Prescription Monitoring Program State Profiles - Montana

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MONTANA

http://bsd.dli.mt.gov/license/bsd_boards/pha_board/mpdr/MPDR_info.asp
Donna Peterson, Program Manager
(406) 841-2240
Dpeterson3@mt.gov

- Status of Program – operational
- Housing Entity – Department of Labor and Industry
- Advisory Commission – yes
- Funding – fee collected from every person licensed to prescribe, dispense, or distribute a controlled substance
- Drugs Monitored – Schedules II – V
- Who's Required to Report Dispensing Information – all pharmacies
- Exemptions from Reporting – prescribers who dispense or administer drugs to their patients; controlled substance dispensed to a hospital inpatient
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – no
- Data Collection Interval – weekly/7 days
- Notice to Consumers – no
- Interstate Sharing – with other PMPs
- Persons Authorized to Receive Information – county coroner; law enforcement officials; licensing/regulatory boards; authorized individual under the direction of the department of public health and human services for public health, Medicare, or Medicaid laws; patient; prescribers; dispensers; work comp specialists
- Delegates Allowed – yes
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers and pharmacists
- Training Required – yes
- Mandatory Enrollment – no
- Mandatory Access – no

West's Montana Code Annotated (2014)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1503. Prescription drug registry--reporting requirements

(1) Except as provided in subsection (2), each entity licensed by the board as a certified pharmacy or as an out-of-state mail order pharmacy that dispenses drugs to patients in Montana shall provide prescription drug order information for controlled substances to the registry by:

(a) electronically transmitting the information in a format established by the board unless the board has granted a waiver allowing the information to be submitted in a nonelectronic manner; and

(b) submitting the information in accordance with time limits set by the board unless the board grants an extension because:

(i) the pharmacy has suffered a mechanical or electronic failure or cannot meet the deadline for other reasons beyond its control; or

(ii) the board is unable to receive electronic submissions.

(2) This section does not apply to:

(a) a prescriber who dispenses or administers drugs to the prescriber's patients; or

(b) a prescription drug order for a controlled substance dispensed to a person who is hospitalized.

West's Montana Code Annotated (2014)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1504. Prescription drug registry review

The board may review the information in the registry for possible misuse and diversion of controlled substances prescribed and dispensed to a patient. The board may provide information about possible misuse or diversion to prescribers and dispensers as allowed by rule.

West's Montana Code Annotated (2014)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1506. Providing prescription drug registry information

(1) Registry information is health care information as defined in 50-16-504 and is confidential. Except as provided in 37-7-1504, the board is authorized to provide data from the registry, upon request, only to the following:

(a) a person authorized to prescribe or dispense prescription drugs if the person certifies that the information is needed to provide medical or pharmaceutical treatment to a patient who is the subject of the request and who is under the person's care or has been referred to the person for care;

(b) a prescriber who requests information relating to the prescriber's own prescribing information if the prescriber certifies that the requested information is for a purpose in accordance with board rule;

(c) an individual requesting the individual's registry information if the individual provides evidence satisfactory to the board that the individual requesting the information is the person about whom the data entry was made;

(d) a designated representative of a government agency responsible for licensing, regulating, or disciplining licensed health care professionals who are authorized to prescribe, administer, or dispense drugs, in order to conduct investigations related to a health care professional who is the subject of an active investigation for drug misuse or diversion;

(e) a county coroner or a peace officer employed by a federal, state, tribal, or local law enforcement agency if the county coroner or peace officer has obtained an investigative subpoena;

(f) an authorized individual under the direction of the department of public health and human services for the purpose of reviewing and enforcing that department's responsibilities under the public health, medicare, or medicaid laws; or

(g) a prescription drug registry in another state if the data is subject to limitations and restrictions similar to those provided in 37-7-1502 through 37-7-1513.

(2) The board shall maintain a record of each individual or entity that requests information from the registry and whether the request was granted pursuant to this section.

(3) The board may release information in summary, statistical, or aggregate form for educational, research, or public information purposes. The information may not identify a person or entity.

