COLORADO CONSORTIUM
for Prescription Drug Abuse Prevention

TO: Marguerite Salazar, Executive Director, Colorado Department of Regulatory Agencies
Members of the Colorado General Assembly

FROM: Colorado Consortium for Prescription Drug Abuse Prevention

DATE: July 1, 2018

RE: 2018 Prescription Drug Monitoring Program Task Force Report

The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) is pleased to submit the enclosed report on behalf of the Prescription Drug Monitoring Program Task Force pursuant to Section 12-42.5-408.5, C.R.S. This report details our efforts to respond to your request for the Consortium to explore alternative methods to measure PDMP effectiveness, and provide recommendations on alternative educational methods to prescribers through the use of PDMP scorecards.

Respectfully,

Colorado Consortium for Prescription Drug Abuse Prevention

COLORADO CONSORTIUM
for Prescription Drug Abuse Prevention

COLORADO ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

2017-2018 TASK FORCE REPORT

July 1, 2018

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COLORADO ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

2017-2018 TASK FORCE REPORT

Introduction:

Current state law, Section 12-42.5-408.5, Colorado Revised Statutes (C.R.S.), requires the Executive Director of the Department of Regulatory Agencies (Department) to create a Prescription Drug Monitoring Program (PDMP) Task Force or consult with and request assistance from the Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) to:

> *1. Examine issues, opportunities, and weaknesses of the program, including how personal information is secured in the program and whether inclusion of personal identifying information in the program and access to that information is necessary; and*
>
> *2. Recommend to the executive director ways to make the program a more effective tool for practitioners and pharmacists in order to reduce prescription drug abuse in Colorado.*

History of Consortium:

Established by the Governor in 2013, the Consortium is a coordinated, statewide, inter-university /inter-agency network focused on prescription drug abuse in Colorado. It supports 10 different "Work Groups" with more than 500 participants, including health care professionals, state and federal agencies, law enforcement, data experts and laypersons. The PDMP Work Group focuses on issues relating to the use and improvement of the state's prescription drug monitoring program. Toward that end, the Colorado PDMP has been enhanced over time, including the following milestones:

- In 2014, an administrative change increased controlled substance dispensing reporting from bi-weekly to daily, thereby providing up-to-date PDMP patient data for prescribers and pharmacists.
- In 2014, HB 14-1283 provided the Colorado Department of Public Health and Environment (CDPHE) authority to collect PDMP data for population-level analysis, expanding Colorado's ability to study the effectiveness of the PDMP through statistical analysis.
- In 2014, HB 14-1283, prescribers and pharmacists started designating up to three delegates to access the PDMP on their behalf with proper authorization.
- In 2014, HB 14-1283, prescribers and pharmacies also started receiving unsolicited reports (Push Notices) that inform them on the number of their patients being prescribed controlled substances by multiple prescribers, at multiple pharmacies, over set periods of time. These Push Notices continue to reduce potential patient misuse, abuse, and diversion of controlled substances,while increasing patient safety.
- In 2015, CDPHE received a grant to increase the use of the PDMP as a public health surveillance tool.

- In 2016, the PDMP created a five-minute online informational video that teaches potential delegates and their corresponding overseeing prescriber or pharmacist how to set up a delegate account and begin accessing the PDMP on the prescriber or pharmacist's behalf.

- In 2017, SB17-146 broadened access to the PDMP. Prescribers and pharmacists can now check the PDMP for reasons apart from controlled substance prescription considerations, including drug-drug interactions, dangerous side-effects and possible abuse or diversion issues. State law now allows:

  (1) prescribers to query the PDMP to the extent the query relates to a current patient of the practitioner;
  (2) pharmacists to query the PDMP when considering dispensing any prescription drug to a specific patient; and
  (3) veterinarians to query the PDMP when they suspect a client (person responsible for the animal) is diverting the patient's (animal) controlled substance(s) or when they suspect a client is purposely abusing the animal to obtain a controlled substance.

- In 2018, the PDMP started sending individual PDMP scorecards to prescribers with updated specialities in the PDMP database. Information in the PDMP Scorecards includes key facts to help prescribers make more informed decisions, such as data on prescription volume and PDMP usage, MME dosing information, assessments that compare an individual's prescribing history to others within the same speciality, and more.

- On May 21st, 2018, Governor John Hickenlooper signed SB18-022, The new state law limits the number of opioid pills a prescriber can prescribe to a seven day limit. The law also limits a second refill to a seven day limit unless certain situations exist, including pain from cancer-related treatment or pain that is expected to last longer than 14 days. Additionally, prescribers must query the PDMP before prescribing the second seven day refill.

