

2011 SENATE HUMAN SERVICES

SB 2151

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2151
1-18-2011
Job Number 13015

Conference Committee

Committee Clerk Signature *T. Mathern*

Explanation or reason for introduction of bill/resolution:

Relating to access to the prescription drug monitoring program.

Minutes:

Attached testimony.

Senator Judy Lee opened the hearing on SB 2151. She introduced the bill and explained that it talks about having access to the prescription drug monitoring program. This bill adds a licensed addiction counselor, who is engaged in treating an individual, to the people listed who have access to the information. Those people are listed in Section 3.

Kurt Snyder, Executive Director of the Heartview Foundation, provided testimony in support of SB 2151. His written testimony contains letters of support and fact sheets. Attachment #1

Senator Tim Mathern asked how he, as a professional, would use the list.

Mr. Snyder answered that, in the course of an evaluation, it is an information gathering process which takes approximately 2-3 hours. Access to this program would be an added tool in the course of gathering that information. Dealing with prescription drug abuse and that type of evaluation, those patients are the most difficult to collect an accurate usage history which is cornerstone for a diagnosis. In the case of those individuals who are truly abusing the health care system, it's obvious with the printouts that are provided through this access.

Senator Tim Mathern asked if he would call this line in the first 2-3 hours if he is doing a needs assessment for someone who just comes to his facility.

Mr. Snyder said it would be available to them in the first 2-3 hours if they felt it was relevant. He didn't feel it would be normal practice for anyone who walked in the room but they could access if the need was there.

Senator Spencer Berry asked if they could see any possible chance of abuse – an opportunity for a counselor to use this inappropriately.

Mr. Snyder replied that there is always possibility for abuse. However, in this situation, it is confidential information and license addiction program and licensed addiction counselors have been held to a law regarding confidentiality of addiction records. Confidentiality in the profession does very well.

Senator Dick Dever asked if there is a method of communicating who the patient is so they are only provided information pertaining to that patient.

Mr. Snyder replied that the access would be per individual so the direct access would allow them to access for the individual they are concerned with.

Wayne Stenehjem, Attorney General, underlined for the committee the fact that people who work in these areas are well aware of – the problem with prescription drug abuse in ND and across the nation. He convened a prescription drug abuse summit and invited law enforcement, prosecutors, physicians, treatment providers.

After announcing the summit, he heard from a number of groups including schools who said an added problem to prescription drug abuse is that it is not viewed in the same category as other controlled substances.

From the addiction people he heard they were alarmed to see the spike in incidence of prescription drug addiction. Many of their patients are illegally buying them on the internet or stealing them from people's homes or lying to their doctors to get the medication.

The narcotics task forces reported that the problem is out of control.

To deal with the problem we need to make sure we have adequate and well trained law enforcement, broad public awareness of the extent of the problem. We, also, need to make sure we have available, adequate, and effective treatment options. This bill is designed to deal with the adequate and effective treatment options.

There was discussion that the internet is becoming more difficult to get prescription medications. The younger the person the more likely they are getting drugs on the street or buying in the schools. The older the person, as a general rule, the more likely it is that they have been legally prescribed as a pain management tool and then become addicted.

A big problem is the tremendous opportunity for profit.

AG Stenehjem talked about the Take Back Program which is for collecting leftover medications.

Senator Gerald Uglem asked if every prescription for a narcotic is entered into a data base.

AG Stenehjem said the purpose of the prescription drug monitoring program is that every narcotic or other relevant prescription is uploaded into a state data base. The purpose being that physicians treating a patient can see who is out doctor shopping, out pharmacy shopping, and who's going from one doctor to another. That's why it's important for the license addiction counselors to have it.

Senator Judy Lee stated that the challenge from someone paying cash, writing a check, or submitting an insurance claim is eliminated by this. No matter what the means of payment it's going to be entered into the data base.

Senator Dick Dever asked how effective this program has been.

AG Stenehjem replied that it has been very effective. He would like to see better education of the doctors so they are aware the program exists.

JoAnne Hoesel, Dept. of Human Services, provided testimony in support. Attachment #2

Christy Anderson, ND Addiction Counseling Association, testified in support.
Attachment #3

Howard Anderson, Executive Director of the Board of Pharmacy, explained that the Board runs the prescription drug monitoring program. He pointed out that this would be the first time to his knowledge that licensed addiction counselors have access to such a program in the country.

Attachment #4 is a letter from Mr. Anderson.

With no further testimony the hearing on SB 2151 was closed.

Senator Tim Mathern moved a **Do Pass**.

Seconded by **Senator Gerald Uglem**.

Roll call vote 5-0-0. **Motion carried**.

Carrier is **Senator Gerald Uglem**.

