



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

October 1, 2019

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), to **retroactively** amend an existing Memorandum of Understanding (MOU) with the New Hampshire Office of Professional Licensure and Certification, Prescription Drug Monitoring Program (PDMP) (Vendor# 177884-B001), 121 South Fruit Street, Concord, New Hampshire 03301, for the continuation enhancement of PDMP's software to improve opioid-related surveillance, and for PDMP to hire two-part time pharmaceutical experts to complete a Data Audit and Compliance Project, by extending the authorization for funding from the Opioid Overdose Crisis Cooperative Agreement Supplement grant from August 31, 2019 to November 30, 2019, with no change to the original price limitation of \$282,750 and no change to the completion date of August 31, 2022, effective retroactive to August 31, 2019 upon Governor and Executive Council approval.

This MOU was originally approved by the Governor and Executive Council on October 31, 2018 (Item #22).

The Department of Health and Human Services received federal funding from two separate grants: the Cooperative Agreement for Emergency Response: Public Health Crisis Response, 2018 Opioid Overdose Crisis Cooperative Agreement Supplement (OPIS S2) from the Centers for Disease Control and Prevention and Grants to States to Support Oral Health Workforce Activities from Health Resources and Services Administration (HRSA). Funds are available in state fiscal years 2020 and 2021 and anticipated to be available in state fiscal years 2022 and 2023 with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without further approval from Governor and Executive Council, if needed and justified.

EXPLANATION

This request is **retroactive** to ensure no lapse in services and to allow completion of this project.

The purpose of this request is to extend the authorization for funding for services provided under the Opioid Overdose Crisis Cooperative Agreement Supplement grant because the Centers for Disease Control extended the grant funding period to November 30, 2019. This amendment is at no additional cost to the Department. This three-month extension will to support activities for improving opioid-related surveillance functionality within its current database. The funding provided by DHHS will be applied to upgrade the existing software system used by the PDMP to generate critical reports to audit and monitor the veracity of opioid dispensing data collected state-wide, which will be used to better understand the data at the prescriber and pharmacist level. This project will improve the underlying data set that will be used to create aggregate reporting and information to DHHS. PDMP aggregated reports will provide to DHHS, as available, new information generated as a result of the software enhancement, including but not limited to the identification of red-flag indicators such as high dose therapy, dangerous combination therapies and treatment duration. Without providing the PDMP the capacity to leverage their data to create these reports, it is possible that crucial information from prescribers and pharmacists regarding opioid prescriptions may not be identified. This identification

surveillance of data is a key element in combatting the opioid crisis in New Hampshire and the rising resident deaths due to opioid overdoses.

Funding provided by DHHS from the HRSA and OPIS S2Opioid Crisis grants will be used by PDMP to purchase and maintain software to promote optimal opioid prescribing practices by dentists and other prescribers. PDMP will purchase Prescriber Reports Enhancement software in the first year of the project and will pay for maintenance in project years one through four. Prescriber Reports will automatically generate a semi-annual individualized report that is electronically delivered to prescribers of controlled substances. This provides information regarding current prescribing volumes, behaviors and PDMP use, as well as the ability to track changes in the following metrics over time: (1) red flag indicators such as high dose therapy, dangerous combination therapies, and treatment duration; (2) prescribing behaviors compared to others in their specialty field e.g. general dentists or oral surgeons; (3) summaries of patient and prescription volumes; (4) possible prescription shoppers or pharmacy shoppers for whom they wrote prescriptions; (5) summary of PDMP usage showing the number of requests by the dentist (or other prescribers), their delegate, and the average PDMP usage by others in their specialty.

Importantly, Prescriber Reports also serves as a framework for states to deliver resources to prescribers including information about grant funded educational opportunities, web-based training resources, and other opportunities. Without access to this level of information about their own prescribing practices compared to others in their specialty, too many prescribers could remain unaware of prescribing changes they should make to reduce risks related to substance use disorder for their patients.

Should the Governor and Executive Council not approve this request; the state of New Hampshire's ability to address and monitor prescriptions written for opioids will be significantly diminished.

Area served: Statewide.

