

# NAMSDL



**National Alliance for Model State Drug Laws**

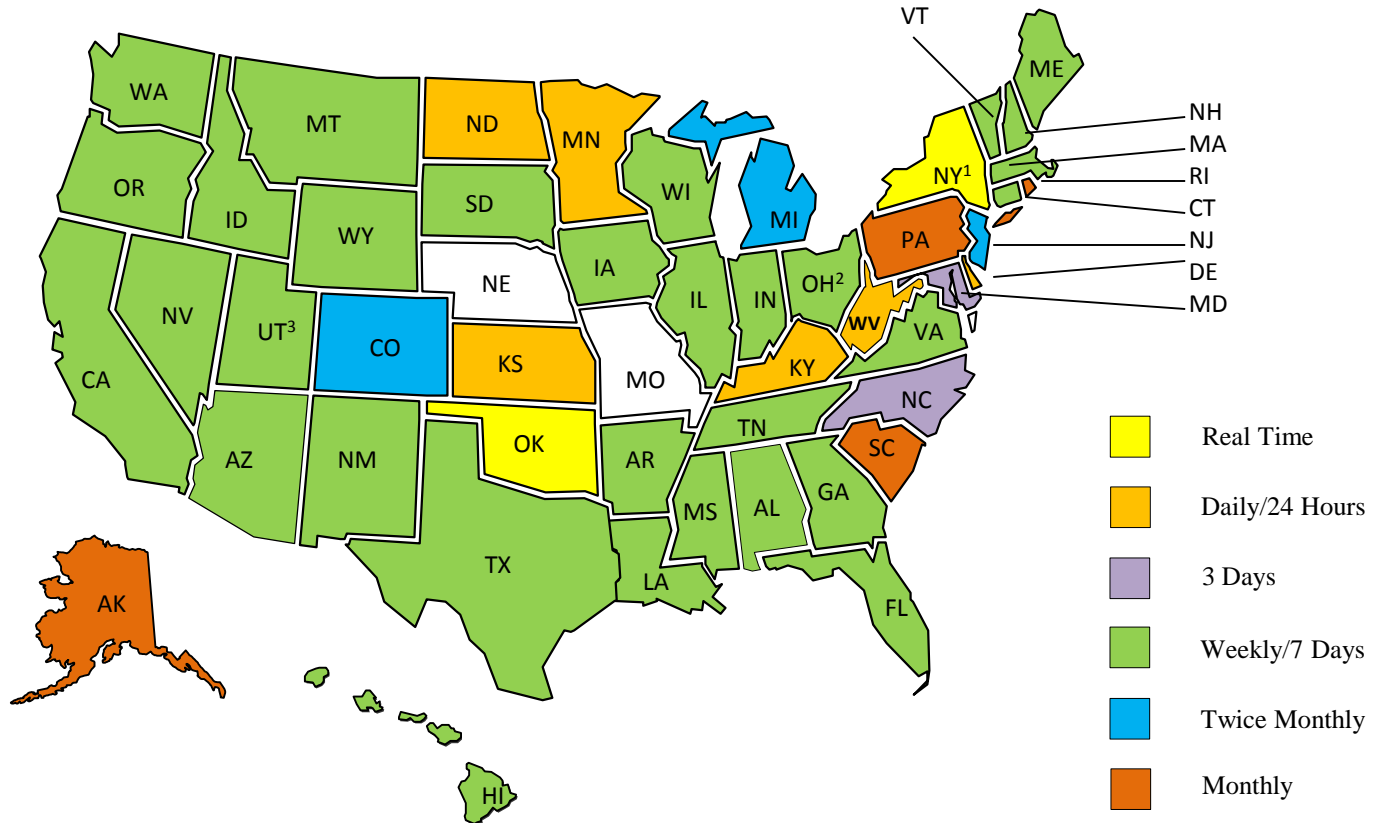
## COMPILATION OF STATE PRESCRIPTION MONITORING PROGRAM MAPS

This project was supported by Grant No. G1299ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States of Government.

© 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](mailto: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.



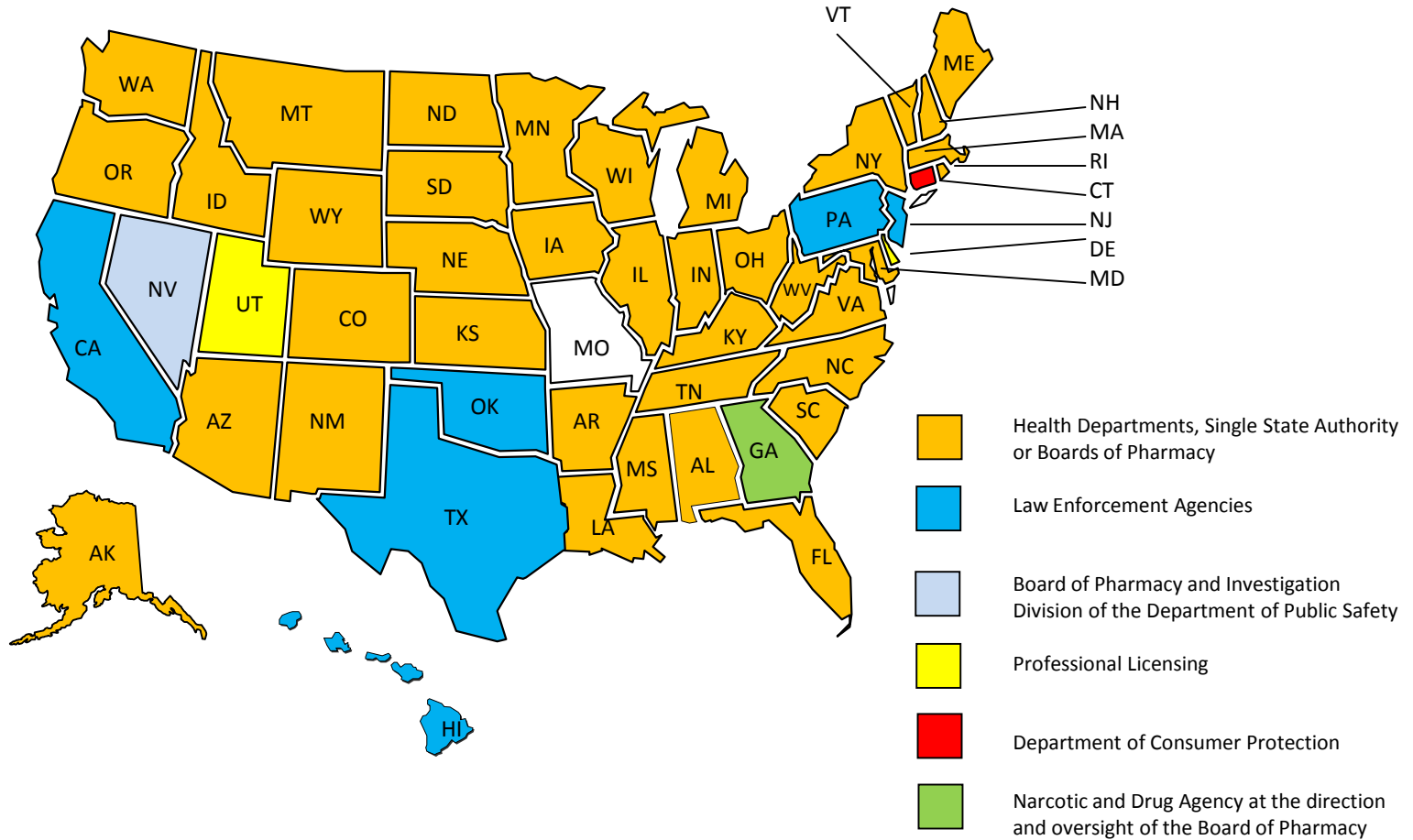
# Data Collection Interval



<sup>1</sup>New York requires the submission of data monthly until August 27, 2013, after which time they will implement real time reporting.

<sup>2</sup>Ohio requires submission from pharmacies weekly and from wholesalers monthly. <sup>3</sup>Utah requires submission weekly, but for those participating in the statewide pilot program, submission is required daily.

# Breakdown of Housing Entities\*

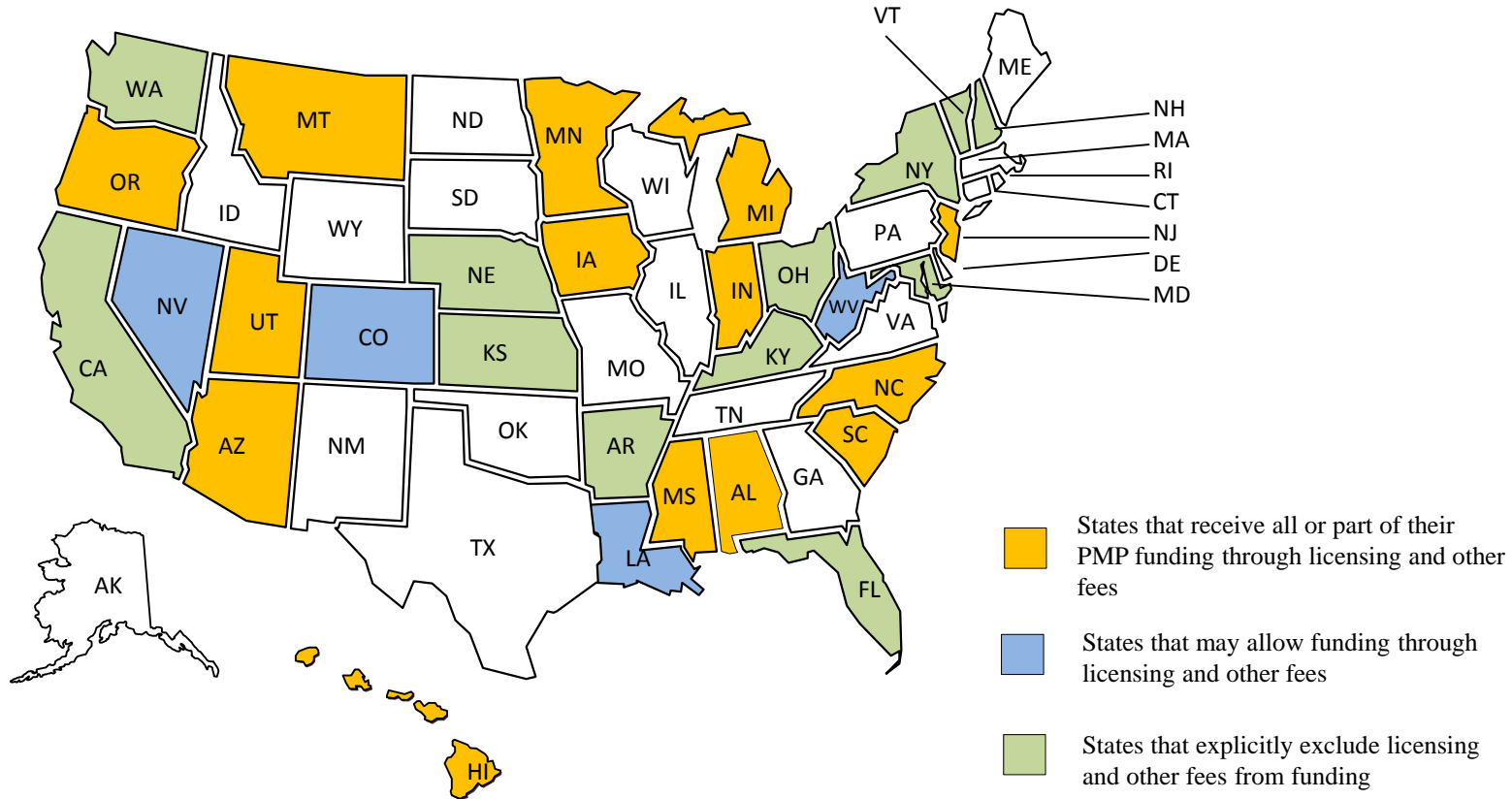


\* This information is based on the agency the PMP statute or regulation indicates is required to establish the PMP.

