

**HEALTH CARE REFORM
REVIEW COMMITTEE**

April 11, 2012

Panel Discussion of Duane Houdek
North Dakota State Board of Medical Examiners

Chairman Keiser and Members of the Health Care Reform Review Committee:

Thank you for this opportunity to talk with you about the use of the PDMP by the Board of Medical Examiners, and the larger issue of what the Board is doing to address the unprecedented problem of prescription drug abuse, especially abuse of opioids.

The Board may access the PDMP if it certifies it has an active investigation regarding a violation of the state's medical practice act. Let me start this discussion by telling you that the PDMP the legislature enacted is one of the very best tools we have in effectively prosecuting prescription cases. We use it frequently.

It does not, of course, provide the final answers in these investigations. In most cases, only a review of the medical records themselves and an analysis of the prescribing done by a physician in light of a particular patient's medical condition and treatment plan can yield the final conclusion of inappropriate prescribing. But it allows us to quickly target questionable or suspicious patients or prescriptions.

If we see early refills, continued prescribing of certain drugs over long periods of time, excessive dosages, combinations of controlled substances that do not reflect standard medical usage, patients traveling long distances to see a primary care physician, or spouses both receiving opioids long-term, we are able to focus on these prescriptions and patients. Without PDMP, our task would be much harder and we would be much less effective.

Since I last spoke with the legislature, we have looked at a number of ways to address prescribing issues. Last month, the board approved the final development of standard of care guidelines that would be used by the board to determine if a physician

has been properly using the PDMP in the prescribing of controlled substances and dangerous drugs. The board instructed me to vet the guidelines with others and to bring back the final version to the board in July for its consideration.

These guidelines would say that it is a standard of care in North Dakota to use the PDMP in certain circumstances. This concept is modeled after that used in Ohio, although there are other examples. Although I expect that by July, with input from others, these will change, right now the guidelines would require use of the PDMP, with appropriate documentation in the medical charts, in the following instances:

- The first time a physician prescribes a reported drug for what will be protracted use
- Periodically, thereafter, perhaps every six to 12 months
- Any time a physician is given any reason to believe a patient may be abusing or diverting reported drugs, specifically including:
 - A patient who increases the dosage prescribed
 - A patient who requests early refills
 - A patient who has a drug screen that is inconsistent with treatment, either because of the presence of drugs not prescribed or the absence of prescribed drugs, or a patient who refuses or misses a drug screen
 - A patient who receives reported drugs from multiple prescribers, without clinical basis
 - A patient about whom any family member, law enforcement officer or health care professional expresses concern over illegal drug use
 - A patient with a known history drug abuse or dependency
 - A patient who appears impaired
 - A patient who claims to have lost a prescription or prescribed drugs
 - A patient who has recurring emergency room visits to obtain

reported drugs

- A patient who violates a pain agreement in any manner
- A patient who travels in excess of X miles to see a primary care physician
- A patient whose spouse or child also receives reported drugs from the physician

In addition, any arrest for illegal drugs or forging a prescription, etc., would require PDMP checks for that patient.

We believe this will help to ensure that all physicians who prescribe controlled substances and dangerous drugs are actively considering the issues of abuse and diversion as they prescribe. We also believe that it will not stop the good physicians, the vast majority of physicians, from prescribing for pain. That is very important because we see what happens when physicians decide, for whatever reason, that they will not prescribe for pain because of the perceived risk or regulation involved: The patients travel away from their medical home to someone who does not know them as well, and this leads to increased problems. Those who will prescribe become overloaded and the close supervision and monitoring these drugs require falls off. We need to make sure our regulations do not have the unintended consequence of exacerbating the problem.

Please allow me to quickly report to you other two other matters with regard to the board's actions relative to this issue. In the last year and one-half, approximately, we have revoked the licenses or the prescribing authority of four licensed physicians specifically for prescribing of opioids. We have denied the license application of two other physicians who wanted to practice in North Dakota, also because of prescribing issues. We have a pending case against one other physician for prescribing and investigations going forward on two more. In two of these cases, we got our initial referral from drug task forces, one in Grand Forks and one in Minot. We are actively prosecuting physicians for this issue, I would daresay, given our relatively small number

of licensed physicians, as aggressively as any board in the country.

Also, based on the good work of the pharmacy board, and the report of a physician in the Northeast part of the state, we were able to identify approximately 15 out-of-state physicians, not licensed in North Dakota, who are prescribing Tramadol to many North Dakota citizens through internet pharmacies. We have referred those cases to the Attorney General for prosecution and the Medical Board has authorized the expenditure of \$20,000 to defray the cost of extraditing these doctors to North Dakota to face the charges. Our goal is to send a very clear statement to the rest of the country: Don't do this in North Dakota. They will charge you and they will come and get you.

Thank you Mr. Chairman and members of the committee, for this opportunity. I'd try to answer any questions you may have.