



# Prescription Drug Monitoring in Arkansas: An Update

**B**ack in 2013, *The Journal* last reported on the problem of prescription drug abuse in Arkansas – from the state's poor standings in the 2009 Arkansas Prevention Needs Assessment Survey to the state's subsequent efforts to address the problem.

For many years now, the Society has been an active partner in addressing the problem and continues today working with many physician members, legislators and state health officials to raise awareness, develop solutions, and implement change.

As work continues in areas of education, proper drug disposal (AR Take Back), and drug monitoring, we bring you an update on the latter, the **Arkansas Prescription Monitoring Program**: how the program works, recent legislative changes, and the benefits of participation.

Enacted during the 2011 legislative session with the passage of Act 304, Arkansas's PMP went live officially in the first quarter of 2013. One of our members most influential in the development of the PMP was Gene Shelby, MD, a past president of the AMS and former Arkansas representative (D, District 25). A former Garland County coroner and emergency medicine physician, Dr. Shelby has seen overdose death firsthand. In 2009, he introduced legislation for a drug-monitoring program. Although he did not gain the necessary support for it at that time, Dr. Shelby was proud to see his and others' work come to fruition in 2011.

Dr. Shelby continues to encourage fellow physicians to participate and otherwise be involved in ongoing efforts to curb prescription abuse, calling it "an epidemic" in our state and nation. "I think that the number one thing physi-

cians can do now to address the problem is register, use the PMP when they prescribe narcotics, and encourage their colleagues to do so also," said the doctor. "Prescribing rates in Arkansas are among the highest in the country, yet only 36% of physicians are even registered. I think most physicians who use the program regularly have been shocked by some of the information they learn about a patient that they thought they knew well."

AMS Executive Vice President David Wroten joined Dr. Shelby in his encouragement. "The Medical Society has long been an advocate of the PMP and was in support of much of the legislation," he said. We strongly encourage physicians to sign up for the program. We believe in its ability to improve patient care while helping to address the problems with prescription drug abuse and illegal diversion."

## Program Basics & Benefits

The PMP is a database of controlled substance dispensing history. Prescription data is uploaded weekly by pharmacies. This information allows prescribers to access patient dispensing records of all controlled substances, Schedule II-V, prescribed in Arkansas and some border states.



Denise Robertson, P.D.,  
Arkansas PMP Administrator

"Multi-state querying in bordering states can help us spot doctor shopping across the borders," explained Denise Robertson, P.D., PMP administrator for the Arkansas Department of Health. "Some states don't collect information on all of these schedules, but Arkansas does. Currently, we don't have access to Missouri data [the only state without a PMP], but we do have access to Oklahoma, Louisiana, Mississippi, and Tennessee. Texas should be available soon."

As mentioned, physicians and law enforcement officers (with just cause and training) can use PMP to help identify doctor shopping and prescription fraud. Registered users can now also log onto the website to access the latest reports and statistics on state PMP data. From these reports, physicians can see dispensing rates and user statistics on a county-level.

"Information from the PMP makes me a better doctor – in the emergency department, in an urgent care setting, or when treating for opioid dependency," said Dr. Shelby. "Obviously, some patients are knowingly giving false information when trying to get a prescription for opiates, but others are embarrassed or in denial about their opiate dependency. The PMP provides solid evidence of the patient's use of controlled substances.

"Since each PMP entry lists the prescriber, you see where the patient has received treatment, the date of the prescription, the amount, and where and when it was filled. It allows you to see the prescribing practices of other prescribers in your community. It even shows how the prescription was paid for. Someone who has insurance but pays cash for narcotics raises suspicions."



*L to R: Lt. Terry Fuller, Chief Kirk Lane, State Drug Director Denny Altes, and Captain Kevin W. Russell*

## Changes Passed In 2015 Legislation

The PMP has evolved since its start and underwent some changes in the recent legislative session. The AMS was in favor – and indeed, involved in – many of the changes. A big change came from the law enforcement side of the issue and was passed into law as Act 901.

Under the earlier Act 304, PMP information could be accessed by prescribers and pharmacists, licensing boards pursuant to an investigation, and law enforcement pursuant to a search warrant and active case number. Act 901, passed in 2015, allows law enforcement quicker access to PMP data by removing the search warrant requirement.

Benton Police Chief Kirk Lane was a strong proponent of this change and was involved in testimony related to an amended bill. “Act 304 was a good start, but in the eleventh hour, law

enforcement was left out somewhat in that we were required to obtain a search warrant,” said Lane, “I was happy to see law enforcement back in it in a better way. We were able to do it in a way that still addressed concerns about accountability. Officers still need an active case number, and the new legislation puts training in place to do this right.”

