HOUSE OF REPRESENTATIVES

TWENTY-SECOND LEGISLATURE
COMMONWEALTH OF THE NORTHERN MARIANAS COMMONWEALTH LEGISLATURE
P.O. BOX 500586 SAIPAN, MP 96950

CHRISTINA M.E. SABLAN
CHAIRPERSON
HEALTH AND WELFARE COMMITTEE

Adopted – 12/20/2021

STANDING COMMITTEE REPORT NO. 22-33
DATE: December 8, 2021
RE: HOUSE BILL No. 22-68

The Honorable Edmund S. Villagomez
Speaker of the House of Representatives
Twenty-Second Northern Marianas
Commonwealth Legislature
Capitol Hill
Saipan, MP 96950

Dear Mr. Speaker:

Your Committee on Health and Welfare to which House Bill No. 22-68 was referred, entitled:

> "To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands; and for other purposes."

begs leave to report as follows:

I. RECOMMENDATION:

After considerable discussion, your Committee recommends that H. B. No. 22-68 be passed by the House in its current form.

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II. ANALYSIS:

A. Purpose:

The purpose of House Bill No. 22-68 is to establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands.

C. Committee Findings:

Your Committee finds that most U.S. states have implemented Prescription Drug Monitoring Programs (PDMPs) for the efficient monitoring and reporting of controlled, and in some cases, non-controlled prescription medications dispensed within the state. PDMPs continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk. Although findings are mixed, evaluations of PDMPs have illustrated changes in prescribing behaviors, use of multiple providers by patients, and decreased substance abuse treatment admissions. PDMPs are promising tools for health care providers to see patients' prescribing histories to inform their prescribing decisions. PDMPs are more than just passive databases. As a public health tool, PDMPs can be used by state health departments to understand the behavior of the epidemic and inform and evaluate interventions. PDMPs can also be used to send "proactive" reports to authorized users to protect patients at the highest risk and identify inappropriate prescribing trends.

Your Committee further finds that the Overdose Data to Action (OD2A) is a program born out of a 4-year cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Commonwealth Healthcare Corporation (CHCC), focusing on the complex and changing nature of the drug overdose epidemic and highlighting the need for an integrative and extensive public health approach.

The OD2A program aims to prevent opioid-related harm and overdose by:

- Implementing a Prescription Drug Monitoring Program (PDMP) system in the CNMI
- Using data to monitor emerging trends and direct prevention activities
- Working with providers and health systems to reduce unsafe exposure to opioids and treat addiction
- Coordinating with public safety and community-based partners to rapidly identify overdose threats, reverse overdoses, link people to effective treatment, and reduce harms associated with opioids
- Increasing public awareness about the risks of prescription and illicit opioids

Your Committee finds that Prescription Drug Monitoring Program (PDMP) system is an electronic database that tracks controlled substance prescriptions in a state or territory. Authorized users are able to access PDMP data to inform clinical practice and improve patient safety. PDMPs inform clinical practice and improve patient safety by: 1) Identifying patients who are obtaining opioids from multiple providers; 2) Calculating the total amount of opioids prescribed per day (in Morphine Milligram Equivalent MME/day); and 3) Identifying patients who are being prescribed other substances that may increase risk of opioids.

The PDMP is an electronic (web-based) database on a HIPAA and HITRUST compliant platform that receives all dispensed medication data on opioids and other prescription medications from pharmacies in the CNMI in order to prevent substance use disorders and overdose in the CNMI.

Your Committee finds that the CNMI is positioned to take the use of PDMPs a step further by monitoring all prescription drug dispensing to allow prescribers and dispensers to better monitor the care and treatment of their patients. Your Committee further finds that access to patient prescription history is essential for patient safety, allows providers to make better informed treatment decisions, and improves the quality of health care. Therefore, your Committee finds that a PDMP shall be established in the CNMI to collect information about dispensed controlled and non-controlled prescription drugs to assist in reducing non-evidence-based use of those drugs, thereby improving patient safety and quality of care. To ensure compliance, the legislation provides for administrative sanctions and criminal penalties and allows the CHCC to promulgate rules and regulations necessary to implement the provisions of the CNMI PDMP.

In conclusion, your Committee further finds that the Commonwealth Healthcare Corporation (CHCC) is the largest healthcare provider in the CNMI, overseeing the only hospital and emergency room, and health centers on Tinian and Rota, in addition to other outpatient, ancillary and public health services. The CHCC, as the largest single organization of prescribers and dispensers, and as an autonomous agency of the CNMI government, is best suited to oversee the operation of the CNMI PDMP. Therefore, the purpose of House Bill No. 22-68 is to establish a prescription drug monitoring program in the CNMI, as a corporate power of the CHCC.

Your Committee agrees with the intent and purpose of House Bill No. 22-68 and recommends its passage in its current form.

E. Public Comments/Public Hearing:

In a public meeting held on April 30, 2021, the Committee received oral testimonies from the following:

- Eleanor T. Cabrera, Program Manager, Overdose Data to Action (OD2A), Division of Hospital Services, CHCC.

  "Presented a PowerPoint presentation entitled: " Overdose Date to Action (OD2A)"

  The PowerPoint slides have been attached as part of this Committee Report.

On June 7, 2021, the Committee received comments from the following:

- Esther L. Muna, CEO of CHCC and Lauri B. Ogumoro, Chairperson, CHCC Board of Trustees.

  "The CHCC is fully supportive of HB22-68 to formally establish PDMP data authority in the CNMI."

On August 26, 2021, the Committee received comments from the following:

- Theodore R. Parker, R.Ph., MPH.

  "There are several meta analysis studies out showing that PDMP's effectiveness differs between jurisdictions. The value of PDMP in states with high opioid consumption and prescription rates seem to fare the best in their goals, whereas in states that have much lower rates of opiate consumption, there seems to be little effect on prescriptive rates. The CNMI is very fortunate that we do not have an opioid problem. By all metrics used by the CDC, the CNMI is last in every category. This includes opiate related deaths by overdose, opiate overdose and prescriptive opiate rate per person. In fact, the CNMI has never had an opiate overdose case much less an overdose death. The prescription rate is also the lowest with roughly 4 per 100 people. By comparison, Hawaii is the lowest reported in the mainland with a prescriptive rate of 33.4 per 100 people. Anecdotally, the states that have in some way legalized marijuana consumption appear to have the least amount of problems with both prescription and non-prescription opiate abuse."

In a public meeting held on August 27, 2021, the Committee received oral testimonies from the following:

- Monica Crisostomo, CHCC Acting Manager and PDMP Data System Analyst/Coordinator.

  "Thank you for the opportunity to provide testimony regarding House Bill 22-68 to establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands. My testimony will focus on the creation and operation of the CNMI CHCC Prescription Drug Monitoring Program (PDMP) system as a patient safety tool.

  CHCC also aims to broaden the scope of the PDMP system with a more comprehensive approach to monitor all controlled and non-controlled substances dispensed in the CNMI. Using PDMP data collection and analysis to meet its mission to ensure accountability and adherence to prescribing practices that affect overall health and welfare of the CNMI population, especially for conditions and diseases related to cancer, diabetes, cardio and cerebrovascular diseases, and renal disease. The PDMP will enable CHCC to monitor the care and treatment of patient medications, provide information to improve the health and safety of our patients, and help prevent the misuse of prescribed controlled and non-controlled substances."

- Eleanor T. Cabrera, exiting Program Manager, Overdose Data to Action (OD2A), Division of Hospital Services, CHCC.

  "The PDMP was authorized by CHCC to provide medical care and expand the level of public medical care available to the CNMI. PDMP has enabled CHCC to monitor the care and treatment of patient medication and provide information that improves the health and safety of patients and reduces the misuse of prescribed drugs. This system allows the CNMI to stay ahead of the national opioid epidemic."

