Prescription Monitoring Program State Profiles – New Hampshire

Research current through December 2014.

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NEW HAMPSHIRE

http://www.nh.gov/pharmacy/prescription-monitoring/
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- Status of Program – not operational
- Housing Entity – Board of Pharmacy
- Advisory Commission – yes
- Funding – grants, gifts, or user contributions; fees charged to individuals for their own prescription information
- Drugs Monitored – Schedules II – IV
- Who's Required to Report Dispensing Information – all persons lawfully authorized to deliver a controlled substance
- Exemptions from Reporting – hospital pharmacy that dispenses for inpatient use; practitioner who administers such substance; wholesale distributor
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – yes
- Data Collection Interval – weekly/7 days
- Notice to Consumers – no
- Interstate Sharing – with other PMPs
- Persons Authorized to Receive Information – law enforcement officials; licensing/ regulatory boards; patient; prescribers; dispensers
- Delegates Allowed – no
- De-identified Data Provided – no
- Unsolicited Reports – to prescribers and licensing boards
- Training Required – no
- Mandatory Enrollment – yes; all prescribers and dispensers
- Mandatory Access – no

Revised Statutes Annotated of the State of New Hampshire (2014)
Title XXX. Occupations and Professions (Ch. 309 to 332-J)
Chapter 318-B. Controlled Drug Act (Refs & Annos)
Controlled Drug Prescription Health and Safety Program

§ 318-B:32 Controlled Drug Prescription Health and Safety Program Established.

I. The board shall design, establish, and contract with a third party for the implementation and operation of an electronic system to facilitate the confidential sharing of information relating to the prescribing and dispensing of schedule II-IV controlled substances, by prescribers and dispensers within the state.

II. All costs incurred by the board for the implementation and operation of the program shall be supported through grants, gifts, or user contributions. The board may charge a fee to individuals who request their own prescription information. The amount charged for an individual's request for his or her prescription information shall not exceed the actual cost of providing that information.

III. There shall be no state general funds appropriated for the implementation or operation of the program.

IV. Prescription information relating to any individual, which information does not meet the level established to suggest possible drug abuse or diversion shall be deleted within 6 months after the initial prescription was dispensed. All other information shall be deleted after 3 years.

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§ 318-B:33 Controlled Drug Prescription Health and Safety Program Operation.

I. The board shall develop a system of registration for all prescribers and dispensers of schedule II-IV controlled substances within the state. The system of registration shall be established by rules adopted by the board, pursuant to RSA 541-A.

II. All prescribers and dispensers authorized to prescribe or dispense schedule II-IV controlled substances within the state shall be required to register with the program. Only registered prescribers and dispensers shall be eligible to access the program.

III. Each dispenser shall submit to the program the information regarding each dispensing of a schedule II-IV controlled substance. Any dispenser located outside the boundaries of the state of New Hampshire and who is licensed and registered by the board shall submit information regarding each prescription dispensed to a patient who resides within New Hampshire.

IV. Each dispenser required to report under paragraph III of this section shall submit to the program by electronic means information for each dispensing that shall include, but not be limited to:

(a) Dispenser's Drug Enforcement Administration (DEA) registration number.

(b) Prescriber's DEA registration number.

(c) Date of dispensing.

(d) Prescription number.

(e) Number of refills granted.

(f) National Drug Code (NDC) of drug dispensed.

(g) Quantity dispensed.

(h) Number of days supply of drug.

(i) Patient's name.

(j) Patient's address.

(k) Patient's date of birth.

(l) Patient's telephone number, if available.

(m) Date prescription was written by prescriber.

(n) Whether the prescription is new or a refill.

(o) Source of payment for prescription.

V. Each dispenser shall submit the required information in accordance with transmission methods and frequency as established by the program; but no more than 7 days from the date the prescription was dispensed.

VI. The program may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required by paragraph IV is submitted in this alternative format and within the established time limit.

VII. The program may grant a reasonable extension to a dispenser that is unable, for good cause, to submit all the information required by paragraph IV within the established time limits.