In a letter dated July 11, 2017, on behalf of the DORA Executive Director, Ronne Hines - the Director of the Division of Professions and Occupations - requested assistance from the Consortium in the effort to make the PDMP a more effective tool for practitioners and pharmacists in order to reduce prescription drug abuse in Colorado. The letter proposed two specific tasks for the Consortium's consideration, including identification of alternative method(s) to measure PDMP Effectiveness and alternative educational outreach to prescribers (Attachment A).

Consortium's Review and Responses to the DORA Executive Director's Request for Assistance:

The Consortium assigned the DORA Executive Director's request to its PDMP Work Group, which includes close to 45 members with backgrounds related to medical practice, law, health information technology, interested patients and family members, members of the Colorado legislature, as well as representatives from various state and federal agencies. A full list of the

PDMP Work Group members and their corresponding organizations is included listed in as Attachment B.

Over the past year, the PDMP Work Group researched and analyzed relevant data and a variety of information from other states to address the two specific areas of assistance requested. The Consortium believes these recommendations will help make the PDMP a more effective tool to reduce prescription drug abuse in Colorado.

Task - 1

The Department requests that the Consortium develop recommendations concerning a specific method (or methods) for measuring Colorado's PDMP effectiveness in terms of opioid prescriber behavior (outside of just PDMP utilization). Keep in mind that this work may include research involving other respective state PDMPs.

RESPONSE

Measuring the effectiveness of the Colorado PDMP has been one of the greatest challenges of the Consortium and its PDMP Work Group. The challenge lies in identifying methods to measure the PDMP effectiveness beyond just pure utilization rates of prescribers and pharmacists. While the utilization rates are currently one of the main tools to measure effectiveness of Colorado's PDMP, these utilization rates fluctuated up and down over the last year. Additionally, with so many programs and initiatives addressing this issue throughout the state, it is difficult to measure effectiveness of a single intervention.

The PDMP utilization rate simply denotes how often the PDMP has been queried by either a prescriber or pharmacist. Queries cannot be tied to a specific provider or prescription so it is a crude measure of utilization. It does not provide any further qualitative information or any other data that can be tied to a reduction in inappropriate opioid prescribing. It is calculated by dividing the total amount of queries by the total number of prescriptions dispensed. Although utilization rates are a good starting point to measure the overall activity and functionality of the PDMP, additional measures are needed to better gauge the PDMP's effectiveness on combating the opioid crisis around Colorado.

While the PDMP Work Group has not developed a specific recommendation on what other methods could be used to measure Colorado's PDMP effectiveness, it is committed to continuing to conduct more research and analysis on this specific issue in order to better gauge and measure the overall effectiveness and utility of Colorado's PDMP. Furthermore it also may draw upon some of the research and examples found in other states, including New Mexico and Virginia. Additionally, the PDMP Training and Technical Assistance Center's Prescription Behavior Surveillance System can provide more recommendations on how to gauge the effectiveness of Colorado's PDMP. The Surveillance System uses Center for Disease Control guidelines to establish measures and metrics for monitoring the effectiveness of PDMP programs around the nation.

The information below highlights some of the measurements and metrics used by other states and organizations to determine effectiveness of PDMPs. The PDMP work group has discussed several of these same metrics but has not come to consensus on whether or not these or any other

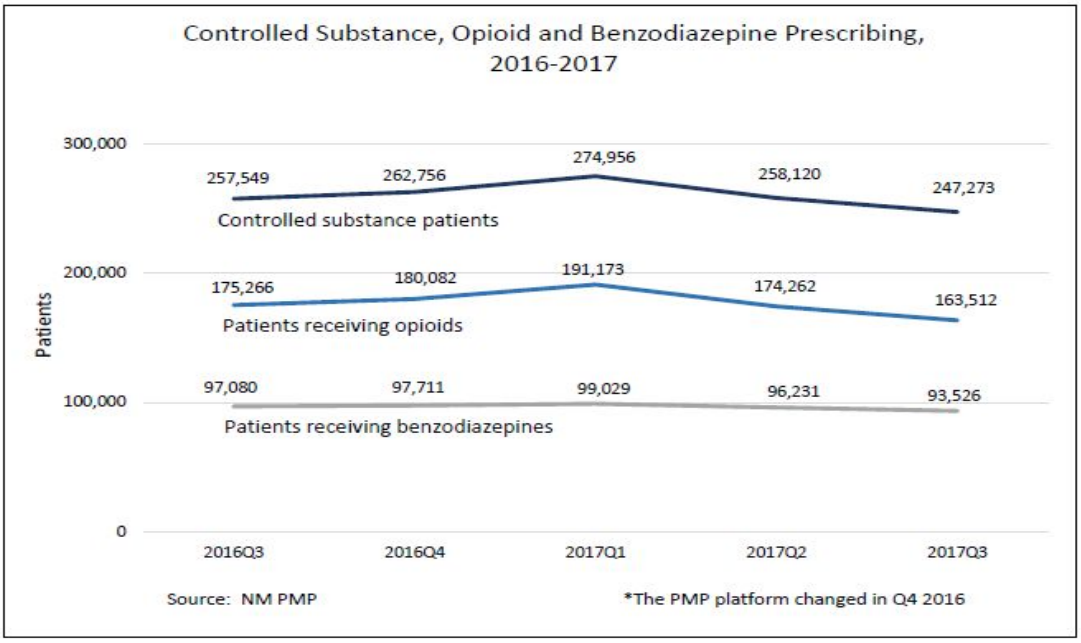
measurements are effective in improving clinical decision-making and assisting in efforts to curb the epidemic. The metrics below serve as examples of how effectiveness of PDMPs are measured in other states and organizations.

