



## COMPONENTS OF A STRONG PRESCRIPTION MONITORING STATUTE/PROGRAM

1. Drugs monitored optimally would include federal controlled substances, additional specified controlled substances regulated by the state, and drugs of concern documented to demonstrate a potential for abuse, particularly those identified by law enforcement and addiction treatment professionals. While not officially scheduled, some substances can still be highly abused and require immediate attention. In a state which requires a legislative action to schedule substances, the prescription drug monitoring official will need the authority through the monitoring system to immediately address the problem. If the monitoring program only tracks controlled substances, the officials will have to wait perhaps 6 months or more for the legislature to pass a bill placing the abused substance on a controlled substances schedule.

2. The monitoring system should proactively provide information to law enforcement, occupational licensing and other appropriate individuals. The prescription drug monitoring official should review the information in the system and if there is reasonable cause to believe there has been a violation of law or a breach of occupational standards, the official should notify the appropriate agency.

Additionally, the statute should allow the program to provide information for public research, policy and education purposes to the extent all information reasonably likely to reveal the patient or other person who is the subject of the information has been removed.

3. Dispensers and prescribers, law enforcement officials and occupational licensing officials should be included among the individuals or officials allowed to request specific information from the program.

4. Requestors of program information must demonstrate that they have the training necessary to responsibly and properly use the information they receive from the program. All requestors should be required to prove that they have received training on the purpose and operation of the program, and how to properly use the program. Additionally, health professionals should be required to receive training on proper prescribing practices, pharmacology and identification, treatment and referral of patients addicted to or abusing substances monitored by the program. This training can help physicians better assess whether the marketing and sales information they are given about a prescription drug's effects appears to be accurate.

5. An evaluation component is necessary to identify cost benefits of the program and any recommended improvements. As part of the ongoing assessment process, an advisory board or council should provide advice and input regarding the development and

operation of the prescription drug monitoring system. The board or council should address issues such as (1) what drugs of concern to be monitored, (2) what specific state controlled substances to be monitored, (3) what constitutes diversion and proper prescribing, (4) the content and implementation of educational courses, (5) the interpretation of prescription monitoring information

6. Confidentiality protections from improper use of the system or of information from the system are important statutory provisions. Prescription monitoring information should not be subject to public or open records laws. Additionally, the law creating the prescription drug monitoring program should include penalties for knowingly disclosing or using information other than as authorized by the law.

7. Interstate misuse and abuse of prescription drugs is an issue each state with a prescription drug monitoring program should attempt to address. By statute, regulation or interstate agreement, the state should speak to the following circumstances:

- (a) pharmacies or other dispensers located in the state with a prescription drug monitoring program which dispense or deliver to an address of an ultimate user in another state;
- (b) pharmacies or other dispensers located in another state which dispense or deliver to an address of an ultimate user in the state with a prescription drug monitoring program; and
- (c) pharmacies or other dispensers located in another state which dispense or deliver to an ultimate user with an official address in the state with a prescription drug monitoring program.