Prescription Monitoring Program State Profiles – North Dakota

Research current through December 2014.

This project was supported by Grant No. G1399ONDCP03A, 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 Government.

NORTH DAKOTA

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- Status of Program – operational
- Housing Entity – Board of Pharmacy
- Advisory Commission – yes
- Funding – from general licensing fees for wholesalers
- Drugs Monitored – Schedules II – V and non-controlled, non-scheduled substances
- Who's Required to Report Dispensing Information – all dispensers, meaning individuals who deliver a controlled substance to an ultimate user; opioid treatment programs if not exempted under federal law
- Exemptions from Reporting – licensed hospital pharmacy for the purpose of inpatient hospital care; licensed health care practitioner or other authorized individual who administers a controlled substance to a patient
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – yes
- Data Collection Interval – daily/24 hours
- Notice to Consumers – no
- Interstate Sharing – with other PMPs and authorized users in other states
- Persons Authorized to Receive Information – medical examiners who are licensed prescribers; law enforcement and judicial/prosecutorial officials; licensing/regulatory boards; Department of Human Services for purposes of Medicaid recipients; mental health and substance abuse professionals licensed in North Dakota and in a state licensed program; peer review committees; patient or parent of minor child; physician assistants; resident physicians; prescribers; dispensers; probation and/or parole officers; worker's compensation specialists
- Delegates Allowed – yes
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers, pharmacists, law enforcement, and licensing boards
- Training Required – no
- Mandatory Enrollment – no
- Mandatory Access – yes; opioid treatment programs must access the PMP at least monthly for each patient; all dispensers must check the PMP if the dispenser becomes aware of certain factors that might indicate abuse or misuse, including receiving reported drugs from multiple prescribers, receiving reported drugs for more than 12 weeks, requesting dispensing of reported drugs from a prescriber with whom the dispenser is unfamiliar, etc.

West's North Dakota Century Code Annotated (2014)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-02. Requirements for prescription drug monitoring program

1. The board shall establish and maintain a program for the monitoring of prescribing and dispensing of all controlled substances.

2. Each dispenser shall submit to the board by electronic means information regarding each prescription dispensed for a controlled substance. The board shall establish and update rules to direct dispensers on the version of the American Society for Automation in Pharmacy Rules-Based Standard Implementation Guide for Prescription Monitoring Programs in which the dispensing history must be submitted to the central repository.

3. Each dispenser shall submit the information in accordance with transmission methods and frequency established by the board.

4. The board may issue an extension of time to a dispenser that is unable to submit prescription information by electronic means.

West's North Dakota Century Code Annotated (2014)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-03. Access to prescription information

1. Information submitted to the central repository is confidential and may not be disclosed except as provided in this section.

2. The board shall maintain procedures to ensure that the privacy, confidentiality, and security of patient information collected, recorded, transmitted, and maintained is not disclosed except as provided in this section.

3. Unless disclosure is prohibited by law, the board may provide data in the central repository to:

a. A prescriber for the purpose of providing medical care to a patient, a dispenser for the purpose of filling a prescription or providing pharmaceutical care for a patient, a prescriber or dispenser inquiring about the prescriber's or dispenser's own prescribing activity, or a prescriber or dispenser in order to further the purposes of the program;

b. An individual who requests the prescription information of the individual or the individual's minor child;

c. State boards and regulatory agencies that are responsible for the licensing of individuals authorized to prescribe or dispense controlled substances if the board or regulatory agency is seeking information from the central repository that is relevant to an investigation of an individual who holds a license issued by that board or regulatory agency;

d. Local, state, and federal law enforcement or prosecutorial officials engaged in the enforcement of laws relating to controlled substances who seek information for the purpose of an investigation or prosecution of the drug-related activity or probation compliance of an individual;

e. The department of human services for purposes regarding the utilization of controlled substances by a medicaid recipient or establishment and enforcement of child support and medical support;

f. Workforce safety and insurance for purposes regarding the utilization of controlled substances by a claimant;

g. Judicial authorities under grand jury subpoena or court order or equivalent judicial process for investigation of criminal violations of controlled substances laws;

h. Public or private entities for statistical, research, or educational purposes after the information is de-identified with respect to any prescriber, dispenser, or patient who received a prescription for a controlled substance;

i. A peer review committee which means any committee of a health care organization, composed of health care providers, employees, administrators, consultants, agents, or members of the health care organization's governing body, which conducts professional peer review as defined in chapter 23-34; or

j. A licensed addiction counselor for the purpose of providing services for a licensed treatment program in this state.