Doing it “right” involves training to help law enforcement personnel become “certified law enforcement prescription drug diversion investigators.” They attain this certification through targeted training set forth in Act 901, with the first training set to be held this month (February 2016), led in part by Lane and Robertson.

An active champion of the PMP and a partner program, AR Take Back, Lane is a member of the board of the Arkansas PMP Advisory Committee. He has been passionate about drug abuse prevention since his days as a narcotics officer.

“Around 2009, I was involved in starting prescription drug training in the city of Benton in reaction to complaints and calls coming in about prescription drug overdoses. We started with training because narcotics officers were equipped to deal with cocaine, meth, etc., but not really prescriptions at that time. To get our heads around the issue, we started talking to and working with schools and ER physicians. When we learned what a real problem this was, we conducted the state’s first drug takeback. Our efforts caught the attention of many stakeholders in the state, and soon, we were involved in growing the event and taking it statewide. This past April, Benton finished its 10<sup>th</sup> drug takeback in Benton (the state just finished its ninth).”

AR Take Back, PMP, and related programs, Lane indicated, have always been more about education than arrests. “We found early on that we could not arrest our way out of this problem,”



he said. "It's a collaborative effort and doctors are a big part of that. The program works, but only as much as the number of docs that will get involved. We're at about a third of our physicians. We need to be at 100% to make a difference.

"Statistics, then and now, are staggering. Every 30 minutes in the United States, a child is born already addicted to prescription meds because of mom. I can't help but wonder what could happen if an OB/GYN were to sit down with their patients to confront them with PMP information if they are able to use it. I don't wish to police doctors. I just want to share what I am seeing as a first responder – we just had two overdoses last night. This is a free program that doctors can use to make a difference."

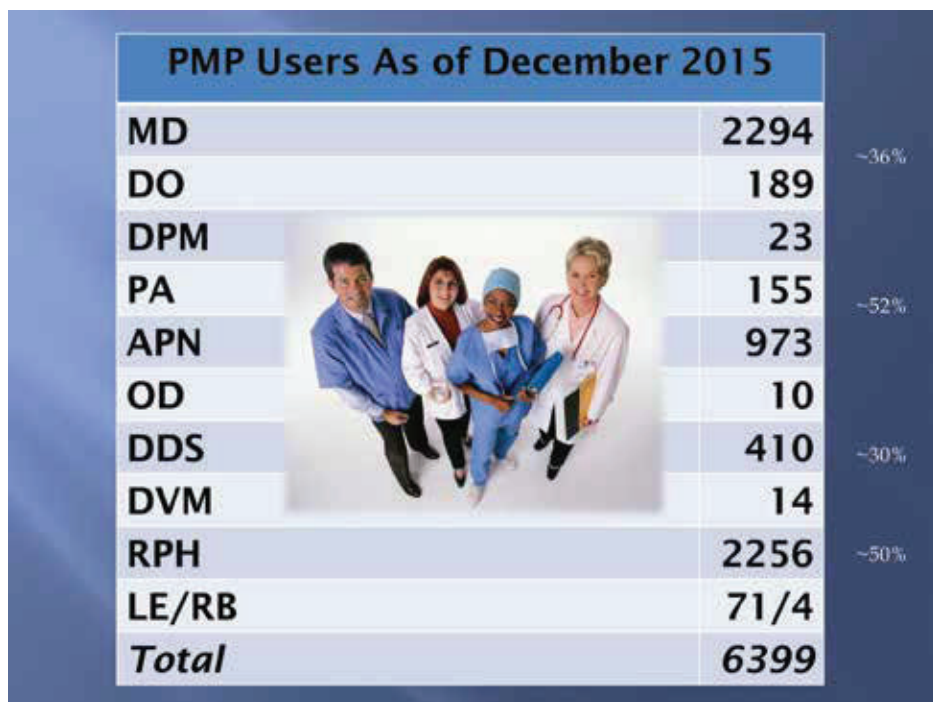
Robertson shared a few results being seen from the program. "Since the start of PMP, the number of individuals receiving daily doses of narcotic pain relievers greater than 100 morphine equivalents has reduced from 107 to 77," she said. "This reflects a positive change in opioid prescribing.

"Also, since the implementation of the PMP, prescription-drug overdose deaths in Arkansas have slightly decreased," she said. "However, the total drug overdose death rate has slightly increased due to a rise in illicit drug overdoses, particularly associated with heroin."

Other substantial changes for 2015 came from the passing of Act 1208. The Act implements several changes, among them allowing a prescriber to delegate PMP responsibilities to a qualified member of his staff. "This is something AMS has fought for from the beginning," said Dr. Shelby. "This allows the physician to designate someone in his office to check PMP history before seeing patients. In the future, we hope that PMP reports will automatically become a part of a patient's electronic medical records."

