VIRGINIA DEPARTMENTS OF HEALTH AND HEALTH PROFESSIONS

MINUTES OF HB2345/SB1255 WORKGROUP

Tuesday, June 13, 2023

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the HB235/SB1255 Workgroup was called to order at 10:05 a.m.
PRESIDING	Kindall Bundy, Department of Health (VDH) Ashley Carter, Department of Health Professions (DHP)
ATTENDEES PRESENT	MaryAnn McNeil, Department of Medical Assistance Services (DMAS) Jake O'Shea, Virginia Hospital and Healthcare Association (VHHA) Kelsey Wilkinson, Medical Society of Virginia (MSV) Heidi Dix, Virginia Association of Health Plans (VAHP) Karen Winslow, Virginia Pharmacists Association (VPhA) Kyle Russell, Virginia Health Information (VHI) Natalie Browning, Bamboo Health (Private Sector Technology Expert)
ATTENDEES ABSENT	
STAFF PRESENT	James Jenkins, Chief Deputy Director, DHP
WELCOME AND INTRODUCTIONS	Ashley Carter (DHP) welcomed everyone to the meeting and all attendees introduced themselves.
APPROVAL OF MINUTES	This being the first meeting of the Workgroup, no previous minutes have been recorded.
PURPOSE AND SCOPE OF THE WORKGROUP	From HB2345/SB1255(2023): *study and establish a plan to develop and implement a system to share information regarding a patient's prescription history and medication reconciliation*
PUBLIC COMMENT	None Provided
REVIEW OF VIRGINIA'S PRESCRIPTION MONITORING PROGRAM AND OPEN DISCUSSION Kindall Bundy (VDH) and Ashley Carter (DHP)	Ashley Carter (DHP) reviewed the purpose of the workgroup and provided a brief overview of the Prescription Monitoring Program (PMP). Ms. Carter indicated that she and Dr. Kindall Bundy (VDH) discussed several possible solutions to the collection of all dispensations. Solutions introduced to the group include 1) expand the PMP beyond covered substances to all prescriptions; 2) develop new infrastructure to collect and make available non-covered substances; and 3) working with Bureau of Insurance to receive claims. Heidi Dix (VAHP) suggested eliminating the third option as it is not viable. Jake O'Shea (VHHA) suggested pursuing option 1 to expand the PMP since the infrastructure is already in place to accomplish this objective. The workgroup concurred. Ms. Dix (VAHP) stated that commercial health plans are not statutorily

	authorized access PMP and advocated a change in code to permit their use. Ms. Carter next presented important considerations for the workgroup to discuss maintaining critical functions of the PMP in controlled substance monitoring, confidentiality and opt-out, interstate data sharing, physician/veterinarian dispensing, law enforcement/regulatory personnel access, legislation, and opened to members to add additional. Karen Winslow (VPhA) noted that if the PMP reports were to include every dispensation, she was concerned that practitioners may be bogged down in trying to review. Dr. O'Shea (VHHA) said that it would be ideal that anyone providing care should have access to a complete list of dispensations and noted the importance of allowing access to RNs and medical assistants for review and conducting medication reconciliation. Dr. Bundy (VDH) noted that there is access to a system that can provide all health information, evidenced by that fact that the military is utilizing a system allowing Military Entrance Processing Stations (MEPS) physicians access to patent care and prescriptions since the birth of the recruit in question. Ms. Dix (VAHP) noted that she is aware of a system providing prescription data in full detail over an expanded length of time. Ms. Carter asked if the information was prescription-based, and Ms. Dix was not aware of the source of the information provided. Ms. Browning (Bamboo Health) inquired regarding the current capability of a typical pharmacy to report all dispensations. Ms. Winslow (VPhA) said there are various pharmacy dispensing systems and many of the systems automatically report such data. Ms. Browning noted that, once a software vendor sets up the system in one state, it is typically easy to adapt a similar process in other states. Ms. Carter stated that such a change would require advance communication to the vendors to make a one-time change. She elaborated further that dispensers were required to begin reporting naloxone and gabapentin dispensations to the PMP in the last several years and PMP did not receive feedback from pharmacies that this change was burdensome. The workgroup discussed confidentiality concerns and a patient opt-out provision for non-controlled substances and Ms. Carter asked the group whether the opt-out should be pursued. Dr. O'Shea inquired whether individuals could opt out of claims sharing and Ms. Carter noted that could be achieved by purchasing medications by private pay, effectively "opting out of" of the claims/data sharing. Ms. Carter noted that recent legislation in Connecticut to begin collecting all prescriptions was unsuccessful; the legislation did not have an opt-out provision and it was a source of some opposition to the bill. Dr. O'Shea noted that the opt-out would ideally be housed at a central location. Dr. O'Shea (VHHA) noted that there are numerous times where debate arises among family members whether someone is still on a medication or not while a hospital inpatient. Dr. O'Shea further discussed clinical circumstances when knowing a patient's current medications is essential, such as coumadin. Ms. Winslow (VPhA) suggested the group could create a list of medications that an opt-out would not apply to since the patient safety benefits were so great. Ms. Wilkinson (MSV) stated that it

