2010-2011
Prescription Drug Monitoring Program
Annual Report

Prescription Drug Monitoring Program
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Executive Summary

As required by Section 893.055(8), F.S., the 2010-2011 PDMP 2011 Annual Report highlights the accomplishments of the PDMP in its efforts to achieve the following outcomes: reduction of the rate of inappropriate use of prescription drugs through department education and safety efforts; reduction of the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit; increased coordination among partners participating in the prescription drug monitoring program; and involvement of stakeholders in achieving improved patient health care and safety and reduction of prescription drug diversion.

The Florida Prescription Drug Monitoring Program (PDMP) was created by the 2009 Florida Legislature as an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State of Florida. Section 893.055, *Florida Statutes (*F.S.), created the PDMP within the Florida Department of Health (DOH) for the purpose of providing information that can help guide a health care practitioner's prescribing and dispensing decisions regarding highly abused controlled substance prescription drugs.

Section 893.055, F.S., requires the DOH to establish a comprehensive database system that collects controlled substance prescription information from health care practitioners within seven (7) days of dispensing controlled substances to an individual. The information collected in the database is available to registered health care practitioners to help guide their decisions in prescribing and dispensing certain highly-abused prescription drugs. It may also assist health care practitioners in identifying patients who are "doctor shopping" or trying to obtain multiple prescriptions for the same controlled substance from multiple health care practitioners, which is a felony in the State of Florida.

The Florida Department of Health contracted with Health Information Designs, Inc. (HID) to develop a Prescription Drug Monitoring System (PDMS) to collect and store prescribing and dispensing data for controlled substances in Schedules II, III, and IV, and defined in section 893.03, F.S. The PDMS is a web-based program that facilitates the collection and analysis of medical and pharmacy data to enable state regulators and practitioners to detect and prevent the diversion, abuse, and misuse of controlled substance prescription drugs.

The PDMP became operational on September 1, 2011, when it began receiving controlled substance dispensing data from pharmacies and dispensing practitioners. Health Care Practitioners began accessing the data reported to the PDMP on October 17, 2011, and Law Enforcement Agencies began requesting PDMP reports during the course of active investigations on November 14, 2011.

