

Texas' Prescription Drug Monitoring Program (PDMP)

Name of Program: Texas Prescription Program

Overseeing Agency: Department of Public Safety

Year Original Program Established: 1981

Schedules Monitored: Schedule II

Number of Prescriptions Collected Annually: 3.3 million

Number of Controlled Substances Dispensers: 4,323

Data Collection: Once per month

Requests for Reports: 100 per month

Who Requests Reports: 40% Physicians
20% Law Enforcement
40% Licensing Boards

Operating Costs: \$1.4 million

Harold Rogers Prescription Drug Monitoring Program Grants Awarded:

(Administered by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice)

Fiscal Year 2006

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Website: http://www.txdps.state.tx.us/criminal_law_enforcement/narcotics/pages/Prescription.htm

Statute & Regulation Citation:

TEX. HEALTH & SAFETY CODE ANN. §§ 481.075 to -.0761, -.127, -.128 (2005)
37 TEX. ADMIN. CODE §§ 13.71 to -.86 (West 2005)

The Texas Prescription Program was first implemented in the early 1980s. Before the establishment of this program, manpower was the primary resource available to combat diversion; and many hours were required to interact with the large numbers of practitioners (60,000) and pharmacies (5000). Traditional record audits and investigator contacts were used to garner information to substantiate or refute allegations. Based upon information from a Department survey of pharmacies, data indicates that, during the first year of the program, there was a 52% reduction in the number

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schedule II prescriptions filled in Texas. The number of filled prescriptions continued to decline until 1990, when the numbers increased. Declines and increases are attributable to a variety of factors.

With the establishment of the program, a number of ongoing investigations into "pill mills" were resolved quickly, therefore fewer invalid prescriptions were filled, forgery and fraudulent call in prescriptions for schedule II controlled substances became more difficult, and the required prescription form was not available to the public. In addition, changes in insurance programs were implemented that allowed or required patients to use hospice care and drug therapy at home, there was more widespread diagnoses of attention deficit/hyperactivity disorder in children and adults, and there has been positive changes in the practice of pain management.

The Texas Prescription Program has a preventive and deterrent effect on drug abuse and drug diversion. It is a measure that reduces abuse without adverse impact on the availability of controlled substances for legitimate use. The value of prescription monitoring programs was recognized by the 1988 White House Conference for a Drug Free America, which formally recommended that "all states should adopt legislation establishing multiple-copy prescription programs."

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