Increasing Access to Naloxone in our Communities: Implementation of Kentucky Senate Bill 192

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Drug addiction and overdose are serious public health issues. Since the 1990s, rates of opioid abuse - including prescription pain medications and heroin - have skyrocketed across the nation. Between 1999 and 2013, an almost four-fold increase in overdose deaths was attributed to prescription pain medications. Between 2012 and 2013, heroin overdose deaths increased 39%.

To address this growing public health crisis, Kentucky legislators passed comprehensive anti-heroin legislation on March 25, 2015. Senate Bill 192 was the result of a conference committee comprised of key legislators from both chambers and is commonly referred to as the ‘Heroin Bill.’ Although SB 192 addresses many different aspects of the heroin and opioid abuse problem, one section of the bill contains provisions designed to increase access to naloxone (Narcan®) and make it easier for healthcare providers to prescribe and dispense naloxone to individuals to take home and have on hand should a future opioid overdose situation arise.

Specifically, SB 192 amends KRS 217.186 to allow a licensed health care provider, acting in good faith, to prescribe or dispense naloxone to a third-party (person or agency) without fear of disciplinary action from professional licensing boards. Additionally, the bill authorizes a person (or agency) to receive a prescription for naloxone, possess naloxone and the equipment needed for its administration, and to administer naloxone to an individual suffering from an apparent opioid-related overdose.

SB 192 also includes a provision authorizing pharmacists to initiate the dispensing of naloxone under a physician-approved protocol. To initiate the dispensing of naloxone in this manner -without an individual prescription- pharmacists must receive training in the use of naloxone for opioid overdose prevention and apply for certification from the Kentucky Board of Pharmacy. Once certified, they can work with a collaborating physician to develop a protocol agreement that stipulates the criteria for identifying eligible persons to receive naloxone under the protocol; the specific medications, doses and routes of administration the pharmacist is authorized to dispense; the education that must be provided to the person receiving the naloxone prescription; and the procedures for documenting the naloxone dispensation.

On May 14, 2015, the Kentucky Board of Pharmacy filed an emergency administrative regulation (201 KAR 2:360E) to address pharmacists initiation of naloxone dispensing. The Kentucky Board of Medical Licensure provided significant input to the Kentucky Board of Pharmacy on the regulation.

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Board Orders can be viewed under the Physician Profile/Verification of License link on the Board’s website at www.kbml.ky.gov

Board Action Report (actions taken since 04/01/15)

Emmanuel G. Acosta, M.D., Auxier, KY, License # 38318
Agreed Order of Permanent Surrender entered into 06/18/15.

Ezekiel O. Akande, M.D., Somerset, KY, License # 42041
Agreed Order entered into 04/07/15.

Billy R. Allen, M.D., Beaver Dam, KY, License # 14115
Agreed Order of Retirement entered into 04/30/15.

Ashok V. Alur, M.D., Crestwood, KY, License # 30373
Second Amended Agreed Order entered into 05/11/15.

Harvey S. Bishow, M.D., Tampa, FL, License # 43818
Agreed Order of Retirement entered into 05/16/15.

Joshua C. Blair, M.D., Cadiz, KY, License # 45497
Agreed Order entered into 05/26/15.

Kartik Boorgu, M.D., Brentwood, TN, License # 48085
Agreed Order of Fine entered into 04/08/15.

Bobby J. Brooks, M.D., Campbellsville, KY, License # 17421
Agreed Order entered into 06/19/15.

Clyde M. Brooks, D.O., Portsmouth, OH, License # 02903
Amended Agreed Order entered into 06/03/15.

Heath E. Brown, M.D., Louisville, KY, License # 30476
Order Terminating Agreed Order of Probation issued 04/20/15.

Morgan Budde, M.D., Mount Sterling, KY, License # 43121
Amended Agreed Order entered into 06/03/15.

Amjad A. Bukhari, M.D., London, KY, License # 32815
Agreed Order entered into 06/05/15.

Anthony C. Carter, M.D., Tompkinsville, KY, License # 23371
Amended Agreed Order entered into 06/09/15.

Chad J. Cooper, M.D., Lexington, KY, License # 48391
Agreed Order of Fine entered into 06/23/15.

Thomas C. Crain, M.D., Taylorsville, KY, License # 28770
Amended Agreed Order entered into 05/04/15.

Rodney A. Crock, D.O., Louisville, OH, License # 03240
Amended Agreed Order entered into 06/03/15.