Respectfully submitted,



David Grosso
Executive Director, OPLC



Jeffrey A. Meyers
Commissioner

**Enhancement of Prescription Drug Monitoring Program Software for
Opioid-related Data and Surveillance and Staffing for Program Data
Audit**



MEMORANDUM OF UNDERSTANDING

Between

Department of Health and Human Services

Division of Public Health Services (DPHS),

and

**Office of Professional Licensure and Certification, Prescription Drug
Monitoring Program (PDMP)**

MOU-2019-DPHS-01-OPLCS

AMENDMENT #1

**New Hampshire Department of Health and Human Services
Enhancement of Prescription Drug Monitoring Program Software
For Opioid-related Data and Surveillance and Staffing for Program Data Audit
MOU-2019-DPHS-01-OPLCS**



1. GENERAL PROVISIONS

- 1.1. This Memorandum of Understanding (MOU) is between the New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), 29 Hazen Drive, Concord, NH 03301 and the New Hampshire Office of Professional Licensure and Certification (OPLC), Prescription Drug Monitoring Program (PDMP), 121 South Fruit Street, Concord, New Hampshire 03301.
- 1.2. The purpose of this MOU is to provide a mechanism for DPHS to financially support PDMP activities related to improving opioid data surveillance and reporting within its current AWARE monitoring system, provided through APRISS, and also to provide funding for PDMP to hire two part-time pharmacology experts for a new initiative to complete a Data Audit and Compliance Project. Funding is from 100% federal funds as follows:
 - 1.2.1. DPHS received funds via CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response, 2018 Opioid Overdose Crisis Cooperative Agreement Supplement (OPIS S2) grant from the Centers for Disease Control and Prevention (CDC), which will be used to update PDMP's software to issue critical reports regarding opioid prescriptions and to fund the two part-time positions for the Data Audit and Compliance Project. The funding period is September 1, 2018 through November 30, 2019, with all invoices paid by December 31, 2019.
 - 1.2.2. DPHS received funds via HRSA-18-014 Grants to States to Support Oral Health Workforce Activities from Health Resources and Services Administration (HRSA), which will be used by PDMP to purchase and maintain software to promote optimal opioid prescribing practices by dentists and other prescribers. The funding period for this project is September 1, 2018 through August 31, 2022, with all invoices paid by September 30, 2022.
- 1.3. This MOU sets forth roles and responsibilities of the DPHS and PDMP related to collaboration on the OPIS S2 grant and the HRSA grant.
- 1.4. The funding provided by DHHS to PDMP will be applied to upgrade the existing software system used by the Prescription Drug Monitoring Program (PDMP) to:
 - 1.4.1. Generate reports to audit and monitor the veracity of dispensing data collected by PDMP, which will be used to better understand the data at the prescriber and pharmacist level and will improve the underlying data set that will be used to create aggregate reporting to DHHS.
 - 1.4.2. Purchase Prescriber Reports enhancement in Project Year 1 and to pay for maintenance in Project Years 1 through 4. Prescriber Reports will automatically generate a quarterly individualized report that is electronically delivered to prescribers of controlled substances regarding current prescribing volumes, behaviors, and PDMP use. Prescribers Reports will also enable PDMP to track changes in the metrics specified in Section 2.14. below.
- 1.5. The funding provided by DPHS to PDMP to complete the Data Audit and Compliance Project will be applied to hire two part-time pharmacology experts.



2. THE OFFICE OF PROFESSIONAL LICENSURE (OPLC), PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) AGREES TO:

Section 2A – Applicable to Enhancement of Software funded by OPIS S2 Grant

- 2.1. Use the funding provided by DPHS to upgrade the current PDMP software system to one that allows PDMP staff to produce critical utilization reports to better understand and monitor data provided by prescribers and pharmacists regarding opioid prescriptions written for the treatment and management of pain.
- 2.2. Provide aggregated reports to DHHS, as available, regarding the new information generated as a result of the software enhancement, including but not limited to the identification of red-flag indicators such as high dose therapy, dangerous combination therapies and treatment duration.
- 2.3. Ensure that all aggregated reports transmitted to DPHS do not contain any data files containing personally identifiable information or protected health information.
- 2.4. Provide updates as required by DHHS regarding when the software is updated and information regarding any success stories from using the software.

Section 2B – Applicable to Staffing for Data Audit and Compliance Project funded by OPIS S2 Grant

- 2.5. Hire two part-time pharmacology experts, such as an assistant pharmacy inspector or a pharmacist inspector, and notify DHHS in writing when the positions have been filled.
- 2.6. Utilize the two part-time pharmacology experts to conduct a Data Audit and Compliance Project to ensure the quality and analytic use of opioid surveillance data collected by PDMP.
- 2.7. Complete the Data Audit by following the successful auditing model used by the state of Rhode Island.
- 2.8. Provide a copy of the Data Audit to DHHS when it is completed.
- 2.9. Implement a standardized process for evaluating the accuracy of data provided to the PDMP by drug dispensers.
- 2.10. Take necessary steps to correct the data when errors in prescribing opioids are identified, and initiate action to prevent future errors.