Date: 1-18-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2151

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Gerald Uglem, V. Chair	✓				
Sen. Dick Dever	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. Uglem

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2151: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS**
(5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2151 was placed on the
Eleventh order on the calendar.

2011 HOUSE HUMAN SERVICES

SB 2151

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2151
March 15, 2011
Job #15437

Conference Committee

Committee Clerk Signature *Vicky Crabtree*

Explanation or reason for introduction of bill/resolution:

Access to the prescriptive drug monitoring program.

Minutes:

See Attached Testimonies #1 - #4

Chairman Weisz: Opened the hearing on SB 2151.

Marvis Doster: A certified Addictions Registered Nurse and Director of Nursing and Residential Services at Heartview Foundation in Bismarck testified in support. (See Testimony #1)

(Chairman Weisz asked Ms. Doster if she would let Senator Lee in to testify and she could resume her testimony after the Senator was done.

(Ms. Doster graciously agreed.)

Sen. Judy Lee: From District 13 sponsored and introduced the bill. All this does is add to the list of people that access the prescription drug monitoring program the licensed addiction counselors. As you will hear there are excellent reasons for them to be included in this particular program. I think it is one of the best things we have as a tool to assist us in making sure that prescribing drugs are not misused. It seems appropriate that licensed addiction counselors who are certainly dealing with individuals who struggle in this area would have access to this program as well.

(Marvis Doster is called back to the podium to finish her testimony and read the following testimonies.)

Kurt Snyder: Executive Director of the Heartview Foundation. (See Testimony #2)

JoAnne Hoesel: Director of Division of Mental Health and Substance Abuse for the DHS testified in support of the bill. (See Testimony #3)

Howard Anderson: From the ND Board of Pharmacy testified in support of the bill. (See Testimony #4)

Rep. Hofstad: Explain to me how the registry works. The addiction counselors would register with you or is there a list available? How does that process work?

Howard: We have on our website a form which if someone wants to access that fills out that form and submits it to our office. It tells you if they are a doctor, pharmacists or this case an addiction counselor comes in with a list of their credentials. Kathy would check to see if they are appropriately licensed with their licensing agency. She would also in this case check to see that they are related to a licensed program and Medicaid licenses addiction programs in ND. In this case they would have to have the two licenses or one license and one affiliation. Once she is sure they are appropriately licensed, then she would issue them their login and password. We also have a training program that is on our website and when you want access you have to take the training program. It is only about 15 minutes, but it talks about the confidentiality and the information you are going to receive and appropriate uses for it. We will get a message saying they have completed that training program. We can pull that if we need to. That has happened. We had a case once where a physician gave some other physician his login and password and Kathy found out about that about 15 minutes later and pulled the login and password of the physician who had given it away. He had to reapply and get a new one. You can have a delegate, but you cannot give away your login and password. The delegated person will have their own login and password that we give them.

NO OPPOSITION

Chairman Weisz: Closed the hearing on SB 2151

Chairman Weisz: Let's take up SB 2151.

Rep. Porter: I move a Do Pass on SB 2151.

Rep. Hofstad: Second.

VOTE: 13 y 0 n MOTION CARRIED

Bill Carrier: Rep. Kilichowski

Date: 3-15-11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2151

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment

Rerefer to Appropriations Reconsider

Motion Made By Rep Porter Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REP. CONKLIN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-CHAIR PIETSCH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REP. HOLMAN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REP. ANDERSON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REP. KILICHOWSKI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REP. DAMSCHEN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. DEVLIN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. HOFSTAD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. LOUSER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. PAUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. PORTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
REP. SCHMIDT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Total (Yes) 13 No 0

Absent _____

Floor Assignment Rep. Kilichowski

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2151: Human Services Committee (Rep. Weisz, Chairman) recommends DO PASS
(13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2151 was placed on the
Fourteenth order on the calendar.

2011 TESTIMONY

SB 2151

#1



KURT SNYDER, MMGT. LSW, LAC
Executive Director
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www.heartview.org
101 East Broadway Avenue
Bismarck, ND 58501
1-701-222-0386 Toll Free 1-800-337-3160 Fax 1-701-255-4891

Dear Madam Chairman and Members of the Committee,

My name is Kurt Snyder and I am the Executive Director of the Heartview Foundation and the Chair of the North Dakota Addiction Treatment Providers Coalition. I am a Licensed Addiction Counselor a Licensed Social Worker and I have a Masters in Management. I am here to testify in support of Senate Bill 2151.

