VIRGINIA DEPARTMENTS OF HEALTH AND HEALTH PROFESSIONS
MINUTES OF HB2345/SB1255 WORKGROUP

Tuesday, August 1, 2023

4200 Innslake Dr
Glen Allen, Virginia 23060

CALL TO ORDER:	A meeting of the HB235/SB1255 Workgroup was called to order at 1:06 p.m.
PRESIDING	Ashley Carter, Department of Health Professions (DHP) Kindall Bundy, Department of Health (VDH)
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) Scott Castro, Medical Society of Virginia (MSV) Doug Gray, Virginia Association of Health Plans (VAHP) Karen Winslow, Virginia Pharmacists Association (VPhA) Kyle Russell, Virginia Health Information (VHI) Jacob Cooper, Private Sector Technology Expert (Bamboo Health) Kindall Bundy, Department of Health (VDH) Ashley Carter, Department of Health Professions (DHP)
ATTENDEES ABSENT	Lanette Walker, Health and Human Resources Secretariat (HHR)
STAFF PRESENT	Arne Owens, Director, Department of Health Professions (DHP) James Jenkins, Chief Deputy Director, Department of Health Professions (DHP) Erin Barrett, Director of Legislative and Regulatory Affairs, Department of Health Professions (DHP)
WELCOME AND INTRODUCTIONS	Ms. Ashley Carter welcomed everyone to the meeting and all attendees introduced themselves.
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
PRESENATION FROM NEBRASKA PMP ADMIN, Kevin Borcher	Kevin Borcher, Vice President, PDMP & Pharmacy Solutions, CyncHealth, presented an overview of Nebraska's PDMP and all prescription reporting. Nebraska is currently the only state that is fully functional as an all-prescription PMP and Maryland's PMP will be second when it comes online. Reporting of all prescriptions to the Nebraska PMP was initiated in 2018 and Mr. Borcher noted that the enabling legislation had no opposition. The system requires daily reporting by all dispensers and has no provision for a patient opt-out. Subsequent legislation was introduced which resulted in the exclusion of all non-human, non-controlled veterinary drugs from the reporting requirements. Mr. Borcher then outlined justifications for an all-prescription PMP and some data considerations inherent to an all-prescription PMP. He mentioned that only

	9-10% of the prescription volume consists of controlled drugs, which translates to a 10-fold increase in data collection when all prescriptions are reported to the PMP. Mr. Borcher noted that there are at least 3 options in standing up a system for all meds: 1) Reporting of controlled and non-controlled substances separately; 2) Have dispensers submit all data through the existing PMP portal and have a PMP vendor process all data, sending only the controls to the PMP; 3) Have dispensers submit all data through the existing PMP portal and have a PMP vendor process all data, sending all dispensations to the PMP. Mr. Borcher then detailed additional issues needing consideration in establishing a system to collect all prescriptions. After concluding his presentation, the floor was opened to questions. Kyle Russell (VHI) inquired whether the introduction of all prescriptions was set up as an expansion of the PMP; Mr. Borcher responded that it was specifically an expansion of their existing PMP. MaryAnn McNeil (DMAS) asked about the funding from CMS and Mr. Borcher said a request for funding was submitted in 2019; Nebraska was awarded $54M of SUPPORT Act funding which ended in September 2020. They certified their HIE and PMP together, which covered both the operation and the maintenance. Scott Castro (MSV) stated that members of his organization are concerned about payer access and asked about how access differs by role. Mr. Borcher responded that payers have no access to the Nebraska PMP. Through the HIE, payers can only see patient data during the time they were "covered lives" with that specific payer. Mr. Castro further asked whether patient advocacy organizations were sought out to communicate the availability of HIE opt-out. Arne Owens (DHP) inquired about Nebraska's software vendor for PMP (LeapOrbit/NIC) and HIE (ISC). He further noted that CyncHealth is the designated state health information exchange. For funding purposes, CyncHealth is a contractor and a sub-recipient. Mr. Borcher concluded his presentation at 1:58 pm.
HIE CONSIDERATIONS FOR COMPREHENSIVE RX DATA SHARING, Kyle Russell, VHI	Kyle Russell (VHI) noted that Nebraska's HIE and PMP systems are one in the same but that this is not the case in Virginia. He stated that not leveraging the existing infrastructure already in place for PMP would not be prudent. He further noted that the value added in the HIE is administrative simplification in user access. He recommended that the all-prescription data be collected within existing PMP infrastructure, then sent to the HIE, and through which access provided to VDH and Provider EMRs, Health Plan/DMAS HIE data feeds, and PMP and HIE portals. Mr. Russell stated that Maryland's all-prescription infrastructure would be reused to significantly reduce program costs and estimated that the program management cost should be less than $1M annually.
PMP DATA FLOW, Ashley Carter	Ashley Carter (DHP) discussed the data flow of PMP's current data collection process. She noted that the additional cost to expand to all-prescription collection would be approximately $309,000 annually. She outlined the types of data submitters and quantified the estimated number of new reporters who otherwise do not dispense covered substances. Virginia funds PMP workflow integration for all users statewide and there would be no change in cost for this service if the data delivered was expanded to all prescriptions.
OPEN DISCUSSION	Jake O'Shea (VHHA) inquired about the data collection process and whether prescription data would be incorporated into the EHR. Mr. Cooper responded that the data is collected discretely but packaged and delivered in a consistent format by state PMPs. Mr. Cooper noted that there are many ways that the information could be packaged.

	Doug Gray (VAHP) noted that a value proposition has not been presented and referenced other state initiatives involving health insurers. Mr. Gray further stated that it is necessary to identify the marginal difference/value in receiving all-prescription information through dispensers reporting centrally. He further stated that that if we can't articulate where we are now, then there is no added value.
RECOMMENDATIONS	The workgroup concurred on the following recommendations: -Provision of patient opt-out for non-covered substances: opt-out of redisclosure, not data collection -Interstate data sharing: limit interstate data sharing to covered substances -Law enforcement/regulatory personnel access: remains limited to covered substances -Date sold required as part of data submission -Medication history timeframe: 90-day timeframe for non-covered substances would be sufficient
REPORT SUBMISSION	VDH/DHP will summarize workgroup findings in a report due to the Secretary of Health and Human Resources by September 1, 2023 and submit to the General Assembly by the October 1, 2023 deadline.
ADJOURN	With all business concluded, Ms. Ashley Carter thanked workgroup members for their participation and adjourned the meeting at 2:57 p.m.
	Kindall M. Bundy
	Kindall Bundy, Co-Lead
	Ashley Carter
	Ashley Carter, Co-Lead