	would be difficult to maintain such a list and the group concurred that developing a list of medications that were not subject to the opt-out wasn't viable. If a patient elected to opt-out of sharing their non-controlled substances, this was a risk they were assuming. Dr. O'Shea said it was reasonable to have an opt-out and the group concurred. Ms. Winslow (VPhA) and Mr. Russell (VHI) inquired how a patient opt-out provision might work. Ms. Carter responded emphasizing that the burden for collecting and maintaining record of a patient's opt-out would not be borne by the dispenser. The dispenser would report all prescriptions dispensed regardless of an opt-out. Ms. Browning (Bamboo Health) confirmed that it was feasible for them to develop a website through which a patient could choose to opt-out of having their non-controlled substances shared/displayed on their prescription history when a health care provider requested the report. The group asked if Nebraska, the only state currently collecting all medications, had an opt-out provision and, if so, how frequently did patients choose to opt-out. Ms. Carter and Ms. Browning stated they would research and provide the information prior to the next meeting. Dr. O'Shea inquired about patient matching and Ms. Browning described Bamboo Health's methodology. Ms. Carter noted that occasionally twins (same DOB, address) can be an issue with respect to patient matching, but that PMP staff can manually differentiate these patients and resolve the issue going forward. Ms. Carter and Ms. Browning said they would provide additional written materials on patient matching prior to the next meeting. Dr. O'Shea (VHHA) inquired how a system to collect all meds would be funded; he noted that it would be a benefit for all individuals in the Commonwealth and that pursuing general funds would be reasonable. Ms. Carter noted that the Virginia PMP is currently funded by a $20M federal court settlement agreement with The Purdue Frederick Company in 2006. Approximately $11M remains in a Trust account and planning for long term sustainability of the program is an important consideration. Per the agreement for use of the funds, the Trust could not be used to fund an expansion to collect all medications. Ms. Browning noted that PMP's may seek certification from CMS to obtain funding. Ms. Carter and MaryAnn McNeil (DMAS) emphasized that pursuing such certification is a heavy lift for DMAS. A group member inquired what the source of funding was for Nebraska's program and Ms. Browning confirmed Nebraska receives Medicaid funding for their collection of all medications. Ms. Browning (Bamboo Health) noted that there should also be discussion about how the data should be presented at the point-of-care and offered to provide a mockup at the next meeting. Dr. O'Shea (VHHA) recommended that a practicing physician should be represented in this work group for the next meeting and the group concurred. Ms. Wilkinson (MSV) and Dr. O'Shea indicated they would confer to identify someone for the next meeting. Ms. Carter and Dr. Bundy discussed dates for the next meeting and said that communication would be forthcoming on scheduling.

NEXT MEETING DATE:	TBD
ADJOURN:	With all business concluded, Kindall Bundy adjourned the meeting at 10:59 a.m.
	Kindall M. Bundy Kindall Bundy, Co-Lead
	Ashley Carter, Co-Lead