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

# Funding Provisions of Prescription Monitoring Programs\*

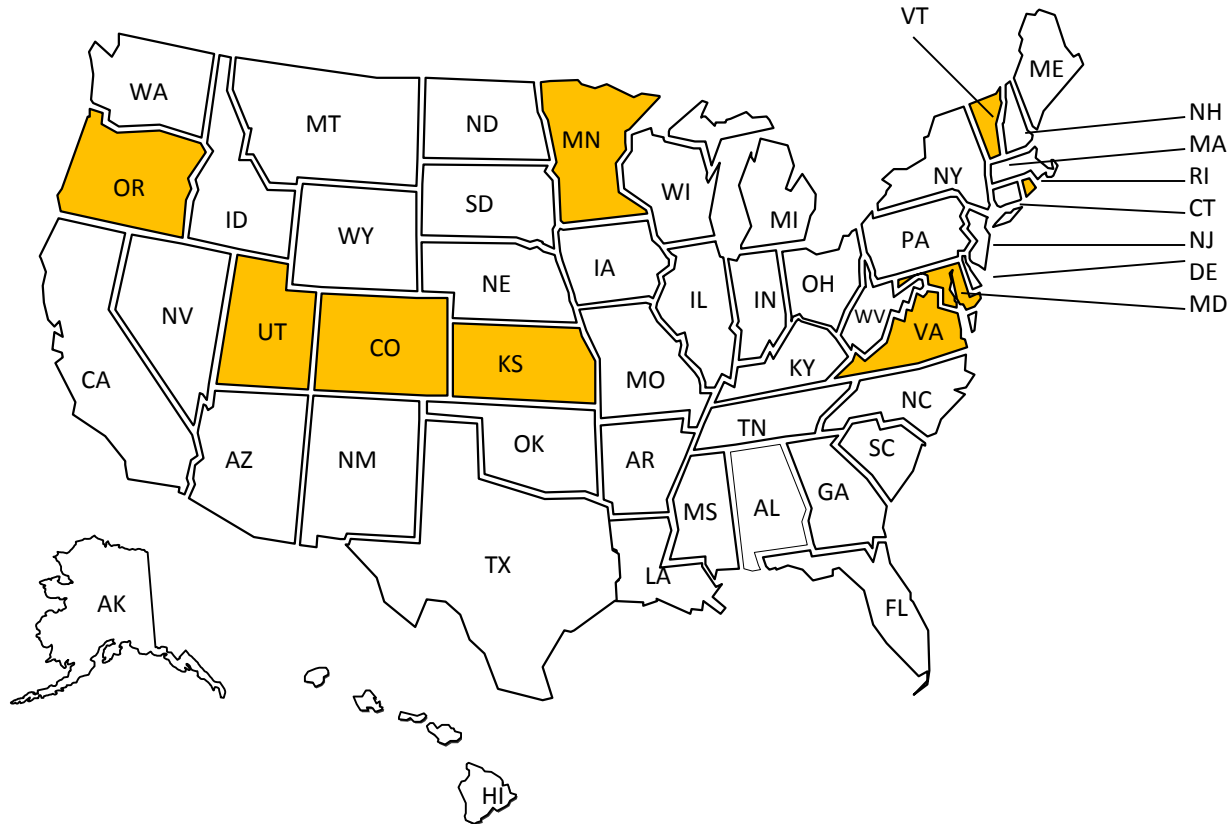


\* This information is derived from the state PMP statutes and does not include any information that might be found in the state licensing statutes.

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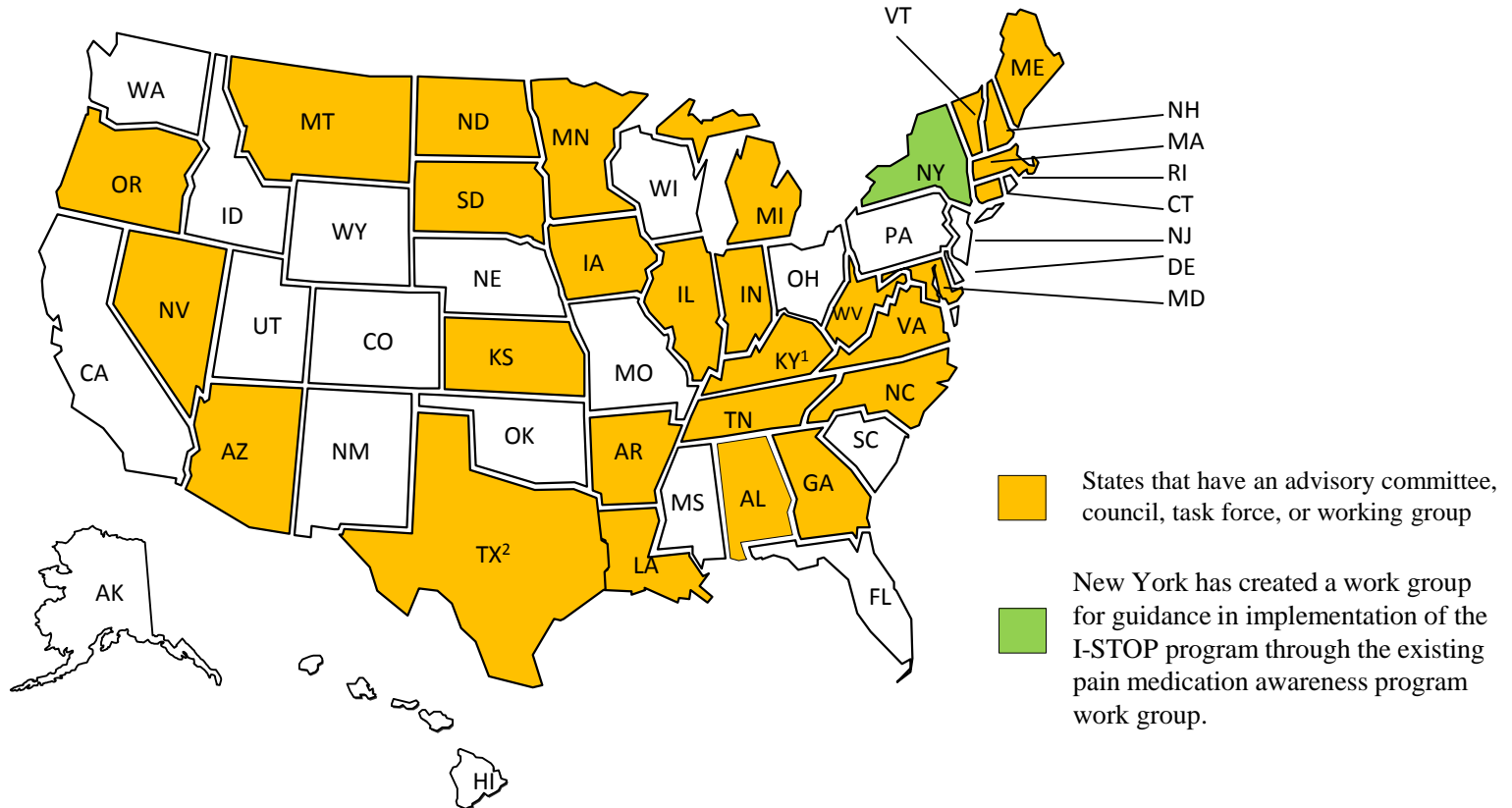
# States that Require Prescribers and Dispensers to Notify Consumers That Their PMP Information May Be Accessed



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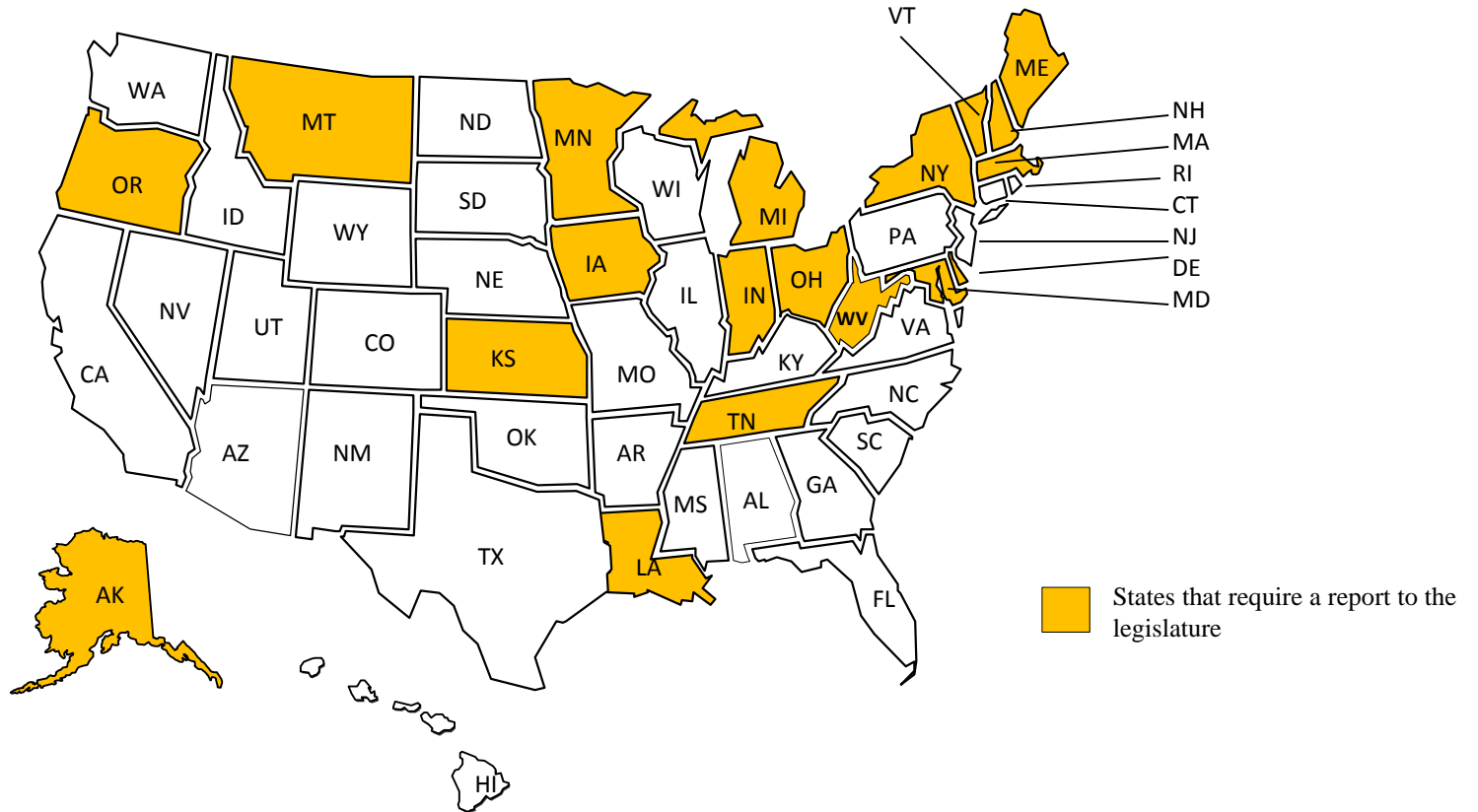
# States That Mandate The Use of an Advisory Committee, Council, Task Force, or Working Group



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

<sup>2</sup> The Texas provision goes into effect on September 1, 2013.