Act 1208 includes a provision to permit the PMP to provide the Arkansas Medical Board with reports at the Board's request, a mandate for increased education for new prescribers (within two years of being licensed to practice in Arkansas, a prescriber must obtain two credit hours of prescribing education), and mandated guidelines for prescribers for the treatment of controlled substances.

The law also puts forth related definitions and treatment guidelines related to controlled substances. "Chronic non-malignant pain is defined as a condition requiring at least 90 tablets of hydrocodone 5 mg in three consecutive months," said Dr. Shelby. "When this threshold is met, there are requirements that the prescriber must follow such as random drug testing and a pain contract. Such important safeguards – for both the prescriber and the patient – were developed by the AMS with input from several members."



## Tips & Tidbits

### Helpful Contacts:

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Chief Kirk Lane  
Benton Police Department  
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### Helpful Links:

Opioid Prescribing Guidelines (Arkansas)  
<http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/Documents/PainMedication/ArkansasEmergencyDepartmentOpioidPrescribingGuidelines.PDF>

Opioid Prescribing Guidelines (National)  
[http://www.cdc.gov/drugoverdose/pdf/common\\_elements\\_in\\_guidelines\\_for\\_prescribing\\_opioids-a.pdf](http://www.cdc.gov/drugoverdose/pdf/common_elements_in_guidelines_for_prescribing_opioids-a.pdf)

**ACT 1208** <http://www.arkleg.state.ar.us/assembly/2015/2015R/Acts/Act1208.pdf>

**ACT 304** <http://www.arkleg.state.ar.us/assembly/2011/2011R/Acts/Act304.pdf>

**ACT 901:** <http://www.arkleg.state.ar.us/assembly/2015/2015R/Acts/Act901.pdf>

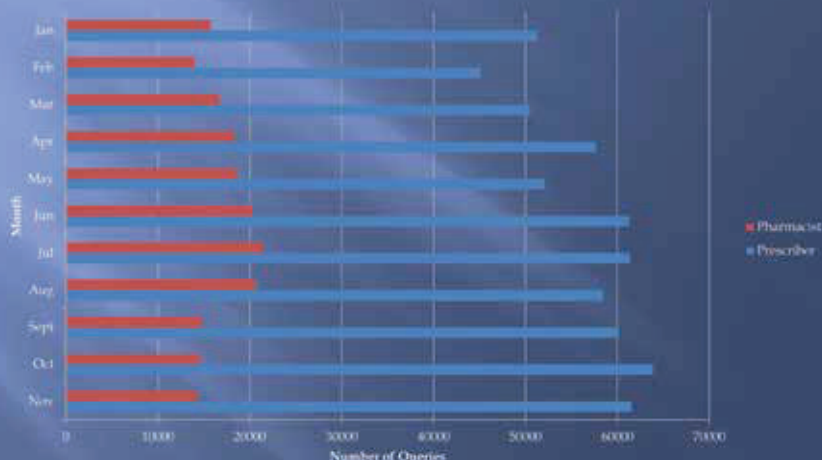
**AR Take Back**  
<http://artakeback.org>

**Medicaid Fraud Unit**  
<http://arkansasag.gov/programs/arkansas-lawyer/medicaid-fraud>

**AMA Task Force to Reduce Opioid Abuse**  
<http://www.ama-assn.org/ama/pub/advocacy/topics/preventing-opioid-abuse/opioid-abuse-task-force.page>

Related: <http://www.ama-assn.org/ama-wire/post/experts-explain-end-opioid-overdose-epidemic>

## Prescriber/Pharmacist Queries



### Participation rates in Arkansas as of December 2015.

The reports herein are based on the search criteria and the data provided by the dispensing entities. For more information about any prescription, please contact the dispenser or the prescriber. Reports contain confidential information, including patient identifiers, and are not a public record. The information should not be provided to any other persons or entity.

**Register at ArkansasPMP.com – for Help, Call 1-855-729-8917**

To sign up or gain more information, log in at [arkansasmp.com](http://arkansasmp.com) and follow the directions. You should know that there is no need to notarize, as PMP is an automated registration system. Here are a few tips to help. From [arkansasmp.com](http://arkansasmp.com):

- 1) Click on practitioner / pharmacist
- 2) Click on practitioner / pharmacist registration
- 3) Enter the temporary user name (newacct) and temporary password (welcome)
- 4) Click OK and fill out the registration form that follows. You will receive two emails in response. One has your permanent user name. The other provides a second temporary password that you will be prompted to change. Follow the directions to complete your registration.

Need help? Call the Help Desk at 1-855-729-8917 or Robertson at 501-683-3960.

## Medical Board Legal Issues?

Call  
Pharmacist/Attorney  
**Darren O'Quinn**  
**1-800-455-0581**

[www.DarrenOQuinn.com](http://www.DarrenOQuinn.com)

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