# Prescription Monitoring Program State Profiles - Pennsylvania

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# PENNSYLVANIA

http://www.attorneygeneral.gov/drugs.aspx?id=5946
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- Status of Program – operational
- Housing Entity – Office of the Attorney General; eff. June 30, 2015 – Dept. of Health
- Advisory Commission – yes
- Funding – eff. June 30, 2015 – funds from the General Fund, appropriations, civil penalties related to the PMP, federal funding and public and private grants
- Drugs Monitored – Schedule II; eff. June 30, 2015 – Schedule II-V
- Who's Required to Report Dispensing Information – all pharmacies; eff. June 30, 2015 – all dispensers and pharmacies
- Exemptions from Reporting – drugs used in anesthetic procedures; eff. June 30, 2015 – licensed health care facilities, correctional facilities, direct administration of a controlled substance, wholesale distributors, licensed providers in the LIFE program, hospice providers, prescribers at a licensed health care facility if the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of five days with no refills, veterinarians
- Nonresident Pharmacies Required to Report – no; eff. June 30, 2015 - yes
- Veterinarians Required to Report – no
- Data Collection Interval – monthly; eff. June 30, 2015 – 72 hours
- Notice to Consumers – no; eff. June 30, 2015 - yes
- Interstate Sharing – eff. June 30, 2015 – with other PMPs
- Persons Authorized to Receive Information – law enforcement and judicial/prosecutorial officials; eff. June 30, 2015 – prescribers; dispensers; the Office of the Attorney General on behalf of all law enforcement agencies; licensing/regulatory boards; designated personnel regarding patients in the medical assistance program, CHIP, PACE, or PACENET programs; personnel from the Dept. of Drug and Alcohol Programs engaged in the administration of the Methadone Death and Incident Review Team; medical examiner or county coroner; patient
- Delegates Allowed – no; eff. June 30, 2015 - yes
- De-identified Data Provided – no
- Unsolicited Reports – to law enforcement
- Training Required – yes
- Mandatory Enrollment – no
- Mandatory Access – no; eff. June 30, 2015 – yes; prescribers must query the PMP for each patient the first time a patient is prescribed a controlled substance or if the prescriber believes or has reason to believe that a patient may be abusing or diverting drugs

West's Pennsylvania Administrative Code (2014)
Title 28. Health and Safety
Part III. Prevention of Diseases
Chapter 25. Controlled Substances, Drugs, Devices, and Cosmetics
Subchapter A. Controlled Substances, Drugs, Devices and Cosmetics
Reports of Schedule II Controlled Substances

§ 25.131. Every dispensing practitioner.

Every pharmacy shall, at the end of each month, on forms issued for this purpose by the Office of the Attorney General of the Commonwealth, provide the Office of the Attorney General of the Commonwealth with the name of each person to whom a drug or preparation, which is classified by the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C.A. § 3801 and the act as a controlled substance in Schedule II, was sold, dispensed, distributed or given away, except when used in anesthetic procedures, together with such other information as may be required, under the act.

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program ( Abc-Map) Act

§ 872.3. Definitions

<Section effective June 30, 2015.>

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Addiction specialist." A physician licensed by the State Board of Medicine and certified by the American Board of Addiction Medicine.

"Board." The ABC-MAP Board established in section 4.

"Controlled substance." A drug, substance or immediate precursor included in the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or the Controlled Substances Act (Public Law 91-513, 84 Stat. 1236).

"Department." The Department of Health of the Commonwealth.

"Dispense." To deliver a controlled substance, other drug or device to a patient by or pursuant to the lawful order of a prescriber.

"Dispenser." A person lawfully authorized to dispense in this Commonwealth, including mail order and Internet sales of pharmaceuticals. The term does not include any of the following:

(1) A licensed health care facility that distributes the controlled substance for the purpose of administration in the licensed health care facility.

(2) A correctional facility or its contractors if the confined person cannot lawfully visit a prescriber outside the correctional facility without being escorted by a corrections officer.

(3) An authorized person who administers a controlled substance, other drug or device.

(4) A wholesale distributor of a controlled substance.

(5) A licensed provider in the LIFE program.

