and adjudicate persons engaged in diversion of controlled substances.
 - A. Number of persons investigated for diversion of controlled substances before and after implementation.
 - B. Number of persons arrested for diversion of controlled substances before and after implementation.
 - C. Number of persons prosecuted for diversion of controlled substances before and after implementation.
 - D. Number of dosage units of controlled substances diverted by persons who have been prosecuted.
6. Develop and/or increase the efficiency of investigational efforts.
 - A. Number of investigations completed per investigator per year before and after implementation.
 - B. Average number of work hours/days spent per case before and after implementation.
7. Increase cooperative efforts between state/local agencies and federal agencies.
 - A. Number of joint investigations conducted.



Louisiana Board of Pharmacy
Louisiana Controlled Substance Utilization Review Program



Admissions to Treatment Programs (Detoxification, Inpatient, Outpatient, & Halfway Homes)

Age Grp.	State Fiscal Year Ending June 2001		State Fiscal Year Ending June 2002		State Fiscal Year Ending June 2003		State Fiscal Year Ending June 2004	
		% of total						
0-17	2,453	8.1	2,103	7.2	1,942	6.4	2,387	7.3
18-20	2,295	7.6	2,079	7.1	1,982	6.6	2,191	6.7
21-24	3,488	11.6	3,470	11.9	3,681	12.2	4,156	12.8
25-34	8,284	27.5	7,634	26.2	8,157	27.0	8,770	26.9
35-44	9,329	31.0	9,231	31.6	9,380	31.0	9,432	28.9
45-54	3,521	11.7	3,873	13.3	4,182	13.8	4,614	14.2
55-64	648	2.1	667	2.3	762	2.5	861	2.6
65 +	123	0.4	109	0.4	127	0.5	184	0.6
Total	30,141	100.0	29,166	100.0	30,213	100.0	32,595	100.0
<u>Gender</u>								
Male	21,788	72.2	21,108	72.4	21,509	71.2	22,917	70.3
Female	8,353	27.8	8,058	27.6	8,704	28.8	9,678	29.7
Total	30,141	100.0	29,166	100.0	30,213	100.0	32,595	100.0

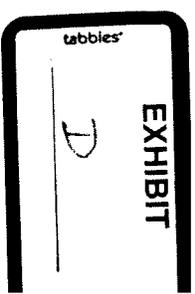
Source: Mr. Jacques Kado, I/T Support Specialist, Office for Addictive Disorders, La. Dept. of Health & Hospitals

Louisiana Board of Pharmacy
Louisiana Controlled Substance Utilization Review Program

Comparative Utilization of Selected Controlled Substances in Louisiana
Ranking of Louisiana Compared to Other States & Territories
Based on Grams of Target Drug Per 100,000 of Population

Drug	2004									
	1997	1998	1999	2000	2001	2002	2003	Jan - June		
<u>Stimulants</u>										
d-Amphetamine Base (Dexedrine)	31	19	18	18	8	6	5	4		
d-l Amphetamine Base (Adderall)	25	21	12	11	5	4	4	3		
d-Methamphetamine (Desoxyn)	40	41	45	N/A	47	43	41	32		
Cocaine	22	36	36	N/A	40	36	35	36		
Methylphenidate (Ritalin, Concerta)	37	36	34	33	30	28	22	18		
<u>Narcotics</u>										
Codeine	44	41	42	N/A	42	47	48	49		
Fentanyl Base (Duragesic)	15	10	12	N/A	9	41	41	37		
Hydrocodone (Vicodin, Lortab)	5	5	4	5	5	6	6	6		
Hydromorphone (Dilaudid)	35	28	36	N/A	39	36	32	N/A		
Meperidine (Demerol)	6	4	6	N/A	6	4	6	5		
Methadone	31	29	27	N/A	17	10	5	4		
Morphine	42	41	42	N/A	46	46	40	38		
Oxycodone (Percodan, OxyContin)	34	36	36	30	33	35	36	35		

Source: DEA - ARCOS Reports



Louisiana cause of death attributable to drug-induced mortality by parish of residence from 2001-2003**