New Mexico:

New Mexico's Drug Overdose Prevention Quarterly Measures Report (2017Q3)[1] includes several metrics for measuring the success of its prescription monitoring program (PMP), including:

1) The overall number of patients receiving controlled substances, including opioids and benzodiazepines. New Mexico saw a 6.2% decrease in the number of patients receiving opioids from 2017 Q2 compared to 2017 Q3 (Figure 1):

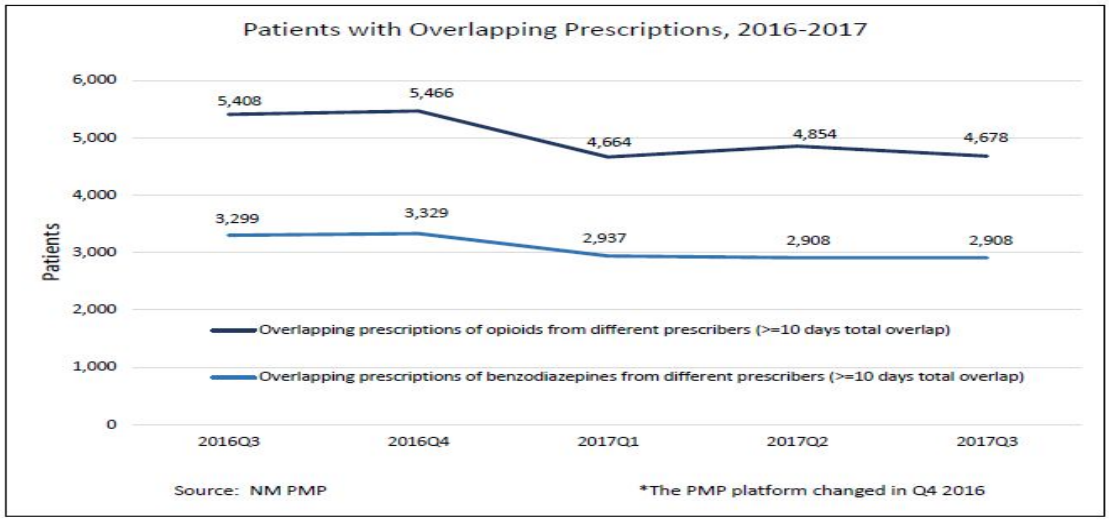
Figure 1



2) The number of overlapping prescriptions of opioids from different prescribers (>=10 days total overlap). New Mexico saw a 3.6% decrease from 2017-Q2 to 2017-Q3, as well as a 13.5% decrease compared with 2016-Q3 and 2017-Q3 (Figure 2):