# Evaluation of PMP – Report to Legislature



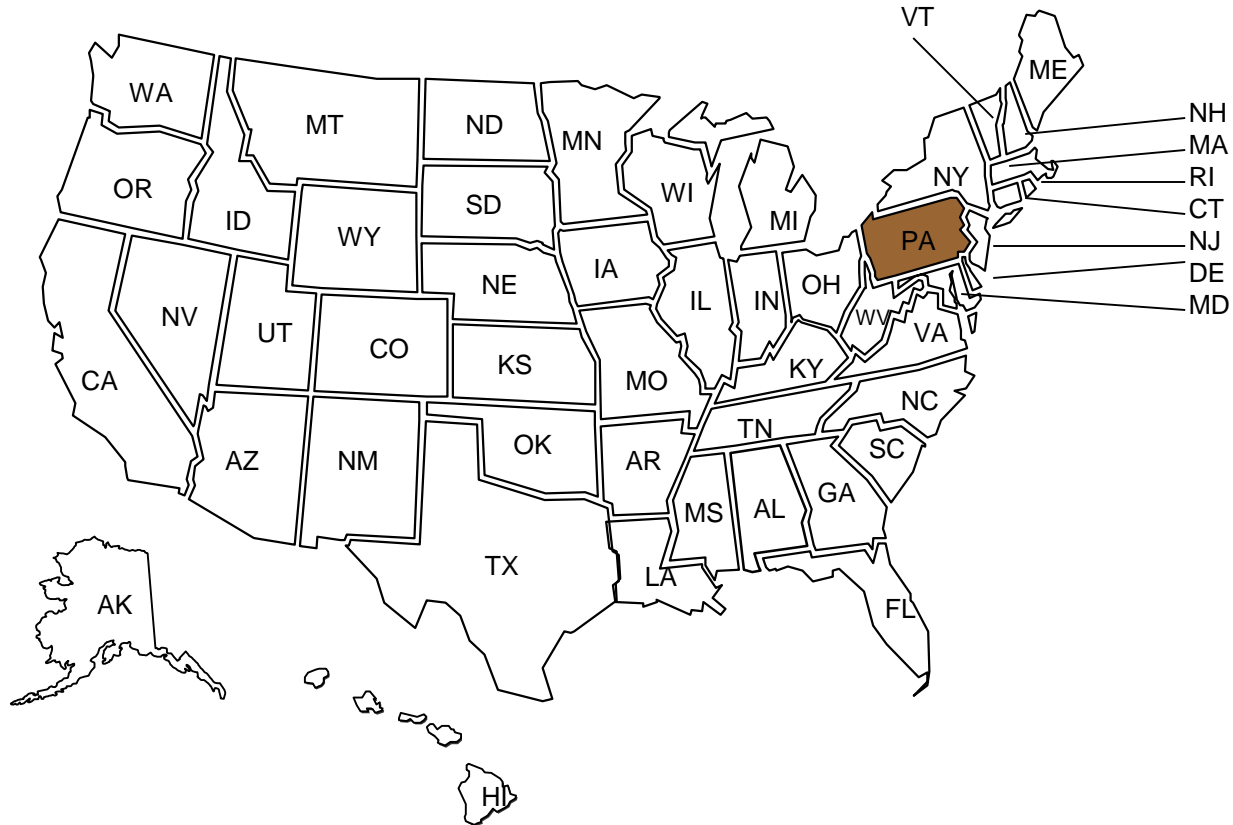
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# Prescription Drug Monitoring Programs

## States With Authority to Monitor Schedule II Substances

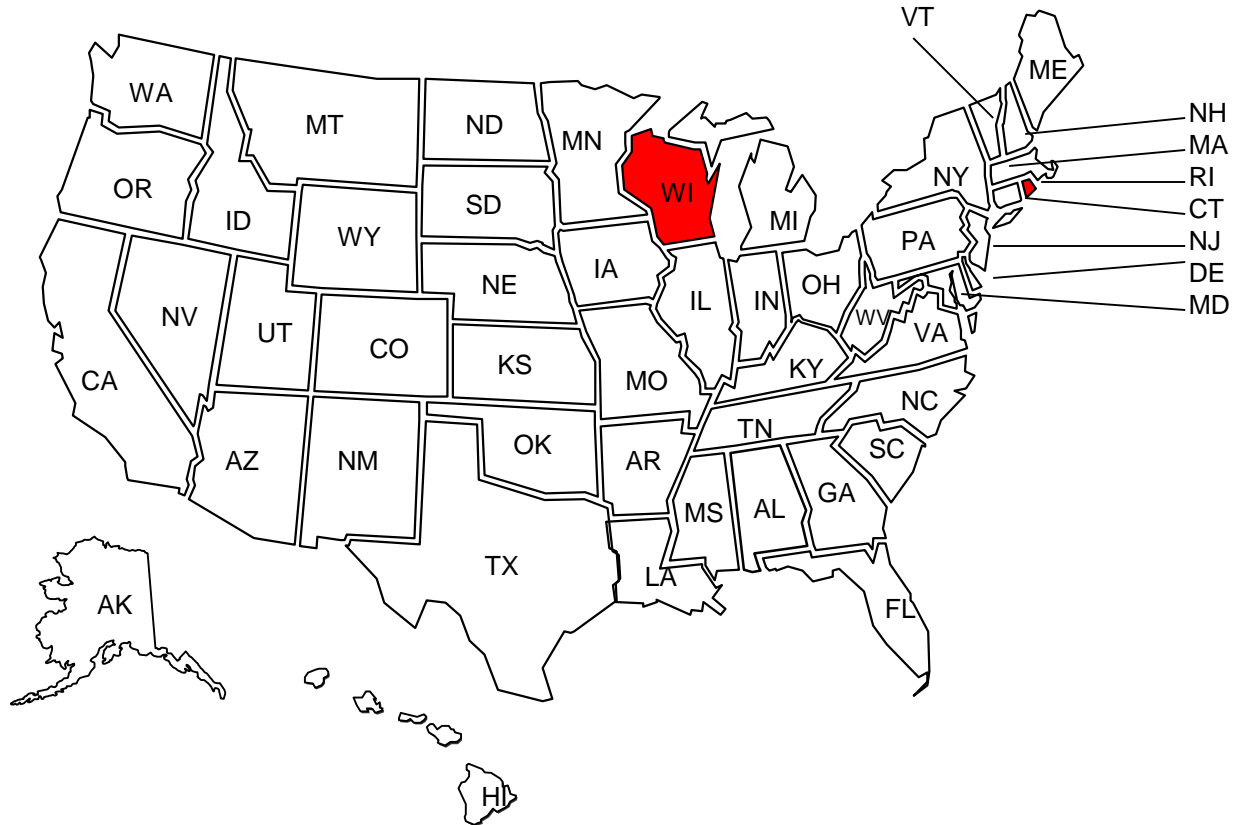


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# Prescription Drug Monitoring Programs

## States With Authority to Monitor Schedule II & III Substances

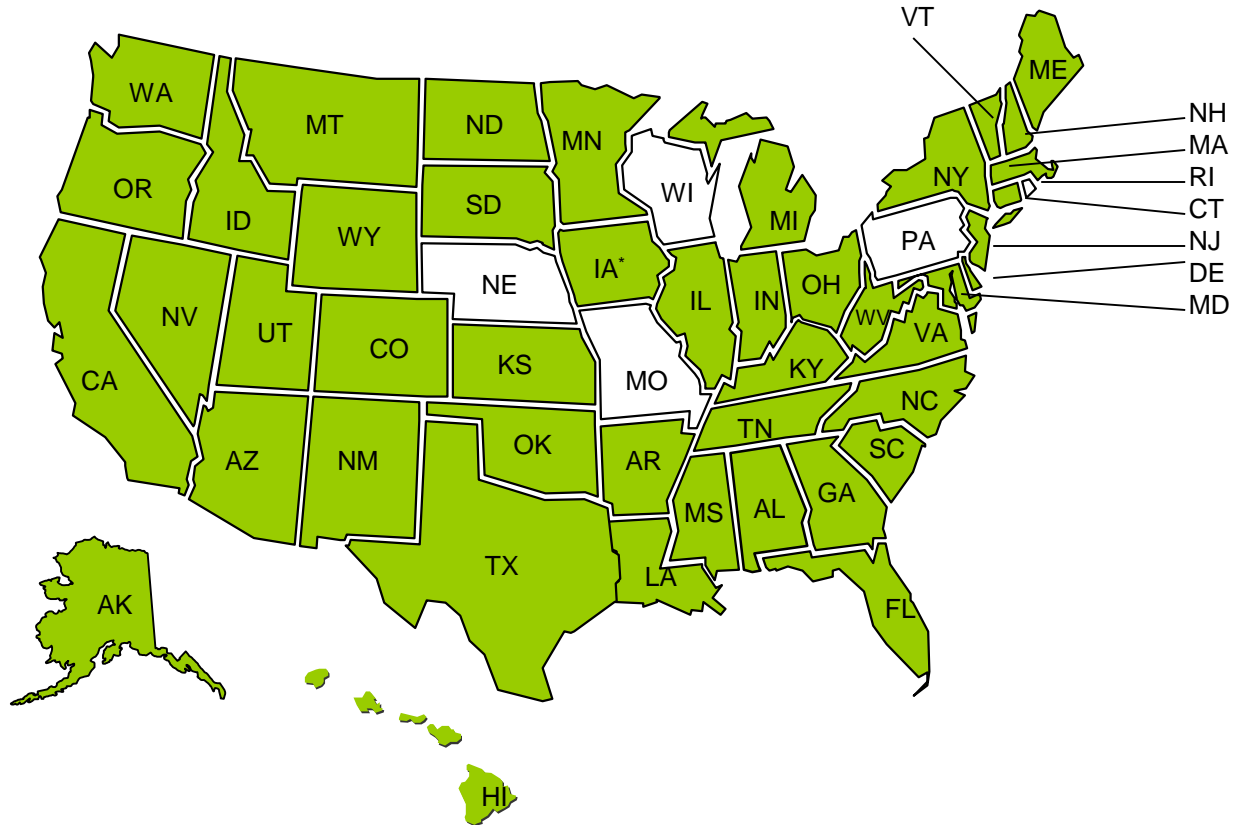


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# Prescription Drug Monitoring Programs

## States With Authority to Monitor Schedule II, III and IV Substances



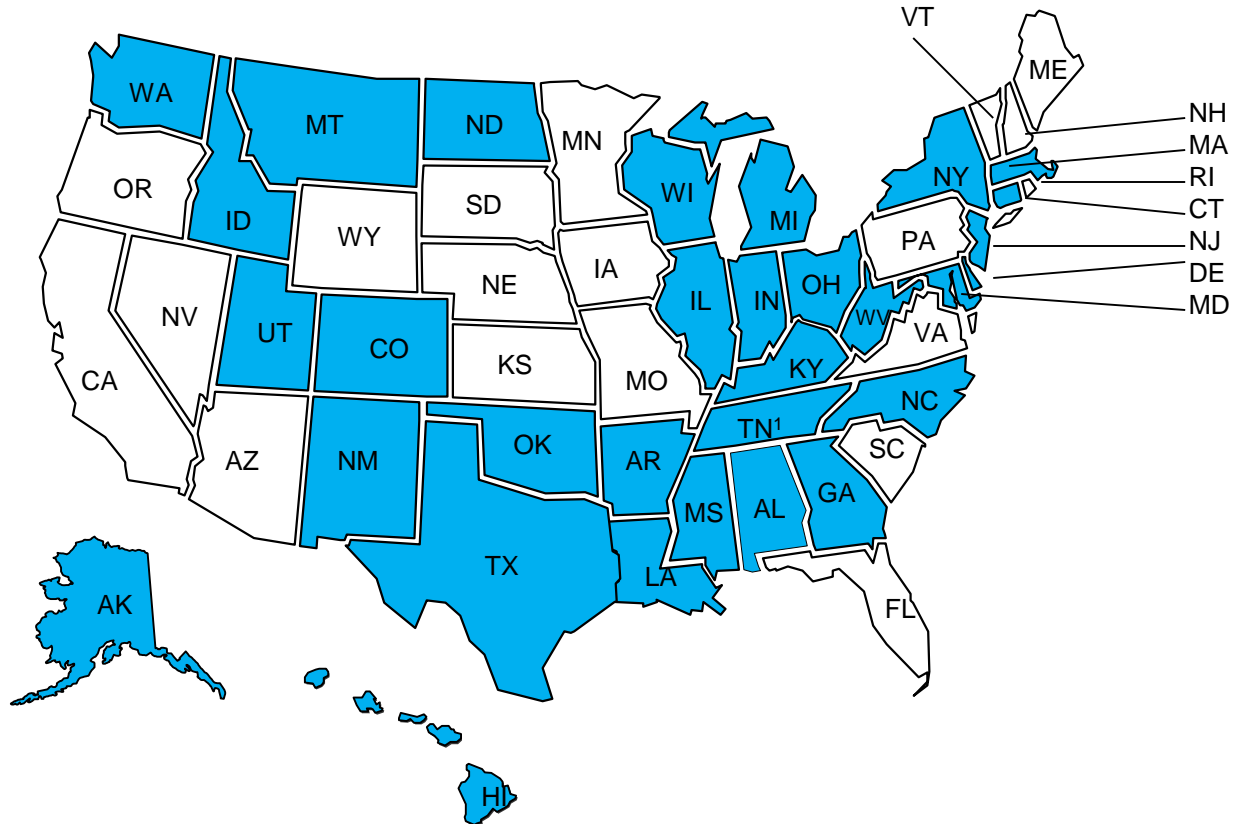
\*Iowa's PDMP monitors Schedule III and IV substances that the advisory council and the Board of Pharmacy determine can be addictive or fatal if not taken under the proper care or direction of a prescribing practitioner.