(4) Information collected by or obtained from the registry may not be used:

(a) for commercial purposes; or

(b) as evidence in any civil or administrative action, except in an investigation and disciplinary proceeding by the department or the agency responsible for licensing, regulating, or disciplining licensed health care professionals who are authorized to prescribe, administer, or dispense prescription drugs.

(5) Information obtained from the registry in accordance with the requirements of this section may be used in the course of a criminal investigation and subsequent criminal proceedings.

(6) The board shall adopt rules to ensure that only authorized individuals have access to the registry and only to appropriate information from the registry. The rules must be consistent with:

(a) the privacy provisions of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 1320d, et seq.;

(b) administrative rules adopted in connection with that act;

(c) Article II, section 10, of the Montana constitution; and

(d) the privacy provisions of Title 50, chapter 16.

(7) The procedures established by the board under this section may not impede patient access to prescription drugs for legitimate medical purposes.

West's Montana Code Annotated (2014)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1510. Prescription drug registry--advisory group

(1) The board shall establish an advisory group to provide information and advice about the development and operation of the registry, including but not limited to information on:

(a) the criteria for reporting information from the registry to prescribers and pharmacists;

(b) the design and implementation of educational courses about the registry;

(c) standards for evaluating the effectiveness of the registry; and

(d) administrative rules for establishing and maintaining the registry.

(2) The advisory group consists of but is not limited to representatives of:

(a) health care licensing boards that oversee health care providers who have authority to prescribe or dispense drugs;

(b) associations that represent health care professionals who have authority to prescribe or dispense drugs;

(c) associations that advocate for patients;

(d) entities involved in tribal health services or issues; and

(e) the department of justice provided for in 2-15-2001.

(3) The advisory group may identify other individuals for appointment to the group.

(4) The board shall establish rules for the conduct of advisory group business.

(5) The advisory group may not receive or access confidential health care information contained in the registry.

West's Montana Code Annotated (2014)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1511. Prescription drug registry--funding

<Subsection (1) terminates July 1, 2015.>

(1) Each person licensed under Title 37 who prescribes, dispenses, or distributes controlled substances shall pay to the board a nonrefundable fee that is set by rule and that may not exceed $15.

(2) The board may apply for any available grants and may accept gifts, grants, or donations to assist in establishing and maintaining the registry.

(3) Funds collected pursuant to this part must be deposited into a state special revenue account to the credit of the department. The money must be used to defray the expenses of the board in establishing and maintaining the registry and in discharging its administrative and regulatory duties under this part.

West's Montana Code Annotated (2014)
Title 39. Labor
Chapter 71. Workers' Compensation
Part 11. Treatment by Designated Providers

§ 39-71-1110. Schedule II and III drugs--prescriber obligation

(1) In order to ensure high-quality health care for an individual with a compensable occupational injury or disease, prescriptions for Schedule II or Schedule III drugs identified in Title 50, chapter 32, part 2, may be carefully monitored for potential abuse, dependence, interaction, and diversion. Ongoing prescriptions for Schedule II and Schedule III drugs may be prescribed only by a treating physician.

(2)(a) A treating physician authorized to prescribe prescription drugs may query the prescription drug registry provided for in Title 37, chapter 7, part 15, prior to the initial prescribing or refilling of a Schedule II or Schedule III drug for treatment of a workers' compensation injury or occupational disease. After consulting the prescription drug registry, a treating physician may decline to prescribe or refill a Schedule II or Schedule III drug if, in the treating physician's judgment, the drug should not be prescribed or refilled.

(b) Prior to the initial prescribing of a Schedule II or Schedule III drug, a treating physician may discuss the risks and benefits of the use of the controlled substance, including risk of tolerance and drug dependence, with the patient or the patient's legal guardian.

(c) A treating physician shall note in the patient's medical file each query conducted.