- Dr. Joshua Wise, Pharmacist and General Manager of PHI Pharmacy.

  In support of HB22-68. PHI Pharmacy began a manual version of the PDMP in 2016. They cross checked prescriptions with Brabu Pharmacy. They were able to identify patients that were receiving medications from both pharmacies. Prior to the program, they would call the other pharmacies often to double check medications. PHI is now able to better monitor medications being dispensed.

In a public meeting held on December 8, 2021, the Committee received oral testimonies from the following:

- Monica Crisostomo, CHCC Acting Manager and PDMP Data System Analyst/Coordinator.

Ms. Crisostomo made herself available to answer additional questions the Committee members had regarding HB22-68.

Comments received have been attached as part of this committee report. Oral testimonies can be made available for public inspection upon request.

E. Legislative History:

House Bill No. 22-68 was introduced by Representative Christina M.E. Sablan on May 28, 2021 and was subsequently referred to the House Standing Committee on Health and Welfare for disposition.

F. Cost Benefit Analysis:

The enactment of House Bill No. 22-68 will result in additional cost to the CNMI Government in the form of maintenance costs to continue the Prescription Drug Monitoring Program. The Overdose Data to Action Program was based on a 4-year Cooperative Agreement (2019-2023) between the Centers for Disease Control and Prevention (CDC) and the Commonwealth Healthcare Corporation (CHCC). Initial expenses for PDMP implementation was $700,000 and the maintenance costs to continue the PDMP is $385,000. Zero cost to Authorized Users of the PDMP System, i.e. no registration fee, no use fees, no connection fees, no transaction fees, and no fees charged to CNMI Healthcare Providers. To help educate our people on the dangers of prescription drug misuse and abuse and to help prevent substance misuse, addiction and overdose will heavily outweigh such cost.

III. CONCLUSION:

The Committee is in accord with the intent and purpose of HOUSE BILL NO. 22-68, and recommends its passage in its current form.

Respectfully submitted,

Rep. Christina M.E. Sablan, Chairperson

Rep. Leila H.F.C. Staffler, Vice Chair

Rep. Blas Jonathan "BJ" T. Attao, Member

Rep. Sheila J. Babauta, Member

Rep. Donald M. Manglona, Member

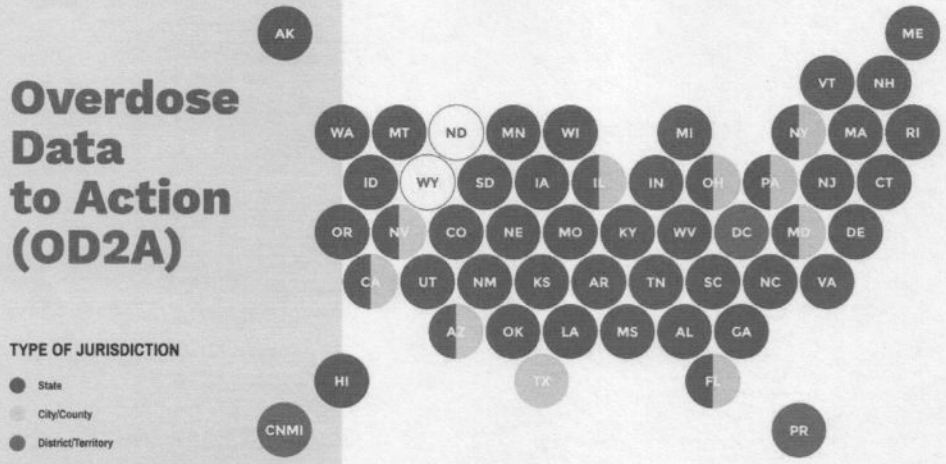
Reviewed by:

House Legal Counsel

Attachments:

- PDMP OD2A PowerPoint presented to the Committee on April 30, 2021
- CDC Guidelines for Prescribing Opioids for Chronic Pain
- Mr. Theodore Parker, R.Ph., MPH, Brabu Pharmacy and Wellness Center, LLC
- CHCC CEO and Chairperson of CHCC Board of Trustees Ltr dated June 7, 2021
- Acting Manager & PDMP Data System Coordinator Ltr dated August 27, 2021
- Voting Record for passage of HB22-68 (in its current form) dated December 8, 2021

Overdose Data to Action (OD2A)



Jesse Tudela, RRT, M.Ed.
OD2A Project Director &
CHCC Deputy Chief Operations Officer
Eleanor T. Cabrera, MSW
OD2A Manager
Monica Crisostomo, BA
PDMP Data System Analyst/Coordinator
Yohei Iwashita, BS
PDMP Specialist
Roman Tudela, MBA
Prevention Coordinator
Jose Tudela, MIS
IT Analyst
Anamaria Inos
Administrative Assistant
Vacancy: *Surveillance Coordinator*

Implementation of a Prescription Drug Monitoring Program (PDMP) at the Commonwealth Healthcare Corporation (CHCC): Understanding PDMP Benefits, Data, and System Features in Preventing Substance Use Disorders and Overdose in the CNMI

COMMONWEALTH HEALTHCARE CORP. • Established October 2011 • COMMONWEALTH OF THE NORTHERN MARIANAS

CHCC ←→ CDC: Overdose Data to Action (OD2A) Program

4-year Cooperative Agreement

2019-2023

CDC

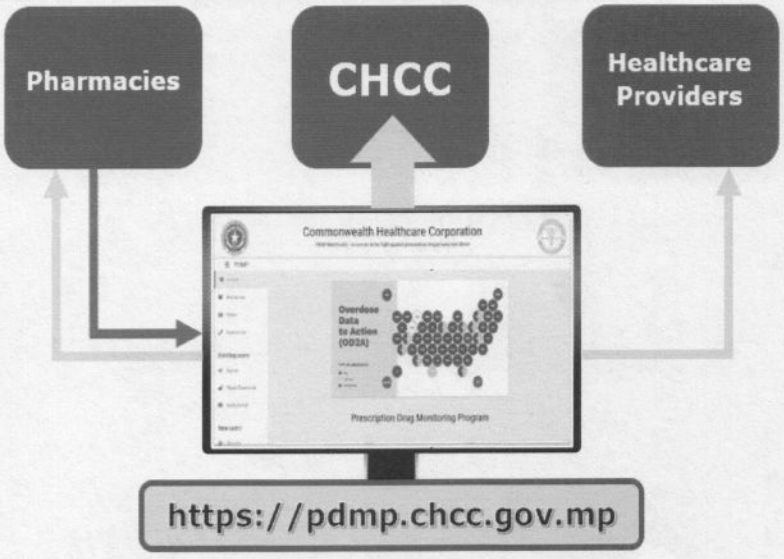
CENTERS FOR DISEASE CONTROL AND PREVENTION

Overdose Data to Action (OD2A) Program
Commonwealth Healthcare Corporation

Prescription Drug Monitoring Program (PDMP)

Electronic (web-based) database on a HIPAA and HITRUST compliant platform

The PDMP receives all dispensed medication data on opioids and other prescription medications from pharmacies in the CNMI



Overdose Data to Action (OD2A) Program
Commonwealth Healthcare Corporation

Purpose

1. Support access to monitored substances for legitimate medical needs
2. Identify persons who may be abusing or addicted to monitored substances for provider intervention and referral to addiction treatment
3. Facilitate detection and deterrence of diversion of monitored substances
4. Inform public health initiatives by outlining drug and prescription trends
5. Raise public awareness about opioids and other substance misuse, addiction, and overdose