Joseph F. Daugherty, M.D., Park Hills, KY, License # 22022
Agreed Order entered into 04/07/15.

Jason R. Deskins, D.O., Louisa, KY, License # 03210
Fourth Amended Agreed Order entered into 06/04/15.

Victoria Siddens-Draper, M.D., Ocoee, FL, License # 39157
Agreed Order entered into 06/08/15.

Robin Freeman, M.D., Cynthiana, KY, License # 46608
Agreed Order entered into 06/08/15.

Rajdeep S. Gaitonde, D.O., Gilbert, AZ, License # 03865
Agreed Order of Fine entered into 06/23/15.

Scott R. Hamann, M.D., Nicholasville, KY, License # 32055
Second Amended Agreed Order entered into 04/22/15.

Mark T. Henderson, M.D., Louisville, KY, License # 33009
Fourth Amended Agreed Order entered into 05/15/15.

Kenneth L. Holder, M.D., Madisonville, KY, License # 32062
Agreed Order of Permanent Surrender entered into 06/18/15.

Emanuel Joseph, M.D., East Elmhurst, NY, License # 40087
Order of Revocation issued 04/22/15.

John B. Kelly, M.D., Crestview Hills, KY, License # 27953
Agreed Order entered into 04/07/15.

Mark B. Kingston, M.D., Louisa, KY, License # 20555
Order Terminating Agreed Order issued 04/20/15.

A. Barry Klein, M.D., Louisville, KY, License # 24316
Amended Agreed Order entered into 04/08/15.

Iraklis C. Livas, M.D., Lexington, KY, License # 32228
Agreed Order entered into 04/09/15.

Tamberly L. McCoy, M.D., Owensboro, KY, License # 34958
Amended Agreed Order entered into 04/27/15.

Steven R. Mills, D.O., Hartford, KY, License # 03089
Agreed Order entered into 04/07/15.

Charles A. Moore, M.D., Middlesboro, KY, License # 22757
Agreed Order entered into 04/10/15.

Seyed N. Moussavian, M.D., Cincinnati, OH, License # 20120
Agreed Order of Fine entered into 04/30/15.

N. Mullai, M.D., Somerset, KY, License # 34277
Order Terminating Agreed Order issued 04/21/15.

Kusum Nigam, M.D., Louisville, KY, License # 32516
Agreed Order entered into 06/26/15.

Nikhil S. Parulekar, D.O., Corbin, KY, License # 02630
Agreed Order of Surrender entered into 06/18/15.

Gregory J. Potts, M.D., Louisville, KY, License # 30295
Order Terminating Agreed Order issued 04/21/15.

Jesus P. Querubin, M.D., Greenup, KY, License # 33412
Amended Agreed Order entered into 04/27/15.

Donald F. Ramsey, M.D., Knoxville, TN, License # 32212
Agreed Order entered into 04/16/15.

David M. Ratliff, M.D., Lexington, KY, License # 31592
Agreed Order entered into 04/10/15.
Board Orders can be viewed under the Physician Profile/Verification of License link on the Board’s website at www.kbml.ky.gov

William K. Schmied, M.D., Jeffersonville, IN, License # 21344
Agreed Order of Retirement entered into 04/27/15.

Mohammad F. Shadzad, M.D., Danville, KY, License # 33429
Amended Agreed Order entered into 04/08/15.

William Lane Stafford, M.D., Lexington, KY, License # R2529
Agreed Order entered into 04/02/15.

Gloria V. Staples, M.D., Hopkinsville, KY, License # 40217
Order of Revocation issued 05/26/15.

Julie C. Stumbo, PA-C, Lexington, KY, License # PA927
Order Terminating Amended Agreed Order (Revised) issued 04/30/15.

Dwight H. Sutton, M.D., Bowling Green, KY, License # 40753
Agreed Order entered into 04/02/15.

Thomas E. Turek, M.D., University Park, FL, License # 38945
Agreed Order entered into 05/04/15.

Himachal R. Veligandla, M.D., Prestonsburg, KY, License # 40110
Amended Agreed Order entered into 04/27/15.

David Yen Mann Wong, M.D., Torrance, CA, License # 33108
Agreed Order of Surrender entered into 05/12/15.

William H. Wyttenbach, M.D., Fort Myers, FL, License # 25415
Order of Revocation issued 04/21/15.

Gary E. Yochim, D.O., Elizabethtown, KY, License # 02348
Order Terminating Agreed Order of Indefinite Restriction issued 05/27/15.