Section 2C – Applicable to the Purchase and Maintenance of Software to Promote Optimal Opioid Prescribing Practices by Dentists and Other Prescribers funded by HRSA Grant

- 2.11. Use the funds to purchase Prescribers Report enhancement for the APRISS system to promote optimal opioid prescribing practices by dentists and other prescribers.
- 2.12. Use the funds to maintain the Prescribers Report enhancement during each year of the HRSA grant.
- 2.13. Ensure that Prescriber Reports automatically generates a quarterly individualized report that is electronically delivered to prescribers of controlled substances.

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For Opioid-related Data and Surveillance and Staffing for Program Data Audit
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- 2.14. Ensure that Prescriber Reports have the ability to track any changes in the following metrics over time: (1) red flag indicators such as high dose therapy, dangerous combination therapies, and treatment duration; (2) prescribing behaviors compared to others in their specialty field e.g. general dentists or oral surgeons; (3) summaries of patient and prescription volumes; (4) possible prescription shoppers or pharmacy shoppers for whom they wrote prescriptions; (5) summary of PDMP usage showing the number of requests by the dentist (or other prescribers), their delegate, and the average PDMP usage by others in their specialty.

3. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DHHS, AGREES TO:

- 3.1. Administer the CDC's Cooperative Agreement of 2018 Opioid Overdose Crisis Cooperative Agreement Supplement grant (OPIS S2).
- 3.2. Transfer funds to PDMP upon receipt of approved invoices and subject to PDMP's compliance with the terms and conditions of this MOU as follows:
 - 3.2.1. Up to a maximum of \$25,000 in SFY 2019 and \$5,000 in SFY 2020 from OPIS S2 grant funds for activities related to the enhancement of PDMP software;
 - 3.2.2. Up to a maximum of \$81,458 in SFY 2019 and \$16,292 in SFY 2020 from OPIS S2 grant funds for activities related to the Data Audit and Compliance Project.
 - 3.2.3. Up to a maximum of \$95,000 in SFY 2019 and \$20,000 each in SFY 2020, SFY 2021 and SFY 2022 from HRSA grant fund for the purchase and maintenance of Prescriber Reports enhancement.
- 3.3. Serve as the Principal Investigator for the CDC Cooperative Agreement and ensure that the Cooperative Agreement funds budgeted for the PDMP will be paid through an interagency transfer approved by Governor and Executive Council. Such funds will enable the PDMP to carry out the identified responsibilities of the Cooperative Agreement.
- 3.4. Pay all the invoices related to CDC Cooperative Agreement of 2018 Opioid Overdose Crisis Cooperative Agreement Supplement grant by December 31, 2019.
- 3.5. Monitor the activities of the Cooperative Agreement as outlined in the Cooperative Agreement work plan.
- 3.6. Collaborate with the PDMP to obtain data and information necessary for monitoring the Cooperative Agreement and developing and writing any required reports.
- 3.7. Attend and/or participate in any CDC-required meetings, trainings or presentations.
- 3.8. Ensure that any data reporting requirements requested by the Centers for Disease Control (CDC) are provided to the CDC.
- 3.9. Ensure that the HRSA grant funds will be paid through an interagency transfer approved by Governor and Executive Council, which will enable the PDMP to purchase and maintain Prescribers Report enhancement.
- 3.10. Pay all the invoices related to the HRSA grant by September 30, 2022.

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3.11. Collaborate with the PDMP to share communications about opioid-related educational activities developed for dental professionals as part of the HRSA-18-014 grant work via the communications framework that is part of the Prescribers Report enhancement.

4. IT IS FURTHER UNDERSTOOD AND AGREED BETWEEN DPHS AND PDMP

4.1. Neither DHHS nor PDMP will be responsible for any expenses or costs related to the CDC grant incurred by the PDMP under this Agreement prior to September 1, 2018, nor past the end date of November 30, 2019.

4.2. Neither DHHS nor PDMP will be responsible for any expenses or costs related to the HRSA grant for Prescriber Reports enhancement incurred by the PDMP under this Agreement prior to September 1, 2018, nor past the end date of August 31, 2022.

4.3. In connection with the performance of this MOU, DPHS and PDMP shall comply with all applicable laws and regulations including, but not limited to: RSA 318-B:32, SB 573-FN-A, and the Health Insurance Portability and Accountability Act (HIPAA).