VIII. Any dispenser who in good faith reports to the program as required by paragraphs III and IV shall be immune from any civil or criminal liability as the result of such good faith reporting.

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Chapter 318-B. Controlled Drug Act (Refs & Annos)
Controlled Drug Prescription Health and Safety Program

§ 318-B:35 Providing Controlled Drug Prescription Health and Safety Information.

I. The program may provide information in the prescription health and safety program upon request only to the following persons:

(a) By electronic or written request to prescribers and dispensers within the state who are registered with the program:

(1) For the purpose of providing medical or pharmaceutical care to a specific patient; or

(2) For reviewing information regarding prescriptions issued or dispensed by the requester.

(b) By written request, to:

(1) A patient who requests his or her own prescription monitoring information.

(2) The board of dentistry, the board of medicine, the board of nursing, the board of registration in optometry, the board of podiatry, the board of veterinary medicine, and the pharmacy board; provided, however, that the request is pursuant to the boards' official duties and responsibilities and the disclosures to each board relate only to its licensees and only with respect to those licensees whose prescribing or dispensing activities indicate possible fraudulent conduct.

(3) Authorized law enforcement officials on a case-by-case basis for the purpose of investigation and prosecution of a criminal offense when presented with a court order based on probable cause. No law enforcement agency or official shall have direct access to the program.

(4) A controlled drug prescription health and safety program from another state on a case-by-case basis, if an agreement is in place with the other state to ensure that the information is used and disseminated pursuant to the requirements of this state.

II. The program shall notify the appropriate regulatory board listed in subparagraph I(b)(2) and the prescriber or dispenser at such regular intervals as may be established by the board if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred. The program shall provide prescription information required or necessary for an investigation.

III. The program shall review the information to identify information that appears to indicate whether a person may be obtaining prescriptions in a manner that may represent misuse or abuse of schedule II-IV controlled substances. When such information is identified, the program shall

notify the practitioner who prescribed the prescription.

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Title XXX. Occupations and Professions
Chapter 318-B. Controlled Drug Act
Controlled Drug Prescription Health and Safety Program

§ 318-B:38 Advisory Council Established.

I. There is hereby established an advisory council to assist the board in carrying out its duties under this subdivision. The members of the council shall be as follows:

(a) A representative of the board of medicine, appointed by such board.

(b) A representative of the pharmacy board, appointed by such board.

(c) A representative of the board of dental examiners, appointed by such board.

(d) A representative of the New Hampshire board of nursing, appointed by such board.

(e) A representative of the board of veterinary medicine, appointed by such board.

(f) The attorney general, or designee.

(g) The commissioner of the department of health and human services, or designee.

(h) A representative of the New Hampshire Medical Society, appointed by the society.

(i) A representative of the New Hampshire Dental Society, appointed by the society.

(j) A representative of the New Hampshire Association of Chiefs of Police, appointed by the association.

(k) A representative of a retail pharmacy, appointed jointly by the New Hampshire Pharmacists Association, the New Hampshire Independent Pharmacy Association, and the New Hampshire Association of Chain Drug Stores.

(l) Two public members appointed by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, one of whom may be a member of the commission.

(m) A representative of the New Hampshire Hospital Association, appointed by the association.

II. The council shall:

(a) Develop criteria for reviewing the prescribing and dispensing information collected.

(b) Develop criteria for reporting matters to the applicable health care regulatory board for further investigation.

(c) Develop criteria for notifying practitioners who are engaged in obtaining controlled substances from multiple prescribers or dispensers.

(d) Collect information on the outcomes and impact of the program including: satisfaction of users of the program, impact on prescribing patterns, impact on referrals to regulatory boards, and other relevant measures.

(e) Assist the board in meeting its responsibilities in RSA 318-B:32, I to implement and operate the program.

(f) Assist the board in adopting and revising the rules under RSA 541-A to implement the program.

III. The council may meet as often as necessary to effectuate its goals. The first meeting shall be called by the representative of the pharmacy board within 45 days of the effective date of this subdivision. At the first meeting, a chairman shall be elected by the members.