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© 2013 Research is current as of July 2013. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software, individual state legislative websites., and direct communications with state PDMP representatives. Please contact Heather Gray at 703-836-6100, ext. 114 or hgray@namsdl.org with any additional updates or information that may be relevant to this document. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS (NAMSDL). 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.
Status of State Prescription Drug Monitoring Programs (PDMPs)

*The operation of Nebraska’s Prescription Monitoring Program is currently being facilitated through the state’s Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.


This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
Data Collection Interval

1 New York requires the submission of data monthly until August 27, 2013, after which time they will implement real time reporting.
2 Ohio requires submission from pharmacies weekly and from wholesalers monthly. 3 Utah requires submission weekly, but for those participating in the statewide pilot program, submission is required daily.

This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Breakdown of Housing Entities*

* This information is based on the agency the PMP statute or regulation indicates is required to establish the PMP.

This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Funding Provisions of Prescription Monitoring Programs*

* This information is derived from the state PMP statutes and does not include any information that might be found in the state licensing statutes.


This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
States that Require Prescribers and Dispensers to Notify Consumers That Their PMP Information May Be Accessed


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
States That Mandate The Use of an Advisory Committee, Council, Task Force, or Working Group

New York has created a work group for guidance in implementation of the I-STOP program through the existing pain medication awareness program work group.

1 Kentucky has created an advisory council to recommend guidelines for use of the state PMP program by executive order of the Governor.

2 The Texas provision goes into effect on September 1, 2013.


This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
Evaluation of PMP – Report to Legislature

States that require a report to the legislature


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Prescription Drug Monitoring Programs
States With Authority to Monitor Schedule II Substances
Prescription Drug Monitoring Programs
States With Authority to Monitor Schedule II & III Substances

This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
Iowa’s PDMP monitors Schedule III and IV substances that the advisory council and the Board of Pharmacy determine can be addictive or fatal if not taken under the proper care or direction of a prescribing practitioner.


This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
Tennessee’s law authorizes the monitoring of Schedule V substances which have been identified by the controlled substances database advisory committee as demonstrating a potential for abuse.
Please note that although a state may have statutory authority to monitor Non-controlled/Non-Scheduled substances, that state may not currently be monitoring prescriptions for such substances and may in fact require implementation of additional regulations before that monitoring can commence.
States with Statutory Authority to Require Nonresident Pharmacies to Report to State PMP*

* This map reflects those states with statutory authority to require nonresident pharmacies to report and does not reflect those states with such authority who are not actively collecting such data.

1 Massachusetts requires nonresident pharmacies to report to the state PMP, but does not require them to register or be licensed by the state.

This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
This map reflects those states with statutory authority to require veterinarians to report to the state PMP. It does not reflect those states that are actively collecting such data.
Types of Authorized Recipients -
County Coroners, Medical Examiners, and/or State Toxicologists

Minnesota has started a pilot program to allow access by county coroners and medical examiners. The New York provision goes into effect August 27, 2013, the Oregon provision goes into effect on January 1, 2014, and the Delaware provision goes into effect on March 1, 2014.


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
States that Allow Practitioners to Designate an Authorized Agent to Access the PMP Database

1 The New York provisions go into effect on August 27, 2013. The Alabama and Texas provisions go into effect on September 1, 2013. The Oregon provision goes into effect on January 1, 2014.

2 Idaho and South Dakota only allow prescribers to designate an agent at this time.


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Types of Authorized Recipients - De-identified Data

This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Types of Authorized Recipients – Department of Health or Commissioner of Public Safety

1 This provision goes into effect November 1, 2013.
Interstate Sharing of Prescription Monitoring Program Data
Pursuant to Statute, Regulation, and/or Statutory Interpretation

States that share data with other PMPs
States that share data with authorized users in other states
States that share data with both

1 Vermont will begin allowing authorized users in other states to access the database on July 1, 2013, and will begin sharing data with other state PMPs on October 1, 2013. The Delaware provision goes into effect on March 1, 2014.

2 Oregon will only allow direct access to the PMP to practitioners in CA, ID, and WA. This provision goes into effect on January 1, 2014.

This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Types of Authorized Recipients – Law Enforcement Officials

1 Law enforcement requests must be approved by the Office of the Attorney General. Law enforcement officials do not have direct access.