4.4. The maximum amount of funds available for reimbursement under this Agreement from DPHS to PDMP:

4.4.1. Shall not exceed \$25,000 in State Fiscal Year 2019 and \$5,000 in SYF 2020, with one hundred percent (100%) of those costs covered by funds provided by the OPIS S2 grant for enhancement of PDMP software for opioid-related data and surveillance.

4.4.2. Shall not exceed \$81,458 in State Fiscal Year 2019 and \$16,292 in State Fiscal Year 2020, with one hundred percent (100%) of those costs covered by funds provided by the OPIS S2 grant for the Data Audit and Compliance Project.

4.4.3. Shall not exceed \$95,000 in State Fiscal Year 2019 and \$20,000 each in SFY 2020, SFY 2021 and SFY 2022, with 100% of those costs covered by funds provided by the HRSA grant for Prescribers Report enhancement.

4.4.4. Neither DHHS nor PDMP will be responsible for any expenses or costs incurred by the PDMP under this MOU in excess of the amounts referenced in subsections 4.4.1 through 4.4.3. above.

4.5. Notwithstanding any provision of this agreement to the contrary, all obligations of DHHS hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. DHHS shall not be required to transfer funds from any other source in the event that funds from:

4.5.1. The CDC's Cooperative Agreement of 2018 Opioid Overdose Crisis Cooperative Agreement Supplement grant are reduced or unavailable.

4.5.2. The HRSA-18-014 Grants to States to Support Oral Health Workforce Activities are reduced or unavailable.

4.6. PDMP shall take appropriate steps to accept and expend the funds provided within the project period as required by the CDC and HRSA. PDMP agrees to submit monthly invoices to DPHS for costs incurred. Invoices must include line items with dates, description of services and associated costs.

**New Hampshire Department of Health and Human Services
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4.6.1. Invoices shall be mailed or emailed to:

Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301
DPHSContractBilling@dhhs.nh.gov

4.7. DHHS agrees to pay PDMP within thirty (30) days of receipt of the approved invoices.

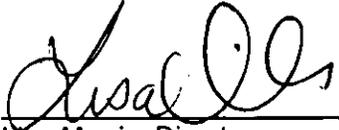
4.8. In the event of an early termination of this MOU for any other reason than the completion of services, the PDMP shall deliver to DPHS, not later than thirty (30) days after the termination, a "Termination Report" describing in detail all activities performed and the MOU funds used up to and including the date of termination. In the event the services and/or prescribed outcomes described within this MOU are not met to the satisfaction of DPHS, DPHS reserves the right to terminate this Agreement and any remaining funds will be forfeited. Such termination shall be submitted in writing to the PDMP and will require PDMP to deliver a final Termination Report as described above.

4.9. This MOU may be modified at any time during the effective period by mutual written consent of both parties, contingent upon approval of Governor and Council if necessary.

New Hampshire Department of Health and Human Services
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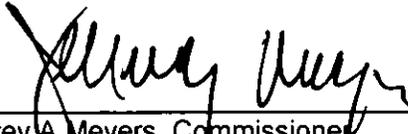
5. APPROVALS



Lisa Morris, Director
Division of Public Health Services

8/22/19

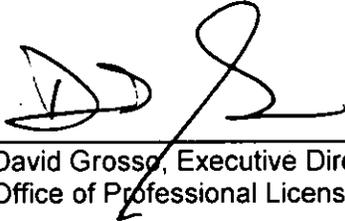
Date



Jeffrey A. Meyers, Commissioner
NH Department of Health and Human Services

8/29/19

Date



David Grosso, Executive Director
Office of Professional Licensure and Certification

16 AUGUST 2019

Date

New Hampshire Department of Health and Human Services
Enhancement of Prescription Drug Monitoring Program Software
For Opioid-related Data and Surveillance and Staffing for Program Data Audit
MOU-2019-DPHS-01-OPLCS



The preceding Memorandum of Understanding, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

10/2/19
Date


Name: CATHERINE PINOS
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting).

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

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October 4, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), to enter into a Memorandum of Understanding (MOU) with the Office of Professional Licensure and Certification, Prescription Drug Monitoring Program (PDMP) (Vendor# 177884-B001), 121 South Fruit Street, Concord, NH 03301 in an amount not to exceed \$282,750 for the enhancement of PDMP's software to improve opioid-related surveillance, and for PDMP to hire two-part time pharmaceutical experts to complete a Data Audit and Compliance Project, effective upon the date Governor and Executive Council approval through August 31, 2022. 100% Federal Funds.

