Reducing Scheduled Drug Diversion & Abuse in Florida
Senate Bill 0462 Relating to Controlled Substances/Prescription Monitoring
Introductions

• Issue is how Florida policymakers will control diversion of prescription drugs while maintaining their availability for legitimate use.

• Experts worry about the chilling effect of regulation on physicians ability to treat pain.

• Patients worry about the potential for privacy violations.
Purpose SB 0462

• 1. Establish an electronic monitoring system for scheduled II, III, and IV prescriptions
• 2. Avoid potential duplications and drug interactions
• 3. Enhance the capacity for law enforcements agencies to collect and analyze data in order to reduce drug diversion
• 4. Regulate “Pain Clinics”
Cost to Healthcare System

- Insurance fraud is the main financier and enabler of drug diversion. Even so, few health insurers understand the pivotal role insurance fraud plays in a diversion epidemic that costs insurers nationally up to $72.5 billion a year.
- Hidden costs of treating patients who develop serious medical problems by abusing addictive narcotics is not included.
History & Background

• “Pill Shoppers” aka “Doctor Shoppers” go from doctor office to doctor office. Millions of people buy, steal and abuse prescriptions for recreational purpose.

• In 2004 Florida experienced 6035 deaths. 48% involved prescription drugs. Current data shows 9 people die daily in Florida related to prescription drugs.
History & Background

• In the absence of an prescription drug monitoring program (PDMP) Florida has been trying to fix the public health problem of drug diversion.

• The state has been dealing with the issue in a piecemeal fashion with no central oversight.

• Insurers view “pill shoppers” as low irritants that deserve low priority and have no anti-fraud units.
Impact of PDMP

• PDMP assists investigators with collecting and analyzing information regarding high-volume prescribers and dispensers, prescribing patterns and changes, and patients who receive prescriptions for the same drugs during the same time period from multiple doctors.

• Investigation times have decreased and efficiency improved in states with PDMPs.
Impact

- State authorities report that after a PDMP goes into effect “pill shoppers” may move their criminal activities to bordering states that do not have PDMP.
- PDMP reduce the per capital supply of prescription pain relievers and stimulants and in so doing reduce the probability of abuse of these drugs.
Regulation Pain Clinics

- Impacts physicians > 50% of patients are treated for chronic nonmalignant pain.
- Rules: facility and physical operations;
- Infection control requirements; health & safety requirements; quality assurance;
- Patient records; inspections, data collection and reporting requirements.
Stakeholders Supportive

• The Florida Society of Interventional Pain Physicians, the Florida Medical Association, the Florida Osteopathic Medical Association, the Florida Academy of Pain Management and the Alliance of State Pain Initiatives are in favor of PDMP.
Stakeholders Supportive

- These groups feel that PDMP will allow physicians to be confident that prescriptions written to help patients relieve pain and suffering are used strictly for that purpose.

- The Coalitions Against Insurance Fraud recognize that drug diversion simply hasn’t registered in most radar screens as a serious fraud problem, financial drain, or deadly threat to their plan members. $72.5 B in insurance cost per year nationally is the estimated cost of drug diversion.
STAKEHOLDERS SUPPORTIVE

• The Florida Pharmacy Association and The Florida Retail Federation were both initially against setting up PDMP. However this year they modified their position as long as the PDMP comply with The Federal Health Insurance Portability & Accountability Act (HIPPA) Regulations and don’t place an extraordinary amount of paperwork on pharmacists. Dispensing transaction fee will be added to the cost.
STAKEHOLDERS AGAINST

• Pain Relief Network, The Associations of Physicians and Surgeons, the American Pain Institute, and The National Pain Patient’s Coalition are opposed to PDMP.
STAKEHOLDERS AGAINST

- They feel hospitals would be far better able to protect against needless invasion of privacy than a loose network of doctors and pharmacies linked through the private enterprise system. They feel PDMP would have been better directed from a public health perspective to hospitals where 0.32% of all admissions suffer fatal adverse drug reactions.
- Concerns regarding the standardization of pain management not being implemented across the board for all treating physicians.
- Oppose government intrusion into medical privacy that will only further chill legitimate pain management.
RECOMMENDATIONS

• Florida needs a PDMP to deliver better coordinated healthcare to its citizens. Reducing prescriptions drug abuse and prescription drug diversion is a step in the right direction to make Florida safer.

• Since 1940 with the implementation of PDMP not one violation of patient confidentiality has occurred.
Recommendations

• PDMP do not restrict a physician from writing prescriptions for covered prescription drugs.

• A study published by a journal *Pain Medicine* reported that 725 doctors – about 0.1% of practicing physicians – had been prosecuted or sanctioned by state medical boards between 1998-2006 on charges arising from illegally or improperly prescribing narcotics.
RECOMMENDATIONS

• AHCA had a pilot project called EmpoweRx and this program can serve as a template for PDMP. EmpoweRx via a PDA (for physicians without computer access) and web-accessed programs are currently utilized by high volume Medicaid providers.

• Funding to maintain its sustainability can be accessed partially from fees paid to register and regulate “Pain Clinics”

• Funding can also be partially be derived from DEA fees paid by physicians for licensure registrations and renewals.
Recent concerns of Virginia’s PDMP website being hijacked raises questions and may further delay the implementation of the database.

One thing is for certain all the stakeholders have come together to compose the language of this bill.
References

• [1] Annual Report on The State’s Efforts to Control Fraud and Abuse FY2006-07 submitted by The Agency for Health Care Administration and Medicaid Fraud Control Unit (MFCU) Department of Legal Affairs. Accessed 01/01/09
• [1] www.GAO/Prescription Drug Monitoring States can readily identify illegal Sales and Use of controlled substances.
References (cont.)

References (cont.)