Parish	2001		2002		2003	
	Population	Drug-induced Deaths	Population	Drug-induced Deaths	Population	Drug-induced Deaths
Acadia	58,835	*	59,085	8	59,165	11
Allen	25,446	*	25,360	0	25,334	*
Ascension	78,278	6	79,108	6	81,388	12
Assumption	23,253	*	23,618	*	23,291	*
Avoyelles	41,449	*	41,584	*	42,287	*
Beauregard	32,962	*	33,032	*	33,190	*
Bienville	15,560	*	15,590	*	15,580	*
Bossier	99,267	*	100,179	6	102,088	22
Caddo	252,574	14	253,474	25	254,216	35
Calcasieu	183,670	11	184,279	15	184,693	31
Caldwell	10,500	0	10,618	0	10,715	*
Cameron	9,862	0	9,795	0	9,717	*
Catahoula	10,518	*	10,850	0	10,717	0
Claiborne	16,533	0	16,463	*	16,428	*
Concordia	19,813	*	20,002	0	19,995	*
DeSoto	25,496	*	25,708	*	25,490	5
E. Baton Rouge	414,040	14	414,883	14	416,881	27
E. Carroll	9,222	0	9,080	0	9,005	0
E. Feliciana	21,416	0	21,083	*	20,940	*
Evangeline	35,469	*	35,434	6	35,180	*
Franklin	21,014	*	21,174	*	20,848	0
Grant	18,674	*	18,784	*	18,905	*
Iberia	73,349	6	73,518	*	73,842	7
Iberville	33,191	0	33,368	*	32,842	*
Jackson	15,122	*	15,420	*	15,591	*
Jefferson	453,116	61	455,927	99	456,779	107
Jeff. Davis	31,269	*	31,115	*	30,826	*
Lafayette	190,858	14	192,014	18	194,408	31
Lafourshe	90,255	8	90,477	7	91,034	5
LaSalle	14,139	0	14,305	*	14,349	0
Lincoln	42,375	*	42,688	*	42,882	*
Livingston	94,263	9	95,978	12	99,109	25
Madison	13,617	0	13,575	0	13,091	*
Morehouse	30,454	*	30,514	*	30,520	*
Natchitoches	39,273	0	39,308	7	39,328	*
Orleans	479,187	41	476,649	45	469,271	74
Ouachita	146,651	12	147,758	11	148,112	12
Plaquemines	26,998	*	27,409	5	28,049	*
Pt. Coupee	22,615	0	22,504	0	22,114	*
Rapides	126,542	8	126,979	6	127,184	6

Louisiana cause of death attributable to drug-induced mortality by parish of residence from 2001-2003**

Parish	2001		2002		2003	
	Population	Drug-induced Deaths	Population	Drug-induced Deaths	Population	Drug-induced Deaths
Red River	0	9592	0	9603	0	9556
Richland	*	20827	0	20584	0	20151
Sabine	*	23457	*	23383	0	23635
St. Bernard	15	66473	41	66758	0	66172
St. Charles	*	48336	*	48418	34	48351
St. Helena	*	10582	*	10601	10	10500
St. James	0	21221	*	21293	*	21139
St. John	*	43492	*	43267	0	44053
St. Landry	6	87785	10	87966	6	89128
St. Martin	*	49201	0	49178	11	49294
St. Mary	*	52293	7	52573	*	52403
St. Tammany	30	193466	32	196283	*	202203
Tangipahoa	9	100935	7	101450	50	102078
Tensas	*	6506	0	6511	12	6252
Terrebonne	7	104892	*	105935	0	106823
Union	*	22804	*	22745	19	22330
Vermilion	*	53651	*	54123	0	54274
Vernon	*	51995	*	51951	*	51959
Washington	8	43723	11	43603	*	43634
Webster	*	41480	*	41945	*	41441
W. Baton Rouge	*	21722	*	21686	*	21738
W. Carroll	0	12070	0	12332	*	12208
W. Feliciana	0	15138	*	15125	*	15177
Winn	*	16664	*	16644	0	16453
Louisiana	346	4,465,429	461	4482646	617	4465429

* cell size is less than 5

**2003 death data is preliminary

Note: ICD-10 codes for drug-induced deaths: F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14

Source: Research Division, College of Administration and Business, Louisiana Tech University
 Source of Louisiana state total: US Census Bureau
 Source: NCHS 2003 preliminary death data

Source:
 Louisiana
 Office of
 Public Health

National Association of State Controlled Substance Authorities (NASCSA)
&
Alliance of States with Prescription Monitoring Programs
Prescription Monitoring Program Model Act
October 2002



SECTION 1. Short Title

This Act shall be known and may be cited as the “Prescription Monitoring Program Model Act.”