The DHHS received federal funding from two separate grants: the Cooperative Agreement for Emergency Response: Public Health Crisis Response, 2018 Opioid Overdose Crisis Cooperative Agreement Supplement (OPIS S2) grant from the Centers for Disease Control and Prevention and Grants to States to Support Oral Health Workforce Activities from Health Resources and Services Administration (HRSA). Funds are available in State Fiscal Year 2019 and State Fiscal Years 2020, 2021, 2022 with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without approval from Governor and Executive Council, if needed and justified.

05-95-90-902510-70390000 – HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, PUBLIC HEALTH CRISIS RESPONSE

Fiscal Year	Class/Account	Class Title	Job Number	Amount
2019	049-584921	Transfer to Other State Agencies	TBD	\$106,458
2020	049-584921	Transfer to Other State Agencies	TBD	\$21,292
			TOTAL:	\$127,750

05-095-090-902010-22150000– HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, CDC ORAL HEALTH GRANT

Fiscal Year	Class/Account	Class Title	Job Number	Amount
2019	049-584921	Transfer to Other State Agencies	90080502	\$95,000
2020	049-584921	Transfer to Other State Agencies	90080502	\$20,000
2021	049-584921	Transfer to Other State Agencies	90080502	\$20,000
2022	049-584921	Transfer to Other State Agencies	90080502	\$20,000
			TOTAL:	\$155,000

EXPLANATION

Approval of this Memorandum of Understanding will allow the DHHS to provide funding to the PDMP to support activities for improving opioid-related surveillance functionality within its current database. The funding provided by DHHS will be applied to upgrade the existing software system used by the PDMP to generate critical reports to audit and monitor the veracity of opioid dispensing data collected state-wide, which will be used to better understand the data at the prescriber and pharmacist level. This project will improve the underlying data set that will be used to create aggregate reporting and information to DHHS. PDMP will provide aggregated reports to DHHS, as available, regarding the new information generated as a result of the software enhancement, including but not limited to the identification of red-flag indicators such as high dose therapy, dangerous combination therapies and treatment duration. Without providing the PDMP the capacity to leverage their data to create these reports, it is possible that crucial information from prescribers and pharmacists regarding opioid prescriptions may not be identified. This identification and continued surveillance of data is a key element in combatting the opioid crisis in New Hampshire and the rising resident deaths due to opioid overdoses.

Funding provided by DHHS from the HRSA and OPIS S2 grants will be used by PDMP to purchase and maintain software to promote optimal opioid prescribing practices by dentists and other prescribers. PDMP will purchase Prescriber Reports Enhancement software in the first year of the project and will pay for maintenance in project years one through four. Prescriber Reports will automatically generate a semi-annual individualized report that is electronically delivered to prescribers of controlled substances. This provides information regarding current prescribing volumes, behaviors and PDMP use, as well as the ability to track changes in the following metrics over time: (1) red flag indicators such as high dose therapy, dangerous combination therapies, and treatment duration; (2) prescribing behaviors compared to others in their specialty field e.g. general dentists or oral surgeons; (3) summaries of patient and prescription volumes; (4) possible prescription shoppers or pharmacy shoppers for whom they wrote prescriptions; (5) summary of PDMP usage showing the number of requests by the dentist (or other prescribers), their delegate, and the average PDMP usage by others in their specialty.

Importantly, Prescriber Reports also serves as a framework for states to deliver resources to prescribers including information about grant funded educational opportunities, web-based training resources, and other opportunities. Without access to this level of information about their own prescribing practices compared to others in their specialty, too many prescribers could remain unaware

of prescribing changes they should make to reduce risks related to substance use disorder for their patients.

Funding provided by DHHS under OPIS S2 grant will also be used for PDMP to hire two part-time pharmaceutical experts, who will complete a Data Audit and Compliance Project. In conducting the audit, PDMP will follow the successful auditing model used by the state of Rhode Island to ensure the quality of data collected by the PDMP. This project will improve the underlying data set that will be utilized to create aggregate reporting to DHHS opioid, ensuring that this data is accurate.

Notwithstanding any other provision of this MOU to the contrary, no services funded by the OPIS S2 grant shall be provided after August 31, 2019, and the Department shall not be liable for any payments for services provided after August 31, 2019. Additionally, no services funded by the HRSA grant shall be provided after August 31, 2022, and the Department shall not be liable for any payments for services provided after August 31, 2022.

