



Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

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

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May 27, 2020

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, Division of Public Health Services, to amend an existing Memorandum of Understanding with the New Hampshire Office of Professional Licensure and Certification, Prescription Drug Monitoring Program (Vendor #177884-B001), for the enhancement of the Prescription Drug Monitoring Program's software to improve opioid-related surveillance and for the Prescription Drug Monitoring Program to hire three (3) full-time positions by increasing the price limitation by \$1,849,504 from \$282,750 to \$2,132,254, with no change to the contract completion date of August 31, 2022 effective **Retroactive** to April 30, 2020, upon Governor and Council approval. The original contract was approved by Governor and Council on October 31, 2018, item #22, and most recently amended with Governor and Council approval on October 23, 2019 item #12. 100% Federal Funds.

Funds are available in the following accounts for State Fiscal Years 2020 and 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, 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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	049-584921	Transfer to Other State Agencies	90703900	\$106,458	\$0	\$106,458
2020	049-584921	Transfer to Other State Agencies	90703900	\$21,292	\$0	\$21,292
			<i>Subtotals</i>	<i>\$127,750</i>	<i>\$0</i>	<i>\$127,750</i>

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

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2019	049-584921	Transfer to Other State Agencies	90080502	\$95,000	\$0	\$95,000
2020	049-584921	Transfer to Other State Agencies	90080502	\$20,000	\$0	\$20,000
2021	049-584921	Transfer to Other State Agencies	90080502	\$20,000	\$0	\$20,000
2022	049-584921	Transfer to Other State Agencies	90080502	\$20,000	\$0	\$20,000
			<i>Subtotals</i>	\$155,000	\$0	\$155,000

05-095-090-902010-50400000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, CDC NH OVERDOSE TO ACTION (OD2A) PROGRAM

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2020	085-588521	Inter-Agency Transfers	90050404	\$0	\$191,328	\$191,328
2021	085-588521	Inter-Agency Transfers	90050404	\$0	\$765,312	\$765,312
2022	085-588521	Inter-Agency Transfers	90050404	\$0	\$765,312	\$765,312
2023	085-588521	Inter-Agency Transfers	90050404	\$0	\$127,552	\$127,552
			<i>Subtotals</i>	\$0	\$1,849,504	\$1,849,504
			Totals	\$282,750	\$1,849,504	\$2,132,254

EXPLANATION

This request is **Retroactive** because more time was required than anticipated to finalize the scope of work and funding. As previously stated, the original Memorandum of Understanding was approved by Governor and Council on October 31, 2018, item #22, and subsequently amended with Governor and Council approval on October 23, 2019, item #12.

The purpose of this request is to enhance the Office of Professional Licensure and Certification (OPLC), Prescription Drug Monitoring Program (PDMP) system, increasing the capacity to audit the data in the Prescription Drug Monitoring Program for quality improvement, and to provide training to health care providers on how best to utilize Prescription Drug Monitoring Program as part of their patient treatment plan when prescribing opioid medications is indicated and best practices to use when prescribing opioid medications.

In addition, the Office of Professional Licensure and Certification, Prescription Drug Monitoring Program will hire three (3) full-time positions: two (2) full-time Program Specialist I's (pharmacology technicians), to complete a data audit and compliance project and one (1) full-time Program Specialist III (Health Systems Coordinator), to manage and coordinate the integration of the Prescription Drug Monitoring Program into New Hampshire facilities' electronic health record systems and to engage contractors in the increased analytical capacity to allow for advanced data analysis and enhancement of the data fields in the Prescription Drug Monitoring Program.

The target population for these services are prescribing physicians and pharmacists in New Hampshire to improve care for the residents of New Hampshire who may require pain management.

Approximately 1,400 pharmacies and physicians will be served from April 30, 2020 to August 31, 2022, with the potential to benefit over one million patients fifteen (15) years of age and older.