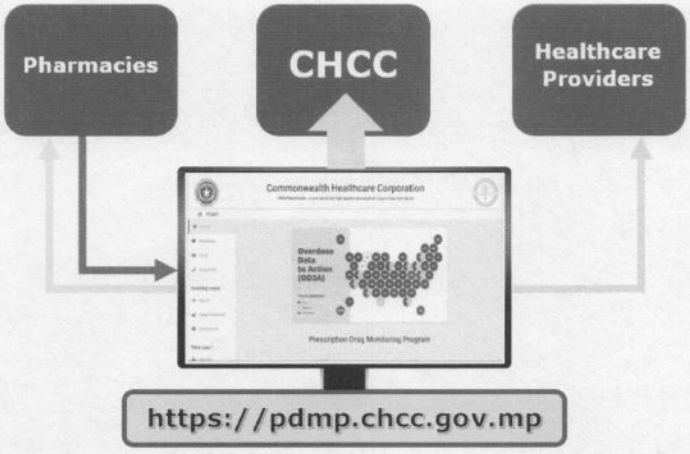
Restricted Access - Authorized Users

Registration and Access to Protected Health Information in the PDMP System is RESTRICTED to the following Authorized Users:

- ❑ DISPENSERS (Pharmacists)
- ❑ PRESCRIBERS (Providers)
- ❑ DELEGATES

- ❑ OD2A Program Personnel directly engaged in PDMP Administration

Dispensed Medications Data



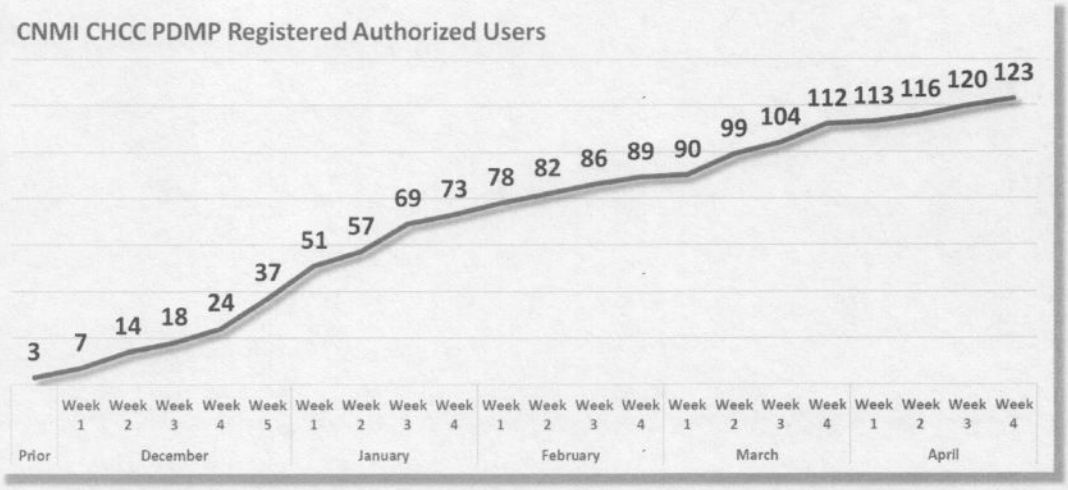
Data Submission from CNMI Pharmacies

- ❑ Patient Information
  - Name & Address
  - DOB & Gender
- ❑ Prescriber Information
- ❑ Pharmacy Information
- ❑ Medication Information
  - Name, Type, Strength
  - Quantity & Date Dispensed
  - Days Supply

CNMI Registration Rate

Date: 4/28/2021	
Registered	
CNMI*	90.4%
Prescriber	87.0%
Dispenser	100%
CHCC	95.3%
Prescriber	94.6%
Dispenser	100%
Private	82.0%
Prescriber	65.4%
Dispenser	100%

** The total identified Prescriber/Dispenser in the CNMI . This will change based on changes in employment status.*



Overdose Data to Action (OD2A) Program
Commonwealth Healthcare Corporation

Goals and Benefits of the PDMP

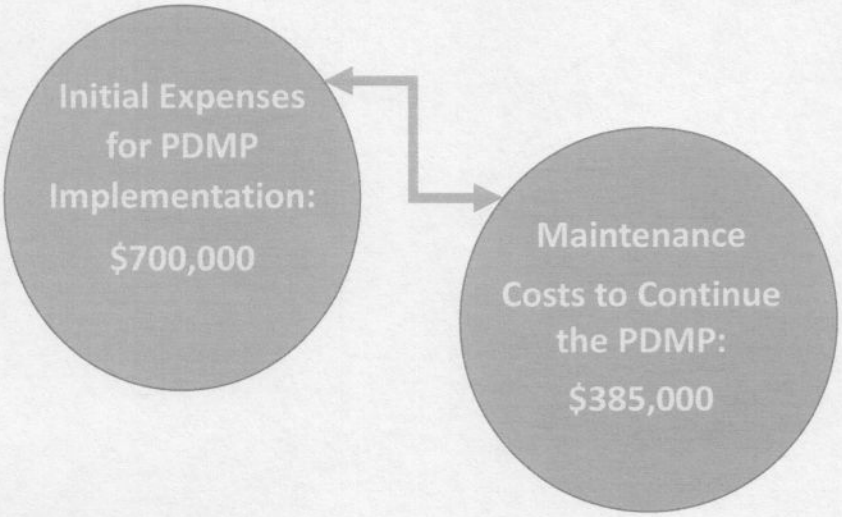
Authorized Users:

- ❑ Decrease Opioid Prescriptions and Morphine Milligram Equivalent (MME) levels in the CNMI
- ❑ Reduce Opioids and Benzodiazepines Co-Prescriptions and Avoid "Trinity" Prescriptions
- ❑ Prevent Opioid-Related Harm, Abuse, and Risk of Overdose
- ❑ Increase patient intervention and referrals to treatment

Administrators:

- ❑ Exchange Information
  - ❑ Prescribers
  - ❑ Dispensers
- ❑ Coordinate with Prescribers and Dispensers in Safeguarding Patient Health & Safety
- ❑ Share De-Identified Data to Stakeholders/Partners to inform prevention and treatment response

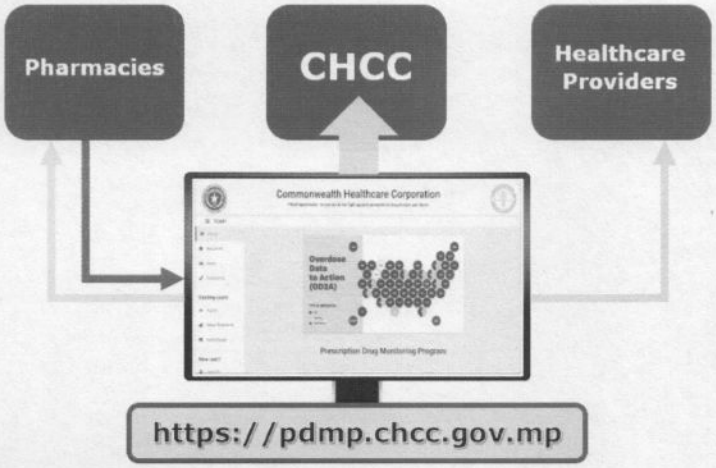
Costs to Implement and Operate the PDMP



***Zero Cost to Authorized Users of the PDMP System:**

- ✓ **No registration fee**
- ✓ **No user fees**
- ✓ **No connection fees**
- ✓ **No transaction fees**
- ✓ **No fees are charged to CNMI Healthcare Providers**

Thank you!