Restrictions have also been placed on the following physicians’ licenses pending resolution of charges brought against them.

Ghias M. Arar, M.D., Louisville, KY, License # 32411
Amended Complaint and Emergency Order of Suspension issued 06/10/15, effective 06/10/15.

C. Fred Gott, M.D., Bowling Green, KY, License # 20987
Complaint and Emergency Order of Suspension issued 06/18/15, effective 06/18/15.

Michael D. Perkins, M.D., Whitley City, KY, License # 19098
Complaint and Emergency Order of Restriction issued 04/10/15, effective 04/13/15.

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Finally, SB 192 specifies that a person, acting in good faith, who administers naloxone to an individual suspected of opioid overdose, shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the medication. The bill also contains a Good Samaritan clause that stipulates a person shall not be charged with or prosecuted for a criminal offense related to the possession of a controlled substance or the possession of drug paraphernalia if they seek medical assistance for a drug overdose. Physicians and pharmacists should note that the new regulations relative to pharmacists initiating the dispensing of naloxone under a physician-approved protocol do not apply to individual, patient-specific prescriptions issued by physicians. Pharmacists can continue to dispense naloxone prescriptions written by physicians and other licensed prescribers without attaining naloxone certification.

Senate Bill 192 provides the statutory authority and liability protections needed to accomplish third-party prescribing and dispensing of naloxone. Working together, physicians and pharmacists can reduce morbidity and mortality associated with opioid overdose by ensuring individuals in our communities have access to naloxone for rescue therapy during a suspected opioid overdose.

Clarification on Use of Buprenorphine for the Treatment of Pain

201 KAR 9:270 sets out the professional standards for prescribing or dispensing of Buprenorphine-Mono-Product and Buprenorphine-Combined-with-Naloxone. Pursuant to the regulation, these medications shall only be prescribed or dispensed for medically-supervised withdrawal or as a maintenance treatment for a patient diagnosed with opioid dependence. The only exception is that the transdermal delivery of Buprenorphine-Mono-Product may be used for treatment of pain. (Other than by transdermal delivery for the treatment of pain, Buprenorphine-Mono-Product may only be prescribed or dispensed only to (1) a pregnant patient; (2) a patient with a demonstrated hypersensitivity to naloxone; or (3) as an injectable treatment in a physician’s office or other healthcare facility.) The Board strongly encourages physicians who utilize Buprenorphine products to become familiar with 201 KAR 9:270, which is available on the Board’s website.
KASPER Tips: Managing Your Delegates

Jill E. Lee, RPh, and Amanda J. Ward, PharmD, CGP

The Board would like to share some helpful tips regarding the management of your eKASPER delegates developed by the Drug Enforcement and Professional Practices Branch of the Kentucky Cabinet for Health and Family Services.

Sharing usernames and passwords for eKASPER access is **NOT** permitted and may place the eKASPER account holder at risk. **You** are responsible for **all** activity that occurs under your account. eKASPER Master Account Holders (MAHs) are permitted by statute to establish delegates to request eKASPER reports on their behalf. The eKASPER Help Desk is available to help with any questions you may have with adding or deleting delegates to your account.

**Do I have to have a delegate?**

No. Master Account Holders are not required to have a delegate. Many MAHs find it very useful to have a staff member request the report since this frees up provider time for clinical work and allows more time with patients.

**Who should I appoint as a delegate?**

A delegate must be an employee of the practitioner’s or pharmacist’s practice acting under the specific direction of the practitioner or pharmacist. An employee you establish as a delegate should be trustworthy to only obtain eKASPER reports on current or prospective patients, attentive to detail, and should have basic computer skills. Once registered with their delegate account, they will log on to their account (which is tied to your master account), and fill in the requested information to produce an eKASPER report. The delegate may give the eKASPER report to you or place the report in the patient’s medical record for your review. You may also view the eKASPER report directly using your own master account.

**How do I establish a delegate?**

To establish a delegate, log onto your Master Account. Select “Administration” then “Delegate Administration”. On the Delegate Request screen, please read the instructions document to ensure a smooth application process. Then, fill in the required information and click “Automatically Add Delegate.” The Driver’s License information will be verified against the Kentucky Department of Transportation database. If there is not an exact match (e.g., a recent address change for the delegate), the verification may be turned off by selecting “other type” in the drop down box of the ID field. A message stating the MAH will assume responsibility for the delegate’s identity will display. Select “OK,” then “Automatically Add Delegate” for immediate approval of the delegate account. You do NOT need to print, notarize or submit the review form.