The Department will monitor Memorandum of Understanding services using the following performance measures:

- A decrease in the state pharmacy data error rate from 30% to 20% by August 31, 2020.
- A decrease in the state pharmacy data error rate from 20% to 10% by August 31, 2021.
- A decrease in the state pharmacy data error rate from 10% to 5% or lower by August 31, 2022.
- An increase in the number of Electronic Health Record (EHR) integration healthcare facilities and pharmacy data systems with the Prescription Drug Monitoring Program from zero to 10% by August 31, 2020.
- An increase in the number of Electronic Health Record integration healthcare facilities and pharmacy data systems with the Prescription Drug Monitoring Program from 10% to 50% by August 31, 2021.
- An increase the number of Electronic Health Record integration healthcare facilities and pharmacy data systems with the Prescription Drug Monitoring Program from 50% to 90% by August 31, 2022.
- An increase in the analytical capacity of the Prescription Drug Monitoring Program system for practitioners and Prescription Drug Monitoring Program staff by August 31, 2020.

As referenced in the original Memorandum of Understanding, and in Amendment #1, Section 4, Subsection 4.9, the Memorandum of Understanding 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.

Should the Governor and Council not authorize this request, the Office of Professional Licensure and Certification, Prescription Drug Monitoring Program, would not be in full participation with all scope of work strategies required by the grant, and therefore the Department would not be in compliance with the Centers for Disease Control and Prevention (CDC), New Hampshire Overdose Data to Action Program (NH OD2A) grant funding requirements which may jeopardize current and future funding. Without enhancing the Memorandum of Understanding to include all required strategies, physicians and pharmacies in New Hampshire will not receive

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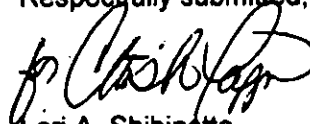
essential training on how to use the Prescription Drug Monitoring Program's system and data outputs to improve opioid prescription practices.

Area served: Statewide

Source of Funds: 100% Federal Funds from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, New Hampshire Overdose Data to Action Program, CFDA #93.136, FAIN NU17CE924984.

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

Respectfully submitted,



Lori A. Shibinette
Commissioner

**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**



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Enhancement of Prescription Drug Monitoring Program Software
for Opioid-related Data and Surveillance and Staffing for Program
Data Audit Memorandum of Understanding**

This 2nd Amendment to the Enhancement of Prescription Drug Monitoring Program Software for Opioid-related Data and Surveillance and Staffing for Program Data Audit Memorandum of Understanding (MOU) (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Office of Professional Licensure and Certification (OPLC), Prescription Drug Monitoring Program (PDMP), (hereinafter referred to as "the Agency"), a New Hampshire State Agency located at 121 South Fruit Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Memorandum of Understanding") approved by the Governor and Executive Council on October 31, 2018, (Item 22), as amended on October 23, 2019, (Item 12), the Agency agreed to perform certain services based upon the terms and conditions specified in the MOU as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to the MOU Section 4, Subsection 4.9, the MOU may be modified upon written agreement of the parties and approval from the Governor and Executive Council if necessary; and

WHEREAS, the parties agree to increase the price limitation and modify the MOU to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Modify MOU Amendment #1 by replacing in its entirety with MOU Amendment #2, which is attached hereto and incorporated by reference herein.

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**New Hampshire Department of Health and Human Services
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for Opioid-related Data and Surveillance and Staffing for Program
Data Audit**



All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. This amendment shall be effective **Retroactive to April 30, 2020**, upon Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

A handwritten signature in black ink, appearing to read "Lisa D. Louis".

May 27, 2020

Date

Name:
Title:

Office of Professional Licensure and Certification

A handwritten signature in black ink, appearing to read "Lindsey Courtney".

May 26, 2020

Date

Lindsey Courtney, Interim Executive Director
Office of Professional Licensure and Certification

New Hampshire Department of Health and Human Services
Enhancement of Prescription Drug Monitoring Program Software
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The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/30/20

Date

/s/ Christen Lavers

Name:

Title: 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)

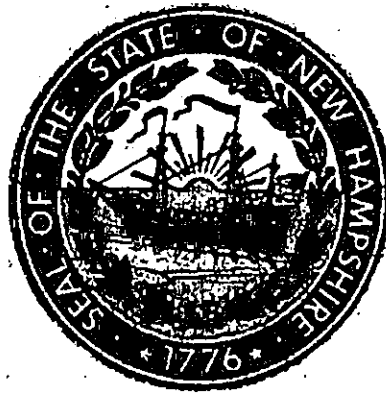
OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