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# Prescription Drug Monitoring Programs

## States With Authority to Monitor Schedule V Substances



<sup>1</sup>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.

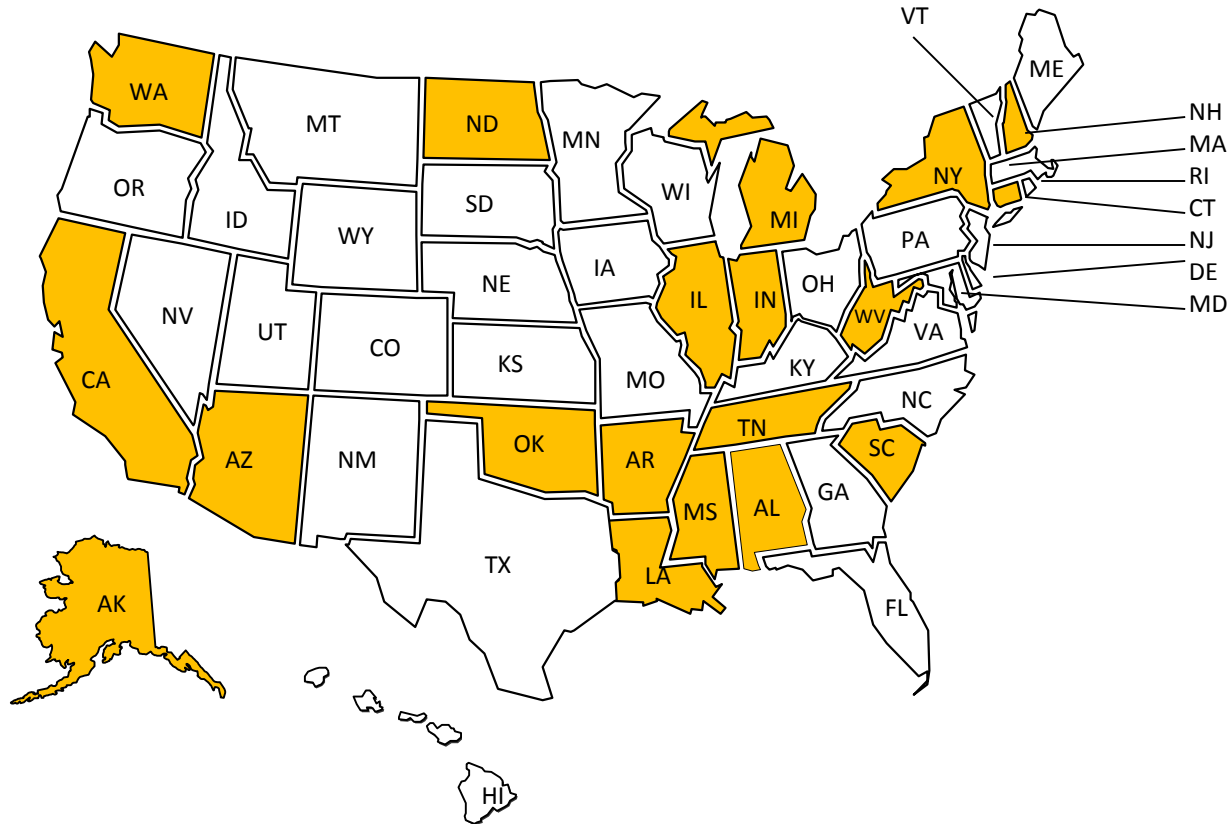
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# States with Statutory Authority to Require Veterinarians to Report to the State PMP<sup>1</sup>

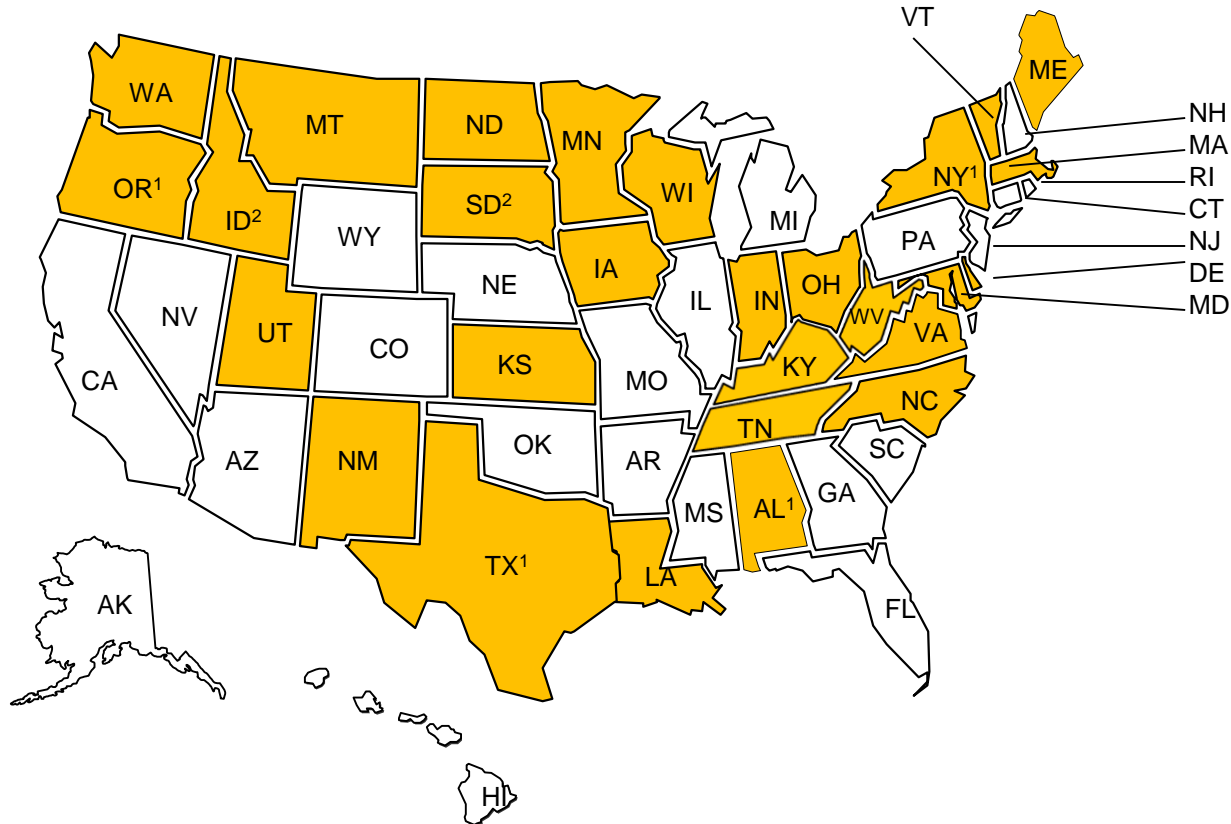


<sup>1</sup> This map reflects those states with statutory authority to require veterinarians to report to the state PMP. It does not reflect those states that are actively collecting such data.





# States that Allow Practitioners to Designate an Authorized Agent to Access the PMP Database



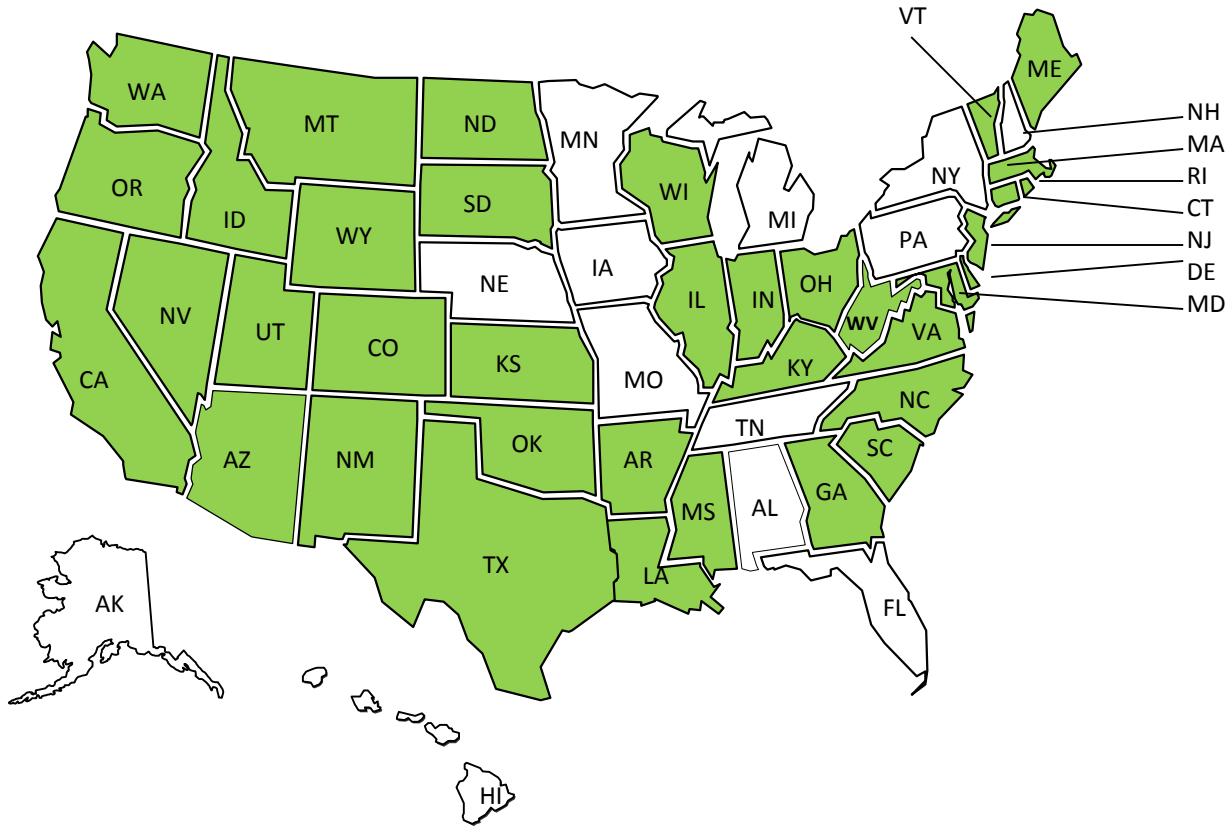
<sup>1</sup> The New York provisions go into effect on August 27, 2013. The Alabama and Texas provisions go into effect on September 1, 2013. The Oregon provision goes into effect on January 1, 2014.