Overdose Data to Action (OD2A) Program
Commonwealth Healthcare Corporation

Contact Us

cnmiod2a@chcc.gov.mp

(670) 322-0061

Suite 305, Marina Heights II Bldg.
Puerto Rico, Saipan, MP 96950

CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

Promoting Patient Care and Safety

THE US OPIOID OVERDOSE EPIDEMIC

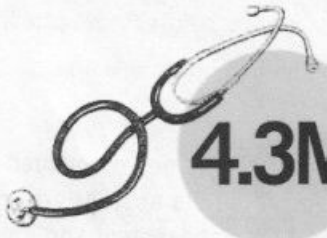
The United States is in the midst of an epidemic of prescription opioid overdoses. The amount of opioids prescribed and sold in the US quadrupled since 1999, but the overall amount of pain reported by Americans hasn't changed. This epidemic is devastating American lives, families, and communities.

40

More than 40 people die every day from overdoses involving prescription opioids.[1]

165K

Since 1999, there have been over 165,000 deaths from overdose related to prescription opioids.[1]



4.3M

4.3 million Americans engaged in non-medical use of prescription opioids in the last month.[2]

PRESCRIPTION OPIOIDS HAVE BENEFITS AND RISKS

Many Americans suffer from chronic pain. These patients deserve safe and effective pain management. Prescription opioids can help manage some types of pain in the short term. However, we don't have enough information about the benefits of opioids long term, and we know that there are serious risks of opioid use disorder and overdose—particularly with high dosages and long-term use.

Rx

249M

prescriptions for opioid pain medication were written by healthcare providers in 2013

enough prescriptions were written for every American adult to have a bottle of pills

[1] Includes overdose deaths related to methadone but does not include overdose deaths related to other synthetic prescription opioids such as fentanyl.

[2] National Survey on Drug Use and Health (NSDUH), 2014

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

NEW CDC GUIDELINE WILL HELP IMPROVE CARE, REDUCE RISKS

The Centers for Disease Control and Prevention (CDC) developed the *CDC Guideline for Prescribing Opioids for Chronic Pain* (Guideline) for primary care clinicians treating adult patients for chronic pain in outpatient settings. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care. The Guideline was developed to:

- Improve communication between clinicians and patients about the benefits and risks of using prescription opioids for chronic pain
- Provide safer, more effective care for patients with chronic pain
- Help reduce opioid use disorder and overdose

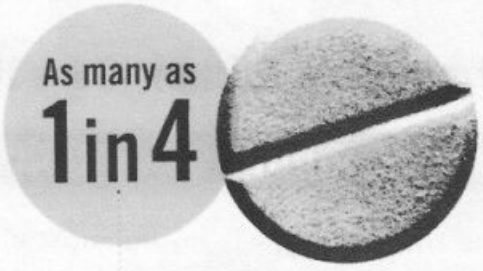
The Guideline provides recommendations to primary care clinicians about the appropriate prescribing of opioids to improve pain management and patient safety. It will:

- Help clinicians determine if and when to start prescription opioids for chronic pain
- Give guidance about medication selection, dose, and duration, and when and how to reassess progress, and discontinue medication if needed
- Help clinicians and patients—together—assess the benefits and risks of prescription opioid use

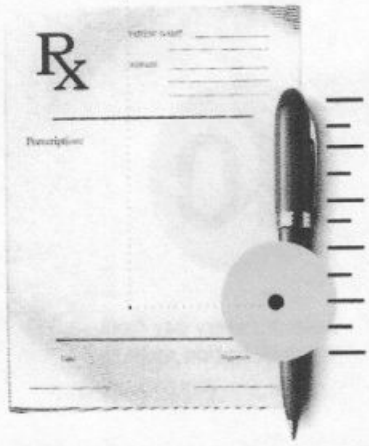
Among the 12 recommendations in the Guideline, there are three principles that are especially important to improving patient care and safety:

- ✔ Nonopioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care.
- ✔ When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose.
- ✔ Clinicians should always exercise caution when prescribing opioids and monitor all patients closely.

To develop the Guideline, CDC followed a transparent and rigorous scientific process using the best available scientific evidence, consulting with experts, and listening to comments from the public and partners.



patients receiving long-term **opioid therapy** in primary care settings



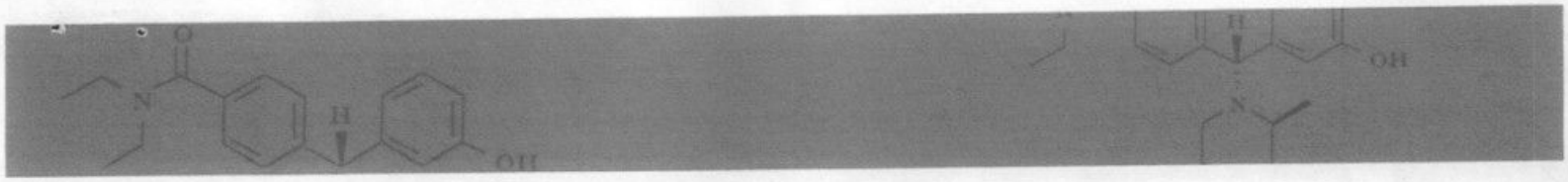
struggle with **opioid use disorder.**

PATIENT CARE AND SAFETY IS CENTRAL TO THE GUIDELINE

Before starting opioids to treat chronic pain, patients should:

- Make the most informed decision with their doctors
- Learn about prescription opioids and know the risks
- Consider ways to manage pain that do not include opioids, such as:
  - Physical therapy
  - Exercise
  - Nonopioid medications, such as acetaminophen or ibuprofen
  - Cognitive behavioral therapy (CBT)

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html



CDC RECOMMENDATIONS

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1 OPIOIDS ARE NOT FIRST-LINE THERAPY

Nonpharmacologic therapy and **nonopioid pharmacologic therapy** are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

Nonpharmacologic therapies and nonopioid medications include:

- Nonopioid medications such as acetaminophen, ibuprofen, or certain medications that are also used for depression or seizures
- Physical treatments (eg, exercise therapy, weight loss)
- Behavioral treatment (eg, CBT)
- Interventional treatments (eg, injections)

2 ESTABLISH GOALS FOR PAIN AND FUNCTION

Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3 DISCUSS RISKS AND BENEFITS

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

4 USE IMMEDIATE-RELEASE OPIOIDS WHEN STARTING

When starting opioid therapy for chronic pain, clinicians should prescribe **immediate-release opioids** instead of extended-release/long-acting (ER/LA) opioids.

Immediate-release opioids: faster acting medication with a shorter duration of pain-relieving action

Extended release opioids: slower acting medication with a longer duration of pain-relieving action

5 USE THE LOWEST EFFECTIVE DOSE

When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 **morphine milligram equivalents (MME)/day**, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

Morphine milligram equivalents (MME)/day: the amount of morphine an opioid dose is equal to when prescribed, often used as a gauge of the abuse and overdose potential of the amount of opioid that is being given at a particular time

6 PRESCRIBE SHORT DURATIONS FOR ACUTE PAIN

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

7 EVALUATE BENEFITS AND HARMS FREQUENTLY

Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

ASSESSING RISK AND ADDRESSING HARMS

8 USE STRATEGIES TO MITIGATE RISK

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering **naloxone** when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent **benzodiazepine** use, are present.

Naloxone: a drug that can reverse the effects of opioid overdose

Benzodiazepine: sometimes called "benzo," is a sedative often used to treat anxiety, insomnia, and other conditions

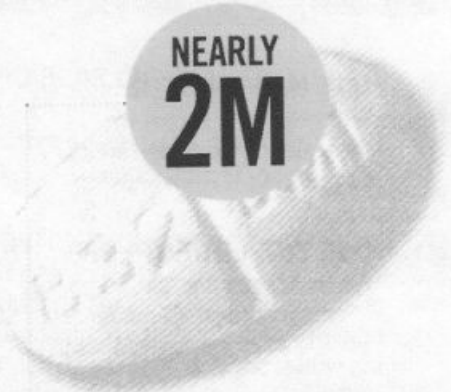
9 REVIEW PDMP DATA

Clinicians should review the patient's history of controlled substance prescriptions using state **prescription drug monitoring program (PDMP)** data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

PDMP: a prescription drug monitoring program is a statewide electronic database that tracks all controlled substance prescriptions

10 USE URINE DRUG TESTING

When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.