(6) A provider of hospice as defined in the act of July 19, 1979 (P.L. 130, No. 48), known as the Health Care Facilities Act.

(7) A prescriber at a licensed health care facility if the quantity of controlled substances dispensed is limited to an amount adequate to treat the patient for a maximum of five days and does not allow for a refill.

(8) A veterinarian.

“Licensed health care facility.” A health care facility that is licensed under Article X of the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code, or the act of July 19, 1979 (P.L. 130, No. 48), known as the Health Care Facilities Act.

“LIFE program.” The program of medical and supportive services known as Living Independently For Elders.

“Pharmacy.” As defined in the act of September 27, 1961 (P.L. 1700, No. 699), known as the Pharmacy Act.

“Prescriber.” A person who is licensed, registered or otherwise lawfully authorized to distribute, dispense or to ad-minister a controlled substance, other drug or device in the course of professional practice or research in this Com-monwealth. The term does not include a veterinarian.

“Program.” The Achieving Better Care by Monitoring All Prescriptions Program ( ABC-MAP) established in section 6.

“System.” The program's electronic prescription monitoring system with a database component.

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program ( Abc-Map) Act

§ 872.4. ABC-MAP Board

(a) Creation.--The ABC-MAP Board is created in the Department of Health.

(b) Board composition.--The board shall consist of the following individuals or their designees:

(1) The Secretary of Health, who shall serve as chairperson.

(2) The Secretary of Human Services.

(3) The Secretary of Drug and Alcohol Programs.

(4) The Secretary of State.

(5) The Insurance Commissioner.

(6) The Secretary of Aging.

(7) The Commissioner of the Pennsylvania State Police.

(8) The Attorney General.

(9) The Physician General, if the Secretary of Health is not a physician.

(c) Term limits.--Each member of the board shall serve for the duration of their elected or appointed position.

(d) Meetings.--The board shall meet at least once a year for the purpose of assessing the costs and benefits of the program and effectuating any necessary changes. The board may meet more frequently at the discretion of the chairperson.

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
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§ 872.5. Powers and duties of board

<Section effective June 30, 2015.>

The board shall have the following powers and duties:

(1) Evaluate and secure a vendor of an electronic prescription monitoring system for the purpose of carrying out the provisions of this act.

(2) Appoint an advisory group comprised of dispensers, prescribers, law enforcement officials, addiction special-ists, patient and privacy advocates and individuals with expertise considered important to the operation of the program. All members shall have varying perspectives and will provide input and recommendations to the board regarding the establishment and maintenance of the program. The advisory group shall not exceed 12 members.

(3) Create a written notice to be used by prescribers and used or displayed by dispensers to provide notice to pa-tients that information regarding prescriptions for controlled substances is being collected by the program and that the patient has a right to review and correct the information with the program. The notice must include all of the following:

(i) The manner in which the patient may access the patient's personal information. The notice shall state that one-time quarterly patient access shall be at no cost.

(ii) An explanation of the program and the program's authorized users.

(iii) The program's record retention policies.

(iv) An explanation that prescription information is confidential and is not subject to the act of February 14, 2008 (P.L. 6, No. 3), [FN1] known as the Right-to-Know Law.

(v) Any cost associated with accessing the information more than once during each calendar quarter.

(4) Phase in an enforcement process so that dispensers and prescribers may transition and have adequate time to make the necessary changes to their operating systems.

(5) Develop policies and procedures to:

(i) Require more frequent reporting of prescription medication information under section 7 [FN2] should tech-nology permit and so long as there is little or no fiscal impact to the Commonwealth

or those required to report. Any change in the frequency of reporting shall be made in collaboration with the Board of Pharmacy and the Board of Pharmacy's members to ensure that a pharmacy is able to accommodate the change.

(ii) Evaluate the information in the system.

(iii) Allow for authorized department personnel to conduct internal reviews, analyses and interpret the data contained in the system.

(iv) Safeguard the release of information to authorized users and department personnel and ensure the privacy and confidentiality of patients and patient information.

(v) Aid prescribers in identifying at-risk individuals and referring them to drug addiction treatment professionals and programs.