**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**

and

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

MOU-2019-DPHS-01-OPLCS

AMENDMENT #2

**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**



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 OPLC-PDMP's current monitoring system, provided through a subcontracted vendor. Funding is 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), to update PDMP's software to issue critical reports regarding opioid prescriptions and to fund two (2) part-time positions for the Data Audit and Compliance Project. The funding period was September 1, 2018 through November 30, 2019, with all invoices paid by December 31, 2019.
- 1.3. In addition, this MOU will provide a mechanism for DHHS to financially support OPLC-PDMP activities related to improving opioid data surveillance, advanced data enhancements, educational tools and reporting within its monitoring system. OPLC-PDMP will accomplish this through services provided by a subcontractor. DHHS will also provide funding to PDMP to hire two (2) full-time pharmacology technicians to complete a Data Audit and Compliance Initiative and one (1) full-time health systems coordinator to coordinate statewide efforts to integrate the PDMP into health facilities electronic healthcare record systems, as well as the ongoing expansion of NH PDMPs ability to electronically share data amongst states in compliance with the PMIX Architecture, in accordance with Sections 2B and 2E below. Funding is 100% federal funds as follows:
 - 1.3.1. DPHS received funds via HRSA-18-014 Grants to States to Support Oral Health Workforce Activities from Health Resources and Services Administration (HRSA) for 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. All invoices will be paid by September 30, 2022.
 - 1.3.2. DPHS received funds via CDC-RFA-CE19-1904 Overdose Data to Action Grant (OD2A) from the CDC for PDMP to implement strategies that will advance the development and expansion of NH's existing Prescription Drug Monitoring Program and increase its utilization as a public health surveillance and clinical decision-making tool. The funding period for this project is effective upon Governor and Council approval of this MOU Amendment #2 through August 31, 2022. All invoices will be paid by September 30, 2022.
- 1.4. This MOU sets forth roles and responsibilities of the DPHS and PDMP related to collaboration on the HRSA and OD2A grants.

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



1.5. Funding provided by DHHS to PDMP will be applied to upgrade the existing software system used by the Prescription Drug Monitoring Program (PDMP) to:

1.5.1. 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 dispenser level and will improve the underlying data set that will be used to create aggregate de-identified reporting to DHHS.

1.5.2. Purchase Prescriber Report 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. Prescriber Report will also enable PDMP to track changes in the metrics specified in Section 2.19 below.

1.5.3. Purchase maintenance of Prescriber Report enhancement in Project Years 2 through 4 with HRSA funds. Prescriber Report will automatically generate a quarterly individualized report, containing only aggregate data related to performance measures that is electronically delivered to prescribers of controlled substances regarding current prescribing volumes, behaviors, and PDMP use. Prescriber Report will also enable PDMP to track changes in the metrics specified in Section 2.16 and 2.17 below.

1.5.4. Purchase advanced enhancements for increased analytical capacity using OD2A funds to allow for advanced data analysis for local, state and federal de-identified and aggregate reporting. The advanced capacity will also advance capacity in providing educational information to prescribers and dispensers.

1.6. Funding provided by DPHS to PDMP to continue the Data Audit and Compliance Project will be used to hire two full-time pharmacology technicians.

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

Section 2A – Applicable to Enhancement of Software funded by OD2A Grant

2.1. Contract with vendor 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, de-identified 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 to DHHS on a monthly basis regarding software updates and information regarding success stories from using the software.

**New Hampshire Department of Health and Human Services
Enhancement of Prescription Drug Monitoring Program Software
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Section 2B a. – Applicable to Staffing for Data Audit and Compliance Project funded by OPIS S2 Grant:

- 2.5. Hire two (2) full-time pharmacology technicians (Program Specialist I), such as an assistant pharmacy inspector, upon seeking all necessary hiring waivers, and notify DHHS in writing when positions have been filled.
- 2.6. Utilize the two (2) full-time pharmacology technicians to conduct a Data Audit and Compliance Project to ensure the quality and analytic use of opioid surveillance data collected by PDMP.
- 2.7. Continue the Data Audit by following the successful auditing model used by the State of Nevada.
- 2.8. Provide a copy of the Data Audit to DHHS upon completion.
- 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 2B b. – Applicable to Staffing for Data Audit and Compliance Project funded by OD2A Grant