The addiction profession, legal community, medical professionals and others have been aware of the recent rise in prescription drug abuse in the state of North Dakota as well as nationally. According to the Substance Abuse and Mental Health Services Administration, between 1998 and 2008 there was a 400% increase in the number of substance abuse treatment admissions associated with the abuse of opioid pain relievers. And according to the Center for Disease Control and Prevention, the estimated number of emergency room visits for non-medical use of opioid analgesics increased 111% between 2004 and 2008, from 144,600 to 305,900. Prescription Drug Abuse is the new "Meth epidemic" in North Dakota.

The North Dakota Prescription Drug Monitoring Program, (PDMP) was designed to improve patient therapy and the state's ability to identify and inhibit the diversion of controlled substances in an efficient and cost effective manner that should not impede the appropriate utilization of these drugs for legitimate medical purposes. The PDMP is a great program. However, it does have limitations.

- When patients abuse the system by visiting 6 physicians/6 pharmacists in 6 months, letters of awareness is generated to the prescribers and pharmacies. There is no assurance that any other action will be taken. Prescribers may change how they treat the patient, they may choose not to serve the patient any longer or they may continue to prescribe in the same manner.
- There is no guarantee that referrals will be made to addiction professionals or that the patients will ever follow through with the referral if it is made.
- In fact, there is no connection to addiction professionals even though Licensed Addiction Counselors, (LAC) are the only profession in ND trained and licensed to treat substance abuse.

I have attended the PDMP meetings as a guest for over a year and I am convinced that the addiction profession is a critical component needed for the PDMP.

Direct access of the PDMP would increase Licensed Addiction Counselors ability to:

- More accurately diagnose prescription drug abuse issues.
- Make more appropriate recommendations during the course of a drug and alcohol evaluation. (A drug and alcohol evaluation is a critical intervention moment.)
- Result in better treatment outcomes.
- During the course of treatment, access would allow for continued monitoring of adherence to a patients treatment plan.
- Reduce or eliminate "doctor shopping" during the course of treatment
- Better coordination of services with primary care providers.



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January 3, 2011

Kurt Snyder, Executive Director
Heartview Foundation
101 E Broadway
Bismarck, ND 58501

Dear Mr. Snyder:

This is to confirm that the North Dakota State Board of Medical Examiners, after reviewing your presentation, voted to voice its general support for giving licensed addiction counselors access to the prescription drug monitoring program.

Please advise us of any legislative bills seeking to implement that change so that the Board may review the specific language involved.

Sincerely,

Duane Houdek
Executive Secretary

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.



NORTH DAKOTA BOARD OF NURSING

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To: Kurt A. Snyder, Executive Director
North Dakota Addiction Treatment Providers Coalition
Heartview Foundation
101 East Broadway Avenue
Bismarck, ND 58501-3840

From: ND Board of Nursing
Constance B. Kalanek PhD, RN, FRE *CK*

Date: November 22, 2010

RE: Access for Licensed Addiction Counselors to ND Prescription Drug Monitoring Program

Thank you for your presentation and request for the ND Board of Nursing to support the addition of your profession to the list of professions included in the ND Century Code that have access to the Prescription Drug Monitoring Program (NDPDM). It was a pleasure to meet all of you.

The Board made the following motion and unanimously passed:

The Board supports the request of Licensed Addiction Counselors to access the Prescription Drug Monitoring Program.

Please feel free to contact me if you have questions or need additional information.



BOARD OF PHARMACY
State of North Dakota

Jack Dalrymple, Governor

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Bonnie J. Thom, R.Ph.
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Gayle D. Ziegler, R.Ph.
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William J. Grosz, Sc.D., R.Ph.
Wahpeton, Treasurer

January 14, 2011

Ms. Kristi Anderson and
Mr. Kurt A. Snyder
Heartview Foundation
101 E. Broadway Ave
Bismarck ND 58501

Dear Ms. Anderson and Mr. Snyder:

Thank you very much for attending the State Board of Pharmacy meeting on
January 11th, 2011.

After discussions with you, it was moved by Pharmacist Haroldson and seconded
by Pharmacist Thom to support Senate Bill #2151 allowing "a licensed addiction
counselor for the purpose of providing services for a licensed treatment program
in this state" access to the Prescription Drug Monitoring Program [PDMP] patient
information.

We will plan to attend the bill hearing on Tuesday January 18th at 9:00 AM in the
Senate Human Services Committee.

Sincerely,

Howard C. Anderson, Jr, R.Ph.
Executive Director

HCA/eh

NORTH DAKOTA BOARD OF
ADDICTION COUNSELING **G**
EXAMINERS

PO Box 975 . Bismarck, ND 58502 . 701.255.1439
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January 14, 2011

Kurt Snyder, Executive Director
Heartview Foundation
101 East Broadway
Bismarck, ND 58501

Dear Mr. Snyder:

The ND Board of Addiction Counseling Examiners is in support of SB 2151;
giving licensed addiction counselors access to the prescription drug monitoring
program.

