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Health Care Flash October 2017



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The information in this article is based on a summary of legal principles. It is not to be construed as legal advice. Individuals should consult with legal counsel before taking any action based on these principles to ensure their applicability in a given situation.

Wisconsin continues to enhance its oversight to impact the opioid epidemic

Wisconsin continues to enhance its efforts to combat prescription drug abuse by enhancing the statewide Prescription Drug Monitoring Program (PDMP). Recent changes to the laws clarify several components of previously confusing amendment language.

Patient's record review required

The law requires that the records of any patient registered in the program must be reviewed before the practitioner issues a prescription order for the patient. The most recent amendment clarified that the review may be performed by the practitioner or by the practitioner's agent in accordance with applicable standards of practice.

The practitioner's "agent" is defined as anyone who acts on behalf of or at the direction of the practitioner. The intent of this expanded language is to provide flexibility in satisfying the requirement of the review in an effort to minimize the burden of the review process for the health care team.

This review encompasses all patients receiving controlled substance prescriptions except:

- 1. patients receiving hospice care;
- 2. prescriptions intended to last three days or less or not subject to refill; and
- 3. prescriptions issued when there is an inability to review the drug history due to an emergency.

Further, language was clarified regarding Controlled Substance Board's (CSB) referral of a noncompliant prescriber to law enforcement. The amendment clarifies that referral to law enforcement is only permitted where a criminal violation has occurred and failure to check the PDMP does not constitute a crime.

This rule also requires entities that dispense controlled substances, including pharmacies, must submit dispensing data to the PDMP by 11:59 p.m. **the next business day** after the prescription drug was dispensed. The earlier rule allowed the data to be submitted within seven days. The rule also clarifies that the CSB may refer a dispenser to the appropriate licensing board or to law enforcement for failing to submit required date.

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Continuing medical education reminder

In addition, each Wisconsin licensed physician is required to take two hours of approved opioid continuing education on responsible opioid prescribing. The course must be approved by the Wisconsin Medical Examining Board and is part of the general continuing education requirement for renewal and must be completed by Dec. 31, 2017, in order to renew a license. A list of approved courses is available on the Medical Examining Board website.

The role of pharmacists

The next focus may be to explore the pharmacists' role in addressing the opioid epidemic. A recent study published in the July/August 2016 issue of the Journal of Pharmacy Society of Wisconsin surveyed 300 pharmacists across Wisconsin. In that study, 93 percent of respondents identified a need for pharmacists to screen for opioid misuse. Only 54 percent indicated they currently perform screening, and 75 percent indicated they would benefit from additional education on screening.

Study authors indicated the investigation and development of a standardized, in-person screening instrument might help pharmacists detect opioid risk and intervene at the point of care. This study may be the first to shed light on significant work needed to understand how pharmacists may educate patients to recognize overdose symptoms and how to fit this education into the pharmacists' customary workflow.

Look to Godfrey & Kahn for up-to-date information as the state continues to enhance its efforts in addressing the opioid epidemic. If you have any questions as to how these efforts may impact your organization, please feel free to contact Sean Bosack at sbosack@gklaw.com or Thomas Shorter, tshorter@gklaw.com

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