(3) This section does not apply to a health care provider administering a Schedule II or Schedule III drug under the following circumstances:

(a) immediately prior to or after surgery;

(b) at the scene of an emergency;

(c) in a licensed ambulance; or

(d) in the emergency department or intensive care unit of a licensed hospital.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1702 INFORMATION REQUIRED FOR SUBMISSION

(1) Each entity registered by the board as a certified pharmacy or as an out-of-state mail service pharmacy that dispenses to patients in Montana shall provide the following controlled substances dispensing information to the board:

(a) pharmacy name, address, telephone number, and drug enforcement administration number;

(b) full name, address, telephone number, gender, and date of birth for whom the prescription was written;

(c) full name, address, telephone number, and drug enforcement administration registration number of the prescriber;

(d) date the prescription was issued by the prescriber;

(e) date the prescription was filled by the pharmacy;

(f) indication of whether the prescription dispensed is new or a refill;

(g) name, national drug code number, strength, quantity, dosage form, and days' supply of the actual drug dispensed;

(h) prescription number assigned to the prescription order; and

(i) source of payment for the prescription that indicates one of the following:

(i) cash;

(ii) insurance; or

(iii) government subsidy.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1704 REQUIREMENTS FOR SUBMITTING PRESCRIPTION REGISTRY INFORMATION TO THE BOARD

(1) All prescription dispensing information submitted under this Sub-Chapter shall be submitted at least weekly.

(2) The information submitted shall be consecutive and complete from the date and time of the submitting pharmacy's last submission, and shall be reported no later than eight days after the date of dispensing.

(3) If a pharmacy has dispensed no reportable controlled substances during a reporting period, the pharmacy shall submit a timely "zero report."

(4) For the purposes of establishing a data history at the initiation of the prescription drug registry, each certified pharmacy and out-of-state mail service pharmacy shall submit a one-time batch submission of controlled substances, dispensed to Montana patients from July 1, 2011 forward to the date the registry is operational.

(5) In the event that a pharmacy cannot submit the required information as described in this rule, the pharmacy must report that fact on the appropriate board-approved form. This form is due to the board on or before the date that the weekly submission is otherwise due. The board office may grant an extension, at their discretion, when a pharmacy notifies the board that they are unable to submit their report.

(6) It is the responsibility of the submitting pharmacy to address any errors or questions about information that the pharmacy has submitted to the prescription drug registry.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1706 REGISTRY INFORMATION REVIEW AND UNSOLICITED PATIENT PROFILES

(1) The board or their designee(s) may review and compile information contained in the registry to identify evidence of possible misuse or diversion of controlled substances.

(2) In instances of possible misuse or diversion, the executive director will promptly report by telephone, e-mail, or postal mail the patient's profile information to practitioners and pharmacists who have provided care to that patient.

(3) The following factors are suggestive, but not conclusive evidence of misuse or diversion:

(a) four or more prescribers in a 60-day period; or

(b) four or more pharmacies in a 60-day period.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1708 ACCESS TO PRESCRIPTION DRUG REGISTRY INFORMATION

(1) The following persons may have direct online access to prescription drug registry information:

(a) licensed practitioners having authority to prescribe controlled substances, or that practitioner's authorized agent, for the purpose of providing medical and/or pharmaceutical care for their patients, or for patients referred for medical care and/or pharmaceutical care;

(b) licensed pharmacists authorized to dispense controlled substances, or that pharmacist's authorize agent, for the purpose of providing pharmaceutical care for their patients or for patients referred for care;

(c) designated representatives from the Montana Medicare or Medicaid programs, Tribal Health, Indian Health Service, and Veterans Affairs regarding program recipients;

(d) board staff, including executive director, inspectors, and program manager; and

(e) any vendor or contractor establishing or maintaining the prescription drug registry.

(2) To access registry information, each user must first:

(a) successfully complete the board's educational program;

(b) complete the registration form and confidentiality agreement provided by the board;

(c) complete a written agreement assuring that the user's access and use of the prescription drug registry is limited to that authorized by law;

(i) in the case of a licensed practitioner having authority to prescribe controlled substances, or that practitioner's authorized agent, access is restricted to:

(A) the practitioner's own prescribing information; or

(B) prescription records for a patient of the practitioner to whom the practitioner is providing or considering providing medical and/or pharmaceutical care;

(ii) in the case of a licensed pharmacist, pharmacy intern, or certified pharmacy technician, access is restricted to prescription records for a patient for whom the pharmacy is actually dispensing or considering dispensing a prescription;

(iii) in the case of a designated representative of the Montana Medicare or Medicaid programs, Tribal Health, Indian Health Service, and Veteran Affairs, access is restricted to prescription records related to a participant in the program;