Should the Governor and Executive Council not approve this request; the state of New Hampshire's ability to address and monitor prescriptions written for opioids will be significantly diminished.

Area served: Statewide.

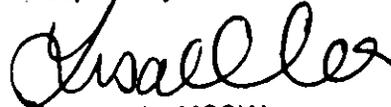
Source of Funds: 100% Federal Funds from the Cooperative Agreement for Emergency Response: Public Health Crisis Response, 2018 Opioid Overdose Crisis Cooperative Agreement Supplement grant from the Centers for Disease Control and Prevention (CFDA #95.354). 100% Federal Funds from Grants to States to Support Oral Health Workforce Activities from the US Department of Health and Human Services Health Resources and Services Administration (CFDA# 93.236).

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.



Peter Danles
Executive Director
Office of Professional Licensure
and Certification

Respectfully submitted,



Lisa Morris, MSSW
Director
Division of Public Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**Enhancement of Prescription Drug Monitoring Program Software for
Opioid-related Data and Surveillance and Staffing for Program Data Audit**



MEMORANDUM OF UNDERSTANDING

Between

Department of Health and Human Services

Division of Public Health Services (DPHS),

and

**Office of Professional Licensure and Certification, Prescription Drug Monitoring Program
(PDMP)**

MOU-2019-DPHS-01-OPLCS

**New Hampshire Department of Health and Human Services
Enhancement of Prescription Drug Monitoring Program Software
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1. GENERAL PROVISIONS

- 1.1. This Memorandum of Understanding (MOU) is between the New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), 29 Hazen Drive, Concord, NH 03301 and the New Hampshire Office of Professional Licensure and Certification (OPLC), Prescription Drug Monitoring Program (PDMP), 121 South Fruit Street, Concord, New Hampshire 03301.
- 1.2. The purpose of this MOU is to provide a mechanism for DPHS to financially support PDMP activities related to improving opioid data surveillance and reporting within its current AWARE monitoring system, provided through APRISS, and also to provide funding for PDMP to hire two part-time pharmacology experts for a new initiative to complete a Data Audit and Compliance Project. Funding is from 100% federal funds as follows:
 - 1.2.1. DPHS received funds via CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response, 2018 Opioid Overdose Crisis Cooperative Agreement Supplement (OPIS S2) grant from the Centers for Disease Control and Prevention (CDC), which will be used to update PDMP's software to issue critical reports regarding opioid prescriptions and to fund the two part-time positions for the Data Audit and Compliance Project. The funding period is September 1, 2018 through August 31, 2019, with all invoices paid by September 30, 2019.
 - 1.2.1. DPHS received funds via HRSA-18-014 Grants to States to Support Oral Health Workforce Activities from Health Resources and Services Administration (HRSA), which will be used by PDMP to purchase and maintain software to promote optimal opioid prescribing practices by dentists and other prescribers. The funding period for this project is September 1, 2018 through August 31, 2022, with all invoices paid by September 30, 2022.
- 1.3. This MOU sets forth roles and responsibilities of the DPHS and PDMP related to collaboration on the OPIS S2 grant and the HRSA grant.
- 1.4. The funding provided by DHHS to PDMP will be applied to upgrade the existing software system used by the Prescription Drug Monitoring Program (PDMP) to:
 - 1.4.1. Generate reports to audit and monitor the veracity of dispensing data collected by PDMP, which will be used to better understand the data at the prescriber and pharmacist level and will improve the underlying data set that will be used to create aggregate reporting to DHHS.
 - 1.4.2. Purchase Prescriber Reports enhancement in Project Year 1 and to pay for maintenance in Project Years 1 through 4. Prescriber Reports will automatically generate a quarterly individualized report that is electronically delivered to prescribers of controlled substances regarding current prescribing volumes,

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behaviors and PDMP use. Prescribers Reports will also enable PDMP to track changes in the metrics specified in Section 2.14. below

- 1.5. The funding provided by DPHS to PDMP to complete the Data Audit and Compliance Project will be applied to hire two part-time pharmacology experts.

