



## INDIAN HEALTH SERVICE AND MILITARY MEDICAL PRESCRIPTION DRUG MONITORING PROGRAM REQUIREMENTS

# Fact Sheet

### Background

Prescription Drug Monitoring Programs (PDMPs) are state-run databases that collect information on specified medications at the point of dispensing. These databases then make those data available to medical professionals and others, as permitted by relevant law.<sup>1</sup> Although the specifics vary between states, requirements that individuals or organizations submit data to or retrieve data from the PDMP typically only apply to individuals and organizations subject to the authority of the relevant state regulatory or licensing authority. Many federal government healthcare workers, however, are not licensed in the state in which they practice, and therefore are not subject to these requirements. To address this gap, numerous federal governmental agencies have adopted rules, regulations, or policies requiring their employees to provide information to or access information contained in state PDMPs. These initiatives to track opioid prescriptions is important because of the number of people who receive care from federal institutions: The Indian Health Service (IHS) facilities serve 2.2 million American Indians and Alaska Natives,<sup>2</sup> and the Veterans Health Administration (VHA) has over 9 million veterans enrolled in its health care program.<sup>3</sup> The Department of Defense (DOD) provides health care to approximately 1.3 million active-duty troops and 865,000 reservists.<sup>4</sup>

### Indian Health Service


IHS is the federal health program for American Indians and Alaska Natives.<sup>5</sup> Policy and procedural directives for IHS employees are contained in the Indian Health Manual, which is binding on employees.<sup>6</sup> The Manual requires that IHS pharmacy sites report the dispensing of Schedule II-V drugs to the relevant state PDMP at the frequency required by the state, but recommends daily reporting even if the state requires only less-frequent transmission.<sup>7</sup>

Additionally, the Manual requires prescribers to register with the state PDMP; request a PDMP report as a normal process of accepting a new patient; and review PDMP data for prescriptions for acute pain exceeding 7 days, when progressing from acute to chronic opioid pain therapy, and periodically during opioid therapy for chronic pain.<sup>8</sup> As of July 2016, the Manual requires pharmacists to access PDMP data and discuss any potential abuse or diversion with prescribers prior to processing a prescription for a controlled substance.<sup>9</sup> Pharmacists are also required to access the PDMP every three months thereafter and prior to reissuing or refilling a “chronic controlled substance prescription for medications in schedules II-V.”<sup>10</sup>

### Military Medical System

The Department of Defense (DOD) has its own PDMP to monitor opioid prescriptions for its 9.5 million beneficiaries, and does not require that providers participate in state PDMPs.<sup>11</sup>

The Veterans Health Administration (VHA) provides health care to veterans and their spouses, dependents, and survivors.<sup>12</sup> The VHA, per a directive released on March 10, 2017, does require PDMP participation.<sup>13</sup> Under this directive, all VHA pharmacies are required to participate in state PDMPs that are compatible with Veterans Affairs



software.<sup>14</sup> VHA pharmacies are required to enroll in the state program where the VA medical facility is geographically located and transmit data regarding Schedules II-V controlled substances on a daily basis.<sup>15</sup> A separate VHA directive released on October 19, 2016 requires providers to query state PDMPs prior to initiating therapy with a controlled substance.<sup>16</sup> Additionally, for each VHA patient, providers must query the state PDMPs at least once a year and document the results in the VA medical record.<sup>17</sup>

## Conclusion

PDMPs can help clinicians improve decisions regarding opioid prescribing. However, since state laws and regulations governing access to these systems often apply only to providers licensed in the states in which the PDMP is located and many federal health care workers are not so licensed, many federal providers are not subject to these requirements. To improve access to prescription information and increase integration across providers, both IHS and VHA require their health care providers to access the state PDMP where they are located and their pharmacies to provide prescription data to the PDMP in the state in which the pharmacy is located. The DOD does not require participation in state PDMPs, but has its own program to monitor opioid prescriptions. Although there is no published research regarding the effects of these policies, they may help improve care coordination between providers and reduce the risk of opioid-related harm among individuals who access health care from federal providers. It is important that all providers who access the PDMP receive training in appropriate responses to PDMP data, including referring individuals who appear at high risk to pain or addiction specialists as appropriate.


## SUPPORTERS



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## REFERENCES

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- <sup>1</sup> Christine Vestal, *States require doctors to use prescription drug monitoring systems for patients*, THE WASHINGTON POST (Jan. 15, 2018), [https://www.washingtonpost.com/national/health-science/states-require-doctors-to-use-prescription-drug-monitoring-systems-for-patients/2018/01/12/c76807b8-f009-11e7-97bf-bba379b809ab\\_story.html?utm\\_term=.03aecf32c938](https://www.washingtonpost.com/national/health-science/states-require-doctors-to-use-prescription-drug-monitoring-systems-for-patients/2018/01/12/c76807b8-f009-11e7-97bf-bba379b809ab_story.html?utm_term=.03aecf32c938) (stating that Missouri is the only state that does not have a PDMP).
- <sup>2</sup> *HIS 2016 Profile*, INDIAN HEALTH SERVICES, <https://www.ihs.gov/newsroom/factsheets/ihsprofile/> (last visited Apr. 11, 2018).
- <sup>3</sup> *About VHA*, U.S. DEPARTMENT OF VETERANS AFFAIRS, <https://www.va.gov/health/aboutVHA.asp> (last visited Apr. 11, 2018).
- <sup>4</sup> K.K. Rebecca Lai, Troy Griggs, Max Fisher, and Audrey Carlsen, *Is America's Military Big Enough?*, THE NEW YORK TIMES, (Mar. 22, 2017) <https://www.nytimes.com/interactive/2017/03/22/us/is-americas-military-big-enough.html>
- <sup>5</sup> *About IHS*, INDIAN HEALTH SERVICES, <https://www.ihs.gov/aboutihs/> (last visited Apr. 11, 2018).
- <sup>6</sup> *Indian Health Manual*, INDIAN HEALTH SERVICES, <https://www.ihs.gov/ihm/> (last visited Apr. 11, 2018); Failure to comply with the Manual is punishable can result in sanctions ranging from a warning to removal. Indian Health Manual, 2-7.3(C).
- <sup>7</sup> Indian Health Manual, 3-32.2(C).
- <sup>8</sup> Indian Health Manual, 3-32.2(D).
- <sup>9</sup> Mary Smith, *IHS Implements Groundbreaking New Policy Regarding Opioid Prescribing*, INDIAN HEALTH SERVICE (July 6, 2016) <https://www.ihs.gov/newsroom/ihs-blog/july2016/ihs-implements-groundbreaking-new-policy-regarding-opioid-prescribing/>
- <sup>10</sup> Indian Health Manual, 3-32.2(D).
- <sup>11</sup> Office of the Secretary of Defense, REPORT TO CONGRESS ON PRESCRIPTION DRUG ABUSE (March 2016).
- <sup>12</sup> *About VHA*, U.S. DEPARTMENT OF VETERANS AFFAIRS <https://www.va.gov/health/aboutVHA.asp> (last visited Apr. 13, 2018); *VA Health Care: Veterans' Spouses, Dependents, and Survivors Eligibility Overview*, U.S. DEPARTMENT OF VETERANS AFFAIRS, <https://explore.va.gov/health-care/spouses-dependents-survivors> (last visited Apr. 13, 2018).
- <sup>13</sup> VHA Directive 1108.07(10).
- <sup>14</sup> VHA Directive 1108.07(10)(a).
- <sup>15</sup> VHA Directive 1108.07(10)(b)(1)-(2).
- <sup>16</sup> VHA Directive 1306(4).
- <sup>17</sup> *Id.*