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

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# Types of Authorized Recipients - De-identified Data

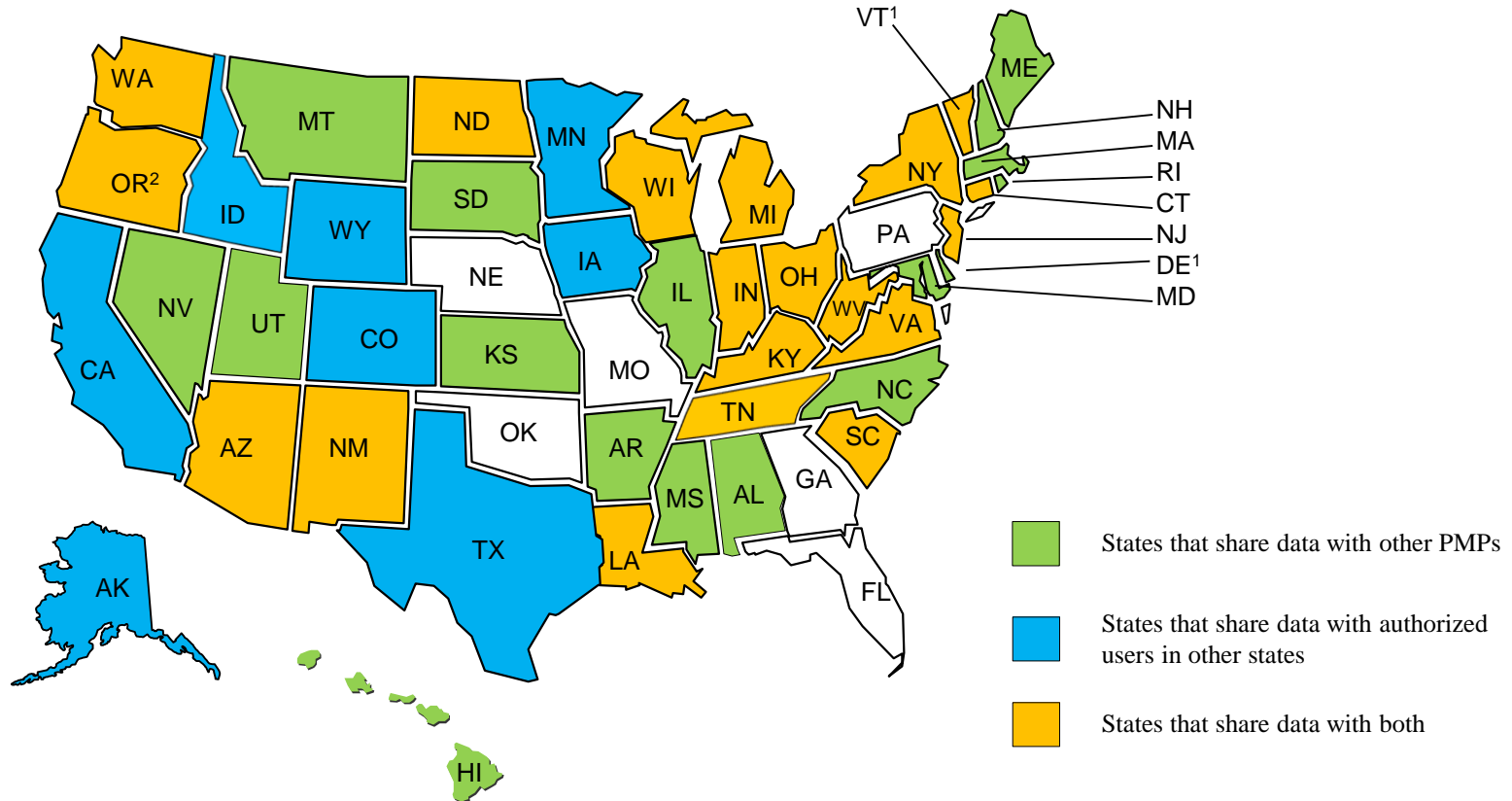


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# Interstate Sharing of Prescription Monitoring Program Data Pursuant to Statute, Regulation, and/or Statutory Interpretation

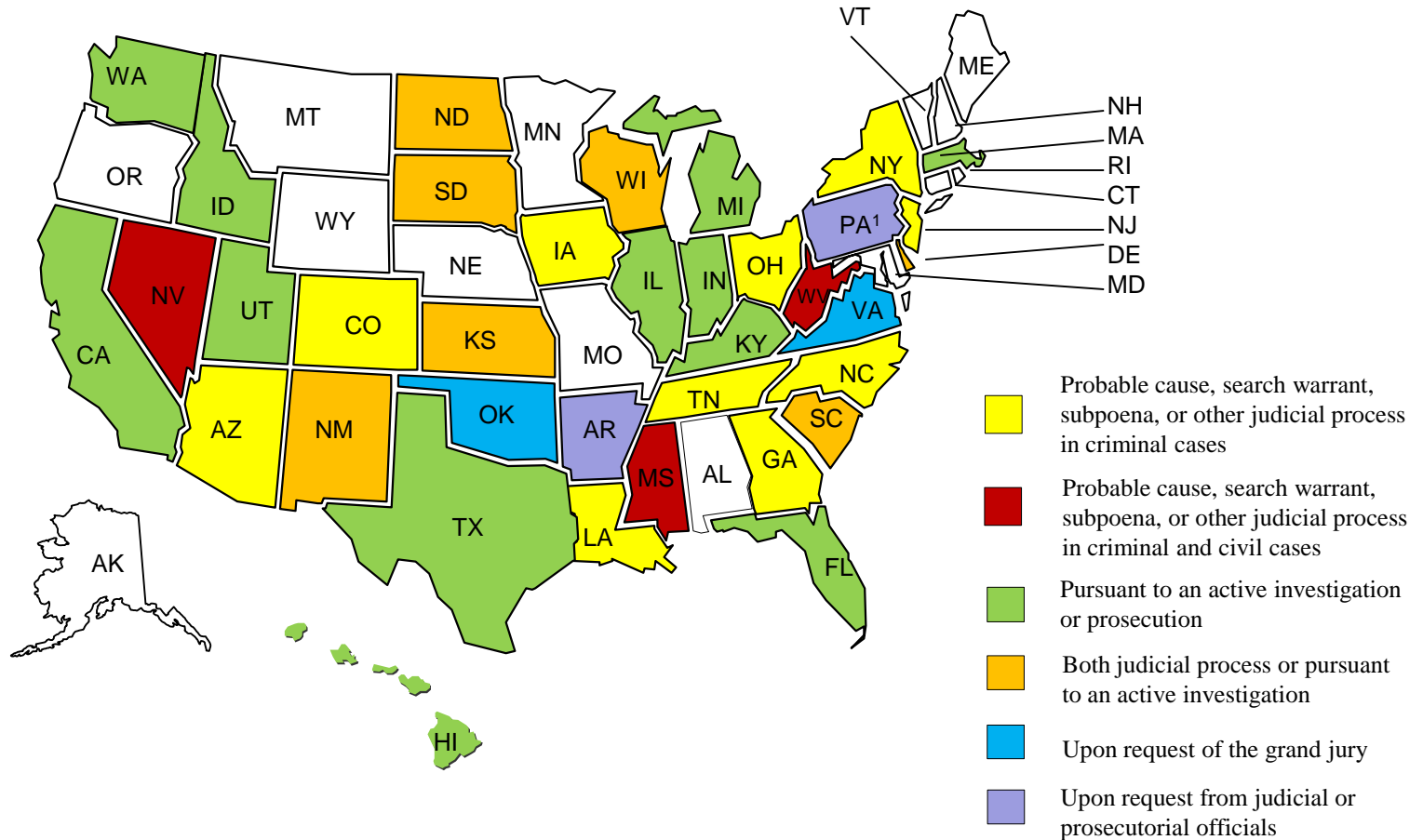


<sup>1</sup> Vermont will begin allowing authorized users in other states to access the database on July 1, 2013, and will begin sharing data with other state PMPs on October 1, 2013. The Delaware provision goes into effect on March 1, 2014.

<sup>2</sup> 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.

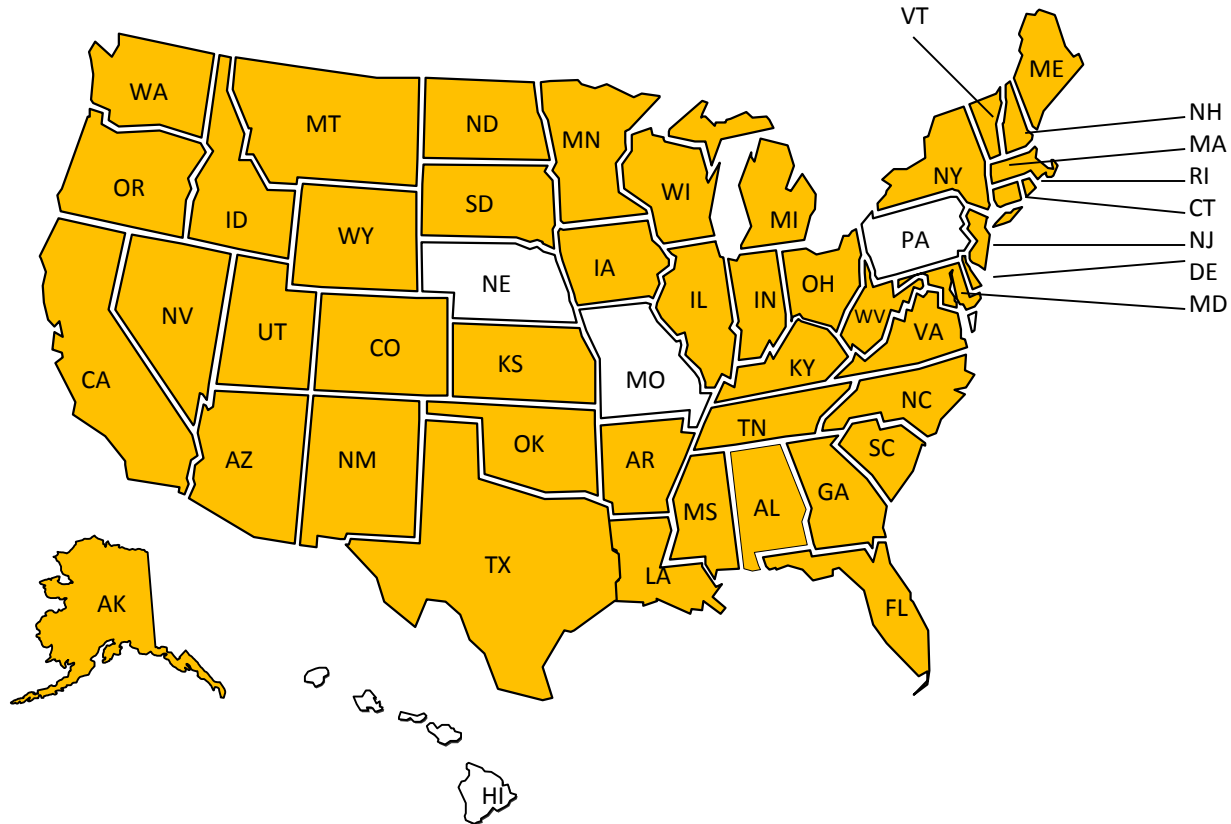


# Types of Authorized Recipients – Judicial and Prosecutorial Officials



<sup>1</sup> 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.