Americans, aged 12 or older, either abused or were dependent on prescription opioids in 2014

11 AVOID CONCURRENT OPIOID AND BENZODIAZEPINE PRESCRIBING

Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12 OFFER TREATMENT FOR OPIOID USE DISORDER

Clinicians should offer or arrange evidence-based treatment (usually **medication-assisted treatment** with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

Medication-assisted treatment: treatment for opioid use disorder including medications such as buprenorphine or methadone

Fwd: HB 22-68

1 message

Tina Sablan <tinasablan@gmail.com> Thu, Dec 16, 2021 at 2:35 PM
To: sablan8@gmail.com, Melia Johnson <melia.k.johnson@gmail.com>

Claire, [redacted] would you pls include Mr. Parker's comments below in the committee report?

Thank you,

Tina

---------- Forwarded message ---------
From: **Brabu Pharmacy** <brabumeds@gmail.com>
Date: Thu, Aug 26, 2021, 10:45 AM
Subject: RE: HB 22-68
To: Rep. Christina Marie E. Sablan <rep.sablanc@cnmileg.net>
Cc: Tokie <staff.rep.sablanc@cnmileg.net>

Greetings,

Please find my comments below on HB 22-68.

Findings and Purpose: There is only 1 state (Kansas) that collects all prescription medication data. The data that they use is primarily to track tandem medications that are often co-prescribed with narcotics (ie. Gabapentin). They do not use the data to intervene with patients with NCD's (non-communicable diseases such as hypertension and diabetes). As such, the use of the PDMP to collect data on non-controlled substances "to assist in reducing non-evidence-based use of the drugs" will be impossible. Since many drugs are associated with a variety of uses and disease states, merely identifying what medications a patient takes without the complete picture of a diagnosis, prognosis, etc, would be rather meaningless. This would be especially true with more complicated patients returning from off island care where their medication profiles would not be available on the local PDMP. Additionally, more and more patients are availing of mail order pharmacies as opposed to obtaining their medications locally which would preclude their inclusion into the local PDMP.

The Bill indicates that the CHCC is the largest dispenser of medications in the CNMI. This is incorrect. They are the smallest. (March 2021).

Section 2 (c) The use of a Qualified Delegate should be better defined with specific educational or professional credentials for eligibility.

Section 2 - 103 (b) ii - The name of the ultimate user, but law, is the patient. It would be a violation of DEA regulations to write a prescription for a person who is not the ultimate user.

Section 2 - 104 (a) - I have already heard from some outside providers of their intent to refuse to register with the PDMP. Just FYI.

Section 2 - 105 (a)(b) - This seems redundant. The PDMP should be accessed before any controlled substance is prescribed or dispensed.

General Comments - There are several meta analysis studies out showing that PDMP's effectiveness differs between jurisdictions. The value of PDMP in states with high opioid consumption and prescription rates seem to fare the best in their goals, whereas in states that have much lower rates of opiate consumption, there seems to be little effect on

prescriptive rates. The CNMI is very fortunate that we do not have an opioid problem. By all metrics used by the CDC, the CNMI is last in every category. This includes opiate related deaths by overdose, opiate overdose and prescriptive opiate rate per person. In fact, the CNMI has never had an opiate overdose case much less an overdose death. The prescription rate is also the lowest with roughly 4 per 100 people. By comparison, Hawaii is the lowest reported in the mainland with a prescriptive rate of 33.4 per 100 people. Anecdotally, the states that have in some way legalized marijuana consumption appear to have the least amount of problems with both prescription and non-prescription opiate abuse.

As a suggestion, many states are now going to EHR or electronic health records. Programs such as MyChart have a patient's complete medical record in an on-demand format that includes a patient's entire medical history such as medication profiles, lab results, X-rays, past diagnosis to name a few. These data bases are also searchable and can be shared across state lines.

I base some of my comments on the following:

Personal communication:

Dr. Glenda George, PhD, Director of the CHCC Community Guidance Center
Dr. Martin Rohringer, MD, Director of the CHCC Emergency Room Department
Ms. Monica Crisostimo, Director of the CHCC PDMP

"The Effectiveness of Prescription Drug Monitoring Programs at Reducing Opioid-Related Harms and Consequences: A Systematic Review" BMC Health System Research Vol.19, Article 784. November 2019

and:
https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state

Should you have any questions or require any other information, please do not hesitate to contact me.

Sincerely,
Ted

--
Theodore R. Parker, R.Ph., MPH
Brabu Pharmacy and Wellness Center, LLC
P.O. Box 10003 PMB 761
Saipan, MP 96950
670-233-2668
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Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950

CHCC-BOT21-0003

June 7, 2021

The Honorable Christina M.E. Sablan
Chairperson, Standing Committee on Health and Welfare
House of Representatives
CNMI Legislature

Re: HB 22-68 "To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands; and for other purposes."

Dear Chairperson Sablan,

We are beginning to experience the harmful effects of opioid misuse and abuse in the Commonwealth of the Northern Mariana Islands (CNMI). In 2020, the Commonwealth Healthcare Corporation (CHCC) Emergency Department (ED) encountered twenty-two (n=22) cases of opioid-involved misuse. To date for 2021, two (n=2) opioid-involved, non-fatal overdose cases and twenty-six (n=26) cases involving opioid misuse have been detected. Small, rural areas like the CNMI seem to be more vulnerable to the opioid crisis. In October 2017, the Centers for Disease Control and Prevention (CDC) announced that the rates of drug overdose deaths are rising in rural areas, surpassing rates in urban areas. Compounded by the effects of the COVID-19 pandemic, the CDC announced in 2020 that nearly 50,000 drug overdose deaths involving opioids occurred in the US in the 12 months ending in May 2020, which was over six times the number of opioid-involved overdose deaths in 1999. For every fatal drug overdose, it is anticipated that there will be many more nonfatal overdoses, each with its emotional and fiscal toll upon a community. While the crisis has yet to reach the CNMI, the opioid-epidemic is fast-moving and does not distinguish among age, sex, or state and territory lines.

With prevention in mind, the CHCC has implemented a multi-pronged approach by developing an opioid stewardship program, working to make buprenorphine and naloxone readily available in outpatient settings, establishing multi-disciplinary teams to develop comprehensive opioid use disorder prevention and treatment protocols, and establishing the CNMI CHCC Prescription Drug Monitoring Program (PDMP). By taking these steps to prevent prescription drug misuse and diversion, improve prescribing practices for acute and chronic pain management, galvanize referrals to treatment, and strengthen the capacity for response to substance use disorders, the CHCC hopes to avoid the burden of opioid misuse, addiction, and overdose that the US states and territories have been struggling to overcome.

Nearly every state and territory in the US has implemented a PDMP to track dispensing of controlled substances. The CHCC aims to maximize the utility of its PDMP by collecting all prescription dispensing data. Authorized pharmacy drug dispensers who have access to the web-based database system will submit drug dispensing data to the database to be utilized by authorized pharmacists and doctors to determine appropriate prescribing and dispensing for patients, and to prevent substance misuse, addiction, and overdose.

The CHCC is fully supportive of HB 22-68 to formally establish PDMP data authority in the CNMI.

