**ILPMP Advisory Committee**

Meeting Minutes

September 26, 2023

**Opening**

The meeting was called to order at 12:00 p.m.

**Roll Call**

Roll call was completed and a quorum was established. Members present: Helga Brake, Pharm D; William Campbell, DO; Kenneth Candido, MD; Raechel Ferry-Rooney, APRN; Scott Glaser, MD; Christopher Herndon, Pharm D; Erica Ittner, OD; David Liebovitz, MD; Garry Moreland, RPh; Mindy Sanders, PA; Edward Segal, DDS. Members absent: Ankur Dave, MD; Shami Goyal, MD; Ricki Loar, PhD APRN; Tran Tran, Pharm D.

**Approval of Minutes: Dr. David Liebovitz**

The committee approved the minutes from the March 14, 2023, meeting.

**Reminders: Dr. David Liebovitz**

Dr. Liebovitz reminded the committee that they should complete their mandatory training and the attestation form.

**Legislative Updates: Dr. Sarah Pointer**

* Public Act 103-0477 (combined SB285 & SB2364): Signed into law August 4, 2023. Effective dates of August 4, 2023, and July 1, 2024. Provides that the Department of Human Services shall not require electronic health records systems, pharmacies, or other providers to utilize a particular entity or system for integration with the Prescription Monitoring Program. Clarifies EHR integration by defining integration requirements and provides for exemptions as deemed appropriate by the Department. Clarifies requirements on what data fields need to be reported and the removal of outdated methods.
* Public Act 103-0423 (HB2039): Signed into law August 4, 2023. Effective date of January 1, 2024. Provides that each disclosing State department or agency (rather than the department) shall execute a single master data use agreement that includes all data sets and is in accordance with the applicable laws, rules, and regulations pertaining to the specific data being requested. Provides that the State department or agency may require the name of any authorized users who will access or use the data provided. Provides that any data shared between State departments and agencies that is requested by a certified local health department shall be reviewed and approved by the State department or agency providing the data to ensure that all disclosures are made in accordance with procedures set forth in the data use agreements.
* New Proposals: ILPMP Legislative Subcommittee meeting will be held in October to discuss 2023/2024 proposals.
* Adopted 77-2080 Administrative Rule is effective September 8, 2023. Link will go out to committee members for awareness once final rules are available.

**IT Update: Amna Farooq**

* A new module on the website is now live – Opioid Treatment Program (OTP) Reporting.
* A new project preview: anonymous referral feature will be a separate module on the website. Allows for an anonymous referral of a prescriber or dispenser of concern, prescribing outside of guidelines, to the ILPMP Peer Review Committee by a registered user. The Peer Review Committee will review history to see if any further actions need to be taken to IDFPR. Project completion goal is by mid-late November.
* MyPMP information regarding benzodiazepine and opioid prescription overlap data accuracy is currently being analyzed.
* Highlight of stats for August 2023: PMPnow met a record high over 11 million queries.

**Opioid Treatment Program Reporting (OTPs): Dr. Sarah Pointer**

* Public Act 102-0527 authorized OTPs to report methadone doses to ILPMP with patient consent. ILPMP and SUPR (Division of Substance Use and Prevention Recovery) are making forward movement on implementation of reporting critical data with patient consent.
* SAMHSA ruling amendments 42 CFR Part 2 for PDMPS: Section 2.36: A part 2 program or other lawful holder is permitted to report any SUD medication prescribed or dispensed by the part 2 program to the applicable state prescription drug monitoring program if required by applicable state law. A part 2 program or other lawful holder must obtain patient consent to a disclosure of records to a prescription drug monitoring program under 2.31 prior to reporting of such information.
* Overview of Illinois Controlled Substance Act: Excerpt from 720 ILCS 570/316 subsection 3.5: “Opioid treatment programs shall attempt to obtain written patient consent, shall document attempts to obtain the written consent, and shall not transmit information without patient consent. Documentation obtained under this paragraph shall not be utilized for law enforcement purposes, as proscribed under 41 CFR 2, as amended by 42 U.S.C. 290dd-2. Treatment of a patient shall not be conditioned upon his or her written consent.”
* SUPR will submit the data to ILPMP on a weekly basis. If a patient is enrolled in a SUD program, prescribers will see an “OTP Data Tab” on that patient's ILPMP profile. By clicking on that tab, prescribers can see the medication, dose, and clinic information.
* OTPs present the patient with an information brochure that explains the benefits of obtaining consent. Consent helps providers and pharmacists work together to reduce the risk of negative medication interactions.