- 2.11. Hire one (1) full-time Health Systems Coordinator (Program Specialist III), upon seeking all necessary hiring waivers, and notify DHHS in writing when the position has been filled.
- 2.12. Utilize the full-time Health Systems Coordinator to manage and coordinate the integration of the PDMP into NH facilities' electronic health record systems pending passage of state legislation and expand NH PDMPs ability to electronically share data amongst states in compliance with the PMIX Architecture.
- 2.13. Complete the Data Audit by following the successful auditing model used by the State of Nevada.
- 2.14. Provide a copy of the Data Audit to DHHS upon completion.
- 2.15. Implement a standardized process for evaluating the accuracy of data provided to the PDMP by drug dispensers.
- 2.16. 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

- 2.17. The purchase of Prescriber Report enhancement for the APRISS systems to promote optimal opioid prescribing practices by dentists and other prescribers.
- 2.18. Annual Maintenance of the Prescriber Report enhancement during each year of the HRSA grant.
- 2.19. Ensure that Prescriber Report automatically generates a quarterly individualized report that is electronically delivered to prescribers of controlled substances.

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Enhancement of Prescription Drug Monitoring Program Software
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- 2.20. Ensure that Prescriber Report 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.

Section 2D – Applicable to the Decrease in Data Error Incidences in the PDMP funded by the Overdose Data to Action Grant.

- 2.21. The following activities and measures will be addressed upon the hiring of appropriate staff. Timelines may be adjusted in accordance to hiring dates. Any changes in the timeline will be reported to the Principal Investigator.
- 2.22. Ensure that 10-15 pharmacies are inspected per week, and that history information for 100-150 prescriptions (Rx) are reviewed and audited for error. Ensure that letters are emailed to each pharmacy being inspected, asking for 10 Rx history information. Ensure that approximately 700 pharmacies are inspected and Rx histories reviewed and audited for error annually.
- 2.23. Ensure that 100-150 Rx historical information is reviewed and audited for errors and that the Rx history is audited for errors against the data in the PDMP database. Establish an error rate based on the number of errors found and audit approximately 7,800 prescriptions annually.
- 2.24. Ensure that all errors found be corrected within 72 hours and errors are communicated to pharmacies for correction.
- 2.25. Provide the error rate from August 1, 2019 to July 31, 2020 as a baseline to measure improvement in subsequent years.
- 2.26. Ensure the error rate from August 1, 2020 to July 31, 2021 decreases by 10% from the previous year.
- 2.27. Ensure the error rate from August 1, 2021 to July 31, 2022 decreases by 5% or lower from the previous year.
- 2.28. Deliver academic detailing tools regarding errors to educate and assist in decreasing the incidence of data errors to health care providers at an annual conference, and continued as needed guidance after the conference.

Section 2E – Applicable to the Staffing for Inspection and Audit Staff funded by the Overdose Data to Action Grant.

- 2.29. Hire two (2) full-time assistant pharmacy technicians, upon seeking all necessary hiring waivers, to conduct a Data Audit and Compliance Initiative Project to ensure the quality and analytic use of opioid surveillance data collected by PDMP, which requires travel throughout NH. Ensure that these staff are reimbursed for mileage.
- 2.30. Hire one (1) full-time PDMP Health Systems Coordinator, upon seeking all necessary hiring waivers, to manage and coordinate the integration of the PDMP into NH facilities.

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Enhancement of Prescription Drug Monitoring Program Software
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EHR systems and expand NH PDMPs ability to electronically share data amongst states, contingent upon statutory authority, and in compliance with PMIX Architecture.

- 2.31. The following activities and measures will be addressed upon the hiring of appropriate staff. Timelines may be adjusted in accordance to hiring dates. Any changes in the timeline will be reported to the Principal Investigator.

Section 2F – Applicable to the Integration of PDMP Data with EHRs and Pharmacy Dispensing Systems (PDS) funded by the Overdose Data to Action Grant.