SECTION 2. Legislative Findings

[insert state findings]

SECTION 3. Purpose

This act is intended to improve the state’s ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances or other licit drugs of abuse.

SECTION 4. Definitions

- (a) “Controlled substance” has the meaning given such term in *[section of the state controlled substances act]*.
- (b) “[*Designated state agency*]” means the state agency responsible for the functions listed in Section 5.
- (c) “Patient” means the person or animal who is the ultimate user of a drug for whom a prescription is issued and/or for whom a drug is dispensed.
- (d) “Dispenser” means a person who delivers a Schedule II-V controlled substance as defined in subsection (e) to the ultimate user, but does not include:
 - (i) a licensed hospital pharmacy that distributes such substances for the purposes of inpatient hospital care or the dispensing of prescriptions for controlled substances at the time of discharge from such a facility;
 - (ii) a practitioner, or other authorized person who administers such a substance; or
 - (iii) a wholesale distributor of a Schedule II-V controlled substance.
- (e) “Schedule II, III, IV, and/ V controlled substances” mean controlled substances that are listed in Schedules II, III, IV, and V of the Schedules provided under *[insert*

section of the state controlled substances act] or the Federal Controlled Substances Act (21 U.S.C. 812).

SECTION 5. Requirements for Prescription Monitoring Program

- (a) The [designated state agency] shall establish and maintain a program for the monitoring of prescribing and dispensing of all Schedule II, III, and V controlled substances [and, if selected by the state, Schedule V controlled substances and/or additional drugs identified by the designated state agency as demonstrating a potential for abuse] by all professionals licensed to prescribe or dispense such substances in this state.
- (b) Each dispenser shall submit to the [designated state agency] by electronic means information regarding each prescription dispensed for a drug included under paragraph (a) of this section. The information submitted for each prescription shall include, but not be limited to:
- i. Dispenser identification number.
 - ii. Date prescription filled.
 - iii. Prescription number
 - iv. Prescription is new or is a refill.
 - v. NDC code for drug dispensed.
 - vi. Quantity dispensed.
 - vii. Number of days supply of the drug.
 - viii. Patient identification number.
 - ix. Patient name.
 - x. Patient address.
 - xi. Patient date of birth.
 - xii. Prescriber identification number.
 - xiii. Date prescription issued by prescriber.
 - xiv. Person who received prescription from dispenser, if other than the patient.
 - xv. Source of payment for prescription.
 - xvi. State issued serial number [if state chooses to establish a serialized prescription system].
- (c) Each dispenser shall submit the information in accordance with transmission methods and frequency established by the [designated state agency]; but shall report at least every thirty days, between the 1st and 15th of the month following the month the prescription was dispensed.
- (d) The [designated state agency] may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required in paragraph (b) of this section is submitted in this alternative format.

Note: the following paragraphs, (e) – (h), are intended for those states that choose to establish a serialized prescription system as part of the prescription monitoring system.

- (e) A serialized [*single copy or multiple copy*] prescription form, shall be issued by the [*designated state agency*] to individual [*insert "and institutional" if practitioners in health care institutions issue prescriptions that can be filled in pharmacies outside the institutions*] prescribers and shall be used for all prescriptions for drugs in [*Schedule II, III, IV, and/or V*] controlled substances. Each series of prescriptions shall be issued to a specific prescriber [*in consecutively numbered blocks of ____*] and shall only be used by that prescriber.
- (f) Each prescriber shall only prescribe drugs in [*Schedule II, III, IV, and/or V*] controlled substances on official serialized prescription forms issued by the [*designated state agency*].
- (g) Each dispenser shall only dispense drugs in [*Schedule II, III, IV, and/or V*] controlled substances on such official serialized prescription forms.
- (h) The [*designated state agency*] shall charge each prescriber an amount sufficient to cover the costs of processing requests for forms, printing the prescription forms, and operating the prescription monitoring program.

Note: States may choose to use alternative method than paragraph (h) to pay the cost of their serialized prescription forms and monitoring system, for example, through controlled substances registration fees. In such instances, paragraph (h) can be deleted.

SECTION 6. Access to Prescription Information

- (a) Prescription information submitted to the [*designated state agency*] shall be confidential and not subject to public or open records laws, except as provided in paragraphs (c), (d), and (e) of this section.

Note: States may choose to also amend their open record statutes to specifically exclude from disclosure prescription information collected by their prescription monitoring program.