2 Law enforcement officers must make a declaration that probable cause exists, but there is no judicial process involved.
Types of Authorized Recipients – Judicial and Prosecutorial Officials

- Probable cause, search warrant, subpoena, or other judicial process in criminal cases
- Probable cause, search warrant, subpoena, or other judicial process in criminal and civil cases
- Pursuant to an active investigation or prosecution
- Both judicial process or pursuant to an active investigation
- Upon request of the grand jury
- Upon request from judicial or prosecutorial officials

1 The Pennsylvania provision pertains only to cases involving criminal investigations into violations of state or federal drug laws, health care fraud, or insurance fraud statutes.


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Types of Authorized Recipients – Medicare, Medicaid and/or State Health Insurance Programs or Health Care Payment/Benefit Provider or Insurer

The Alabama provision goes into effect on September 1, 2013.

1The Alabama provision goes into effect on September 1, 2013.

This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Types of Authorized Recipients - Mental Health/Substance Abuse Professionals, Peer Review Committees or Quality Improvement Committee of Hospital

- **Mental Health/Substance Abuse Professionals, Peer Review Committees or Quality Improvement Committee of Hospital**
  - To all substance abuse or mental health professionals
  - To substance abuse professionals for services to licensed health care professionals
  - To the chief pharmacist, the state opioid treatment authority or its designee, and the medical director of the department of mental health and substance abuse services and the quality improvement committee of hospital
  - To substance abuse and mental health professionals licensed in ND and in a state licensed program and peer review committees
  - To peer review committees only

1. The Oklahoma provision goes into effect on November 1, 2013. The Delaware provision goes into effect on March 1, 2014.


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Types of Authorized Recipients – Patient, Parent or Guardian of Minor Child, Health Care Agent or Attorney on Behalf of Patient

1 The New York provision goes into effect August 27, 2013.

This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
Physician’s assistants

Resident physicians


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
New York has passed legislation that will allow access to dispensers as soon as is practicable but no later than August 27, 2013.


This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
Types of Authorized Recipients – Probation/Parole Officers or the Department of Corrections

- Probation and/or parole officers
- Department of Corrections


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
Unsolicited PMP Reports/Info to Prescribers, Pharmacists, Law Enforcement and Licensing Entities

To prescribers, pharmacists, law enforcement and licensing entities (20)
To prescribers, pharmacists and law enforcement only (4)
To prescribers, pharmacists and licensing entities only (2)
To prescribers and pharmacists only (5)
To law enforcement and licensing entities only (3)
To prescribers only (2)
To prescribers and law enforcement only (1)
Law enforcement only (2)

1 The New York provision goes into effect August 27, 2013. Until then, New York will provide unsolicited reports to prescribers only.
2 North Carolina provides unsolicited reports to the Attorney General who has the discretion to forward the information to law enforcement.
3 Michigan send alerts to physicians when a patient surpasses the threshold but does not send the actual report.

States that Require Authorized Users to Undergo Training for Use of PMP

1 Law enforcement officials in Vermont do not have access to the PMP, but must undergo training before being allowed access to PMP data provided to them by licensing boards.


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
State PMP Laws that Explicitly Do Not Require Prescribers or Dispensers to Access PMP Information


This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives.
States that Specifically Provide Immunity to Prescribers and Dispensers


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
States that Require All Licensed Prescribers and/or Dispensers to Register with PMP Database*

* Many states require that persons requesting access to the state PMP database first register as an authorized user. This map and the memorandum located on the NAMSDL website are concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.

1 The Vermont provision goes into effect on July 1, 2013. Health care providers and dispensers will have until November 15, 2013 to register. The Delaware provision goes into effect on March 1, 2014, but all dispensers and prescribers must be registered with the program by January 1, 2014. 2 Alabama only requires physicians with or seeking a pain management registration to be registered with the PMP.


This information was compiled using legal databases, state agency websites, and direct communications with state PDMP representatives.
States that Require Prescribers and/or Dispensers to Access PMP Information in Certain Circumstances*

* Please see the accompanying memorandum for specifics as to the circumstances under which a prescriber and/or dispenser is obligated to access the PMP database in each state.

1 The New York law goes into effect on August 27, 2013. The Delaware requirement that dispensers check the database goes into effect on March 1, 2014.

2 Vermont will require mandatory use for replacement prescriptions beginning October 1, 2013 and in other circumstances beginning November 15, 2013.
Data Confidentiality – Penalties for Wrongly Disclosing, Using or Obtaining Data