# Types of Authorized Recipients - Licensing/Regulatory Boards



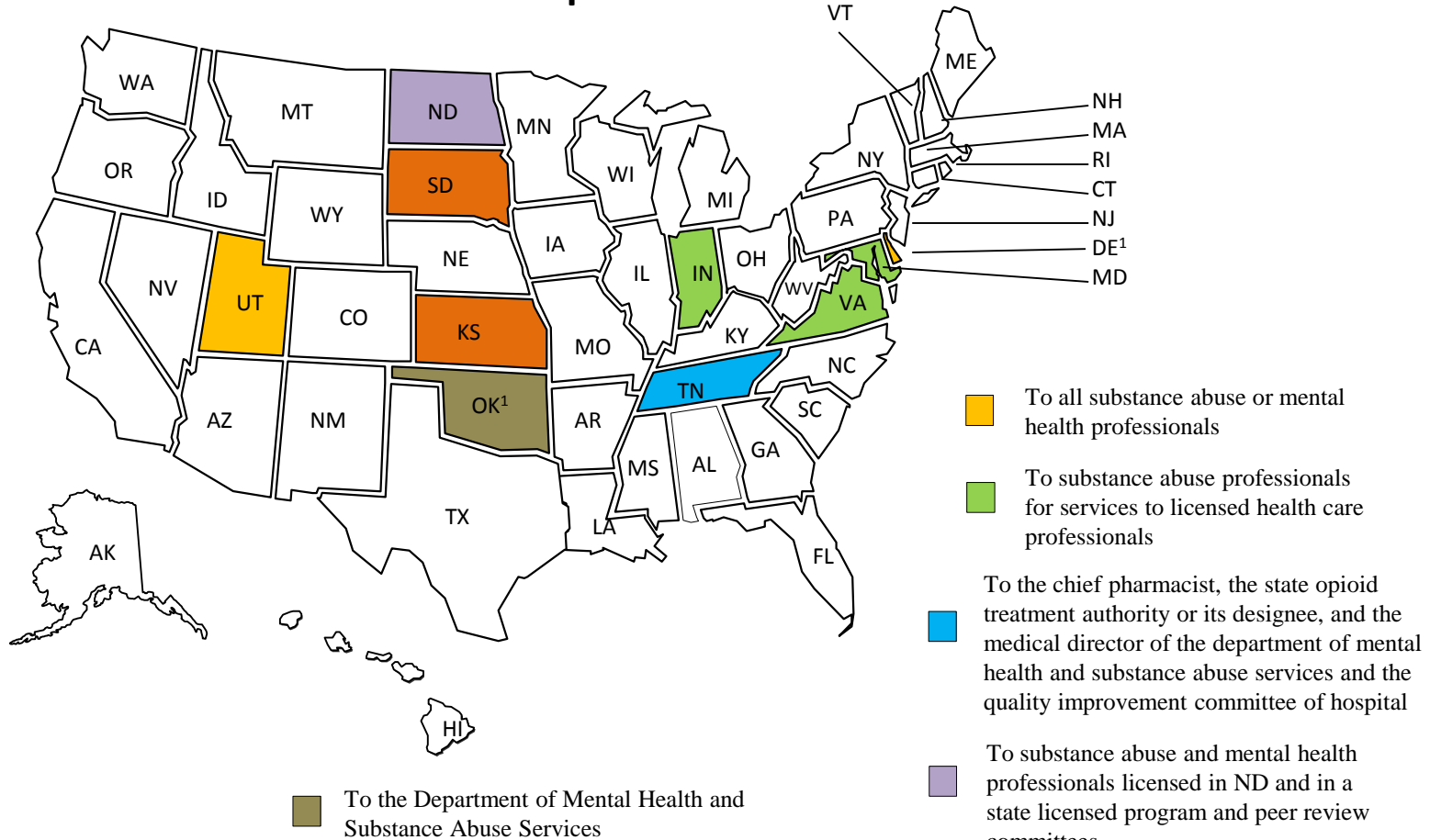
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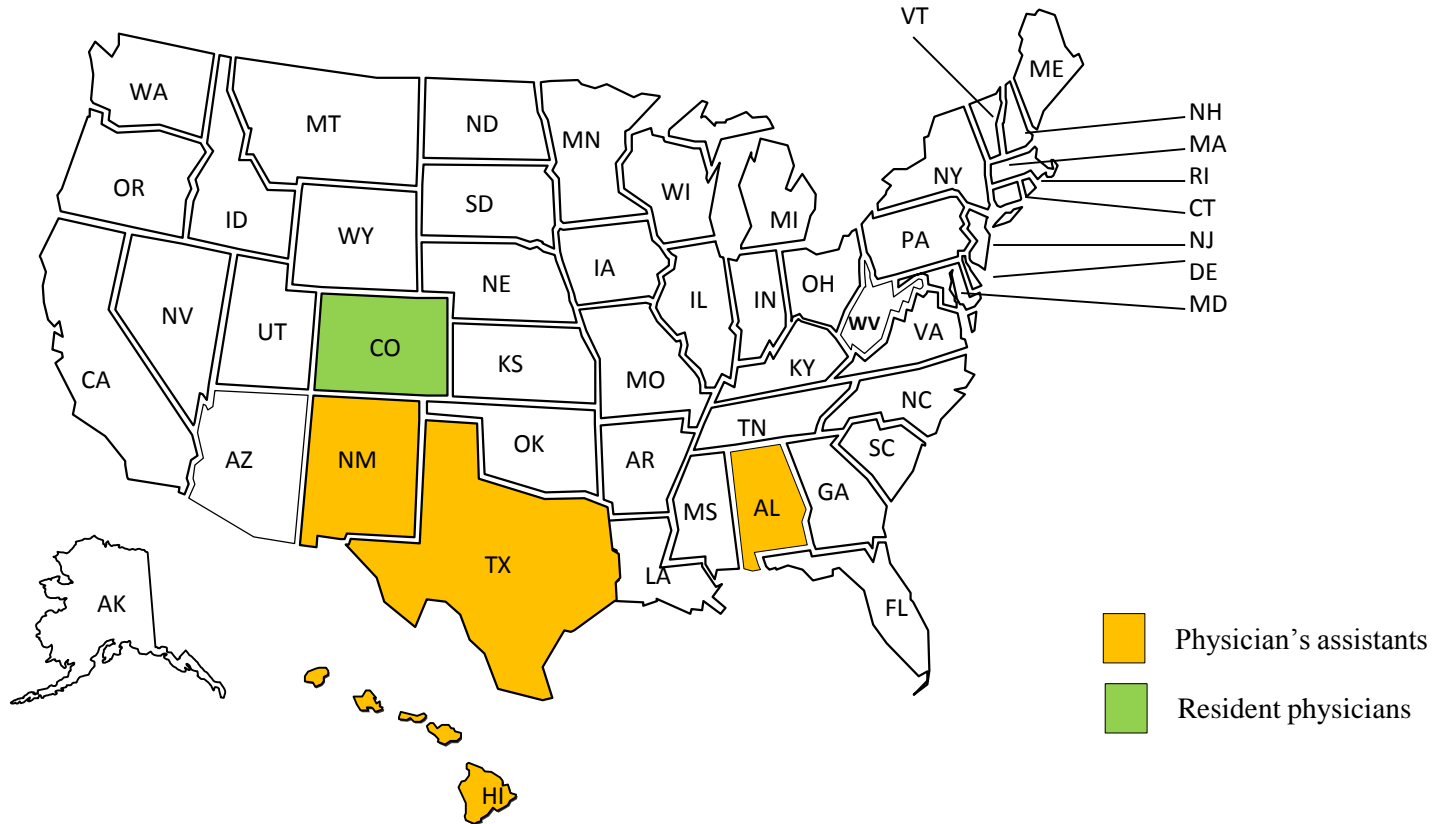
# Types of Authorized Recipients - Mental Health/Substance Abuse Professionals, Peer Review Committees or Quality Improvement Committee of Hospital



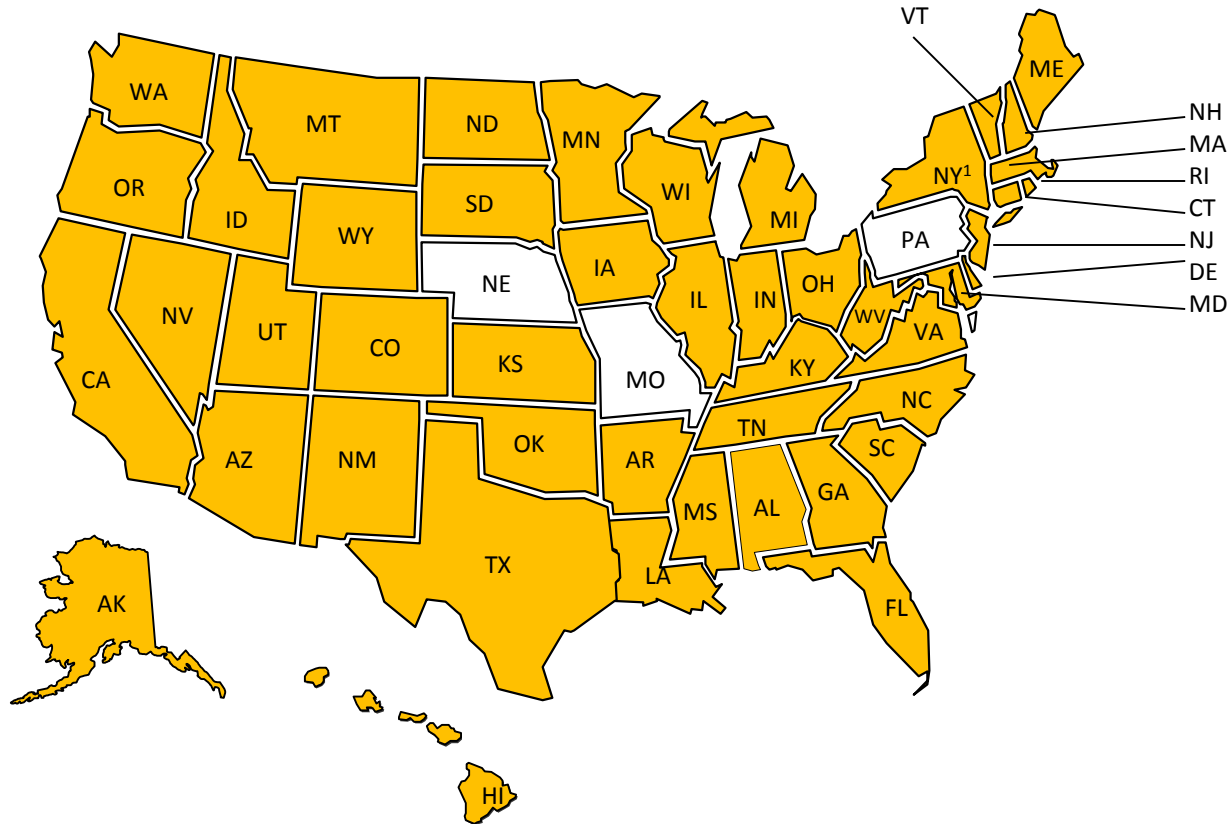
<sup>1</sup> The Oklahoma provision goes into effect on November 1, 2013. The Delaware provision goes into effect on March 1, 2014.