4. The board shall maintain a record of each person who requests information from the central repository. The board may use the records to document and report statistics and outcomes. The board may provide records of the requests for information to:

a. A board or regulatory agency responsible for the licensing of individuals authorized to prescribe or dispense controlled substances that is engaged in an investigation of the individual who submitted the request for information from the central repository; and

b. Local, state, and federal law enforcement or prosecutorial officials engaged in the enforcement of laws relating to controlled substances for the purpose of an active investigation of an individual who requested information from the central repository.

West's North Dakota Century Code Annotated (2014)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-07. Advisory council

1. An advisory council is established to advise and make recommendations to the board regarding how to best use the program to improve patient care and foster the goal of reducing misuse, abuse, and diversion of controlled substances; to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances; and to provide advice and recommendations to the board regarding any other matters as requested by the board. The advisory council may have access to central repository information to fulfill its duties.

2. The advisory council must consist of:

a. One dispenser selected by the board;

b. One physician selected by the North Dakota medical association;

c. One prescriber selected by the board of nursing;

d. A designee of the attorney general;

e. A designee of the department of human services;

f. One prescriber selected by the board of medical examiners;

g. One prescriber selected by the North Dakota nurses association; and

h. Any other prescriber or dispenser determined by the board to be necessary to meet a mandate of, or avoid a delay in implementing, an appropriations measure. The number of additional members selected by the board must be limited to the number necessary to meet the mandate or avoid the delay of an appropriation.

3. The advisory council shall make recommendations to the board regarding:

a. Safeguards for the release of information to individuals who have access to the information contained in the central repository;

b. The confidentiality of program information and the integrity of the patient's relationship with the patient's health care provider;

c. Advancing the purposes of the program, including enhancement of the quality of health care delivery in this state; and

d. The continued benefits of maintaining the program in relationship to the cost and other burdens to the state.

4. The board may provide reimbursement of expenses and per diem to members of the advisory council within the limits provided in state law.

West's North Dakota Century Code Annotated (2014)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-08. Extraterritorial application

The board may provide data in the central repository to a practitioner or controlled substances monitoring system in another state, if the disclosure to a practitioner or the prescription drug monitoring program located in this state is authorized by this chapter.

West's North Dakota Century Code Annotated (2014)
Title 50. Public Welfare
Chapter 50-31. Substance Abuse Treatment Programs

§ 50-31-08. Opioid treatment programs--Licensure required--Rules

1. To operate in this state, an opioid treatment program must be granted a license from the department, certification from the United States department of health and human services substance abuse and mental health services administration, and registration from the United States department of justice drug enforcement administration.

2. The department may license a substance abuse treatment program to operate an opioid treatment program in the state. A separate license is required for each location at which an opioid treatment program is operated under this section.

3. The department shall adopt rules relating to licensing and monitoring opioid treatment programs, including rules for:

a. Standards for approval and maintenance of license;

b. Assessment of need for an opioid treatment program in the proposed location;

c. Patient eligibility for admission to an opioid treatment program;

d. Treatment standards, including counseling and drug testing requirements; and

e. Measures to prevent the diversion to illegal use of any drug used by a program to treat an opioid addiction.

4. Each state-licensed opioid treatment program shall submit by electronic means information regarding each prescription dispensed for a controlled substance to the state's prescription drug monitoring program, unless specifically exempted by federal law.

North Dakota Administrative Code (2014)
Title 61. State Board of Pharmacy
Article 61-12. Prescription Drug Monitoring Program
Chapter 61-12-01. Prescription Drug Monitoring Program

61-12-01-02. Dispenser reporting.

1. Each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient shall submit to the central repository by electronic means information regarding each prescription dispensed for a controlled substance. The information submitted for each prescription shall include all of the data elements in the American society for automation in pharmacy rules-based standard implementation guide for prescription monitoring programs issued September 2011, version 4, release 2.

