



COMPONENTS OF A STRONG PRESCRIPTION MONITORING PROGRAM

Revised June 2012.

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.

© 2014. Please contact Sarah Kelsey at (703) 836-6100, ext. 119 or skelsey@namsdl.org or Heather Gray at (703) 836-6100, ext. 114 or hgray@namsdl.org with any questions regarding or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 420 Park Street, Charlottesville, VA 22902.

**COMPONENTS OF A STRONG PRESCRIPTION DRUG MONITORING (PMP)
STATUTE
REVISED JUNE 2012**

1. Drugs Monitored

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 officials will need the authority through the monitoring system to immediately address the problem. If the monitoring program only tracks controlled substances, the official will have to wait perhaps six months or more for the legislature to pass a bill placing the abused substance on a controlled substances schedule.

2. Unsolicited and Proactive Disclosure

The PMP should proactively provide data to prescribers, dispensers, law enforcement and occupational licensing individuals. The prescription drug monitoring official should review the information in the system. If that data satisfies criteria established by the official in consultation with designated persons or any existing advisory committee, the official should provide the relevant information to the appropriate persons.

3. Disclosure of De-Identified Information

The PMP statute should allow the PMP Administrator to disclose de-identified data for statistical, public research, public policy or educational purposes. Prior to disclosure, the PMP Administrator should remove all information which identifies, or could reasonably be used to identify, the patient, prescriber, dispenser or other person who is the subject of the information.

4. Authorized Users

The individuals or officials allowed to request specific data from the program should include prescribers, dispensers, law enforcement and prosecutorial officials, health licensing agencies or boards for prescribers and dispensers, and patients. Additionally, state officials should include as authorized users those individuals whose use of the information will enhance patient safety and patient care. Such users include medical examiners, county coroners and designated representatives of drug and alcohol addiction treatment programs.

5. Education, Training or Instruction for Authorized Users

Requestors of PMP information should demonstrate that they have the education, training or instruction necessary to responsibly and properly use the information that they receive from the program. Designated categories of requestors should be required to prove that they have received education, training or instruction on the purpose and operation of the program, and how

to appropriately use the PMP data. These categories include prescribers, dispensers, law enforcement and prosecutorial officials, health licensing agencies and boards for prescribers and dispensers, designated representatives of the PMP administering agency and contractors, medical examiners or county coroners, designated representatives of drug and alcohol addiction treatment programs, and Advisory Committee members.

Also, health professionals should be required to receive education on proper prescribing practices, pharmacology and identification, treatment and referral of patients addicted to or abusing substances monitored by the PMP.

6. Standards and Procedures for Access to and Use of PMP

Health licensing agencies or boards for prescribers and dispensers, by statute, regulation, rule or policy should establish standards and procedures for their licensees regarding access to and use of PMP data. A PMP is an information tool which can help health professionals intervene with patients who may be abusing or addicted to substances monitored by the PMP. The tool's intervention purpose is most effectively carried out when the PMP is properly used by health professionals. Health licensing agencies or boards should provide guidance on such proper use.

7. Linkage to Addiction Treatment Professionals

State officials, by statute, regulation, rule or policy, or in practice, should establish an appropriate linkage from the PMP to addiction treatment professionals to help individuals identified through the PMP as potentially impaired or potentially addicted to a substance monitored by the PMP. An example of such linkage is a PMP Administrator referring prescribers and dispensers she has reason to believe may be impaired to the appropriate professional licensing or certification agency and to the appropriate impaired professionals associations.

8. Interstate Sharing of PMP Data

Interstate misuse and abuse of prescription drugs is a major problem facing all states. Each state with a PMP should provide for appropriate interstate sharing of PMP data by statute, regulation or interstate agreement. Recipients of PMP data from other states may include prescribers, dispensers, law enforcement representatives, PMP officials or other specified authorities.

9. Confidentiality Protections

Confidentiality protections from improper use of the system or of information from the PMP are important statutory and programmatic provisions. PMP data should not be subject to public or open records laws. Also, the enabling statute for the PMP should include penalties for knowingly disclosing, using or obtaining information other than as authorized by law. The PMP administering agency should maintain procedures to protect the privacy and confidentiality of patients and to ensure that data collected, recorded, transmitted, and maintained pursuant to the PMP law is not disclosed or used except as authorized by the law.

10. Evaluation Component

An evaluation component is critical to identifying cost benefits of the PMP, impacts of the use of PMP data on the practices of authorized users, any recommended operational improvements and other information relevant to policy, research and education involving controlled substances and drugs of concern monitored by the PMP. As part of the ongoing assessment process, an advisory committee or designated individuals should provide advice and input regarding the development and operation of the PMP.