- 2.32. To the extent permitted by law, ensure integration of PDMP data with EHRs and pharmacy dispensing systems and the facilitation of electronic health information sharing among states in compliance with PMIX, as well as through PMPi.
- 2.33. To the extent permitted by law, increase the number to EHR integration healthcare facilities and pharmacy data systems with the PDMP from zero to 10% by August 31, 2020.
- 2.34. To the extent permitted by law, increase the number of integration healthcare facilities and pharmacy data systems with the PDMP from 10% to 50% between September 1, 2020 and August 31, 2021.
- 2.35. To the extent permitted by law, increase the number of integration healthcare facilities and pharmacy data systems with the PDMP by 90% between September 1, 2021 and August 31, 2022.
- 2.36. Submission of legislation by the OPLC to enable EHR integration.
- 2.37. To the extent permitted by law, development of written policy and procedures, and forms and application of integration of PDMP with EHRs and PDSs to occur by July 2021.
- 2.38. To the extent permitted by law, ensure assessment of EHR and PDS software used by healthcare facilities and pharmacies in the State occur so integration can be completed by July 2021.
- 2.39. Complete applications from health care facilities and pharmacies wanting to integrate.
- 2.40. Utilization of a survey to health care facilities and pharmacies to assist with the integration process.

Section 2G – Decrease the Deterrence of Misuse and Diversion of Controlled Substances funded by the Overdose Data to Action Grant.

- 2.41. Subcontract for increased advanced analytical capacity to allow for advanced de-identified/aggregate data analysis for local, state and federal reporting to be completed by July 2021, with a subcontract completion date of August 2022. Ensure that at the conclusion of the subcontract, the subcontractor provides a project report.
- 2.42. Subcontract for advanced capacity to provide enhanced data fields and educational information to prescribers and dispensers by July 2021. The subcontract shall conclude by August 2022. Ensure that at the conclusion the subcontractor provides a project report.

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Enhancement of Prescription Drug Monitoring Program Software
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2.43. Monitor subcontract throughout the term of the subcontract for analytical services and the impact on high-risk measures including, but not limited to high MME, multi-providers and concurrent opioids with benzo.

2.44. Conduct a practitioner survey to elicit usefulness of the tools used by the subcontractor(s).

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 for the purchase and maintenance of Prescriber Report enhancement, with 100% of costs funded by the HRSA grant for Prescriber Report enhancement, contingent upon the availability of funds.

3.2.4. Up to a maximum of \$191,328 in State Fiscal Year 2020, \$765,312 in SFY 2021, \$765,312 in SFY 2022 and \$127,552 in SFY 2023 from OD2A grant funds for activities related to the implementation of strategies to advance the development and expansion of NH's existing Prescription Drug Monitoring Program and to increase its utilization as a public health surveillance and clinical decision-making tool, contingent upon the availability of funds.

3.3. Serve as the Principal Investigator for the CDC Cooperative Agreement and ensure PDMP Cooperative Agreement funds budgeted are paid to OPLC-PDMP through an interagency transfer approved by Governor and Council for PDMP to carry out the identified responsibilities in the CDC Cooperative Agreement.

3.4. Pay all invoices related to CDC Cooperative Agreement of 2018 Opioid, Overdose Crisis Cooperative Agreement Supplement (OPIS S2) grant by December 31, 2019.

3.5. Monitor the activities of the CDC 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 and presentations.

3.8. Ensure that any data reporting requirements requested by the CDC are provided to the CDC.

3.9. Ensure that the HRSA grant funds are paid through an interagency transfer approved by Governor and Council, which will enable PDMP to maintain Prescriber Report enhancement.

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For Opioid-related Data and Surveillance and Staffing for Program Data Audit**



- 3.10. Pay all 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 HRSA-18-014 grant work via the communications framework that is part of the Prescriber Report enhancement.
- 3.12. Administer the CDC's Cooperative Agreement of 2019 Overdose Data to Action grant (OD2A).