- (b) The [*designated state agency or entity*] shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed to persons except as in paragraphs (c), (d), and (e) of this section.
- (c) The [*designated state agency*] shall review the prescription information. If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, the [*designated state agency*] shall notify the appropriate law enforcement or professional licensing, certification, or regulatory agency, and provide prescription information required for an investigation.
- (d) The [*designated state agency*] shall be authorized to provide data in the prescription monitoring program to the following persons.
 - i. Persons authorized to prescribe or dispense controlled substances, for the purpose of providing medical or pharmaceutical care for their patients.

- ii. An individual who requests the individual's own prescription monitoring information in accordance with procedures established under *[insert state statute granting individuals access to state held data concerning themselves]*.
 - iii. *[insert name or type of state boards and regulatory agencies that supervise or regulate a profession that is authorized for controlled substances activity]*.
 - iv. Local, state, and federal law enforcement or prosecutorial officials engaged in the administration, investigation, or enforcement of the laws governing licit drugs.
 - v. *[insert state Medicaid agency]* regarding Medicaid program recipients.
 - vi. *[insert judicial authorities]* under grand jury subpoena or court order *[or equivalent judicial process in each state]*.
 - vii. Personnel of the *[designated state agency]* for purposes of administration and enforcement of the Act, or *[insert state controlled substances Act]*, *[if any other state statute is applicable, insert 'or' and reference the other statutes]*.
- (e) The *[designated state agency]* may provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients and/or persons who received prescriptions from dispensers.

SECTION 7. Authority to Contract

The *[designated state agency]* is authorized to contract with another agency of this state or with a private vendor, as necessary, to ensure the effective operation of the prescription monitoring program. Any contractor shall be bound to comply with the provisions regarding confidentiality of prescription information in Section 6 of this Act and shall be subject to the penalties specified in Section 8 of this Act for unlawful acts.

SECTION 8. Rules and Regulations

The *[designated state agency]* shall promulgate rules and regulations setting forth the procedures and methods for implementing this Act.

SECTION 9. Unlawful Acts and Penalties

- (a) A dispenser who knowingly fails to submit prescription monitoring information to the *[designated state agency]* as required by this Act or knowingly submits incorrect prescription information shall be subject to *[insert appropriate administrative, civil, or criminal penalty]*.
- (b) A person authorized to have prescription monitoring information pursuant to this Act who knowingly discloses such information in violation of this Act shall be subject to *[insert appropriate administrative, civil, or criminal penalty]*.

- (c) A person authorized to have prescription monitoring information pursuant to this Act who uses such information in a manner or for a purpose in violation of this Act shall be subject to *[insert appropriate administrative, civil, or criminal penalty]*.

SECTION 10. Severability

If any provision of this Act or application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act which can be given effect without the invalid provisions or applications, and to this end the provisions of this Act are severable.

SECTION 11. Effective Date

This Act shall be effective on *[insert specific date or reference to normal state method of determination of the effective date]*.

Louisiana Board of Pharmacy
Louisiana Controlled Substance Utilization Review Program

Project Timeline

Stage I – Planning

A. Local Research

Identification of data sources relevant to program objectives, i.e.,
Completion: September 2005

1. adverse health effects, as measured by emergency department visits and medical examiner reports in metropolitan areas other than New Orleans (which is already included in DAWN reports), as well as numbers of admissions to addiction treatment centers for prescription drug abuse,
2. information concerning numbers of persons investigated, arrested, and prosecuted for drug diversion by local and state law enforcement agencies,
3. information concerning efficiency of diversion investigations among law enforcement and regulatory communities, and
4. identification and quantification of prescribers and dispensers.

B. Regional and National Research

Assessment of existing PMP operations in other states:
Completion: December 2005

Site visits to be scheduled in Kentucky and Nevada.

Networking with other states engaged in planning and implementation of programs:

Attendance to regional and national conferences: Alliance for States with Prescription Monitoring Programs in October 2005; National Alliance for Model State Drug Laws in December 2005; National Association of Drug Diversion Investigators in fall 2005.

Stage II – Development

A. Task Force Report

Will summarize results of research and include recommendations for legislation and implementation.
Completion: January 2006

B. Legislation

Session will convene in April and adjourn in July.
Completion: July 2006

Stage III – Implementation

(presumes successful legislation in July 2006 and receipt of implementation grant in October 2006)
Completion: January 2007