**Opioid Rapid Response Program (ORRP): Dr. Sarah Pointer**

* ORRP is an interagency, coordinated federal effort to help mitigate overdose risks among patients who lose access to a prescriber of opioids, medications for opioid use disorder, or other controlled substances, such as benzodiazepines. Disrupted access could be due to law enforcement actions or other events such as retirement, death, or voluntary closure by a clinician who prescribes controlled substances.
* ILPMP will be notified by Trusted Contacts when a prescriber is no longer available to prescribe. ILPMP IT staff will pull the prescriber’s patient list including patient name, date of birth, gender, and street address. ILPMP will email this list to IDHS Business Services, and Business Services will print and mail a letter to each patient explaining their prescriber is no longer practicing. The letter will include where to find pain management services, primary care services, and treatment/intervention services as well as helpful information on Medication Assisted Recovery NOW and where one can obtain naloxone. The letter also includes information on support services as well as the 988 Suicide and Crisis Lifeline.
* In July 2023, information was provided to 272 patients that may have been affected by a recent disruption.

**IDFPR Communication Update: Dr. Sarah Pointer**

* IDFPR sent a letter to all 60,000 Controlled Substance License holders in IL stating that all license holders must be registered with the ILPMP (under the IL Controlled Substance Act 720 ILCS 570/314.5). Those not registered had 45 days to comply. ILPMP is to file an individual complaint for approximately 19,000 unregistered license holders. IDHS and ILPMP are exploring additional ways to improve compliance with this mandate.

**INDIRAP Marketing Project: Eric Huff**

* ILPMP was awarded funding IDHS Division of Substance Use Prevention and Recovery (SUPR). Some of this funding was used for a marketing project. Marketing expert, INDIRAP, created an educational training video series, conducted a website review and mockup with recommendations, created a public relations campaign and ad template portfolio, as well as collateral pieces such as ILPMP & PMPnow flyers, posters, and brochures as well as a PowerPoint template.

**Updating Data Submitter’s Guide: Eric Huff**

* Current drugs of interest
	+ Naltrexone
	+ Naloxone
	+ Butalbital/Acetaminophen/Caffeine
	+ Muscle relaxants such as Dantrolene, Carisoprodol, Chlorzoxazone, Methocarbamol, Tizanidine, Cyclobenzaprine, Metaxalone, Baclofen, Orphenadrine
	+ Gabapentin
* Addition of opioid antagonist, Opvee (nalmefene) nasal spray

**New Grant Awarded – CDC OD2A-S**

* ILPMP received a CDC, Overdose Data to Action in States (OD2A-S) grant in the amount of $633,374 each year for five years pending federal funding allocations.
* Project over the next 5 years include:
	+ Develop trainings on the management of pain focusing on dissemination to all clinicians who may treat acute, subacute, and chronic pain in outpatient settings.
	+ Provide training to encourage awareness of safe prescribing practices and provide recommendations for tapering opioids.
	+ Expand PMP data sharing across state lines/interstate interoperability.
	+ Ensuring that PDMPS are easy to use and access by clinicians.
	+ Ensure the PMP is accessible to all clinicians through user interface improvements such as single sign-on, access delegation, and electronic health records (EHR) integration; and in collaboration with other State PDMPs, and LogiCoy, ILPMP will continue to share data via the RxCheck Hub.

**Open Discussion**

* Dr. Liebovitz recommended focusing on non-registered controlled substance license holders for future communications. Dr. Pointer agrees.

**Next Advisory Committee**

* March 12, 2024