Sincerely,

Esther L. Muna, Ph.D., FACHE
Chief Executive Officer

Lauri B. Ogumoro, LMSW, ACSW
Chairperson, Board of Trustees

P.O. Box 500409 CK, Saipan, MP 96950
Telephone: (670) 236-8201/2 FAX: (670) 233-8756

Received : 08/27/21

Testimony for the Twenty-Second Northern Marianas Commonwealth Legislature

The House of Representatives

Committee on Health and Welfare

To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands

August 27, 2021 9:00am

Testimony of

Monica Crisostomo, Acting Manager and PDMP Data System Analyst/Coordinator

Overdose Data to Action Program (OD2A)

Commonwealth Healthcare Corporation (CHCC)

Buenas yan Håfa Adai Madam Chair Sablan and honorable committee members, thank you for the opportunity to provide testimony regarding House Bill 22-68 to establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands. My name is Monica Crisostomo, Acting Manager & PDMP Coordinator for the Overdose Data to Action Program (OD2A) under the Commonwealth Healthcare Corporation (CHCC). My testimony will focus on the creation and operation of the CNMI CHCC Prescription Drug Monitoring Program (PDMP) system as a patient safety tool.

Overview of CNMI CHCC PDMP

The OD2A program was born in 2019 out of a 4-year cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the Commonwealth Healthcare Corporation (CHCC), focusing on the complex and changing nature of the drug overdose epidemic and highlighting the need for an integrative and extensive public health approach. OD2A aims to (i) prevent opioid-related harm and overdose by incorporating Prescription Drug Monitoring Program (PDMP) data to identify and monitor emerging drug trends and direct prevention activities; (ii) increase public awareness about the risk of prescription and illicit opioids and other controlled substances; and (iii) coordinate with public health and safety and community-based partners to rapidly identity overdose threats, reverse overdoses, and link people to effective addiction treatment services.

I have been involved with the CNMI CHCC PDMP since its implementation stage, its launch last January 31, 2021, and to the present. It is the first of its kind here in the CNMI but the last nationally for a US jurisdiction to implement. In its simplest form, the CNMI CHCC PDMP is an electronic web-based database system that tracks all dispensed medication data on opioids and other prescription medications from all pharmacies in the CNMI. The PDMP

is a tool to help promote safe prescribing and dispensing of opioids and other controlled substance prescription drugs. It is widely used across US states and territories for combating the opioid epidemic by helping to prevent prescription drug misuse, abuse, diversion, addiction and overdose.

Authorized Users

Authorized users include dispensers or pharmacists and prescribers such as; physicians, physician assistants, nurse practitioners, nurse midwives, dentists, and optometrists with prescriptive authority in the CNMI. Authorized users are able to register for access to the PDMP system by validating their information using a two-step process. First, authorized user information is submitted to the OD2A program by the hospital or clinics. The information is then pre-loaded into the system database. Once this process is completed, authorized users are invited to register by going to the PDMP website at pdmp.chcc.gov.mp and completing their registration using the sign-up button. Registration information is then validated against the system database and access will be granted if the information is authenticated.

Purpose

The system is designed to be used as a tool that allows authorized users to query a patient's prescription history to inform their prescribing decisions. CNMI pharmacies submit dispensed medication data on a volunteer basis by the close of the next business day following dispensation. The system accepts information using the American Society for Automation in Pharmacy (ASAP) standard version 4.2A. Dispensed prescription information such as patient, prescriber, pharmacy, and drug information are captured. Authorized users are able to view what patients have picked up from any of the CNMI pharmacies by querying a patient using first name, last name, and date of birth or phone number for better patient matching. The information is displayed in a patient report using a grid and graph view. Both display the same information such as patient information, overdose risk score, daily Morphine Milligram Equivalent (MME) levels, and dispensed prescription history. The system also displays dispensed prescription history by drug class that can identify overlapping prescriptions over time. Authorized users can use this information to prescribe safe and effective treatments by avoiding dangerous drug interactions and combinations such as co-prescriptions of an opioid, benzodiazepine, and/or muscle relaxant, to further reduce opioid related harm, abuse, and overdose. The grid view which lists out dispensed prescription history, allows authorized users to facilitate better coordination of care to patients seeing multiple providers, by identifying individuals who may be dependent or developing addiction to monitored substances to provide intervention as well as referral to additional behavioral health treatments.

CHCC also aims to broaden the scope of the PDMP system with a more comprehensive approach to monitor all controlled and non-controlled substances dispensed in the CNMI. Using PDMP data collection and analysis to meet its mission to ensure accountability and adherence to prescribing practices that affect overall health and welfare of the CNMI population, especially for conditions and diseases related to cancer, diabetes, cardio and cerebrovascular diseases, and renal disease. The PDMP will enable CHCC to monitor the care

and treatment of patient medications, provide information to improve the health and safety of our patients, and help prevent the misuse of prescribed controlled and non-controlled substances.

Closing

Thank you again, Chair Sablan and honorable members of this committee for the opportunity to share this information with you about the CNMI CHCC PDMP system and its role in addressing CNMI's prevention efforts to stay ahead of the opioid crisis impacting many of our fellow American states and territories. The CNMI CHCC PDMP system would not have been possible without the involvement of the CDC through its cooperative agreement awarded to the CHCC to proactively combat and prevent opioid-involved abuse, addiction, and overdose.

HOUSE STANDING COMMITTEE ON HEALTH AND WELFARE
HOUSE OF REPRESENTATIVES
TWENTY-SECOND CNMI LEGISLATURE

VOICE/ROLL CALL VOTE

DATE: December 8, 2021

MOTION: To draft a Standing Committee Report for the passage of HB 22-68, "To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands; and for other purposes." in its current form.

MOTION OFFERED BY: Rep. Leila C. Staffler

MOTION SECONDED BY: Rep. Sheila J. Babauta

	COMMITTEE MEMBERS		Present
1	**Chairperson**	Christina Marie Elise **Sablan**	X
2	**Vice Chairperson**	Leila Haveia Fleming Clark **Staffler**	X
3	**Representative**	Blas Jonathan "BJ" Tenorio **Attao**	X
4	**Representative**	Sheila Therese Jack **Babauta**	X
5	**Representative**	Donald Manalang **Manglona**	X

(VOICE) ACTION TAKEN: Chair declares that the "ayes" have it and the motion is carried.

Clarissa Sablan, House Legislative Assistant

Date: 12/08/21

Concurred by:

Rep. Christina E. Sablan, Chair

Date: 12/16/2021

TWENTY-SECOND NORTHERN MARIANAS COMMONWEALTH LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

_____ Session, 2021 H. B. 22-68

A BILL FOR AN ACT

To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands; and for other purposes.

BE IT ENACTED BY THE 22ND NORTHERN MARIANAS COMMONWEALTH LEGISLATURE:

Section 1. Findings and Purpose. The Legislature finds that most U.S. states have implemented Prescription Drug Monitoring Programs (PDMPs) for the efficient monitoring and reporting of controlled, and in some cases, non-controlled prescription medications dispensed within the state. The Legislature finds that while most U.S. states use data from their PDMPs primarily to detect and deter diversion of controlled substances, identify persons who may have substance use disorder for referral to evidence-based interventions and treatment, and informing public health initiatives by outlining drug trends, the CNMI is positioned to take the use of PDMPs a step further by monitoring all prescription drug dispensing to allow prescribers and dispensers to better monitor the care and treatment of their patients. The Legislature finds that access to patient prescription history is essential for patient safety, allows providers to make better informed treatment decisions,

and improves the quality of health care. Therefore, the Legislature finds that a PDMP shall be established in the CNMI to collect information about dispensed controlled and non-controlled prescription drugs to assist in reducing non-evidence-based use of those drugs, thereby improving patient safety and quality of care.

The Legislature further finds that the Commonwealth Healthcare Corporation (CHCC) is the largest healthcare provider in the CNMI, overseeing the only hospital and emergency room, and health centers on Tinian and Rota, in addition to other outpatient, ancillary and public health services. The Legislature finds that the CHCC, as the largest single organization of prescribers and dispensers, and as an autonomous agency of the CNMI government, is best suited to oversee the operation of the CNMI PDMP. Therefore, the purpose of this legislation is to establish a prescription drug monitoring program in the CNMI, as a corporate power of the CHCC.