2. THE OFFICE OF PROFESSIONAL LICENSURE (OPLC), PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) AGREES TO:

Section 2A – Applicable to Enhancement of Software funded by OPIS S2 Grant

- 2.1. Use the funding provided by DPHS to upgrade the current PDMP software system to one that allows PDMP staff to produce critical utilization reports to better understand and monitor data provided by prescribers and pharmacists regarding opioid prescriptions written for the treatment and management of pain.
- 2.2. Provide aggregated reports to DHHS, as available, regarding the new information generated as a result of the software enhancement, including but not limited to the identification of red-flag indicators such as high dose therapy, dangerous combination therapies and treatment duration.
- 2.3. Ensure that all aggregated reports transmitted to DPHS do not contain any data files containing personally identifiable information or protected health information.
- 2.4. Provide updates as required by DHHS regarding when the software is updated and information regarding any success stories from using the software.

Section 2B – Applicable to Staffing for Data Audit and Compliance Project funded by OPIS S2 Grant

- 2.5. Hire two part-time pharmacology experts, such as an assistant pharmacy inspector or a pharmacist inspector, and notify DHHS in writing when the positions have been filled.
- 2.6. Utilize the two part-time pharmacology experts to conduct a Data Audit and Compliance Project to ensure the quality and analytic use of opioid surveillance data collected by PDMP.
- 2.7. Complete the Data Audit by following the successful auditing model used by the state of Rhode Island.
- 2.8. Provide a copy of the Data Audit to DHHS when it is completed.
- 2.9. Implement a standardized process for evaluating the accuracy of data provided to the PDMP by drug dispensers.
- 2.10. Take necessary steps to correct the data when errors in prescribing opioids are identified, and initiate action to prevent future errors.

Section 2C – Applicable to the Purchase and Maintenance of Software to Promote Optimal Opioid Prescribing Practices by Dentists and Other Prescribers funded by HRSA Grant

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- 2.11. Use the funds to purchase Prescribers Report enhancement for the APRISS system to promote optimal opioid prescribing practices by dentists and other prescribers.
- 2.12. Use the funds to maintain the Prescribers Report enhancement during each year of the HRSA grant.
- 2.13. Ensure that Prescriber Reports automatically generates a quarterly individualized report that is electronically delivered to prescribers of controlled substances.
- 2.14. Ensure that Prescriber Reports has the ability to track any changes in the following metrics over time: (1) red flag indicators such as high dose therapy, dangerous combination therapies, and treatment duration; (2) prescribing behaviors compared to others in their specialty field e.g. general dentists or oral surgeons; (3) summaries of patient and prescription volumes; (4) possible prescription shoppers or pharmacy shoppers for whom they wrote prescriptions; (5) summary of PDMP usage showing the number of requests by the dentist (or other prescribers), their delegate, and the average PDMP usage by others in their specialty.

3. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DHHS, AGREES TO:

- 3.1. Administer the CDC's Cooperative Agreement of 2018 Opioid Overdose Crisis Cooperative Agreement Supplement grant (OPIS S2).
- 3.2. Transfer funds to PDMP upon receipt of approved invoices and subject to PDMP's compliance with the terms and conditions of this MOU as follows:
 - 3.2.1. Up to a maximum of \$25,000 in SFY 2019 and \$5,000 in SFY 2020 from OPIS S2 grant funds for activities related to the enhancement of PDMP software;
 - 3.2.2. Up to a maximum of \$81,458 in SFY 2019 and \$16,292 in SFY 2020 from OPIS S2 grant funds for activities related to the Data Audit and Compliance Project.
 - 3.2.3. Up to a maximum of \$95,000 in SFY 2019 and \$20,000 each in SFY 2020, SFY 2021 and SFY 2022 from HRSA grant fund for the purchase and maintenance of Prescriber Reports enhancement.
- 3.3. Serve as the Principal Investigator for the CDC Cooperative Agreement and ensure that the Cooperative Agreement funds budgeted for the PDMP will be paid through an interagency transfer approved by Governor and Executive Council. Such funds will enable the PDMP to carry out the identified responsibilities of the Cooperative Agreement.
- 3.4. Pay all the invoices related to CDC Cooperative Agreement of 2018 Opioid Overdose Crisis Cooperative Agreement Supplement grant by September 30, 2019.
- 3.5. Monitor the activities of the Cooperative Agreement as outlined in the Cooperative Agreement work plan.

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- 3.6. Collaborate with the PDMP to obtain data and information necessary for monitoring the Cooperative Agreement and developing and writing any required reports.
- 3.7. Attend and/or participate in any CDC-required meetings, trainings or presentations.
- 3.8. Ensure that any data reporting requirements requested by the Centers for Disease Control (CDC) are provided to the CDC.
- 3.9. Ensure that the HRSA grant funds will be paid through an interagency transfer approved by Governor and Executive Council, which will enable the PDMP to purchase and maintain Prescribers Report enhancement.
- 3.10. Pay all the invoices related to the HRSA grant by September 30, 2022.
- 3.11. Collaborate with the PDMP to share communications about opioid-related educational activities developed for dental professionals as part of the HRSA-18-014 grant work via the communications framework that is part of the Prescribers Report enhancement.