Sincerely,



Anna Johnson
Chair



[Home](#) > [News](#) > [Research News](#) > [Summaries](#)

ER Visits Due to Prescription Drug Abuse Double in Five Years

January 10, 2011

Research Summary

Federal data shows that prescription drug abuse now sends twice as many people to the emergency room (ER) as it did five years ago -- outstripping illegal drugs for the third year in a row, the [White House Office of National Drug Control Policy \(ONDCP\)](#) reported in a Jan. 6 press release.

The data come from the Drug Abuse Warning Network (DAWN), which provides estimates on emergency room visits linked to drug use and abuse. [DAWN data from 2009](#) showed almost 4.6 million total visits to emergency rooms that were drug-related, of which 45.1 percent were linked to abuse and misuse of drugs, both legal and illegal.

Nearly a third (27.1 percent) of all visits -- or 1.2 million visits -- were due to prescription drug abuse, an increase of 98.4 percent from the 627,291 visits recorded in 2004. Illicit drug use accounted for 1.0 million visits to emergency rooms, and alcohol was implicated in 31.8 percent of all visits related to abuse or misuse of drugs.

"Prescription drug abuse is our nation's fastest-growing drug problem, with shocking consequences measured by overdose deaths, emergency room visits, treatment admissions, and increases in youth drug use," said Gil Kerlikowske, director of ONDCP.

The majority (49.8 percent) of drug-related visits to emergency rooms, or 2.3 million visits, were caused by adverse reactions to legal drugs used as prescribed. The number of visits caused by adverse reactions increased 82.9 percent between 2005 and 2009, rising from about 1.2 million visits to nearly 2.3 million visits.

Detailed data from DAWN can be found in "Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits," published online in [The Dawn Report](#) on Dec. 28, 2010 by the Center for Behavioral Health Statistics and Quality at the Substance Abuse and Mental Health Services Administration (SAMHSA).

This article [summarizes](#) an external report or press release on research published in a scientific journal. When available, links to the sources are provided above.

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Pain and Opioid Misuse in America Fact Sheet

Prevalence of Pain: Pain has become an epidemic in America.

- Pain affects more Americans than diabetes, heart disease and cancer combined.¹
- More than one-quarter of Americans over the age of 20, or 76.2 million people, report that they have had a problem with pain.¹
- In 2009, 257 million prescriptions for opioids were dispensed, a 48 percent increase from 2000.²
- Approximately 3.8 million patients are prescribed long-acting or extended-release opioids annually.²
- According to a 2006 survey, 51 percent of chronic pain sufferers felt they had little or no control over their pain.³

Economic Implications of Pain: The economic impact of pain is staggering, resulting in lost productivity, missed workdays and billions of dollars in healthcare costs.

- Pain is the second-leading cause of medically related work absenteeism, resulting in more than 50 million lost workdays each year.⁴
- Overall, workers lost an average of 4.6 hours per week of productive time due to a pain condition.¹
- Lost productive time from common pain conditions among active workers costs an estimated \$61.2 billion per year.⁵
- According to a study by the National Institutes of Health (NIH), the economic toll of chronic pain may be estimated at \$100 billion a year in the United States.⁶

Prescription Abuse and Misuse: As the prevalence of pain grows, so does the number of people impacted by abuse, misuse and addiction.

- Between 1998 and 2008, there was a 400 percent increase in the number of substance abuse treatment admissions associated with the abuse of opioid pain relievers.⁷
- The estimated number of emergency room visits for non-medical use of opioid analgesics increased 111 percent between 2004 and 2008, from 144,600 to 305,900.⁸
- According to a 2008 report, more than 13 percent of Americans aged 12 and older have used a prescription pain reliever non-medically at least once in their lifetime.²

- From 1999 through 2006, the number of fatal poisonings involving opioid analgesics more than tripled from 4,000 to 13,800 deaths.⁹
- Opioid analgesics were involved in almost 40 percent of all poisoning deaths in 2006.⁹
- Prescription drugs are one of the most commonly abused types of drug, second only to marijuana. But unlike other drugs, 70 percent of those who abuse prescription pain relievers get them from a friend or family member.¹⁰