**May I have more than one delegate?**

Yes, a Master Account Holder may have as many delegates as you wish.

**I work in an office with multiple providers. Can we set up one delegate for all of us?**

Yes. The delegate can use the same login information as long as they were registered by each MAH using the same first name, last name, date of birth, and last four digits of their Social Security Number. Ensuring that each MAH uses the exact same information for each of these four fields will prevent the delegate from having multiple accounts, login ids and passwords.

**If we have only one delegate for the entire office, how will eKASPER know under whose account to log the eKASPER report request?**

When the delegate requests the report, they will have a drop down box with an alphabetical list of MAHs, so they can attribute the report request to the correct provider. It is important that your delegate understands that they will have to select the correct provider name each time when requesting eKASPER reports for different MAHs.

**My delegate requested an eKASPER report for me, but another provider’s name shows up as the requestor. Does this matter?**

Yes. It is recommended that you verify the delegate has been properly added under your account. If so, you should discuss with your delegate to make sure the delegate understands how to select you from the provider drop down box and to ensure this doesn’t continue to happen. It is important that the eKASPER reports requested for your patients are logged under your Master Account.

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Can't my delegate just tell me if the eKASPER report contains suspicious or problematic information?
Under licensing board regulations, the providers are required to review the eKASPER reports. Interpreting an eKASPER report requires in-depth medical and pharmaceutical knowledge, which means the provider must review each eKASPER report that is requested to be in compliance with regulations and to help ensure appropriate patient treatment.

Can I see a list of reports that my delegate has requested on my behalf?
Yes, Master Account Holders can see a list of all reports requested by either themselves or their delegates. Log on to your Master Account. Select “Summary Report.” Choose the date range that you wish to view and click “Search.” In the Request grid, the requestor name will appear as a link. Selecting the requestor name link will take you to a List of Request Status screen where you can select individual Request Numbers to view the selected report. If you wish to export the results of the List of Request Status screen, simply check the “Export Results” button to view the data in an Excel spreadsheet.

My delegate requested an eKASPER report for a person that is not my patient. Is this OK?
No, eKASPER reports may only be obtained for bona fide current or prospective patients. Inappropriate use is against the law and should be reported to the Drug Enforcement and Professional Practices Branch at (502) 564-7985 for assistance.

I have a delegate who no longer works for me. What should I do?
You need to deactivate the delegate’s eKASPER account. To deactivate the delegate, log on to your Master Account. Select “Administration.” Click the “Select” link under “View Details” for the chosen delegate. Once on the Delegate Maintenance screen, un-check the “Active” box under the Facility Information. DO NOT un-check the “Select” box. Click “Submit.” You may also contact the eKASPER Help Desk at (502) 564-2703 for assistance with deactivating a delegate account.

eKASPER staff members are available to help with any questions or problems you may encounter with the delegate process. For support, please contact the eKASPER Help Desk by phone: (502) 564-2703 or email: eKASPERHelp@ky.gov. These and other tips are available in the KASPER Tips for Providers section of the KASPER website: www.chfs.ky.gov/KASPER.

KASPER Advisory Council Appointments

The KASPER Advisory Council was established by Executive Order of Governor Steve Beshear on Oct. 14, 2011. The Council provides advice, guidance and recommendations to the agencies charged with responsibility under KRS 218A to monitor the prescribing and dispensing of controlled substances. The duties of the Council shall include, but not be limited to, developing recommendations for guidelines that will enable the KASPER program to focus on potential problem areas and proactively generate information useful to the particular prescriber and dispenser licensing boards to assist the boards in expanding their enforcement activities of identifying and eliminating drug abuse, misuse, diversion and illegal prescription and sale of drugs by their respective licensees.