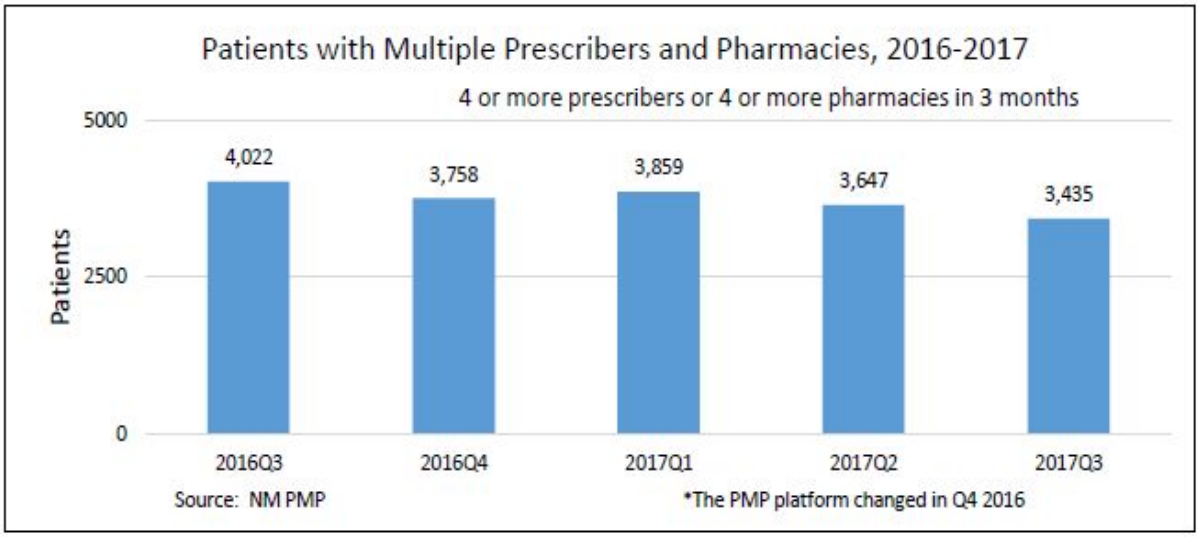
[1] New Mexico Drug Overdose Prevention Quarterly Measures Report, Third Quarter of 2017, New Mexico Department of Health, 2017. https://nmhealth.org/data/view/substance/2052/

Figure 2



3) The number of patients with multiple prescribers or pharmacies: 4 or more prescribers or 4 or pharmacies in 3 months. New Mexico saw a 2.9% decrease from 2017-Q2 to 2017-Q3, and a 14.6% decrease from 2016-Q3 to 2017-Q3 (Figure 3):

Figure 3



Virginia:

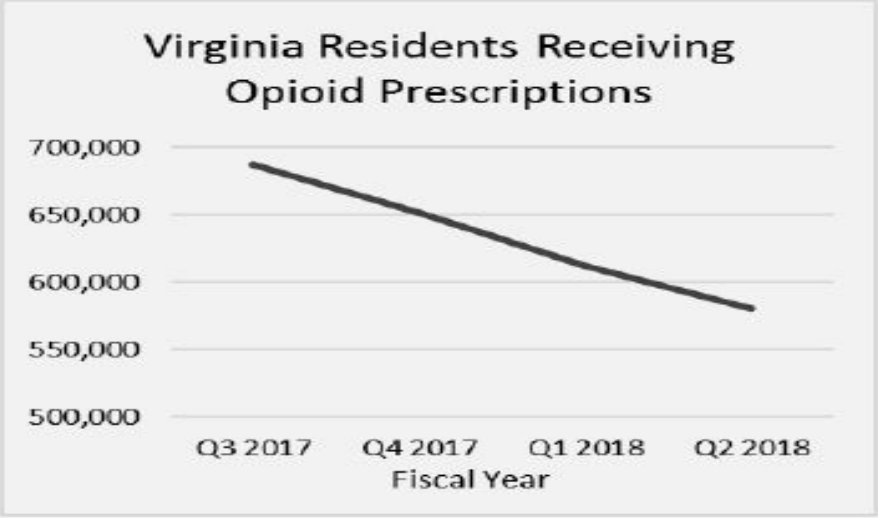
The Virginia Department of Health Professions' Prescription Monitoring Program Quarterly Report, 2nd Quarter FY 2018[2] includes a few key metrics to monitor the success and impact of Virginia's Prescription Monitoring Program. Similar to some of the metrics used by New Mexico, these

[2] Virginia Prescription Monitoring Program Q2 Oct 1st-Dec 31st FY 2018 Report, March 1, 2018. https://www.dhp.virginia.gov/dhp_programs/pmp/docs/ProgramStats/2018PMPStatsSQ2.pdf

include the overall number of opioid prescriptions for Virginia residents, multiple provider episodes (five or more prescribers or pharmacies in a six month time period), as well as the percentage of overlapping opioid and benzodiazepine prescription days. Below are some metrics used from this report to measure the progress and effectiveness of the state's PMP:

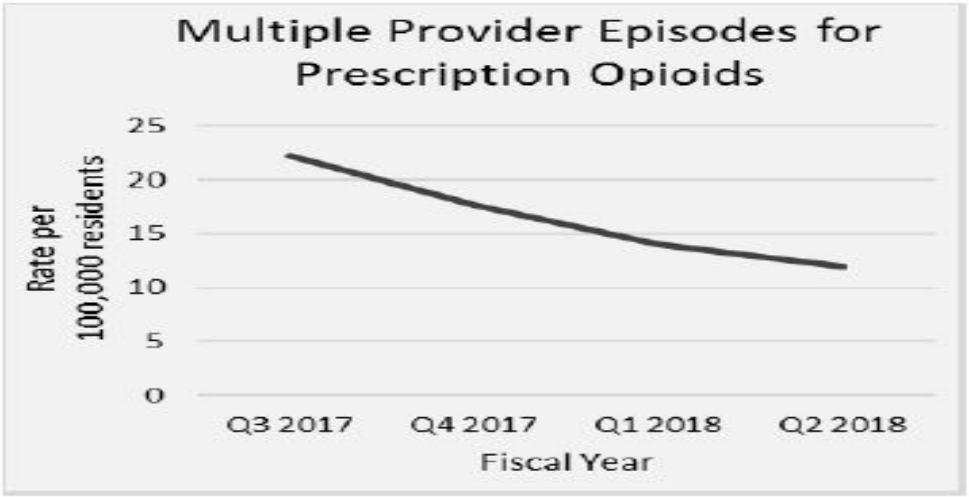
1) Overall number of Virginia residents receiving opioid prescriptions. In 2018-Q2, Virginia saw a decrease in the overall number of Virginia residents receiving opioid prescriptions, which has been part of an overall downward trend since 2017-Q3 (Figure 4):

Figure 4



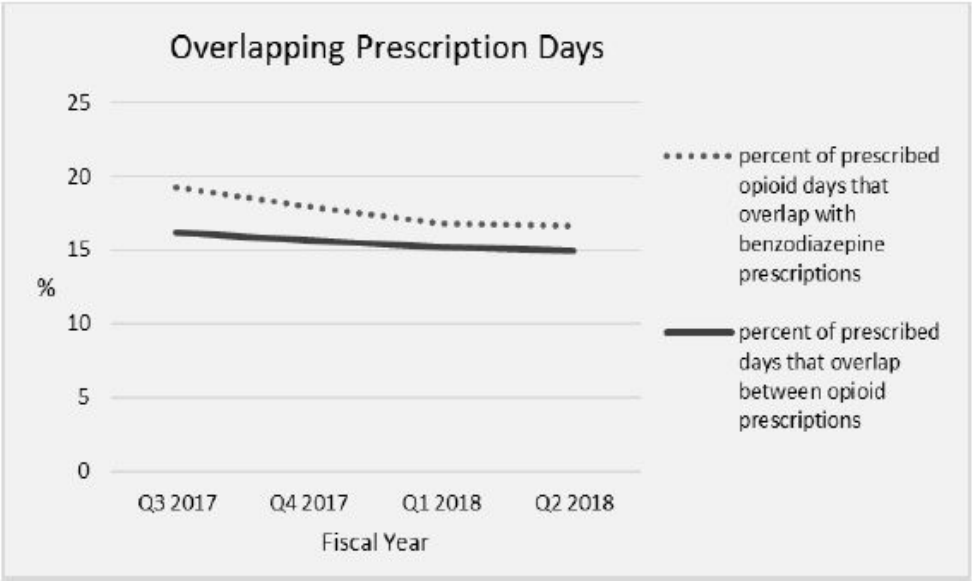
2) Multiple provider episodes (MPEs): Defined as 5 or more prescribers or pharmacies in a 6 month period, which could be an indicator of patients doctor-shopping. Virginia saw a rate of 12 MPEs per 100,000 residents during 2018-Q2, which is a 1.2% decrease from 2018-Q1, and 10.23% decrease overall from 2017-Q3 (Figure 5):

Figure 5



3) Overlapping opioid and benzodiazepine prescribing days: Opioid prescriptions that overlap with benzodiazepine prescribing may increase the risk of overdose. In Virginia, the state saw a decline in the percentage of days with overlapping opioid-benzodiazepine prescriptions from 2017-Q3 to 2018-Q2 (figure 6):

Figure 6



Prescription Drug Monitoring Training and Technical Assistance Center, Prescription Behavior Surveillance System Measurements:

The PDMP Training and Technical Assistance Center's Prescription Behavior Surveillance System (PBSS) includes several measurements and metrics to gauge the effectiveness of statewide PDMP systems. The Definition of PBSS Measures[3] guide provides a key metrics to monitoring and determining the success of PDMPs, which are also partly developed in collaboration with the Centers for Disease Control and Prevention's (CDC) to monitor trends in controlled substance prescribing and dispensing. The PBSS' measurements include; "overall usage within drug classes and for selected individual drugs; daily dosage; overlapping prescriptions within each drug class; cross the opioid and benzodiazepine classes, and across dosage forms of opioid analgesics (i.e., immediate vs. extended release); questionable activity within a class or classes; inappropriate prescribing measures; and pharmacy-based measures of possible inappropriate dispensing."[4]