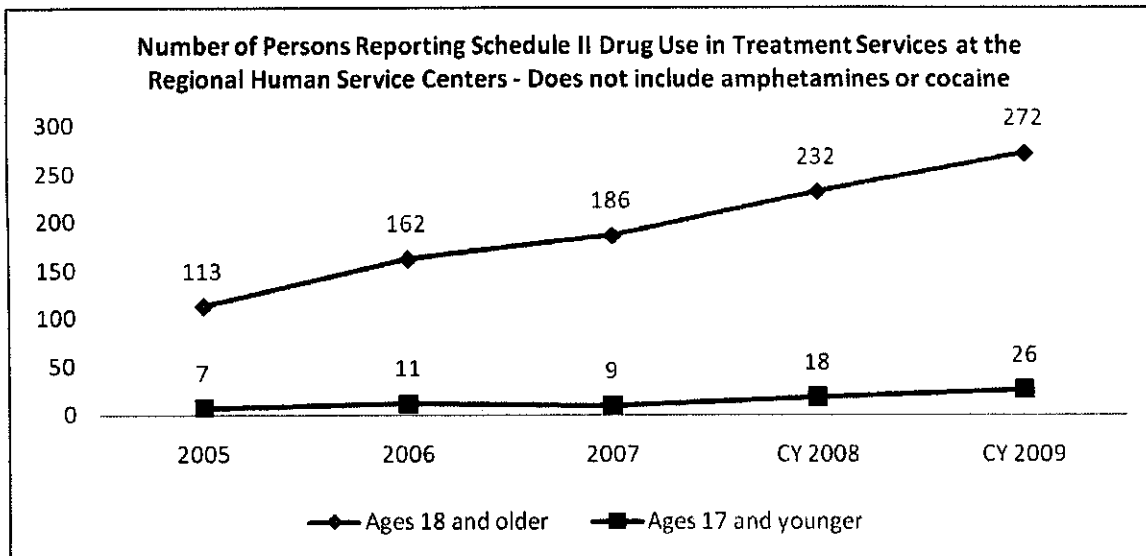
References

1. American Academy of Pain Medicine. "Facts and Figures on Pain." Page last accessed August 2010. <http://www.painmed.org/patient/facts.html>
2. U.S. Food and Drug Administration. "Outpatient Prescription Opioid Utilization in the U.S., Years 2000 – 2009." Page last accessed August 2010. <http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/AnestheticAndLifeSupportDrugsAdvisoryCommittee/UCM220950.pdf>
3. American Pain Foundation. "Voices of Chronic Pain: A National Study." Page last accessed August 2010. <http://www.painfoundation.org/newsroom/reporter-resources/voices-survey-report.pdf>
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10. US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Results from the 2008 National Survey on Drug Use and Health: National Findings. Page last accessed August 2010. <http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8results.cfm>

Statistics compiled August 2010

Testimony
Senate Bill 2151 – Department of Human Services
Senate Human Services
Senator Lee, Chairman
January 18, 2011

Chairman Lee, members of the Senate Human Services Committee, I am JoAnne Hoesel, Director of the Division Mental Health and Substance Abuse for the Department of Human Services (DHS). I am here to provide testimony in support of Senate Bill 2151.



The non-medical use of prescription drugs is a growing problem in North Dakota.

- 6.3% of middle school students and 15% of high school students reported taking prescription without a doctor's prescription (YRBS, 2009).
- 43.9% of community members don't know if youth prescription drug abuse in their community is a problem (CRS, 2008).

DHS supports the addition of licensed addiction counselors having access to the ND Prescription Drug Monitoring Program. These professionals are

uniquely qualified and positioned to use this information at the time of addiction evaluation or treatment. Timing is critical to an intervention.

The division licenses 81 licensed substance abuse treatment programs in North Dakota. The access allowed in this legislation will be another tool in their treatment 'toolbox'. It has the potential to maximize the program's potential and most importantly play a role to bring clients who are doctor shopping into treatment and recovery.

I am available to answer any questions.

#3

Dear Madam Chairman and Members of the Committee,

My name is Christy Anderson and I am the President of the North Dakota Addiction Counseling Association and I am a Licensed Addiction Counselor in ND. I am here to testify in support of Senate Bill 2151.

When researching "prescription drug abuse" on the internet I was amazed at the results that came up. Some of the titles were startling; "Dead by Mistake", "Dangers of Prescription Drug Abuse Hits Home", "Get Informed", and there were a total of 261,000 options or internet sites that you could search. Prescription Drug Abuse is a problem and if we don't get these people proper treatment we will have many problems on our hand. It will affect the medical profession, treatment facilities, law enforcement, and the community. Prescription drug abuse is the fastest growing drug problem and it is the second most common drug being abused.

Approximately 6.2 MILLION Americans ages 12 and older have used a psychotherapeutic drug in the past month for non-medical purposes. The latest information from Monitoring the Future (MTF) reports 70% of 12th graders surveyed reported to abusing pharmaceuticals. If these people were to receive a chemical dependency evaluation it is an opportune time to arrest their addiction. The Prescription Drug Monitoring Program could play a role in getting these people the help they need to lead a successful life free of addiction.