## Types of Authorized Recipients – Physician’s Assistants and Resident Physicians



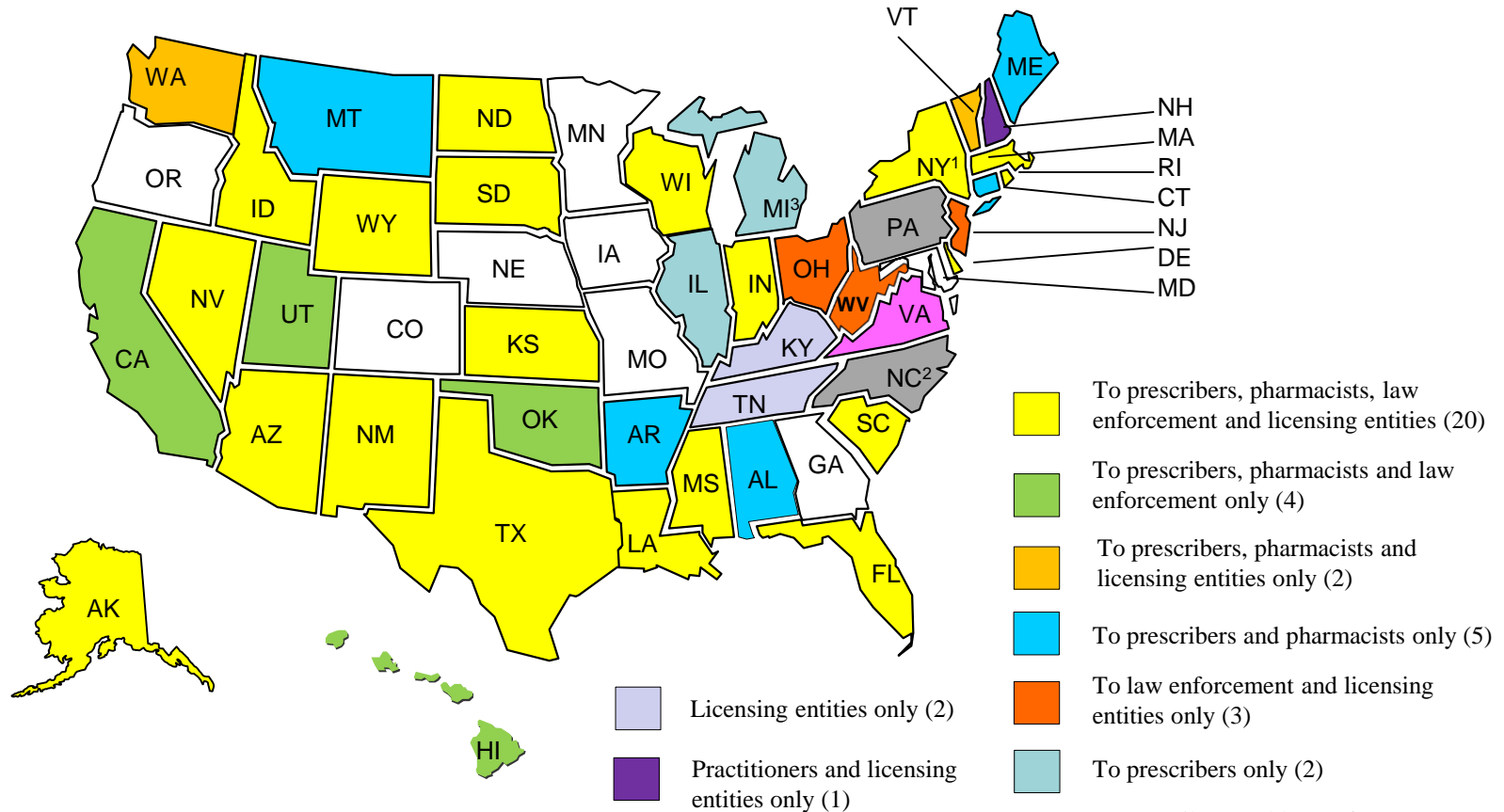
# Types of Authorized Recipients - Prescribers and Dispensers



<sup>1</sup> New York has passed legislation that will allow access to dispensers as soon as is practicable but no later than August 27, 2013.



# Unsolicited PMP Reports/Info to Prescribers, Pharmacists, Law Enforcement and Licensing Entities

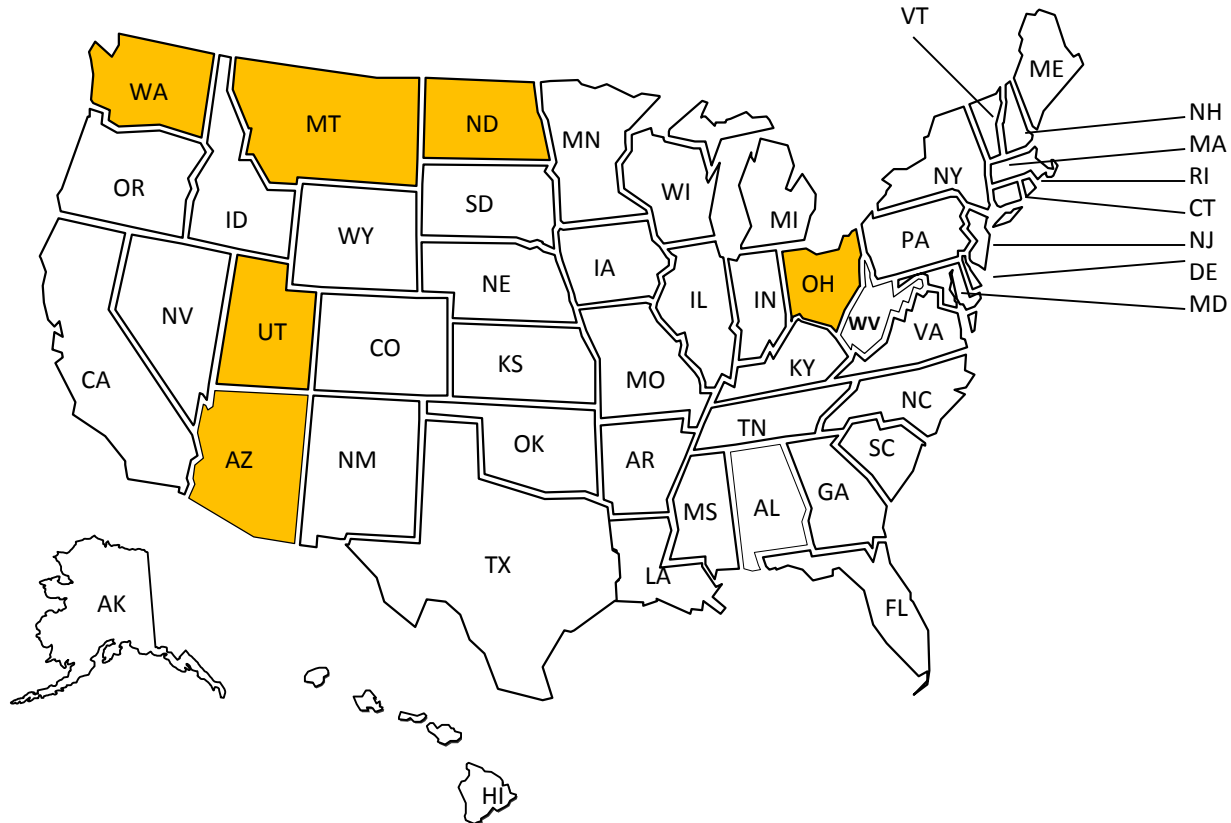


<sup>1</sup> The New York provision goes into effect August 27, 2013. Until then, New York will provide unsolicited reports to prescribers only.

<sup>2</sup> North Carolina provides unsolicited reports to the Attorney General who has the discretion to forward the information to law enforcement.

<sup>3</sup> Michigan send alerts to physicians when a patient surpasses the threshold but does not send the actual report.

## Types of Authorized Recipients - Worker's Compensation Specialists



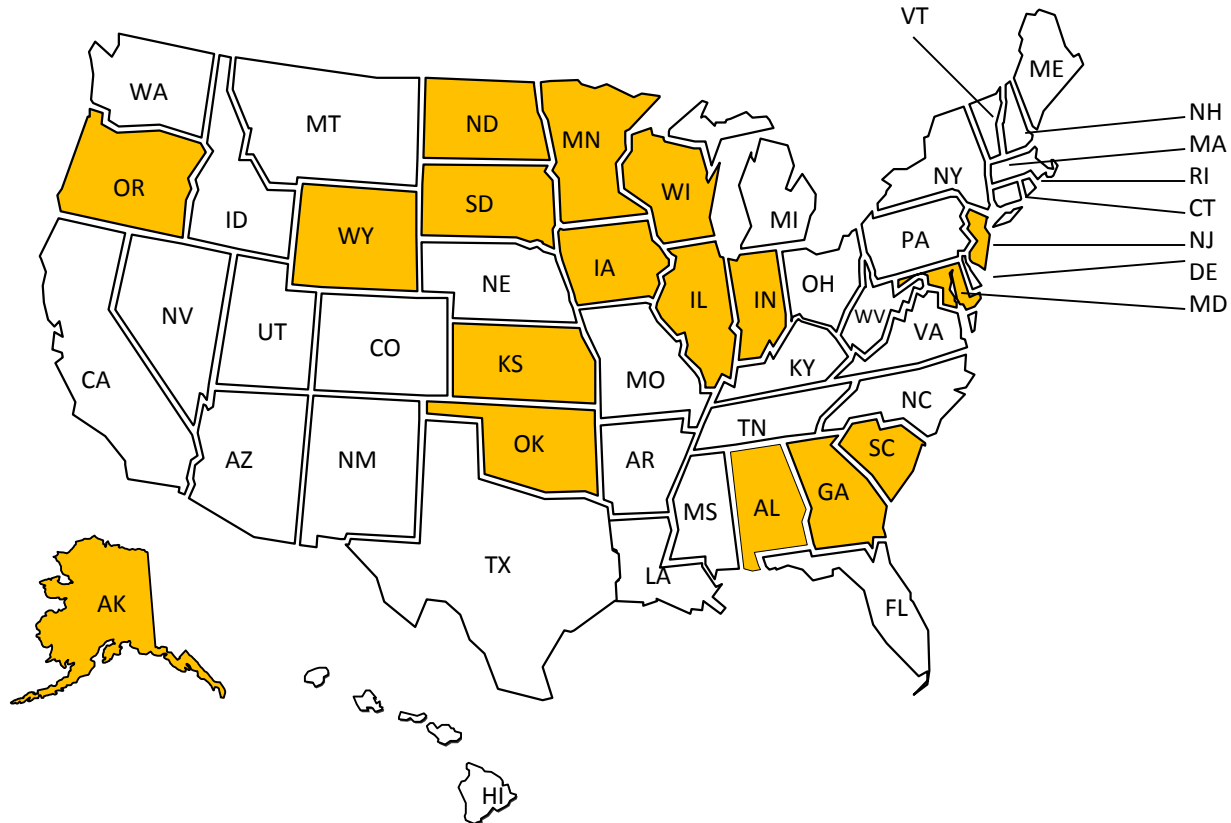
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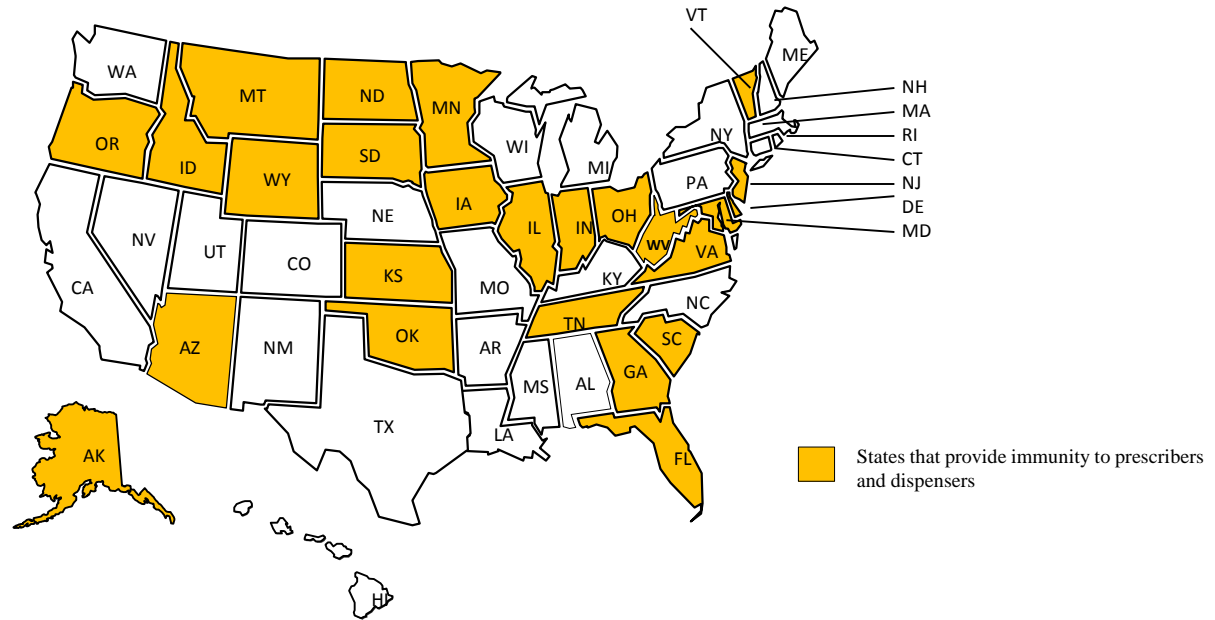
## State PMP Laws that Explicitly Do Not Require Prescribers or Dispensers to Access PMP Information