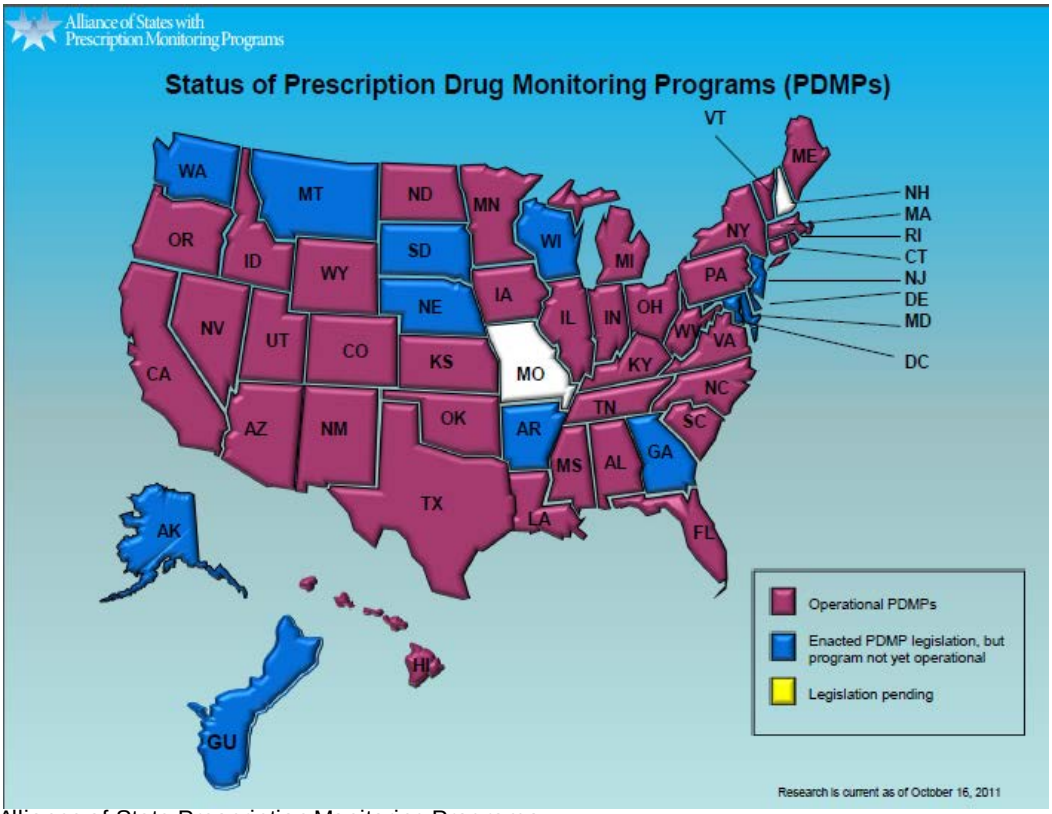
Introduction

BACKGROUND

A prescription drug monitoring program (PDMP) is an electronic database that collects designated data on controlled substances dispensed or prescribed within a given state. The data collected usually includes the names and contact information for the patient, prescriber, and dispenser; the name and dosage of the drug; the quantity supplied, the number of authorized refills; and the method of payment.

As of October 2011, 37 states have operational PDMPs in place, and 13 other states had enacted legislation to create them. Illustration 1 below shows the status of the PDMPs across the United States.

Illustration 1
Status of Prescription Drug Monitoring Programs



Alliance of State Prescription Monitoring Programs
http://www.pmpalliance.org/pdf/pmpstatusmap2011.pdf

PDMPs are established and managed at the state level and can vary considerably from state to state. Some areas of variation include:

- **Substances monitored**. Some PDMPs monitor only Schedule II drugs (i.e. those with a high potential for abuse), while others monitor Schedules III through IV (i.e. those with a lower potential for abuse) in addition to Schedule II drugs.

- **Level of access**. Some PDMPs allow law enforcement to access the database directly; others require law enforcement to obtain a court order or subpoena to access data; and others, like Florida, allow indirect access via a report in response to a request from law enforcement as a part of an active investigation.

- **Proactive versus reactive**. A proactive PDMP gives access to state regulatory or law enforcement agencies to monitor program data to detect patterns that might indicate prescription drug abuse or fraud. Reactive programs prohibit regulatory agencies or law enforcement from accessing data unless a person is already under investigation for a drug-related offense. Florida's program has both proactive and reactive components. The PDMP is proactive in that program staff may provide information to law enforcement if a pattern consistent with indicators of controlled substance abuse is identified, and the program manager believes that the patient has doctor shopped, or received multiple controlled substance prescription drugs of the like therapeutic use from more than one practitioner in less than 30 days. The PDMP is reactive in that law enforcement does not have direct access to the information in the database, instead law enforcement officers may request information from the program during an active investigation regarding a crime involving controlled substance prescription drugs.

- **Timeliness of data.** Most PDMPs require monthly or bi-weekly reporting, however, a few states (including Florida) require weekly reporting. One state, Oklahoma, requires reporting at time of sale.

National All Schedules Prescription Electronic Reporting (NASPER) Act

NASPER was signed into law on August 11, 2005, making it the only federal statutorily authorized program to assist states in combating prescription drug abuse of controlled substances through a prescription monitoring program (PDMP). NASPER fosters interstate communication by providing grants to set up or improve state systems that meet basic standards of information collection and privacy protections that will make it easier for states to share information. This will enable authorities to identify prescription drug abusers as well as the "problem doctors" who betray the high ethical standards of their profession by over or incorrectly prescribing prescription drugs.

Florida's Prescription Drug Monitoring Program

The Florida Prescription Drug Monitoring Program (PDMP) was created by the 2009 Florida Legislature as an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State of Florida. Section 893.055, F.S., created the PDMP within the Florida Department of Health (DOH) for the purpose of providing information that can help guide a health care practitioner's prescribing and dispensing decisions regarding highly abused controlled substance prescription drugs.

