

Colorado Consortium for Prescription Drug Misuse Prevention

PDMP Task Force Meeting

March 10, 2026 from 2 to 3 p.m. via Zoom

(The following minutes and discussion are for informational purposes only and do not represent the position of the University of Colorado.)

Present:

Jason Hoppe, DO and Dmitry Kunin, Co-chairs

DORA: Justin Wipf, Gina Sanchez, Timothy White

CDPHE: Katie Sullivan

Consortium: Jen Place, Shayna Micucci, Rosemarie MacDowell

Absent: See attached list.

Task Force Program Manager, Shayna Micucci, called the meeting to order at 2:05 p.m.

Approval of Minutes:

A motion was made to approve the December 2025 PDMP Task Force meeting minutes. Motion approved.

Evaluation of Controlled Substance Prescribing Trends:

Section 12-280-409 of the Colorado Revised Statutes requires the Executive Director of DORA to consult with and request assistance from the Consortium as the PDMP Task Force. In a letter to the Consortium Director dated February 3, 2026, DORA's Executive Director requested that the PDMP Task Force evaluate controlled substance prescribing trends and prepare and submit an annual report to the Executive Director and the Colorado General Assembly detailing the Consortium's findings and recommendations. The report is due by July 1, 2026.

Justin Wipf prepared an analysis of prescribing metrics and presented the review for task force member comments. He indicated that there may be some differences in the analysis prepared by CDPHE, which may require a disclaimer in the annual report.

Review Summary:

- Opioids tended to decrease over the past year.
- Stimulant and ketamine prescriptions have increased.
- Provider episodes have decreased dramatically over the past ten years due to enforcement related to pill mills and doctor shopping.
- The analysis aims to identify trends in high dose and lower dose prescriptions.
- An issue with the patient consolidation process may have resulted in an artificial increase in metrics.
- Questions were raised about whether or not the metrics were normalized for population changes and the possible duplication of efforts with the CDPHE dashboard and reports.
- Katie Sullivan is currently working on the CDPHE dashboard. Her analysis normalizes data for population changes. She did not see a lot of differences in the analysis presented by Justin. The largest difference might be in distinct patient counts based on different methods used.

- Bamboo has created custom reports for all of their client states that Justin can leverage.
- CDPHE's dashboard has high-risk prescribing metrics such as overlapping benzodiazepine/opioid prescriptions, multiple providers, and very high MME. The original dashboard is being phased out.

Meeting participants discussed coordinating Justin's analysis with CDPHE requirements and comparing data from other states to see if there are gaps in the CDPHE analysis. Katie will share metrics with Justin. She has a data dictionary of all variables that she can also share.

The meeting discussion included laws related to reporting of ketamine, sublocade, injectable buprenorphine, powdered formulations, and the inclusion of benzodiazepines in analyses.

Next Steps:

- Justin and Katie will meet to further discuss metrics and produce an updated report for review by task force members.
- Task force members will be asked to suggest other categories for review.

Adjournment/Next Meeting:

The meeting was adjourned at 3:00 p.m. The next task force meeting TBD.

Attachments: Task force roster

Jason Hoppe's category suggestions noted in the Chat:

1. Number of opioid prescriptions
2. Number of unique patients receiving opioids
3. Number of prescribers issuing opioids
4. Number of pharmacies dispensing opioids
5. Opioid prescribing rate
6. Prescriptions per 100 persons
7. Prescriptions per 1,000 patients
8. Total morphine milligram equivalents (MME) dispensed
9. Average MME per prescription
10. Average MME per patient
11. Patients receiving ≥ 50 MME/day
12. Patients receiving ≥ 90 MME/day
13. Mean daily MME
14. Median daily MME
15. Days' supply per prescription
16. Immediate-release vs extended-release opioids
17. Initial prescription duration
18. New opioid starts
19. First opioid prescription