[3] PDMP Training and Technical Assistance Center Prescription Behavior Surveillance System, Definitions of PBSS Measures, http://www.pdmpassist.org/pdf/COE_documents/Add_to_TTAC/Definitions%20of%20PBSS%20Measures.pdf

[4] PDMP Training and Technical Assistance Center, PBSS website, http://www.pdmpassist.org/content/prescription-behavior-surveillance-system

Specifically, the below PBSS measurements and metrics may be most valuable and relevant as it relates to measuring the effectiveness and impact of state PMDPs, which are also similar to measurements and metrics used by the above-mentioned states in this report:

1) PBSS measure 2.1: Percentage of patients receiving >90 MMEs daily refers to the percentage of patients with > 100 MMEs per day prescribed for all drugs used by the patient, calculated using the average daily MMEs over the three month period.

2) PBSS measure 3.1: Percentage of prescribed days overlapping with another prescription from the same drug class (i.e., opioids), by quarter and year.

3) PBSS measure 3.2: Percentage of days with overlapping prescriptions across opioid and benzodiazepine drug classes, by quarter and year.

4) PBSS measure 4.2: Multiple provider episode rates by quarter and year, by drug schedule and age group.

5) PBSS measure 6.1: Percentage of patients prescribed long-acting/extended release (LA/ER) opioids who were opioid-naïve and mean daily dosage per LA/ER prescription, by quarter and year.

Colorado has worked with the Brandeis University Training and Technical Assistance Center and has also been tracking several of these same metrics. The Colorado Department of Public Health and Environment are tracking these metrics and disseminating results in annual reports. The Colorado Consortium for Prescription Drug Abuse Prevention has also recently added several of these indicators to the data dashboard as well. Below are Colorado specific results for the same metrics discussed in previous sections.

a) Characteristics of prescriptions including the number of patients who filled a controlled substance prescription and the number of patients who filled an opioid prescription.

Table 1: Characteristics of Controlled Substance Prescriptions Dispensed, Colorado, 2014-2017

Characteristics	2014	2015	2016	2017
Number of Prescriptions Dispensed	8,499,973	8,739,789	8,554,976	8,053,171
Number of Unique Patients	1,614,277	1,642,929	1,606,599	1,550,864
Number of Unique Prescribers	39,226	46,084	46,177	45,564
Number of Unique Pharmacies	1,128	1,239	1,229	1,298

In 2014 NPI was used to identify unique prescribers and pharmacies as DEA numbers were not available until 2015
Data Source: Colorado Prescription Drug Monitoring Program, Colorado Department of Regulatory Agencies
Analysis by: Colorado Department of Public Health and Environment, 2018

Table 2: Characteristics of Opioid Prescriptions Dispensed, Colorado, 2014-2017

Characteristics	2014	2015	2016	2017
Number of Prescriptions Dispensed	4,048,867	4,317,911	4,165,557	3,769,706
Number of Unique Patients	1,092,854	1,137,422	1,160,737	1,030,710
Number of Unique Prescribers	25,081	28,266	28,111	27,729
Number of Unique Pharmacies	941	1,027	1,039	1,097

b) Prescribing Measures

Table 4: High Risk Prescribing Practices and Patient Behaviors, 2014-2017

	2014	2015	2016	2017
Indicator	CO	CO	CO	CO
Percent of patients receiving more than 90 morphine milligram equivalents	10.3%	8.9%	8.7%	8.2%
*Rate of multiple provider episodes per 100,000 residents	169.8	123.8	93.2	66.3
Percent of patients prescribed long duration opioids who were opioid-naïve	16.7%	15.9%	14.4%	13.7%
Percent of patient prescription days with overlapping opioid prescriptions	22.3%	21.5%	21.4%	20.5%
Percent of patient prescriptions days with overlapping opioid and benzodiazepine prescriptions	12.1%	11.6%	11.2%	9.9%

Schedule 2-4 Controlled Substances
Excludes Buprenorphine drugs commonly used for treatment
*2017 rates are calculated with 2016 population estimates as 2017 estimates are not yet available
Annual percentages are based on average of quarterly percentages
Data Source: Vital Statistics Program, CDPHE and the Colorado Prescription Drug Monitoring Program, DORA
Data Analysis by: CDPHE, 2018

Recommendation - Task 1

While the PDMP Work Group was unable to come to consensus on which metrics or measurements should be used to determine the success of Colorado's PDMP, it will continue to research and analyze these metrics and others to ultimately decide which metric makes the most sense for Colorado. Although establishing an alternative metric other than pure utilization rates has been a challenge for the Work Group, it will continue to leverage best practices and comparable research across state lines and other organizations to identify metrics and measurements that are best suited to fit into Colorado's unique needs and circumstances as it relates to the state's PDMP.