The authorizing legislation called for the PDMP to be implemented by December 1, 2010, and prohibited use of state funds for program administration. The implementation of the PDMP was postponed due to funding delays and bid protests filed during the procurement of the Prescription Drug Monitoring System (PDMS). A hearing held February 7, 2011, before an Administrative Law Judge at the Florida Division of Administrative Hearings, resulted in entry of a Recommended Order upholding the Florida Department of Health's (DOH) contract award to Health Information Designs, Inc. (HID). On April 8, DOH entered its Final Order allowing DOH to enter into a contract with HID.

The contract between DOH and HID was executed on May 26, 2011, and implementation of the PDMS began with a kick-off meeting on June 15, 2011. The PDMS is a web-based program that facilitates the collection and analysis of medical and pharmacy data to enable state regulators and practitioners to detect and prevent the diversion, abuse, and misuse of controlled substance prescription drugs. HID currently provides PDMS services in 15 states, including neighboring southern states, Alabama, Louisiana, South Carolina.

The PDMP became operational on September 1, 2011, when it began receiving controlled substance dispensing data from pharmacies and dispensing practitioners. Health care practitioners began accessing the data reported to the PDMP on October 17, 2011, and Law Enforcement Agencies began requesting PDMP reports during the course of active investigations on November 14, 2011.

Legal Framework

History of Legislation

The Prescription Drug Monitoring Program (PDMP) was created by the 2009 Florida Legislature, with the passage of SB 462, which created section 893.055, F.S. A companion bill, SB 440, created section 893.0551, F.S., which sets forth the exemption from public records requirements for information contained in the PDMP.

The 2010 Florida Legislature amended sections 893.055 and 893.0551, F.S., with the passage of SB 2272, which established a definition for "program manager," and requires the program manager to work with certain stakeholders to promulgate rules setting forth indicators of controlled substance abuse. It also authorized the program manager to provide relevant information to law enforcement under certain circumstances.

The 2011 Florida Legislature amended section 893.055, F.S., to reassign the duties of the Governor's Office of Drug Control to the Department of Health, to require reports be made to the PDMP within 7 days of dispensing rather than 15 days; to prohibit the use of certain funds to implement the PDMP; and to require criminal background screening for all staff persons who have direct access to the PDMP.

Summary of Statute

Section 893.055, F.S., creates the PDMP within the Florida Department of Health (DOH) and requires the DOH to design and establish a comprehensive electronic database system to collect controlled substance prescription information, while not infringing upon the legitimate prescribing or dispensing of controlled substances by a prescriber or dispenser acting in good faith and in the course of professional practice.

It provides definitions for the following terms:

- "Patient advisory report" means information provided by the department in writing, or as determined by the department, to a prescriber, dispenser, pharmacy, or patient concerning the dispensing of controlled substances. All advisory reports are informational and impose no obligations of any nature or any legal duty on the aforementioned report recipients. Advisory reports are not discoverable in civil or administrative actions against a prescriber, dispenser, pharmacy, or patient arising out of the matters that are the subject of the report. No person who participates in preparing the report is permitted or required to testify in such a proceeding.
- "Controlled substance" means a controlled substance listed in Schedule II, Schedule III, or Schedule IV in s. 893.03, F.S.
- "Dispenser" means a dispensing pharmacist or dispensing health care practitioner.
- "Health care practitioner" or "practitioner" means any practitioner subject to licensure or regulation by DOH under chapters 458, 459, 461, 462, 464, 465, or 466, F.S. These chapters govern allopathic physicians, osteopathic physicians,

podiatric physicians, naturopaths, nurses, pharmacists, and dentists, respectively.

- "Health care regulatory board" means a board for a practitioner licensed or regulated by DOH.
- "Pharmacy" means any pharmacy subject to licensure and regulation by DOH under Chapter 465, F.S. that dispenses or delivers a controlled substance to a patient in this state.
- "Prescriber" means any prescribing physician or other prescribing healthcare practitioner.
- "Active investigation" means an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.
- "Law enforcement agency" means the Department of Law Enforcement, a Florida sheriff's department, a Florida police department, or a law enforcement agency of the Federal Government which enforces the laws of this state or the United States relating to controlled substances, and which its agents and officers are empowered by law to conduct criminal investigations and make arrests.
- "Program manager" means an employee of or a person contracted by the Department of Health who is designated to ensure the integrity of the prescription drug monitoring program

The system must be consistent with standards of the American Society for Automation in Pharmacy (ASAP) for the validation of prescribing and dispensing controlled substances to an individual. The system must also comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health information (PHI) and electronic protected health information (EPHI).