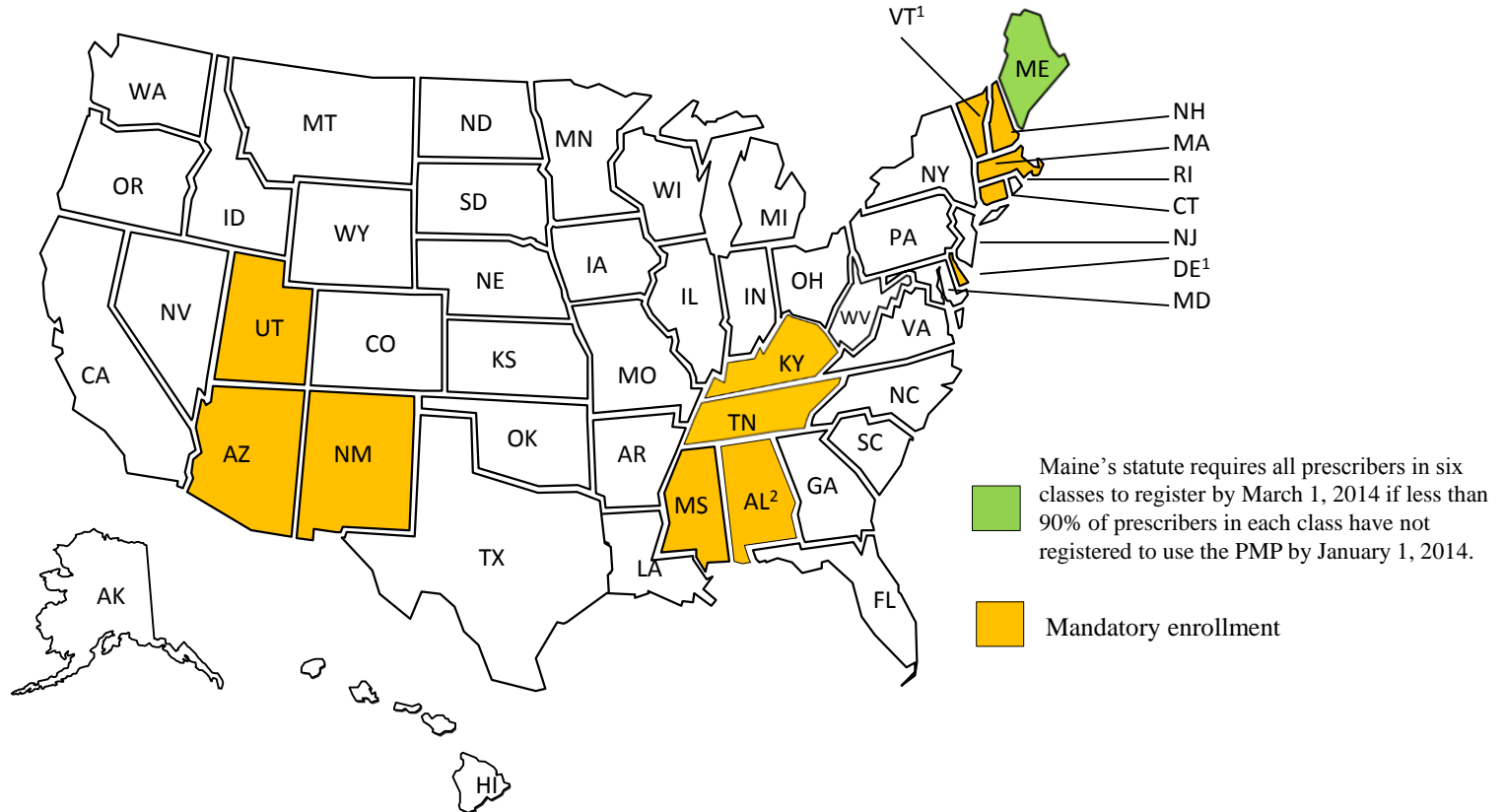
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## States that Specifically Provide Immunity to Prescribers and Dispensers



## States that Require All Licensed Prescribers and/or Dispensers to Register with PMP Database\*



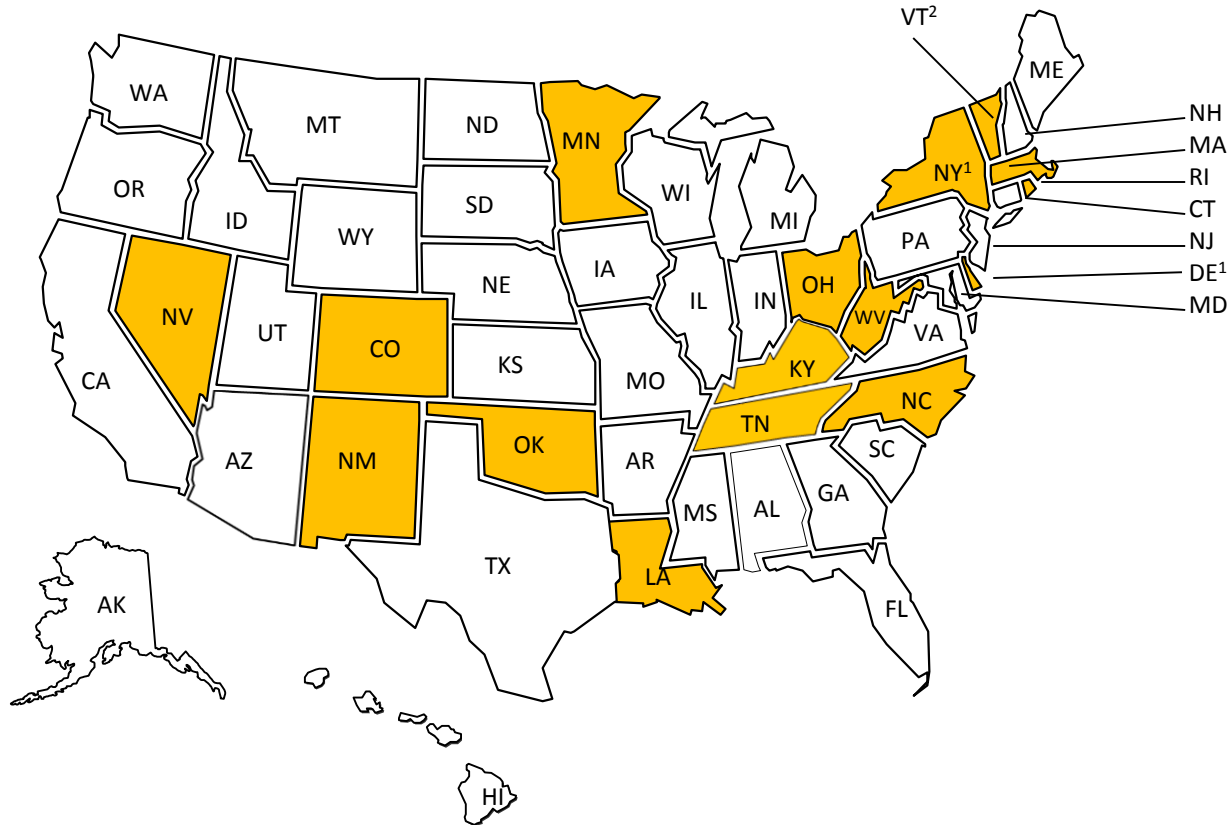
\* Many states require that persons requesting access to the state PMP database first register as an authorized user. This map and the memorandum located on the NAMSDDL website are concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.

<sup>1</sup> 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. <sup>2</sup> Alabama only requires physicians with or seeking a pain management registration to be registered with the PMP.

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## States that Require Prescribers and/or Dispensers to Access PMP Information in Certain Circumstances\*



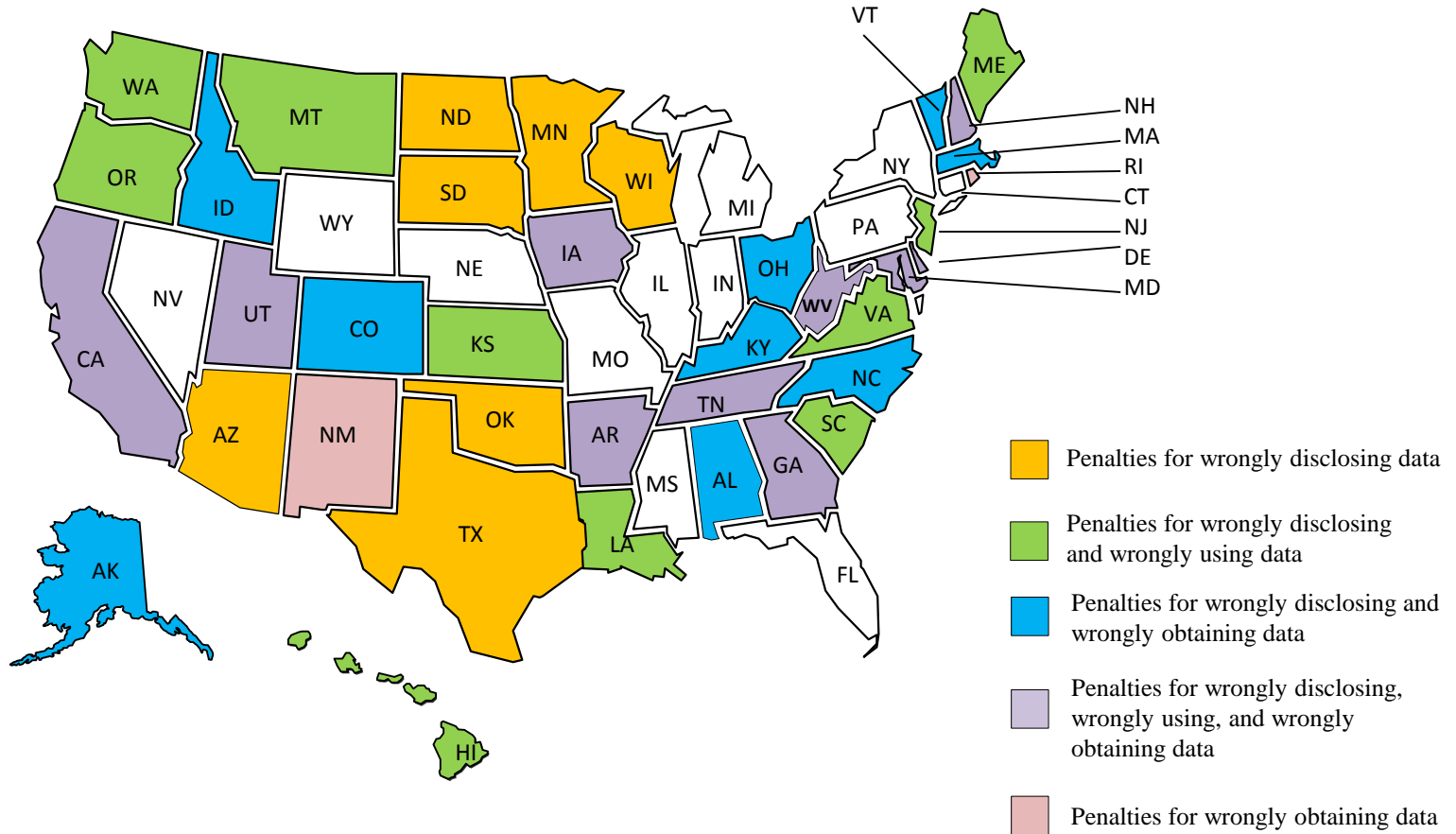
\* Please see the accompanying memorandum for specifics as to the circumstances under which a prescriber and/or dispenser is obligated to access the PMP database in each state.

<sup>1</sup> 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.

<sup>2</sup> 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



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