4. IT IS FURTHER UNDERSTOOD AND AGREED BETWEEN DPHS AND PDMP

- 4.1. Neither DHHS nor PDMP will be responsible for any expenses or costs related to the CDC grant incurred by the PDMP under this Agreement prior to September 1, 2018, nor past the end date of August 31, 2019.
- 4.2. Neither DHHS nor PDMP will be responsible for any expenses or costs related to the HRSA grant for Prescriber Reports enhancement incurred by the PDMP under this Agreement prior to September 1, 2018, nor past the end date of August 31, 2022.
- 4.3. In connection with the performance of this MOU, DPHS and PDMP shall comply with all applicable laws and regulations including, but not limited to: RSA 318-B:32, SB 573-FN-A, and the Health Insurance Portability and Accountability Act (HIPAA).
- 4.4. The maximum amount of funds available for reimbursement under this Agreement from DPHS to PDMP:
 - 4.4.1. Shall not exceed \$25,000 in State Fiscal Year 2019 and \$5,000 in SYF 2020, with one hundred percent (100%) of those costs covered by funds provided by the OPIS S2 grant for enhancement of PDMP software for opioid-related data and surveillance.
 - 4.4.2. Shall not exceed \$81,458 in State Fiscal Year 2019 and \$16,292 in State Fiscal Year 2020, with one hundred percent (100%) of those costs covered by funds provided by the OPIS S2 grant for the Data Audit and Compliance Project.
 - 4.4.3. Shall not exceed \$95,000 in State Fiscal Year 2019 and \$20,000 each in SFY 2020, SFY 2021 and SFY 2022, with 100% of those costs covered by funds provided by the HRSA grant for Prescribers Report enhancement.

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- 4.4.4. Neither DHHS nor PDMP will be responsible for any expenses or costs incurred by the PDMP under this MOU in excess of the amounts referenced in subsections 4.4.1 through 4.4. 3. above.
- 4.5. Notwithstanding any provision of this agreement to the contrary, all obligations of DHHS hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. DHHS shall not be required to transfer funds from any other source in the event that funds from:
- 4.5.1. The CDC's Cooperative Agreement of 2018 Opioid Overdose Crisis Cooperative Agreement Supplement grant are reduced or unavailable.
- 4.5.2. The HRSA-18-014 Grants to States to Support Oral Health Workforce Activities are reduced or unavailable.
- 4.6. PDMP shall take appropriate steps to accept and expend the funds provided within the project period as required by the CDC and HRSA. PDMP agrees to submit monthly invoices to DPHS for costs incurred. Invoices must include line items with dates, description of services and associated costs.
- 4.6.1. Invoices shall be mailed or emailed to:
- Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301
DPHSContractBilling@dhhs.nh.gov
- 4.7. DHHS agrees to pay PDMP within thirty (30) days of receipt of the approved invoices.
- 4.8. In the event of an early termination of this MOU for any other reason than the completion of services, the PDMP shall deliver to DPHS, not later than thirty (30) days after the termination, a "Termination Report" describing in detail all activities performed and the MOU funds used up to and including the date of termination. In the event the services and/or prescribed outcomes described within this MOU are not met to the satisfaction of DPHS, DPHS reserves the right to terminate this Agreement and any remaining funds will be forfeited. Such termination shall be submitted in writing to the PDMP and will require PDMP to deliver a final Termination Report as described above.
- 4.9. This MOU may be modified at any time during the effective period by mutual written consent of both parties, contingent upon approval of Governor and Council if necessary.

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5. APPROVALS

Handwritten signature of Lisa Morris in black ink.

Lisa Morris, Director
Division of Public Health Services

10/10/18

Date

Handwritten signature of Jeffrey A. Meyers in black ink.

Jeffrey A. Meyers, Commissioner
NH Department of Health and Human Services

10/16/18

Date

Handwritten signature of Peter Danles in black ink.

Peter Danles, Executive Director
Office of Professional Licensure and Certification

10/9/18

Date

New Hampshire Department of Health and Human Services
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The preceding Memorandum of Understanding, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

7/16/18
Date


Name: Rebecca W. Ross
Title: Senior Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting).

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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STATE OF NH
DEPT OF JUSTICE