The DOH must adopt rules concerning the reporting, evaluation, management, and storage of information within the system, including rules for when patient advisory reports are provided to pharmacists and practitioners and rules for when information is provided to health care regulatory boards, law enforcement, and others. All dispensers and prescribers subject to the reporting requirements must be notified by DOH of the implementation date for such reporting requirements. DOH must work with the professional healthcare licensure boards and other specified stakeholders to develop indicators for controlled substance abuse.

The following information must be reported by a pharmacy or dispenser that dispenses a controlled substance, within seven (7) days of dispensing:

- Name of the prescribing practitioner and the practitioner's federal Drug Enforcement Administration registration number, the practitioner's National Provider Identification (NPI) or other appropriate identifier, and the date of the prescription.
- Date the prescription was filled and the method of payment (not to include individual credit card or other account numbers).
- Full name, address, and date of birth of the person for whom the prescription was written.

- Name, national drug code, quantity, and strength of the controlled substance dispensed.
- Full name and address of the pharmacy or other location from which the controlled substance was dispensed.
- Name of the pharmacist or practitioner dispensing the controlled substance, the practitioner's NPI and other appropriate identifying information as determined by DOH rule.
- Other identifying information as determined by department rule.

The following activities are exempt from reporting to the PDMP:

- A health care practitioner administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.
- A pharmacist or health care practitioner administering a controlled substance to a patient or resident receiving care as an admitted patient at a hospital, nursing home, hospice, ambulatory surgery center, or intermediate care facility for the developmentally disabled that is licensed in this state.
- A practitioner administering a controlled substance in the health care system of the Department of Corrections.
- A practitioner administering a controlled substance in the emergency room of a licensed hospital.
- A practitioner administering or dispensing a controlled substance to a person under the age of 16.
- A pharmacist or a dispensing practitioner dispensing a one-time, 72 hour emergency re-supply of a controlled substance to a patient.

A pharmacy, prescriber, or dispenser may access information in the PDMP that relates to a patient of that pharmacy, prescriber, or dispenser for the purpose of reviewing their specific patient's controlled drug prescription history. Prescribers and dispensers acting in good faith for receiving or using information from the program are immune from any civil, criminal, or administrative liability.

Other access is limited to the program's manager and designated program staff. Confidential and exempt information in the database shall only be released as provided in s. 893.0551, F.S. Indirect access may be requested by the following organizations, upon being verified and authenticated by program staff:

- The Department of Health or appropriate health care regulatory boards who are involved in a specific investigation involving a specific individual for one or more prescribed controlled substances;
- The Attorney General for Medicaid fraud cases involving prescribed controlled substances;
- A law enforcement agency during active investigations regarding potential criminal activity, fraud or theft relating to prescribed controlled substances; or
- A patient, legal guardian or designated health care surrogate who submits a notarized written request, for the purpose of verifying the information collected.

Performance measures must be reported annually by DOH each December 1, beginning in 2011. Data that does not contain patient, physician, health care practitioner, or dispenser identifying information may be requested during the year by DOH employees

so that DOH may undertake public health care and safety initiatives by taking advantage of observed trends. Performance measures may include, but are not limited to, efforts to achieve the following outcomes:

- Reduction of the rate of inappropriate use of prescription drugs through department education and safety efforts.
- Reduction of the quantity of controlled substances obtained by individuals attempting to engage in fraud and deceit.
- Increased coordination among prescription drug validation program partners.
- Involvement of stakeholders in achieving improved patient healthcare and reduction of prescription drug abuse and diversion.

A practitioner who willfully and knowingly fails to report the dispensing of controlled substances commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, F.S.

All costs incurred by DOH to administer the PDMP must be funded through federal or private grant funding applied for or received by the state.

The DOH may establish a direct-support organization with a 5 or greater member board to provide assistance, funding, and promotional support for the activities authorized for the PDMP. It defines “direct support organization” as a Florida not for profit incorporated under Chapter 617, F.S., organized and operated to conduct programs and activities; raise funds; request and receive grants, gifts and bequests of money; acquire, receive, hold and invest securities, funds, objects of value or other property either real or personal; and make expenditures in the furtherance of the program. It is not a registered lobbyist. The State Surgeon General shall appoint a board of directors for the direct-support organization.