Section 2. Enactment. The following is hereby enacted subject to codification by the CNMI Law Revision Commission:

"101. Definitions. For the purposes of this Act, the following terms are defined as follows:

(a) "Commonwealth Healthcare Corporation" means the corporation established in 3 CMC §2823 and that is responsible for the implementation of this Act.

(b) "Controlled Substance" means a prescribed drug or substance listed in Schedules II, III, IV or V of 6 CMC §2115 to §2122.

(c) "Qualified Delegate" means an individual who is employed by, and acts as, an agent, pursuant to requirements of the Commonwealth Healthcare Corporation, to submit, request, or receive PDMP data on behalf of an individual, health care facility or other entity who is otherwise authorized to submit, request, or receive PDMP data.

(d) "Dispense" means the interpretation, preparation, and delivery of a Prescription Drug to a patient or ultimate user.

(e) "Dispenser" means a person, authorized in the jurisdiction in which the person is practicing, to dispense a prescription drug to the ultimate user by or pursuant to the prescription drug order of a prescriber.

(f) "Drug" means:

(i) Any substance recognized as a drug in the official compendium, or supplement thereto, designated by the Federal Food, Drug, and Cosmetic Act for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans.

(ii) Any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans.

(iii) Any substance other than food intended to affect the structure or any function of the body of humans.

(g) "Hospice" means a program of palliative and supportive care for terminally ill persons and their families and/or caregivers.

(h) "Patient" means an individual for whom a prescription is issued or for whom a prescriber directly dispenses a prescription drug.

(i) "Prescribe" means to direct, designate, or order the use of a drug and the manner of using the drug.

(j) "Prescriber" means a health care professional authorized in the jurisdiction in which the professional is practicing to prescribe a prescription drug to a patient.

(k) "Prescription Drug" means a drug that is required under Federal law to be labeled with either of the following statements prior to being Dispensed: (1) "Rx Only"; (2) "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian"; or a drug that is required by any applicable Federal or State law or rule to be dispensed pursuant only to a Prescription Drug Order.

(l) "Prescription Drug Monitoring Program" or "PDMP" means a program that collects, manages, analyzes, and provides information

regarding prescription drugs, including but not limited to the PDMP established by this Act.

(m) "Prescription Drug Order" means a lawful order from a prescriber for a prescription drug for a patient.

(n) "Ultimate User" means a person who lawfully possesses a prescription drug for personal use or for the use of a member of his or her household.

102. Prescription Drug Monitoring Program Established.

(a) The Commonwealth Healthcare Corporation shall establish and maintain an electronic Prescription Drug Monitoring Program for the monitoring of all prescription drugs dispensed in the CNMI or dispensed to an address in the CNMI.

(b) The Commonwealth Healthcare Corporation may contract with another government agency or private vendor to establish and maintain the electronic monitoring system pursuant to the rules and regulations promulgated by the Commonwealth Healthcare Corporation.

(c) The Commonwealth Healthcare Corporation may establish an advisory group to provide input and advice regarding the establishment, administration, and evaluation of the PDMP.

103. Mandatory Data Reporting.

(a) Each dispenser or qualified delegate shall submit to the CNMI Prescription Drug Monitoring Program information regarding each prescription drug dispensed.

(b) Unless a waiver is granted under subsection (e), each dispenser required to report under subsection (a) of this section shall submit by electronic means to the CNMI PDMP information that shall include, but is not be limited to:

(i) The patient's name, address, and date of birth;

(ii) The name of the ultimate user, if different from the patient, when reporting a controlled substance;

(iii) The name and address of the pharmacy dispensing the prescription;

(iv) The date the prescription drug order is issued;

(v) The date the prescription drug order is filled;

(vi) The name of the drug dispensed or the National Drug Code number of the drug dispensed;

(vii) The strength of the drug dispensed;

(viii) The quantity of the drug dispensed and the number of days' supply;

(ix) The prescriber's and dispenser's name;

(x) The prescriber's and dispenser's National Provider Identifier number;

(xi) The prescriber's and dispenser's Drug Enforcement Administration number when reporting a controlled substance; and

(xii) Any other information as determined by CHCC.

(c) Each dispenser shall submit the required information on all prescription drugs dispensed in the CNMI or dispensed to an address in the CNMI in accordance with transmission methods and frequency established by the Commonwealth Healthcare Corporation.

(d) An individual may be both a dispenser and prescriber for the purposes of this Act, and in these circumstances, is subject to the requirements of both dispensers and prescribers.

(e) The Commonwealth Healthcare Corporation may issue a limited-time waiver to a dispenser, which, due to unforeseen circumstances which interfere with electronic submission, 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 subsection (a) of this section is submitted in this alternative format.

104. Registration with the Prescription Drug Monitoring Program.

(a) All prescribers and dispensers who issue prescription drug orders or dispense prescription drugs in the CNMI shall register with the prescription drug monitoring program either upon the initial registration or renewal of the individual's CNMI professional license or certification.

105. Querying the Prescription Drug Monitoring Program.

(a) A prescriber or prescriber's qualified delegate shall query the prescription drug monitoring program prior to initially prescribing or personally dispensing a controlled substance to a patient. If the patient's course of treatment continues for more than ninety (90) days after the date of the initial prescription, the prescriber or prescriber's designee shall make periodic requests for prescription drug monitoring program information, no less frequently than annually or until the course of treatment has ended.

(b) A dispenser or a dispenser's delegate shall query the prescription drug monitoring program prior to dispensing a controlled substance to the patient.

(c) The requirements listed in (a) and (b) of this section shall not apply if one of the following conditions is met:

(i) The prescription drug is a controlled substance which is prescribed or dispensed to a patient currently receiving hospice care.

(ii) If it is not possible to query the prescription drug monitoring program in a timely manner due to an emergency situation.

(iii) The PDMP system is not operational at the time the query is attempted.

(d) A prescriber or dispenser may query the Prescription Drug Monitoring Program for information on a patient as detailed in rules and regulations promulgated pursuant to this Act.

106. Confidentiality.

(a) Information submitted to the PDMP shall be confidential and not subject to public or open records laws, except as provided in Section 107.

(b) The Commonwealth Healthcare Corporation shall establish and enforce policies and procedures to ensure that the privacy and confidentiality of patients are maintained and that patient information collected, recorded, transmitted, and stored pursuant to the PDMP is protected and not disclosed to persons except as provided in Section 107.

(c) The Commonwealth Healthcare Corporation shall establish and maintain a process for verifying the credentials and authorizing the use of data collected by the PDMP by those individuals as allowed for in Section 107.

107. Access to and Use of Prescription Drug Monitoring Program Data.

(a) The Commonwealth Healthcare Corporation may use prescription monitoring information for statistical analysis, research, public policy, PDMP or provider evaluation, or educational purposes.

(b) The Commonwealth Healthcare Corporation is further authorized to provide information in the PDMP upon request to the following individuals:

(i) Persons authorized to prescribe or dispense prescription drugs, for the purpose of providing medical or pharmaceutical care for their patients or for reviewing information regarding prescriptions that have been issued or dispensed by the requester.

(ii) A patient who requests the patient's own prescription monitoring information, the legal representative of such a patient, or the parent of a minor, in accordance with

procedures established by the Commonwealth Healthcare Corporation.

(iii) The CNMI Health Care Professions Licensing Board if the request is pursuant to an investigation or is pursuant to the agency's official duties and responsibilities.