(iv) in the case of authorized representatives of the board, access is restricted to:

(A) that necessary to respond to legitimate inquiries; or

(B) that necessary for legitimate inquiries under ARM 24.174.1706;

(v) in the case of an authorized vendor or contractor, access is restricted to technical work necessary to establish or maintain the prescription drug registry databank; or

(vi) in every user's case:

(A) information accessed from the prescription drug registry must be kept confidential;

(B) information accessed from the prescription drug registry must not be disclosed to any unauthorized person; and

(C) user account information, login names, and passwords must not be shared with any person, regardless of whether that person is also an authorized user of the prescription drug registry.

(3) Prior to granting access to the registry, the board shall verify that the applicant is licensed to prescribe or dispense controlled substances or legend drugs, or in the case of an agency applicant, the board shall verify that the applicant is the designated representative of the Montana Medicare or Medicaid programs, Tribal Health, Indian Health Service, or Veterans Affairs.

(4) Upon verification of all requirements, the board shall issue the appropriate information necessary for online access to the prescription drug registry.

(5) Upon receipt of written notification that an authorized user no longer possesses authority to prescribe, dispense, or represent Medicare or Medicaid programs, Tribal Health, Indian Health Services, Veterans Affairs, or the board, the board shall terminate the user's access to the prescription drug information.

(6) Persons authorized in 37-7-1506(1)(d) and (e), MCA, to obtain information from the prescription drug registry must apply for that information by:

(a) completing the form provided by the board and returning the completed form, along with proof of identification and authorization required by the board, to the board's office; or

(b) serving upon the board or its designee, an investigative subpoena directing the board to release a profile to the county coroner or a peace officer employed by a federal, state, tribal, or local law enforcement agency.

(7) Individual patients may request their own prescription registry information from the board or their provider. If requesting from the board, the requestor shall personally appear at the program office and produce a positive photo identification at the time of their request. A single copy of the information will be provided at no charge to the individual.

(8) If the prescription drug registry receives evidence of inappropriate or unlawful use or disclosure of prescription registry information by an authorized user, the board shall file a complaint with the user's licensing board.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1711 ADVISORY GROUP

(1) The board shall establish a prescription drug registry advisory group, to provide information and advice about the development and operation of the prescription drug registry.

(2) The advisory group shall consist of, but is not limited to, representatives of:

(a) Montana boards of pharmacy, medical examiners, nursing, and dentistry;

(b) Montana pharmacy associations, medical associations, nursing associations, dental associations, and associations that advocate for patients;

(c) tribal health, Medicaid and Medicare, and public health agencies;

(d) the Department of Justice; and

(e) the Montana Legislature.

(3) The members of the advisory group shall serve at the pleasure of their respective appointing authorities.

(4) The members of the advisory group shall elect a chair and a vice chair whose duties shall be established by the advisory group.

(5) The advisory group shall establish policies and procedures necessary to carry out duties.

(6) The board shall establish a time and a place for regular meetings of the advisory group, which shall meet at least once a year.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1712 PRESCRIPTION DRUG REGISTRY FEE

(1) Every person licensed under Title 37, MCA, who is authorized to prescribe or dispense controlled substances, shall pay a fee to the board for the purpose of establishing and maintaining the prescription drug registry.

(2) The fee shall be paid annually to the board.

(3) Upon payment of the fee, the board shall issue authorized prescribers and dispensers a controlled substances registration.

(4) The annual prescription drug registry fee is $15.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1713 RELEASE OF PRESCRIPTION DRUG REGISTRY INFORMATION TO OTHER ENTITIES

(1) The board shall provide prescription registry information to public or private entities for public research, policy, or educational purposes, but only after removing information that identifies or could reasonably be used to identify individuals or entities whose information is contained in the registry.

(2) The board may charge a fee to a person who requests information under this rule.

Administrative Rules of Montana (2014)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1715 INTERSTATE EXCHANGE OF REGISTRY INFORMATION

(1) The board may enter into agreements with other states to exchange prescription drug registry information if the other states restrict disclosure and maintain confidentiality to the same extent as provided in 37-7-1506, MCA, and this Sub-Chapter.