(vi) Establish professionally developed criteria, with the advice of the advisory group, that generates referrals of prescription monitoring information to the appropriate licensing board in the Department of State. A referral may only be generated when the system produces an alert that there is a pattern of irregular data for a dis-penser or prescriber which appears to deviate from the clinical standard.

(vii) Provide training to prescribers and dispensers on the use of the system.

(viii) Assist professional organizations whose members prescribe, monitor or treat patients or dispense con-trolled substances to patients to develop educational programs for those members relating to prescribing prac-tices, pharmacology, controlled substance abuse and clinical standards, including:

(A) identification of those at risk for controlled substance abuse; and

(B) referral and treatment options for patients.

(ix) Permit individuals employed by prescribers, pharmacies and dispensers to query the system as designees so long as each individual designee has a unique identifier when accessing the system and set explicit standards to qualify individuals authorized to query the system and to ensure the security of the system when used by a de-signee.

(x) Keep pace with technological advances that facilitate the interoperability of the system with other states' prescription drug monitoring systems and electronic health information systems.

(xi) Evaluate the costs and benefits of the program.

(xii) Convene the advisory group at least annually.

(xiii) Direct the department to operate and maintain the program on a daily basis.

(xiv) Review the program for the purpose of compiling statistics, research and educational materials and out-reach.

(xv) Identify any controlled substance that has been shown to have limited or no potential for abuse and therefore should not be reported to the program.

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
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§ 872.7. Requirements for dispensers and pharmacies

<Section effective June 30, 2015.>

(a) Submission.--A dispenser or pharmacy shall, according to the format determined by the board, electronically submit information to the system regarding each controlled substance dispensed.

(b) Data elements.--All of the following information shall be provided by a dispenser or pharmacy:

(1) The full name of the prescriber.

(2) The prescriber's Drug Enforcement Agency (DEA) registration number.

(3) The date the prescription was written.

(4) The date the prescription was dispensed.

(5) The full name, date of birth, gender and address of the person for whom the prescription was written and dispensed.

(6) The National Drug Code.

(7) Quantity and Days' supply.

(8) The DEA registration number and National Provider Identifier of the dispenser or pharmacy.

(9) The method of payment for the prescription.

(c) Frequency.--A dispenser or pharmacy shall submit all information required under subsection (b) to the system no later than 72 hours after dispensing a controlled substance.

(d) Dispenser designee.--Dispensers may designate other pharmacy employees for purposes of accessing the system according to standards established by the board.

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§ 872.8. Requirements for prescribers

<Section effective June 30, 2015.>

(a) System query.--A prescriber shall query the system:

(1) for each patient the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a base line and a thorough medical record; or

(2) if a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs.

(b) Medical record entries.--A prescriber shall indicate the information obtained from the system in the patient's medical record if:

(1) the individual is a new patient; or

(2) the prescriber determines a drug should not be prescribed or furnished to a patient based upon the information from the system.

(c) Prescriber designee.--Prescribers may designate employees for purposes of accessing the system according to standards established by the board. In assigning a designee, a prescriber shall give preference to a professional nurse licensed by the State Board of Nursing.

(d) Nonviolation.--A prescriber or dispenser who, in the exercise of sound clinical judgment, does not believe that a patient is abusing or diverting controlled substances shall not be in violation of this act for not seeking or obtaining information from the system prior to prescribing or dispensing so long as the prescriber or dispenser is otherwise in compliance.

(e) Immunity.--A prescriber or dispenser who has submitted or received information from the system in accordance with this section and section 7, and has held the information in confidence as required by section 9, shall not be held civilly liable or disciplined in a licensing board action for submitting the information or not seeking or obtaining information from the system prior to prescribing or dispensing a controlled substance.

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
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§ 872.9. Access to prescription information

<Section effective June 30, 2015.>

(a) Confidentiality.--Except as set forth in subsection (b), prescription information submitted to the system and records of requests to query the system shall be confidential and not subject to disclosure under the act of February 14, 2008 (P.L. 6, No. 3), known as the Right-to-Know Law.