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

- 4.1. Neither DHHS nor PDMP were responsible for any expenses or costs related to the CDC OPIS S2 grant incurred by the PDMP under this Agreement prior to September 1, 2018, nor past the date of November 30, 2019. (OPIS S2).
- 4.2. Neither DHHS nor PDMP are responsible for any expenses or costs related to the HRSA grant for Prescriber Report enhancement incurred by the PDMP under this Agreement prior to September 1, 2018, nor past the MOU end date of August 31, 2022.
- 4.3. Neither DHHS nor PDMP will be responsible for any expenses or costs related to the OD2A grant incurred by the PDMP under this Agreement prior to April 30, 2020, nor past the MOU end date of August 31, 2022.
- 4.4. 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).
- 4.5. DHHS available funding for reimbursement to PDMP under this agreement shall not exceed \$2,132,264 as follows:
 - 4.5.1. OPIS S2 grant funding shall not exceed \$25,000 in State Fiscal Year 2019 and \$5,000 in SYF 2020, with one hundred percent (100%) of the costs funding the enhancement of PDMP software for opioid-related data and surveillance.
 - 4.5.2. OPIS S2 grant funding shall not exceed \$81,458 in State Fiscal Year 2019 and \$16,292 in State Fiscal Year 2020, with one hundred percent (100%) of the costs funding the Data Audit and Compliance Project.
 - 4.5.3. HRSA grant funding 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 the costs funding the enhancement of Prescriber Report.
 - 4.5.4. OD2A grant funding shall not exceed \$191,328 in State Fiscal Year 2020, \$765,312 in SFY 2021, \$765,312 in SFY 2022 and \$127,552 in SFY 2023, with 100% of the costs funding the implementation of strategies to advance the development and expansion of NH's existing Prescription Drug Monitoring Program and increase its utilization as a public health surveillance and clinical decision-making tool.
- 4.6. 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 4.5.1 through 4.5.4 above.
- 4.7. Notwithstanding any provision of this agreement to the contrary, all obligations of DHHS hereunder, including without limitation, the continuance of payments hereunder, are

**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**



contingent upon the availability and continued appropriation of funds. DHHS shall not be required to transfer funds from any other source in the event funds are not available.

- 4.8. 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.
- 4.9. Invoices shall be mailed or emailed to:
Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301
DPHSCContractBilling@dhhs.nh.gov
- 4.10. DHHS agrees to pay PDMP within thirty (30) days of receipt of the approved invoices.
- 4.11. 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.
- 4.12. 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.

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



5. APPROVALS

Lisa Morris

Lisa Morris, Director
Division of Public Health Services

May 26, 2020

Date

Lori A. Shibillette
FOL Lori A. Shibillette, Commissioner
NH Department of Health and Human Services

5/28/2020

Date

Lindsey B. Courtney

Lindsey B. Courtney, Interim Executive Director
Office of Professional Licensure and Certification

May 26, 2020

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**



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

OFFICE OF THE ATTORNEY GENERAL

6/1/20

Date _____

12/Christen Lavers

Name:

Title: 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:



Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

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

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

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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 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.

**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**



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.

**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**



- 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.

**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**



- 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
Enhancement of Prescription Drug Monitoring Program Software
For Opioid-related Data and Surveillance and Staffing for Program Data Audit
MOU-2019-DPHS-01-OPLCS**



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
DPHSCContractBilling@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
Enhancement of Prescription Drug Monitoring Program Software
For Opioid-related Data and Surveillance and Staffing for Program Data Audit
MOU-2019-DPHS-01-OPLCS



5. APPROVALS

A handwritten signature in black ink, appearing to read "Lisa Morris", is written over a horizontal line.

Lisa Morris, Director
Division of Public Health Services

8/22/19

Date

A handwritten signature in black ink, appearing to read "Jeffrey A. Meyers", is written over a horizontal line.

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

8/29/19

Date

A handwritten signature in black ink, appearing to read "David Grosso", is written over a horizontal line.

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

Catherine Pinos
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:

OCT17'18 10.03 DRS



Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

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

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

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

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

**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
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 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

A handwritten signature in black ink, appearing to read "Lisa Morris", is written over a horizontal line.

Lisa Morris, Director
Division of Public Health Services

10/10/18

Date

A handwritten signature in black ink, appearing to read "Jeffrey A. Meyers", is written over a horizontal line.

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

10/16/18

Date

A handwritten signature in black ink, appearing to read "Peter Danles", is written over a horizontal line.

Peter Danles, Executive Director
Office of Professional Licensure and Certification

10/9/18

Date

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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

10/16/18
Date

[Signature]
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: