



Notice Boards of Pharmacy: Controlled Substance Policy

Pharmacy Board's Action Against Controlled Substance Registration: Is It Reportable to the NPDB?

Yes. The National Practitioner Data Bank (NPDB) is a confidential information clearing- house created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the U.S. The NPDB is operated by the Federal government to collect and release information relating to the professional competence and conduct of physicians, dentists and other licensed health care practitioners. The Health Resources and Services Administration (HRSA) is the Federal agency responsible for the NPDB's management. In September, 2012, HRSA issued the following guidance to pharmacy boards and related associations:

- If a state agency licenses, certifies or otherwise authorizes a controlled sub- stance license or registration issued to physicians, dentists, or other health care practitioners, then any adverse action must be reported by the state agency that takes the action.
- If a state agency maintains the controlled substance registry but does not have a practice act or mechanism of preventing the person from working as a physician, dentist, or other health care practitioner, then any action taken by the state agency must be reported as a Government Administrative action and not a licensure action.

Top three questions that pharmacy boards, associations, and pharmacists may have on this reporting requirement.

If your concerns are not addressed below, please send your question(s) to PolicyAnalysis@hrsa.gov.

1. Should pharmacy boards report on controlled substance license or registration actions against a health care practitioner who is not a pharmacist?

Yes. The NPDB serves as a valuable resource for health care entities by collecting negative actions taken against all licensed health care practitioners, including pharmacists. HRSA is actively engaged in compliance activities to improve the completeness and accuracy of data reported to the NPDB. Pharmacy boards or the authorized reporting agent, National Association of Boards of Pharmacy (NABP), must report actions against controlled substance licenses or registrations for practitioners whose primary license is not as a pharmacist. The NPDB statutes require State Licensing Authorities to submit, generally within 30 days, adverse licensing and certification actions, as well as negative actions and findings, taken against health care entities, providers, suppliers, and practitioners. These reportable actions or findings include both final actions and those taken as a result of formal proceedings.

2. Is this a new regulation or statute?

No. This reporting requirement is based on existing regulations. The NPDB was established through Title IV of Public Law 99-660, the Healthcare Quality Improvement Act of 1986, as amended. The

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NPDB's information assists State Licensing Boards, hospitals, and other health care entities in conducting extensive, independent investigations of the qualifications of health care practitioners they seek to license, hire, or grant medical staff membership or clinical privileges. In 2010, Section 1921 of the Social Security Act expanded the scope of the NPDB. It requires each state to report any negative action or finding that a State Licensing Authority, a peer review organization, or a private accreditation entity had taken against a health care practitioner or health care entity.

3. If previous controlled substance license or registration actions have not been reported to the NPDB, do pharmacy boards or NABP need to submit retroactive reports?

The policy regarding reporting actions taken against controlled substance registrations has recently been formalized, although the policy is not based on a new statute or regulation. According to the statute all actions taken after August 21, 1996 are required to be reported to the NPDB. HRSA encourages full compliance with the reporting requirements; however, it recognizes the burden on boards to request retroactive reports. To achieve our goal of improving compliance moving forward, we expect to receive all reports from pharmacy boards and associations starting January 1, 2013.