From researching PDMP measurements and metrics in other states, and reviewing recommendations provided by organizations such as the PDMP PBSS, there are key trends and commonalities that Colorado can continue to explore to apply to its own PDMP. This includes continuing to track multiple provider episodes, identifying overlaps in opioid prescribing days, and monitoring the percentage of patients receiving high dosage of MMEs (>90 MMEs) daily.

The PDMP Working Group is committed to further exploring these metrics and others, and its work over the next year will continue to highlight the importance of finding successful means to measure and gauge the overall effectiveness of Colorado's Prescription Drug Monitoring Program.

Task - 2

***The Department** requests that the Consortium develop recommendations concerning the potential use of PDMP Scorecards, which provide to each prescriber a comparison of his or her individual prescribing and PDMP utilization habits to those of his or her peers.*

RESPONSE

Thanks in part to a CDC grant awarded to the CDPHE, PDMP Scorecards were officially launched and distributed to thousands of prescribers in 2018. These PDMP Scorecards are one of many critical tools in a healthcare practitioner's tool box to combat opioid abuse and misuse. They provide valuable information that helps providers make informed healthcare decisions on behalf of their patients. With the addition of scorecards, the PDMP is now a comprehensive, more robust tool that aids in educating prescribers about their individual prescribing patterns, while comparing those patterns to other peer professionals and providing other valuable information directly to prescribers to help combat prescription drug abuse in Colorado.

Early Findings from Scorecard Distribution:

- In February 2018, PDMP Scorecards were disseminated to more than 8,900 prescribers with updated specialties in the PDMP database. Thirty-six (36) percent of all prescribers in received PDMP Scorecards.

- Key information provided in the PDMP Scorecards includes:

- Number of prescriber's patients receiving opioids, including prescriber and specialty average.
- Number of opioid prescriptions written by prescriber, including prescriber and specialty average.
- Opioid MME breakdown (percentage of prescriptions), including prescriber, specialty average and state average.
- Opioid treatment duration (percentage of prescriptions), including prescriber, specialty average and state average.
- Opioid breakdown (number of pills), including prescriber, specialty average, and state average:
- PDMP Usage: Number of PDMP request reports by prescriber, by prescriber's delegate(s), prescriber's specialty average requests, and State prescriber's average requests.
- Dangerous combination therapy: Combination prescriptions for opioid + benzodiazepine (in the same month) by prescriber, and by prescriber and other prescribers. Combination prescriptions for opioid, benzodiazepine, and carisporodol (in the same month) by prescriber, and by prescriber compared to other prescribers.
- Possible prescriber shoppers: Number of patients with prescriptions from more than 5 prescribers.
- Possible pharmacy shoppers: Number of patients having prescriptions filled at more than 5 pharmacies.

- The Department received feedback from approximately 1 percent of all prescribers who received scorecards. While the vast majority of the feedback was positive, some prescribers expressed concern their reports were not accurate, especially considering their healthcare speciality. For example, many providers with a hospice and palliative care specialty were concerned they are being compared to the broader internal medicine category. Overall, the majority of prescribers who responded were pleased with the intent and purpose of the PDMP Scorecard reports.

Actions:

- Two separate communication pieces regarding the purpose and intent of PDMP Scorecards were sent to prescribers in January, 2018. An educational webinar with instructions on how to use the PDMP Scorecards was published on February 7, 2018, along with an FAQ document posted on the Department's PDMP website for questions prescribers may have about Scorecard utilization and purpose.

- The first round of PDMP Scorecards was disseminated on February 15, 2018. Feedback was captured and recorded from prescribers after the first round of PDMP Scorecard dissemination.

- The second round PDMP Scorecards was disseminated on April 15, 2018, and the final round of PDMP Scorecard dissemination is scheduled for July 15, 2018.

- CDPHE has developed an evaluation survey for prescribers to gauge perceptions and feedback about the PDMP scorecards. The survey distribution is scheduled for June 1, 2018.

Next Steps:

- The Department's contract with the PDMP vendor, Appriss, concludes on August 31, 2018. While it is anticipated a contract amendment will extend the term of the agreement with Appriss, a determination will need to be made in advance on a long-term sustainability plan for funding of future Scorecard dissemination.