(iv) Local, state, and federal law enforcement or prosecutorial officials responsible for the administration, investigation, or enforcement of the laws governing controlled substances for criminal cases pursuant to their official duties. Law enforcement or prosecutorial officials seeking information from the Prescription Drug Monitoring Program must include a warrant in any request for information.

(v) The CNMI Medicaid Agency regarding Medicaid program recipients and Medicaid program providers for the purposes of medical provider quality evaluation, drug utilization review, beneficiary health outcomes improvement, and investigations of fraud, waste and abuse.

(vi) Public or private entities for the purpose of research or education as approved by the Commonwealth Healthcare Corporation in accordance with local and federal rules.

(vii) Other disclosures as permitted in rules and regulations promulgated by the Commonwealth Healthcare Corporation.

(c) The Commonwealth Healthcare Corporation is authorized to proactively send unsolicited reports to prescribers or dispensers, which may include flags of potentially harmful prescribing or dispensing activity, and, for prescribers, may include comparison to median or average prescribing activity of other prescribers in the CNMI.

(d) The Commonwealth Healthcare Corporation shall not disclose PDMP data in response to a subpoena or other method of discovery or compelled production in a civil proceeding. PDMP data and audit trail information shall not be admissible as evidence in a civil proceeding.

(e) The Commonwealth Healthcare Corporation shall review information submitted to the PDMP. Such reviews, which may link PDMP data with other data sets, should include, but are not limited to:

(i) A review to identify information that appears to indicate if a person may be obtaining prescriptions in a manner that suggests that the patient may have a substance use disorder.

When such information is identified, the Commonwealth Healthcare Corporation may confidentially contact the patient with information regarding evidence-based treatment options and other services which may benefit patients with a substance use disorder.

(ii) A review to identify ways to improve clinical decision-making and practices.

(iii) A review to identify information that appears to indicate if a violation of law or breach of professional standards may have occurred. Whenever such information is identified, the Commonwealth Healthcare Corporation should notify the professional who may have violated legal or professional standards and may also notify the CNMI Healthcare Professionals Licensing Board.

108. Information Exchange with Other Prescription Drug Monitoring Programs.

(a) The Commonwealth Healthcare Corporation may provide prescription monitoring information to other states' and territories' prescription drug monitoring programs, and the information may be used by those programs consistent with this subchapter.

(b) The Commonwealth Healthcare Corporation may request and receive prescription monitoring information from other states' and territories' prescription drug monitoring programs and may use the information as permitted under this subchapter.

(c) The Commonwealth Healthcare Corporation may develop the capability to transmit information to other prescription drug monitoring programs and receive information from other prescription drug monitoring programs.

(d) The Commonwealth Healthcare Corporation may enter into written agreements with other states' and territories' prescription drug monitoring programs for the purpose of describing the terms and conditions for sharing prescription information under this subchapter.

109. Immunity.

(a) Unless there is a finding of reckless disregard, gross negligence, malice, or criminal intent, the Commonwealth Healthcare Corporation shall not be subject to civil liability, administrative action, or other legal or equitable relief for the:

(i) failure to possess PDMP data that was not reported to the Commonwealth Healthcare Corporation;

(ii) release or use of PDMP data that was factually incorrect;

(iii) unlawful access to PDMP data by an individual, health care facility or entity, or unlawful disclosure or use of PDMP data by an individual, health care facility, or entity who requested and received PDMP data pursuant to Section 107.

(b) Unless the CHCC finds a lack of good faith, a dispenser or qualified delegate is not subject to civil liability, administrative action, or other legal or equitable relief for reporting data to the PDMP pursuant to Section 103.

(c) Unless the CHCC finds a lack of good faith, a prescriber, dispenser, pharmacist, or other individual, agency, or entity in proper possession of PDMP information pursuant to this Act is not subject to civil liability, administrative action, or other legal or equitable relief for accessing, using, or disclosing PDMP information pursuant to Sections 105 and 107.

110. Unlawful Acts and Penalties.

(a) Administrative Sanctions.

(i) A dispenser who knowingly fails to submit prescription monitoring information to the Commonwealth Healthcare Corporation as required by this Act, or who knowingly submits incorrect prescription information, shall be referred to the appropriate professional licensing or regulatory board

for administrative sanctions and may be subject to an administrative penalty levied by that professional licensing or regulatory board of no more than $250.00 per violation. Each such failure to submit prescription monitoring information shall count as a separate violation.

(ii) A dispenser who knowingly fails to correct or amend prescription monitoring information submitted to the Commonwealth Healthcare Corporation after notification by the Commonwealth Healthcare Corporation shall be referred to the appropriate professional licensing or regulatory board for administrative sanctions and may be subject to an administrative penalty levied by the that professional licensing or regulatory board of no more than $250.00 per violation. Each such failure to correct or amend prescription monitoring information shall count as a separate violation.

(iii) A prescriber, dispenser, or delegate who knowingly fails to register with the PDMP as required by this Act shall be referred to the appropriate professional licensing or regulatory board for administrative sanctions and may be subject to an administrative penalty levied by the appropriate

professional licensing or regulatory board of no more than $500.00.

(iv) A prescriber or dispenser who knowingly fails to query the PDMP as required by this Act shall be referred to the appropriate licensing or regulatory board for administrative sanctions and may be subject to an administrative penalty levied by the appropriate professional licensing or regulatory board of no more than $250.00 per violation. Each such failure to query the PDMP shall count as a separate violation.

(b) Criminal Penalties.

(i) A person, agency, or entity authorized to receive prescription monitoring information, or audit trail information pursuant to this Act who knowingly discloses such information in violation of this Act shall be subject to punishment by imprisonment for not more than three (3) years or a fine of not more than $3,000, or both.

(ii) A person, agency, or entity authorized to receive prescription monitoring information or audit trail information pursuant to this Act who knowingly uses such information in a manner or for a purpose in violation of this Act shall be subject to punishment by imprisonment for not

more than five (5) years or a fine of not more than $5,000, or both.

(iii) A person, agency, or entity authorized to receive prescription monitoring information or audit trail information pursuant to this Act who knowingly requests such information in violation of this Act shall be subject to punishment by imprisonment for not more than five (5) years or a fine of not more than $5,000, or both.

(iv) A person, agency, or entity not authorized to receive prescription monitoring information or audit trail information pursuant to this Act who obtains or attempts to obtain such information by fraud or deceit from the PDMP or from a person authorized to receive such information under this Act shall be subject to punishment by imprisonment for not more than five (5) years or a fine of not more than $10,000, or both.

(v) A person, agency, or entity not authorized to receive prescription monitoring information or audit trail information pursuant to this Act knowingly discloses or uses such information in violation of this Act shall be subject to

punishment by imprisonment for not more than five (5) years or a fine of not more than $10,000, or both.

111. Rules and Regulations.

The Commonwealth Healthcare Corporation shall promulgate rules and regulations necessary to implement the provisions of this Act."

Section 3. Severability. If any provision of this Act or the application of any such provision to any person or circumstance should be held invalid by a court of competent jurisdiction, the remainder of this Act or the application of its provisions to persons or circumstances other than those to which it is held invalid shall not be affected thereby.

Section 4. Savings Clause. This Act and any repealer contained herein shall not be construed as affecting any existing right acquired under contract or acquired under statutes repealed or under any rule, regulation or order adopted under the statutes. Repealers contained in this Act shall not affect any proceeding instituted under or pursuant to prior law. The enactment of this Act shall not have the effect of terminating, or in any way modifying, any liability civil or criminal, which shall already be in existence at the date this Act becomes effective.

Section 5. Effective Date. This Act shall take effect upon its approval by the Governor or upon its becoming law without such approval.

Prefiled: 5/21/2021

Date: 5/21/2021 Introduced by:

Rep. Christina Marie E. Sablan

Reviewed for Legal Sufficiency by:

House Legal Counsel

Denita Yangetmai