The Board was recently contacted about three expiring appointments to the Council and has been asked to nominate three active or retired physicians for each position. The positions are specialty specific consisting of the following specialties: general practice (Family Medicine/Internal Medicine), oncology, and psychiatry. The Council currently meets on a quarterly basis, usually on a Friday afternoon. Physicians in these specialties who are interested in being nominated for the Council should contact Ms. Jennie Woods via email at jennie.woods@ky.gov. Once the nomination process is complete, the Board will submit a list of 3 names for each position so the Governor can make the appointments. If you have any questions regarding serving on the Council, please feel free to contact the Board office.
Reminder on Board Policy Regarding the Required Reporting of Impaired Physicians by Other Physicians and Hospitals

Greg Jones, M.D.
Medical Director, Kentucky Physicians Health Foundation

In March of 2003, the Kentucky Board of Medical Licensure adopted a policy which states: "If a licensed physician or hospital staff suspects that a physician is impaired - due to chronic alcoholism, chemical dependency or physical/mental disability (ies) - such fact must be **reported directly to the Kentucky Board of Medical Licensure within ten (10) days of obtaining direct knowledge of the impairment.** The report to the Board must be in writing and contain the following information: the name of the physician suspected of being impaired, a detailed account of the facts giving rise to that suspicion, a list of other persons having information regarding the suspected impairment, and the name of the reporting physician/hospital staff. …”

This policy was - and is - consistent with the statutory reporting requirements, set forth in KRS 311.606, which have been in place since 1994. I have been asked by the Board to remind physicians of these requirements, due to concerns the policy is not known and may not be followed. The policy in full is available on the KBML website, www.kbml.ky.gov. Please read it and keep its intent in mind.

Despite what some may believe, the reporting requirement is in place not only to protect the public, but also, and in my mind equally important, provide support and structure to those of us – our colleagues - who have need of help. As physicians, our job has become increasingly more difficult over the years. We are asked to do a great deal and given tremendous privileges to allow this. With this privilege; however, comes more scrutiny and responsibility. HIPAA covers many aspects of our collective obligations; it does not extend to cases where a licensed professional may be a danger to the public or to him/herself.

Physicians are not immune to impairment issues. It is not rare that we come in contact with or become aware of events which may mean a colleague needs help. The literature now shows, in fact, we are at a higher risk for several mental health and substance use problems than the general population. As with any illness or medical problem, earlier intervention results in a better prognosis.

The Board’s 2003 policy does not change the process for “self-reports” by professionals licensed by the Board. However, in the years I have been the Medical Director of the Kentucky Physicians Health Foundation (KPHF), true self-reports are not frequent. Unfortunately that makes sense because the nature of many referrals center on processes where insight and good self-care are absent or significantly diminished to the extent that a violation of the Medical Practice Act or some “public event” has already occurred and the statutory reporting requirement of KRS 311.606 has been triggered.

The Foundation website is www.kyrecovery.org and the telephone number is (502) 425-7761. We have the capability there to accept confidential inquiries or just to be a resource for you or your colleagues. Thank you for the job you do. Our goal is to be here when we can help and support. We often have to do that, when it is unwelcome and difficult. Nonetheless, all of us affiliated with the Foundation believe in our mission and are here to be of service.

Reminder on Considerations for Drug Screening

In 201 KAR 9:260, the Board requires that during the course of long-term prescribing or dispensing of controlled substances, the physician shall utilize drug screens in a random manner at appropriate times to determine whether the patient is taking prescribed medications or taking illegal substances or medications not prescribed by the physician. It is up to the physician’s discretion when this screening takes place. The Board has developed the following intervals for drug screens in order to provide some guidance to physicians on this subject:

1. At least once a year if the patient is considered “low risk” based upon the screening done by the physician and other factors.
2. At least twice a year if the patient is considered “moderate risk” based upon the screening done by the physician and other factors.
3. At least three to four times a year if considered “high risk” based on the screening done by the physician and other factors.
4. At each office visit if the patient has exhibited aberrant behavior such as multiple lost prescriptions, multiple requests for early refills, opioids from multiple providers showing up on KASPER, unauthorized dose escalation and apparent intoxication.
Kentucky Board of Medical Licensure
310 Whittington Pkwy., #1B
Louisville, KY 40222

Change of Address Notice

Please Note: The information that you provide on this Change of Address Notice will be used to update your profile on the Board’s web site at www.kbml.ky.gov.

You may also change your address online http://kbml.ky.gov/address/Pages/default.aspx

(Please Print or Type Information)

Date:____________________ KY License Number:________________________

Name:_________________________________________________________________________
   (Last) (First) (Middle)

Mailing Address: ________________________________________________________________
   (Street)
   (City) (State) (Zip)

Practice Address: _______________________________________________________________
   (Street)
   (City) (State) (Zip)

Practice County: _______________________________________________________________

Office Phone Number: ____________________________________________________________

Email Address: _________________________________________________________________
   (Email address is not published)