Program Description

The Florida Department of Health (DOH) has regulatory authority over the Prescription Drug Monitoring Program (PDMP). DOH contracts with Health Information Designs, Inc. (HID) to administer the PDMP database and to manage the collection of the data. Program staff, consisting of a manager and administrator, oversees the day-to-day operation of the PDMP, act as liaisons with the software vendor, seek grant funding to support the PDMP, and provide administrative support to the Direct Support Organization.

Reporting

Beginning on September 1, 2011, each time a controlled substance is dispensed to an individual; it must be reported to the PDMP by the pharmacy or dispensing practitioner as soon as possible, within 7 days. The PDMP offers several methods for reporting dispensing data, including: secure file transfer protocol (FTP) over Secure Shell Hub (SSH), encrypted file with open Pretty Good Privacy (PGP) via FTP Secure Socket Layer (SSL) web site, physical media (tape, diskette, compact disc (CD), Digital Versatile Disc (DVD)), or Universal Claim Form (UCF) submission.

Within 7 days, a health care practitioner must report the following information each time a controlled substance prescription is dispensed:

- Name of the prescribing practitioner and the prescribing practitioner's federal Drug Enforcement Administration (DEA) number;
- Prescribing practitioner's National Provider Identification (NPI) number (or other appropriate identification number);
- Date of the prescription;
- Date the prescription was filled/dispensed;
- Refill number
- Patient's method of payment (private pay, Medicaid, Medicare, commercial insurance, military installations and Veterans Administration, workers compensation, Indian nation or other);
- Patient's full name, address, date of birth and gender;
- Name, National Drug Control (NDC) number, quantity and strength of the controlled substance dispensed;
- Full name, DEA number and address of the pharmacy or other location from which a controlled substance was dispensed (if the controlled substance was dispensed by a practitioner other than a pharmacist, the practitioner's full name, DEA number, and address);
- Name of the pharmacy or practitioner, other than a pharmacist, dispensing the controlled substance and the practitioner's NPI; and
- Other appropriate identifying information as determined by Department of Health (DOH) rule.

A health care practitioner is not be required to report to E-FORCSE when he/she:

- Administers a controlled substance directly to a patient if the amount is adequate to treat the patient during that particular treatment session;

- Administers a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice or intermediate care facility for the developmentally disabled;
- Administers or dispenses a controlled substance in the health care system of the Florida Department of Corrections;
- Administers a controlled substance in the Emergency Room of a licensed hospital;
- Administers or dispenses a controlled substance to a patient under the age of 16; or
- Dispenses a one-time, 72-hour re-supply of controlled substances.

Table 2 shows the number of pharmacies and dispensers who have reported controlled substance prescription data to the PDMP, and the total number of prescriptions reported to the PDMP as of November 15, 2011.

Table 2
Number of Pharmacies/Dispensers and prescriptions reported

Number of Pharmacies/Dispensers who have reported to the PDMP	5,502
Number of prescription records reported to the PDMP	21,248,872

The information collected in the database is available to registered health care practitioners to help guide their decisions in prescribing and dispensing certain highly-abused prescription drugs. It may also assist health care practitioners in identifying patients who are "doctor shopping" or trying to obtain multiple prescriptions for the same controlled substance from multiple health care practitioners, which is a felony in the State of Florida.

Access

A prescriber or dispenser who is subject to licensure or regulation by the Department of Health under chapter 458, chapter 459, chapter 461, chapter 462, chapter 464, chapter 465 or chapter 466, F.S., will have direct access to their specific patient's information. Other direct access to information will be limited to the Program Manager and designated staff for the purpose of program management.

Indirect access may be requested by the following organizations, upon being verified and authenticated by program staff:

- The Department of Health or appropriate health care regulatory boards who are involved in a specific investigation involving a specific individual for one or more prescribed controlled substances;
- The Attorney General for Medicaid fraud cases involving prescribed controlled substances;
- A law enforcement agency during active investigations regarding potential criminal activity, fraud or theft relating to prescribed controlled substances; or
- A patient, legal guardian or designated health care surrogate who submits a notarized written request, for the purpose of verifying the information collected.

Additionally, the following entities may have indirect access to information that contains no identifying information, upon request:

- The Department of Health for the purpose of calculating performance measures; and
- The Program Implementation and Oversight Task Force for its report to the Governor, President of the Senate and Speaker of the House of Representatives.

Finally, if the Program Manager observes a pattern that indicates a patient may be "doctor shopping" or attempting to obtain multiple prescriptions for controlled substances from multiple health care practitioners, the information may be provided to law enforcement.

Table 3 shows the number of registered users of the PDMP by license type, as of November 15, 2011.

Table 3
Number of PDMP Registered Users

License Type	Number of Registered Users
Pharmacists	2,595
Medical Doctors	2,007
Osteopathic Physicians	341
Podiatric Physicians	33
Physician Assistants	247
Advanced Registered Nurse Practitioners	317
Dentists	247
TOTAL	5,787

Among the licensed professionals, pharmacists have the highest registration rate, with over 9.7% registering. Roughly 3.7% of all medical doctors and osteopathic physicians and 2% dentists have registered as of November 15, 2011

A prescriber or dispenser who wishes to view their patient-specific information must submit a query in order to generate a patient advisory report. Table 4 shows the number of queries submitted by registered users since the system became available for queries on October 17, 2011.

Table 4
Number of PDMP Queries by Registered User

Month	Number of Queries
October 2011	34,486
November 2011	71,928
TOTAL	106,414

Section 893.055, F.S., authorizes law enforcement agencies to request information from the PDMP during the course of an active investigation. Table 5 shows the number of

requests submitted by law enforcement agencies since the system became available on November 14, 2011.

Table 5
Number of Data Request by Law Enforcement

Month	Number of Queries
November 2011	36
TOTAL	36

Performance Measures

Section 893.055(8), F.S., requires the DOH to report its performance measures annually to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, beginning in 2011. The department must report on its efforts to achieve the following outcomes.

OUTCOME: Reduction of the rate of inappropriate use of prescription drugs through department education and safety efforts.

PERFORMANCE MEASURE: The number of licensed prescribers, dispensers, and individuals authorized to conduct investigations that were trained in the use of the state's PDM system.

DEFINITIONS:

- The term "prescribers" refers to individual practitioners licensed to prescribe controlled substances.
- Formal training refers to training usually provided in-person and involves the use of some form of structured presentation. While formal training often occurs in a classroom setting it may also take place at a doctor's office, at a hospital, or at some other kind of facility. Formal training may also include web-based training if such training: requires enrollment, follows a well-defined curriculum, and provides some form of certification indicating that the training has been completed successfully.
- Informal training refers to training that ordinarily involves the provision of informational materials by mail (or by email). Informational materials may also be provided at professional conferences or trade shows. Each time an individual downloads materials on the operation of a PDMP system this constitutes an informal training "event" and may be counted as such.
- Prescribers (physicians, physician's assistants, and some nurses) and dispensers (typically pharmacists) are individuals licensed by the state to prescribe or dispense controlled substances. Individuals authorized to conduct investigations have case-specific (as is often true for law enforcement personnel) access to PDMP records.

DATA TO SUPPORT PERFORMANCE MEASURE

For this reporting period, how many licensed PRESCRIBERS were trained formally (in a classroom setting) in the use of the PDM system?	265
For this reporting period, how many licensed PRESCRIBERS were trained informally (e.g., via the Internet, mass mailings, and so on) in the use of the PDM system?	80,376
For this reporting period, how many licensed PRESCRIBERS are there in your state?	77,770
For this reporting period, what is the number of licensed PRESCRIBERS in your state that issued one or more controlled substance prescriptions.	56,128

For this reporting period, how many licensed DISPENSERS were trained formally (in a classroom setting) in the use of the PDM system?	1,785
For this reporting period, how many licensed DISPENSERS were trained informally (e.g., via the Internet, mass mailings, and so on) in the use of the PDM system?	30,625
For this reporting period, how many licensed DISPENSERS are there in your state?	41,112
For this reporting period, how many INDIVIDUALS AUTHORIZED TO CONDUCT INVESTIGATIONS were trained formally (in a classroom setting) in the use of the PDM system?	0
For this reporting period, how many INDIVIDUALS AUTHORIZED TO CONDUCT INVESTIGATIONS were trained informally (e.g., via the Internet, mass mailings, and so on) in the use of the PDM system?	1,556
For this reporting period, how many INDIVIDUALS AUTHORIZED TO CONDUCT INVESTIGATIONS are there in your state?	49,909

PERFORMANCE MEASURE: The number of coroner reports that indicate controlled prescription drug use as the primary or contributing cause of death.

DATA TO SUPPORT PERFORMANCE MEASURE

For this reporting period, how many coroner reports indicated that controlled prescription drug use was the primary or contributing cause of death?	2,710

PERFORMANCE MEASURE: The number of emergency room admissions that identify accidental controlled substance overdose as the reason for admission.

DATA TO SUPPORT PERFORMANCE MEASURE

For this reporting period, how many hospitals reports indicated that a patient was admitted to the Emergency Room due to accidental overdose of controlled substance prescription drugs?	8,938

OUTCOME: Reduction of the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit.

PERFORMANCE MEASURE: Increase in reports generated.

DATA TO SUPPORT PERFORMANCE MEASURE

For PRESCRIBERS: For this reporting period, how many solicited reports were produced?	38,555
For this reporting period, how many unsolicited reports were produced?	0
For DISPENSERS: For this reporting period, how many solicited reports were produced?	54,171
For this reporting period, how many unsolicited reports were produced?	0

For INDIVIDUALS AUTHORIZED TO CONDUCT INVESTIGATIONS: For this reporting period, how many solicited reports were produced?	25
For this reporting period, how many unsolicited reports were produced?	0
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II drugs?	873,814
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II drugs from 5 or more PRESCRIBERS at 5 or more pharmacies?	7,036
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II drugs from 10 or more PRESCRIBERS at 10 or more pharmacies?	474
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II drugs from 15 or more PRESCRIBERS at 15 or more pharmacies?	67
For this reporting period, how many non-liquid doses of the following were associated with INDIVIDUALS that filled prescriptions for Schedule II drugs: a. Pain relievers. b. Tranquilizers. c. Stimulants. d. Sedatives.	a. 393,954,730 b. 0 c. 58,762,037 d. 9,108
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III drugs?	2,567,209
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III drugs from 5 or more PRESCRIBERS at 5 or more pharmacies?	12,725
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III drugs from 10 or more PRESCRIBERS at 10 or more pharmacies?	768
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III drugs from 15 or more PRESCRIBERS at 15 or more pharmacies?	122
For this reporting period, how many non-liquid doses of the following were associated with INDIVIDUALS that filled prescriptions for Schedule II and III drugs: a. Pain relievers. b. Tranquilizers. c. Stimulants. d. Sedatives.	a. 635,058,857 b. 0 c. 65,118,622 d. 1,753,768
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III, IV drugs?	4,964,783
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III, IV drugs from 5 or more PRESCRIBERS at 5 or more pharmacies?	17,801
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III, IV drugs from 10 or more PRESCRIBERS at 10 or more pharmacies?	978
For this reporting period, how many INDIVIDUALS filled prescriptions for Schedule II, III, IV drugs from 15 or more PRESCRIBERS at 15 or	159

more pharmacies?	
For this reporting period, how many non-liquid doses of the following were associated with INDIVIDUALS that filled prescriptions for Schedule II, III, IV drugs: a. Pain relievers. b. Tranquilizers. c. Stimulants. d. Sedatives.	 a. 635,672,250 b. 115,542,388 c. 78,239,530 d. 100,349,149

OUTCOME: Increased coordination among partners participating in the prescription drug monitoring program.

PERFORMANCE MEASURE: The number of licensed PRESCRIBERS and DISTRIBUTORS trained formally in coordinating and sharing data.

DATA TO SUPPORT PERFORMANCE MEASURE

How many licensed PRESCRIBERS and DISTRIBUTORS were trained formally in coordination and data sharing?	0
How many PDMP partners were trained in coordination of data sharing?	0

OUTCOME: Involvement of stakeholders in achieving improved patient health care and safety and reduction of prescription drug abuse and prescription drug diversion.

PERFORMANCE MEASURE: Percentage of stakeholder (e.g., state, federal, and local agencies; professional associations, etc.) involvement.
DATA TO SUPPORT PERFORMANCE MEASURE

Number of stakeholders engaged in the project through memorandums of understanding, meeting attendance, etc.	36

Analysis and Recommendations

Prescription drug abuse is the most threatening substance abuse issue in the State of Florida. According to the 2010 Florida Medical Examiners Commission Report on Drugs Identified in Deceased Persons, prescription medications such as Benzodiazepines and Oxycodone, Methadone, Morphine and Hydrocodone caused the most drug-related deaths tracked by this report. The report also identified that 2,710 of the individuals died with at least one prescription drug in their system that was identified as the cause of death.

Florida is widely recognized as "ground zero" for what has become a national prescription drug abuse epidemic, with states as far as Maine suffering the consequences of the overprescribing of prescription drugs in Florida.

As the most populous state that up until recently did not have an operational PDMP, Florida has become widely recognized as a source state for prescription drugs for people in other states, many of whom travel to southeast Florida seeking prescription drugs to abuse or to sell back in their home towns. Kentucky Governor Steve Beshear reports that "60 percent of the prescription drugs sold and consumed illegally in his state come from the loosely regulated pain clinics in Florida." Additionally, several other state PDMPs, including South Carolina, North Carolina, Alabama, Louisiana, Kentucky, Vermont, Arizona, North Dakota, and Maine reported to the Brandeis University PMP Center of Excellence that significant numbers of prescriptions for controlled substances were written by Florida practitioners and dispensed in their states, as illustrated in Table 6 below.

Table 6
Number of Prescriptions Issued by Florida Prescribers
Dispensed Outside the State of Florida

Southeastern States	Number of Prescriptions 2009
Alabama	116,000
Louisiana	16,000
North Carolina	48,000
South Carolina	28,000
Other States	
Arizona	14,000
Vermont	1,700
TOTAL:	223,700

Communication from PMP Center of Excellence dated March 25, 2011.

Recommendation #1: As the most populous state that up until recently did not have an operational PDMP, Florida has become widely recognized as a source state for prescription drugs for people in other states. Allowing the exchange of Florida PDMP data with other state PDMP programs will enable health care practitioners and law enforcement officers to determine if their patient/subject has received controlled substance prescription drugs in the State of Florida.

In 2009, 223,700 controlled substance prescriptions were dispensed by out-of state pharmacists in Alabama, Louisiana, North Carolina, Arizona, and Vermont for prescriptions written by Florida prescribers. Currently health care practitioners licensed outside the state of Florida are not allowed access to Florida's PDMP prior to dispensing.

Amend sections 893.055, and 893.0551, F.S., to require:

The electronic system (database) comply with the National All Schedules Prescription Electronic Reporting (NASPER) Act's minimum requirements for authentication of a practitioner who requests information in the PDMP database and certification of the purpose for which information is requested;

The State Surgeon General, after 12 months of operation, shall enter into an interstate compact to provide a mechanism for state prescription monitoring programs to securely share prescription data to improve public health and safety. The interstate compact is intended to:

a. Enhance the ability of state prescription monitoring programs, in accordance with state laws, to provide an efficient and comprehensive tool for:
    1. practitioners to monitor patients and support treatment decisions;
    2. law enforcement to conduct diversion investigations where authorized by state law;
    3. regulatory agencies to conduct investigations or other appropriate reviews where authorized by state law; and
    4. other uses of prescription drug data authorized by state law for purposes of curtailing drug abuse and diversion
b. Provide a technology infrastructure to facilitate secure data transmission.
c. Allow the member state to retain its authority and autonomy over its prescription monitoring program and prescription data in accordance with its laws, regulations and policies.
d. Authorize additional exemptions for disclosures related to the interstate compact for the sharing of prescription drug monitoring information with another state that has a compatible PDMP.
e. Prohibit the sharing of information for any purpose that is not otherwise authorized in Florida Statutes relating to the PDMP and its confidentiality and public records exemptions.