2. Each dispenser shall submit the information required by this chapter to the central repository at least once every day unless the board waives this requirement for good cause shown by the dispenser.

3. An extension of the time in which a dispenser must report the information required by this chapter may be granted to a dispenser that is unable to submit prescription information by electronic means if:

a. The dispenser suffers a mechanical or electronic failure or cannot report within the required time for other reasons beyond the dispenser's control; or

b. The central repository is unable to receive electronic submissions.

North Dakota Administrative Code (2014)
Title 61. State Board of Pharmacy
Article 61-12. Prescription Drug Monitoring Program
Chapter 61-12-01. Prescription Drug Monitoring Program

61-12-01-03. Operation of program.

1. The board may charge a fee to an individual who requests the individual's own information from the central repository.

2. The board may charge a fee to a person who requests statistical, aggregate, or other de-identified information.

North Dakota Administrative Code (2014)
Title 61. State Board of Pharmacy
Article 61-12. Prescription Drug Monitoring Program
Chapter 61-12-01. Prescription Drug Monitoring Program

61-12-01-04. Required use for certain dispensing situations.

1. Prior to dispensing a prescription, each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient, for the treatment of pain or anxiety shall, at a minimum, request and review a prescription drug monitoring report covering at least a one-year time period or another state's report, or both reports, when applicable and available, if the dispenser becomes aware of a person currently:

a. Receiving reported drugs from multiple prescribers;

b. Receiving reported drugs for more than twelve consecutive weeks;

c. Abusing or misusing reported drugs (i.e., over-utilization; early refills; appears overly sedated or intoxicated upon presenting a prescription for a reported drug; or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks);

d. Requesting the dispensing of a reported drug from a prescription issued by a prescriber with whom the dispenser is unfamiliar (i.e., the prescriber is located out-of-state or the prescriber is outside the usual pharmacy geographic prescriber care area); or

e. Presenting a prescription for reported drugs when the patient resides outside the usual pharmacy geographic patient population.

2. After obtaining an initial prescription drug monitoring report on a patient, a dispenser shall use professional judgment based on prevailing standards of practice in deciding the frequency of requesting and reviewing further prescription drug monitoring reports or other state's reports, or both reports, for that patient.

3. In the rare event a report is not immediately available, the dispenser shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report.

4. For the purpose of compliance with subsection 1, a report could be obtained through a prescription drug monitoring program intergration with software or also a board-approved aggregate tool, for which the NARxCHECK will be an approved tool. The national association of boards of pharmacy foundation's NARxCHECK service is a risk assessment tool for health care providers and pharmacists that accesses patient prescription information from prescription drug monitoring databases, analyzes the data, and provides a risk-based score that includes prescription drug monitoring program data and graphical analysis to assist in prescribing and dispensing decisions.

North Dakota Administrative Code (2014)
Title 75. Department of Human Services
Article 75-09.1. Substance Abuse Treatment Programs
Chapter 75-09.1-10. Licensing and Treatment Standards for Opioid Treatment Programs

75-09.1-10-10. Opioid treatment program administrative organization and responsibilities.

1. Each opioid treatment program shall develop a referral and consultative relationship with a network of agencies and providers capable of providing primary and specialty services for the range of behavioral difficulties, psychiatric comorbid conditions, medical complications, and communicable diseases that may be part of a patient's treatment needs. Any information exchanged across this network must facilitate treatment and protect patient privacy, consistent with the Health Insurance Portability and Accountability Act, and title 42, Code of Federal Regulations, part 2.

2. Each opioid treatment program shall create a written statement of its mission and goals for patient care.

3. An opioid treatment program shall maintain individualized personnel files as a record of employment. These files must contain employment and credentialing data, employment application data, date of employment, updated licensing and credentialing data, detailed job descriptions, performance evaluations, and appropriate training records.

4. An opioid treatment program shall require a criminal history record investigation as set forth under section 75-09.1-01-17 for an employee prior to allowing the employee to work with either adult or adolescent patients.

5. An opioid treatment program shall complete outcomes and data reports as requested by the division.

6. An opioid treatment program shall utilize the prescription drug monitoring program at least monthly for each patient.