



Components of a Strong Prescription Monitoring Program

Revised July 2015.

This project was supported by Grant No. G15599ONDCP03A, 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.

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**COMPONENTS OF A STRONG PRESCRIPTION MONITORING PROGRAM (PMP)
STATUTE
REVISED JULY 2015**

1. Drugs Monitored

Drugs monitored should include controlled substances listed in Schedules II – V in the federal controlled substances act, controlled substances listed in Schedules II – VI under the state controlled substances act, any additional specified controlled substances regulated by the state, and drugs of concern identified by a state agency as demonstrating a potential for abuse and which is designated a drug of concern by state regulation. While not officially scheduled, some substances can still be highly abused and require immediate attention. In a state which requires 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. Advisory Committee

An advisory committee should be established to provide input and advice regarding the establishment and maintenance of the PMP with a view toward improving patient care and developing criteria for indications of abuse and misuse as well as criteria for indications that a practitioner might be over-prescribing. The committee should also provide input and advice regarding technological improvements to the program that could make reporting and accessing prescription information more user friendly and increase usage of the program, as well as improvements to facilitate the interoperability of the PMP with other state PMPs and electronic health information systems. The advisory committee can be made up of as few or as many members as a state determines best meets that state's needs, but should include a cross-section of professionals.

3. Reporting of Prescription Monitoring Information

In addition to reporting standard patient, prescriber, and drug information, dispensers should also report information regarding the identity of the person picking up the prescription if that person is not the individual for whom the prescription was written as well as the source of payment for the prescription in order to better detect potential fraud or diversion. Additionally, dispensers should report dispensing information to the PMP within 24 hours of the dispensing so that information provided to authorized recipients is as up-to-date as possible.

4. Unsolicited and Proactive Disclosure

The PMP should proactively provide data to prescribers, dispensers, law enforcement, and professional licensing or certification agencies or boards regarding any individual, including a patient, prescriber, or dispenser, who meets the criteria established by an advisory committee or the PMP as exhibiting potential signs of abuse, misuse, or diversion. Ideally, such information

should initially be provided to a patient's prescriber(s) and/or dispenser(s) with the goal of referring such patient to treatment, if such prescriber or dispenser deems it necessary, rather than referring the PMP information to law enforcement in the absence of clear evidence of illegal activity. Additionally, such information should initially be provided to a prescriber or dispenser's licensing board or agency with the goal of either addressing concerns related to over-prescribing or problematic dispensing or with the goal of referring such professional to an impaired professionals' association for treatment in the absence of clear evidence of illegal activity.

5. 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. States may opt to charge for the provision of this information to apply toward the costs associated with operation of the PMP.

6. Authorized Recipients

The individuals or officials allowed to request specific data from the program should include prescribers, dispensers, law enforcement and prosecutorial officials, professional licensing or certification boards or agencies 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, designated representatives of drug and alcohol addiction treatment programs, and representatives from the state Medicaid or other state administered health insurance program.

Direct access to the PMP database should be limited to prescribers, dispensers, and their designees, and any other individual or official who may require direct access for the purpose of patient safety, such as a representative of a drug and alcohol addiction treatment program.

7. Designees

The PMP statute should allow prescribers and dispensers to designate an individual to act as an agent of said prescriber or dispenser for the purposes of submitting information to or obtaining data from the PMP. Ideally, such designees would be a licensed or registered health care professional subject to discipline by a professional licensing board, such as a physician assistant, registered nurse, or pharmacy technician. However, if such individual is not available, prescribers and dispensers should be allowed to appoint an employee of such prescriber or dispenser who is not a licensed or certified health care professional. In all cases, designees should be directly supervised by the prescriber or dispenser and such prescriber or dispenser should be liable for any inappropriate behavior on the part of their designee.

States may limit the number of designees each prescriber or dispenser may appoint. In determining how many designees to allow, states should consider that allowing an unlimited

number of designees may make it difficult for a prescriber or dispenser to supervise each designee with the degree of care required while allowing only one designee per prescriber or dispenser may require additional work on the part of the PMP administrator if the prescriber or dispenser is required to appoint a new designee every time the named designee goes on vacation or is out of the office for an extended period of time.

8. 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, professional licensing or certification 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.

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

Professional licensing or certification 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.

10. Registration with the PMP

All prescribers with a US Drug Enforcement Administration or state controlled substance registration number should be required to register with the PMP upon the initial registration or renewal of the prescriber's professional license or certification. This can be accomplished automatically by the board or agency responsible for licensing, registering, or certifying the prescriber or can be incorporated into the licensing, registering, or certifying process to be completed by the prescriber at the time s/he applies for initial registration, licensure, or certification or renewal.

Requiring registration with the PMP serves to make prescribers familiar with the program and may increase usage of the program which will benefit patient care and safety.

11. Requirement to Query the PMP

The PMP statute should require prescribers or their designee to query the PMP prior to initially prescribing or personally dispensing a controlled substance to a patient and, if the patient's course of treatment continues for more than 90 days, to make periodic requests for PMP information on a regular basis until the course of treatment has ended.

12. 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 s/he has reason to believe may be impaired to the appropriate professional licensing or certification agency and to the appropriate impaired professionals associations. Another example is by having a link to a list of addiction professionals located on the PMP web page. Prescribers and dispensers should be educated on what actions they should take if they suspect that a patient might have an addiction issue.

13. 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.

14. 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 neither be subject to public or open records laws nor should PMP information be subject to civil subpoena or disclosed, discoverable, or compelled to be produced in any civil proceeding, nor should such records be deemed admissible as evidence in any civil proceeding where a prescriber or dispenser is not a named party.

The enabling statute for the PMP should include civil and criminal 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.

15. 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.