I have seen the benefits of this program and how it can be life changing for a person. I along with other members of the Addiction Counseling Association would appreciate your support.

My information came from the following sources:

whitehousedrugpolicy.gov – Office of National Drug Control Policy

NIDA – National Institute on Drug Abuse

Please feel free to contact me with questions and/or concerns.

Christy Anderson, LAC
ND Addiction Counseling Association President
7785 St. Gertrude Ave.
Raleigh, ND 58564
(701) 597-3419
(701) 214-3097



BOARD OF PHARMACY
State of North Dakota

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#4

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Wahpeton, Treasurer

January 14, 2011

Ms. Kristi Anderson and
Mr. Kurt A. Snyder
Heartview Foundation
101 E Broadway Ave
Bismarck ND 58501

Dear Ms. Anderson and Mr. Snyder:

Thank you very much for attending the State Board of Pharmacy meeting on
January 11th, 2011.

After discussions with you, it was moved by Pharmacist Haroldson and seconded
by Pharmacist Thom to support Senate Bill #2151 allowing "*a licensed addiction
counselor for the purpose of providing services for a licensed treatment program
in this state*" access to the Prescription Drug Monitoring Program [PDMP] patient
information.

We will plan to attend the bill hearing on Tuesday January 18th at 9:00 AM in the
Senate Human Services Committee.

Sincerely,

Howard C. Anderson, Jr, R.Ph.
Executive Director

HCA/eh

#1

Dear Mr. Chairman and Members of the House Human Services Committee:

My name is Marvis Doster and I am a Certified Addictions Registered Nurse and the Director of Nursing and Residential Services at Heartview Foundation in Bismarck ND. I am here to testify in support of Senate Bill 2151 and to speak for Kurt Snyder, my colleague who was unable to be with us here today, but has worked tirelessly to garner support from other professionals to present to the Committee today in consideration of this bill.

I have worked in the treatment of chemical dependency since 1971 and I have great concern for the current surge in prescription drug abuse we are encountering in the patients that we serve. I have personally utilized the Prescription Drug Monitoring Program with the supervision of our Medical Director, Melissa Henke and we have found the information extremely valuable in dealing directly with the denial and other behavioral issues that are an integral part of the disease of addiction in our patients.

I believe that making this information readily available to Licensed Addiction Counselors is essential in giving them a reliable and powerful collateral information tool essential for appropriate diagnosis and treatment recommendations during an evaluation process and also throughout treatment services.

I would like to share the testimony prepared by my colleague and ask that you note the letters of support from the Board of Pharmacy, the North Dakota Board of Nursing, the North Dakota State Board of Medical Examiners, and the North Dakota Board of Addiction Counseling Examiners.

Thank you for your consideration.

Marvis Doster RN CARN

Heartview Foundation

101 East Broadway Avenue

Bismarck ND 58501

701-222-0386

marvis@heartview.org

#2

Dear Mr. Chairman and Members House Human Services Committee,

My name is Kurt Snyder and I am the Executive Director of the Heartview Foundation and the Chair of the North Dakota Addiction Treatment Providers Coalition. I am a Licensed Addiction Counselor a Licensed Social Worker and I have a Masters in Management. I am here to testify in support of Senate Bill 2151.

The addiction profession, legal community, medical professionals and others have been aware of the recent rise in prescription drug abuse in the state of North Dakota as well as nationally. According to the Substance Abuse and Mental Health Services Administration, between 1998 and 2008 there was a 400% increase in the number of substance abuse treatment admissions associated with the abuse of opioid pain relievers. And according to the Center for Disease Control and Prevention, the estimated number of emergency room visits for non-medical use of opioid analgesics increased 111% between 2004 and 2008, from 144,600 to 305,900. Prescription Drug Abuse is the new "Meth epidemic" in North Dakota.

The North Dakota Prescription Drug Monitoring Program, (PDMP) was designed to improve patient therapy and the state's ability to identify and inhibit the diversion of controlled substances in an efficient and cost effective manner that should not impede the appropriate utilization of these drugs for legitimate medical purposes. The PDMP is a great program. However, it does have limitations.



- When patients abuse the system by visiting 6 physicians/6 pharmacists in 6 months, letters of awareness is generated to the prescribers and pharmacies. There is no assurance that any other action will be taken. Prescribers may change how they treat the patient, they may choose not to serve the patient any longer or they may continue to prescribe in the same manner.
- There is no guarantee that referrals will be made to addiction professionals or that the patients will ever follow through with the referral if it is made.
- In fact, there is no connection to addiction professionals even though Licensed Addiction Counselors, (LAC) are the only profession in ND trained and licensed to treat substance abuse.