(b) Authorized users.--The following individuals may query the system according to procedures determined by the board and with the following limitations:

(1) Prescribers may query the system for:

(i) an existing patient; and

(ii) prescriptions written using the prescriber's own Drug Enforcement Agency number.

(2) Dispensers may query the system for a current patient to whom the dispenser is dispensing or considering dispensing any controlled substance.

(3)(i) The Office of Attorney General shall query the system on behalf of all law enforcement agencies, including, but not limited to, the Office of the Attorney General and Federal, State and local law enforcement agencies for:

(A) Schedule II controlled substances as indicated in the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act and in the manner determined by the Pennsylvania Attorney General pursuant to 28 Pa. Code § 25.131 (relating to every dispensing practitioner); and

(B) all other schedules upon receipt of a court order obtained by the requesting law enforcement agency. Upon receipt of a motion under this clause, the court may enter an ex parte order granting the motion if the law enforcement agency has demonstrated by a preponderance of the evidence that:

(I) the motion pertains to a person who is the subject of an active criminal investigation with a reasonable likelihood of securing an arrest or prosecution in the foreseeable future; and

(II) there is reasonable suspicion that a criminal act has occurred.

(ii) Data obtained by a law enforcement agency under this paragraph shall only be used to establish probable cause to obtain a search warrant or arrest warrant.

(iii) Requests made to the Office of Attorney General to query the system under this paragraph shall be made in a form or manner prescribed by the Office of Attorney General and shall include the court order, when applicable. Each individual designee of the Office of Attorney General shall have a unique identifier when accessing the system.

(4) The Office of Attorney General shall query the system on behalf of a grand jury investigating a criminal violation of a law governing controlled substances.

(5) Approved department personnel may query the system for the purpose of:

(i) conducting internal reviews related to controlled substance laws; or

(ii) engaging in the analysis of controlled substance prescription information as part of the assigned duties and responsibilities of employment.

(6) Designated representatives from the Commonwealth or out-of-State agency or board responsible for licensing or certifying prescribers or dispensers whose professional practice was or is regulated by that agency or board for the purpose of conducting administrative investigations or proceedings.

(7) Designated Commonwealth personnel who are responsible for the development and evaluation of quality improvement strategies, program integrity initiatives or conducting internal compliance reviews and data reporting for the medical assistance program, Children's Health Insurance Program (CHIP), Pharmaceutical Assistance Contract for the Elderly (PACE) or Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier (PACENET).

(8) Personnel from the Department of Drug and Alcohol Programs engaged in the administration of the Methadone Death and Incident Review Team.

(9) A medical examiner or county coroner for the purpose of investigating the death of the individual whose record is being queried.

(10) A prescription drug monitoring official, dispenser or prescriber of a state with which this Commonwealth has an interoperability agreement.

(11) Upon providing evidence of identity and within 30 days from the date of the request, an individual who is the recipient of a controlled substance prescription entered into the system, the individual's parent or guardian if the individual is under 18 years of age or the individual's health care power of attorney.

(c) Access for active investigation.--In the case where a law enforcement agency has accessed the system for an active investigation, the information about that query shall be withheld from

the individual subject to the query for a period of six months after the conclusion of the investigation.

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§ 872.11. Program funding

<Section effective June 30, 2015.>

(a) General rule.--The department may use the money deposited in the General Fund and appropriated to the de-partment to carry out the requirements of this act.

(b) Civil penalties.--All civil penalties assessed under this act shall be deposited in the General Fund and appropri-ated to the department to implement the program.

(c) Data fees.--All costs associated with recording and submitting data shall be assumed by the submitting dispenser.

(d) Other funding opportunities.--The board may direct the department to pursue Federal funding and grants, both public and private.

(e) Fees prohibited.--A dispenser or prescriber shall not be required to pay a fee or tax specifically dedicated to the establishment, operation or maintenance of the program. No fee shall be assessed to the patient by the dispenser or prescriber due to the need to submit information to the system.

(f) Transfer of funds.--Any funds currently appropriated shall be redirected and used for the operation of the pro-gram. Additional agencies utilizing the system, including licensing boards, may also transfer funds to the depart-ment for operation of the program.