- The cost for the most recent Scorecard dissemination efforts in 2018 was $105,369, which is to be reimbursed to the Department through the CDPHE / CDC grant contingent on all contract deliverables being satisfied by the Department.

Recommendation - Task 2

The first round of PDMP Scorecard report dissemination was a success. With proactive, robust education and outreach efforts, prescribers were fully informed and aware of the intent and purpose of the Scorecards, and how they can be used as a tool to combat opioid misuse and abuse in Colorado. Furthermore, feedback received from prescribers on the nature and detail of their prescriber reports was generally positive, which may lead to increased utilization and awareness of the PDMP in the long term.

The evaluation survey developed by CDPHE is an important tool to gauge the perception and utilization of PDMP Scorecards for prescribers, and determine the effectiveness of PDMP Scorecards as a public health tool. One challenge that remains is ensuring prescribers update their speciality within the PDMP, so that a larger number of prescribers receive PDMP Scorecards across the Colorado. Additionally, a long term sustainability plan for the funding of Scorecard dissemination will need to be identified in the near future.

Overall, the release of this first PDMP Scorecard endeavor was a resounding success for many reasons, and the PDMP Work Group will continue to discuss ideas and suggestions on how to best leverage and take advantage of the work done to date surrounding PDMP Scorecard utilization and education efforts among prescribers. Moving forward, the PDMP Work Group is committed to continuing to study and analyze the effectiveness, utilization, and other behavioral trends of prescribers related to the use of PDMP Scorecard and their impact on opioid prescribing and usage.

Thank you.

Attachment A

COLORADO
Department of Regulatory Agencies
Executive Director's Office

July 5, 2017

Robert J.Valuck, PhD, RPh, FNAP I Professor
University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences on behalf of the Colorado Consortium for Prescription Drug Abuse Prevention
12850 E. Montview Blvd, Mail
Stop C238 Aurora, CO 80045

Dear Dr.Valuck:

On behalf of the Department of Regulatory Agencies (DORA), thank you and the Colorado Consortium to Reduce Prescription Drug Abuse (Consortium) for your continued support and advice concerning the Prescription Drug Monitoring Program (PDMP), including the Consortium's 2016-2017 Task Force Report. The Consortium's support and expertise this past year was invaluable.

As you know, Section 12-42.5-408.5, C.R.S., requires the Executive Director of the Department to consult with and request assistance from the Consortium as the PDMP Task Force. To that end, on behalf of the Executive Director, I am requesting assistance from the Consortium to examine issues and opportunities regarding the PDMP and to make recommendations on ways to make the PDMP a more effective tool to reduce prescription drug abuse in Colorado. In doing so, please prepare and submit an annual report to the Executive Director and the Colorado General Assembly detailing the Consortium's findings and recommendations by July 1, 2018.

Alternative Method (or Methods) to Measure PDMP Effectiveness

In the past year, as evidenced in the 2016-2017 Task Force Report, the Consortium made great strides in exploring the relationships between the PDMP, Health Information Exchanges (HIE), electronic health records (EHR) integration as well as alternative PDMP possibilities. Building upon this work performed over the prior year, as evidenced by the marked increase in PDMP utilization by both prescribers and pharmacists, the Department requests that the Consortium develop recommendations concerning a specific method (or methods) for measuring Colorado's PDMP effectiveness in terms of opioid prescriber behavior (outside of just PDMP utilization). Keep in mind that this work may include research involving other respective state PDMPs.

Alternative Educational Outreach to Prescribers

As you know, the PDMP provides Push Notices to affected prescribers and pharmacies when their patients demonstrate signs of "doctor shopping" by visiting multiple prescribers and pharmacies over a 30-day period to obtain a controlled substance. On behalf of the Executive Director, I request that the Consortium develop recommendations concerning the potential use of PDMP Scorecards, which provide to each prescriber a comparison of his or her individual prescribing and PDMP utilization habits to those of his or her peers.

Please contact me with any questions or concerns about this formal request for assistance. DORA will continue to aid the Consortium in all of its efforts, and again, appreciates the Consortium's continued support, expertise and assistance in making the PDMP a more effective tool in reducing prescription drug abuse in Colorado.

Sincerely,

Ronne Hines
On behalf of the Executive
Director

cc: Dr. Larry Wolk, Executive Director and Chief Medical Officer, Colorado Department of Public Health and Environment
Kyle M. Brown, Senior Health Policy Advisor, Office of the Governor

Attachment B

PDMP Work Group Roster (current as of 5/30/18)		
Name/Date Joined	**Organization**	**Email**
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