I have attended the PDMP meetings as a guest for over a year and I am convinced that the addiction profession is a critical component needed for the PDMP.

Direct access of the PDMP would increase Licensed Addiction Counselors ability to:

- More accurately diagnose prescription drug abuse issues.
- Make more appropriate recommendations during the course of a drug and alcohol evaluation. (A drug and alcohol evaluation is a critical intervention moment.)
- Result in better treatment outcomes.
- During the course of treatment, access would allow for continued monitoring of adherence to a patients treatment plan.
- Reduce or eliminate "doctor shopping" during the course of treatment
- Better coordination of services with primary care providers.

part of #2



KURT SNYDER, MGMT, LSW, LAC
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part of #2



BOARD OF PHARMACY
State of North Dakota

Jack Dalrymple, Governor

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Granville
Gayle D. Ziegler, R.Ph.
Fargo
William J. Grosz, Sc.D., R.Ph.
Wahpeton, Treasurer

January 14, 2011

Ms. Kristi Anderson and
Mr. Kurt A. Snyder
Heartview Foundation
101 E Broadway Ave
Bismarck ND 58501

Dear Ms. Anderson and Mr. Snyder:

Thank you very much for attending the State Board of Pharmacy meeting on
January 11th, 2011.

After discussions with you, it was moved by Pharmacist Haroldson and seconded
by Pharmacist Thom to support Senate Bill #2151 allowing "a licensed addiction
counselor for the purpose of providing services for a licensed treatment program
in this state" access to the Prescription Drug Monitoring Program [PDMP] patient
information.

We will plan to attend the bill hearing on Tuesday January 18th at 9:00 AM in the
Senate Human Services Committee.

Sincerely,

Howard C. Anderson, Jr, R.Ph.
Executive Director

HCA/eh

Part of # 2



NORTH DAKOTA BOARD OF NURSING

919 S 7th St., Suite 504, Bismarck, ND 58504-5881

Telephone: (701) 328-9777 Fax: (701) 328-9785

Web Site Address: <http://www.ndbon.org>

Workplace Impairment Program: (701) 328-9783

To: Kurt A. Snyder, Executive Director
North Dakota Addiction Treatment Providers Coalition
Heartview Foundation
101 East Broadway Avenue
Bismarck, ND 58501-3840

From: ND Board of Nursing
Constance B. Kalanek PhD, RN, FRE *CK*

Date: November 22, 2010

RE: Access for Licensed Addiction Counselors to ND Prescription Drug Monitoring Program

Thank you for your presentation and request for the ND Board of Nursing to support the addition of your profession to the list of professions included in the ND Century Code that have access to the Prescription Drug Monitoring Program (NDPDMP). It was a pleasure to meet all of you.

The Board made the following motion and unanimously passed:

The Board supports the request of Licensed Addiction Counselors to access the Prescription Drug Monitoring Program.

Please feel free to contact me if you have questions or need additional information.



Part of #2

NORTH DAKOTA STATE
BOARD OF MEDICAL EXAMINERS

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Lynette McDonald
Deputy Executive Secretary

Established 1890

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January 3, 2011

Kurt Snyder, Executive Director
Heartview Foundation
101 E Broadway
Bismarck, ND 58501

Dear Mr. Snyder:

This is to confirm that the North Dakota State Board of Medical Examiners, after reviewing your presentation, voted to voice its general support for giving licensed addiction counselors access to the prescription drug monitoring program.

Please advise us of any legislative bills seeking to implement that change so that the Board may review the specific language involved.

Sincerely,

A handwritten signature in black ink, appearing to read "Duane Houdek".

Duane Houdek
Executive Secretary

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

Part of # 2

A NORTH DAKOTA BOARD OF
ADDICTION COUNSELING **G**
EXAMINERS

PO Box 975 . Bismarck, ND 58502 . 701.255.1439
www.ndbace.org . Fax: 701.224.9824 . ndbace@aptnd.com

January 14, 2011

Kurt Snyder, Executive Director
Heartview Foundation
101 East Broadway
Bismarck, ND 58501

Dear Mr. Snyder:

The ND Board of Addiction Counseling Examiners is in support of SB 2151;
giving licensed addiction counselors access to the prescription drug monitoring
program.

Sincerely,

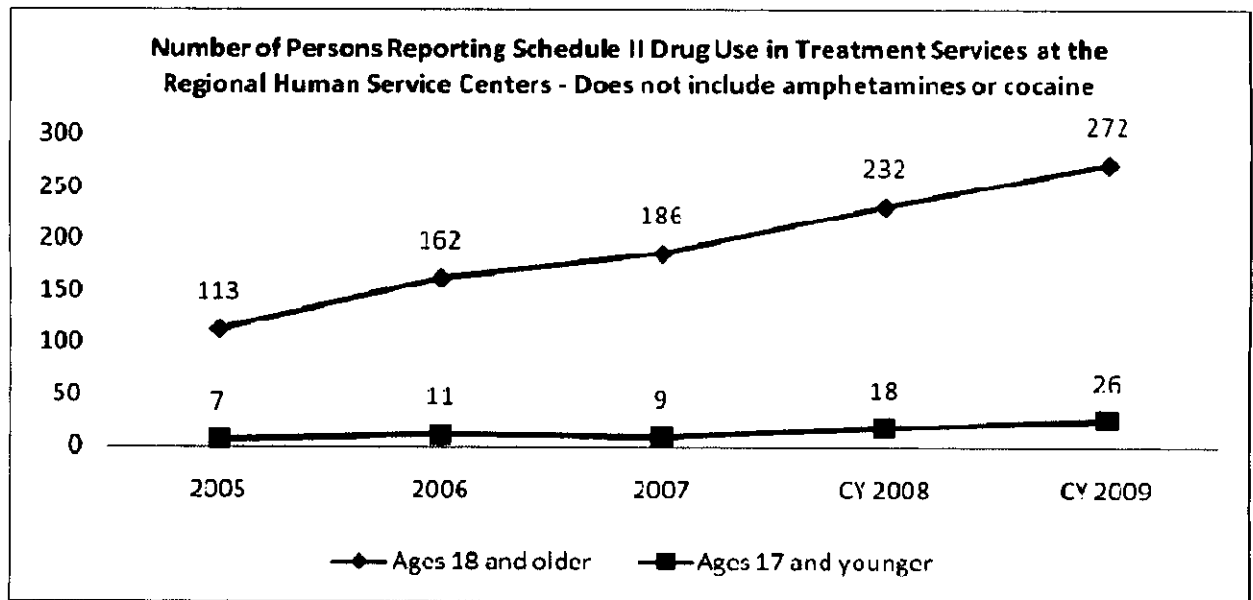


Anna Johnson
Chair

#3

Testimony
Senate Bill 2151 – Department of Human Services
House Human Services
Representative Weisz, Chairman
March 15, 2011

Chairman Weisz, members of the House Human Services Committee, I am JoAnne Hoesel, Director of the Division of Mental Health and Substance Abuse for the Department of Human Services (DHS). I am here to provide testimony in support of Senate Bill 2151.



The non-medical use of prescription drugs is a growing problem in North Dakota.

- 6.3% of middle school students and 15% of high school students reported taking prescription drugs without a doctor's prescription (YRBS, 2009).
- 43.9% of community members don't know if youth prescription drug abuse in their community is a problem (CRS, 2008).

DHS supports the addition of licensed addiction counselors having access to the ND Prescription Drug Monitoring Program. These professionals are uniquely qualified and positioned to use this information at the time of addiction evaluation or treatment. Timing is critical to an intervention.

The division licenses 81 licensed substance abuse treatment programs in North Dakota. The access allowed in this legislation will be another tool in their treatment 'toolbox'. It has the potential to maximize the program's potential and most importantly play a role to bring clients who are doctor shopping into treatment and recovery.

I am available to answer any questions.



BOARD OF PHARMACY
State of North Dakota

Jack Dalrymple, Governor

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#4

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Fargo
William J Grosz, ScD., R.Ph.
Wahpeton, Treasurer

**Senate Bill #2151 – PDMP Access
House Human Services Committee
Fort Union Room – State Capitol Bldg
11:00 AM – Tuesday – March 15th, 2011**

Chairman Weisz and members of the House Human Services Committee as has been indicated by the representative of the Licensed Addiction Counselors, the Board of Pharmacy is in support of granting them access to the Prescription Drug Monitoring Program [PDMP].

Although we may be the first in the country to allow Licensed Addiction Counselors access, we do have a good and well respected program in North Dakota. North Dakota does not mind being first, or even alone if we believe it serves the public well. We are already working together with the Licensed Addiction Counselors to do some research relative to the benefits of them having access to the PDMP, and we will look forward to sharing that information with the rest of the country.

To explain how the Prescription Drug Monitoring Program [PDMP] works, all prescriptions dispensed to a North Dakota resident or by an In-State North Dakota Pharmacy, must report all controlled substances dispensed to the PDMP. This information is collected into the PDMP data base with our contractor. The credentials of the Licensed Addiction Counselors will be verified by Assistant Program Director Kathy Zahn, take an online training program to learn "how to" and the "appropriate uses for" the information they receive. Once the training has been completed they will be granted a log in and password to be able to access the PDMP to look up the available information on their clients.

Howard C. Anderson, Jr, R.Ph.
Executive Director