



Types of Authorized Recipients – De-identified Data

Research current through May 2016.

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Introduction

Each state determines by statute or regulation the persons or entities entitled to access or receive information in the prescription monitoring program database in that particular state. This memorandum sets out those states that allow receipt of de-identified data from the database. In most cases, this information is used for research and statistical purposes, but other states limit access to de-identified data to certain state agencies or employees for statistical purposes or trend analysis. The following states either specifically include access to de-identified data or NAMSDL was informed by the administrator of the state prescription monitoring program that de-identified data is available in that state.

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Alaska

§ 17.30.200 (eff. July 17, 2017)

West's Alaska Statutes Annotated (2016)

Title 17. Food and Drugs

Chapter 30. Controlled Substances

Article 5. Controlled Substance Prescription Database

§ 17.30.200. Controlled substance prescription database

<Text of Section Effective July 17, 2017>

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(d) The database and the information contained within the database are confidential, are not public records, are not subject to public disclosure, and may not be shared with the federal government. The board shall undertake to ensure the security and confidentiality of the database and the information contained within the database. The board may allow access to the database only to the following persons, and in accordance with the limitations provided and regulations of the board:

(1) personnel of the board regarding inquiries concerning licensees or registrants of the board or personnel of another board or agency concerning a practitioner under a search warrant, subpoena, or order issued by an administrative law judge or a court;

(2) authorized board personnel or contractors as required for operational and review purposes;

(3) a licensed practitioner having authority to prescribe controlled substances or an agency or employee of the practitioner whom the practitioner has authorized to access the database on the practitioner's behalf, to the extent the information relates specifically to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing a controlled substance; the agent or employee must be licensed or registered under AS 08;

(4) a licensed or registered pharmacist having authority to dispense controlled substances or an agent or employee of the pharmacist whom the pharmacist has authorized to access the database on the pharmacist's behalf, to the extent the information relates specifically to a current patient to whom the pharmacist is dispensing or considering dispensing a controlled substance; the agent or employee must be licensed or registered under AS 08;

(5) state and local law enforcement authorities may receive printouts of information contained in the database under a search warrant or order issued by a court establishing probable cause for the access and use of the information;

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(6) an individual who is the recipient of a controlled substance prescription entered into the database may receive information contained in the database concerning the individual on providing evidence satisfactory to the board that the individual requesting the information is in fact the person about whom the data entry was made and on payment of a fee set by the board under AS 37.10.050 that does not exceed \$10;

(7) a licensed pharmacist employed by the Department of Health and Social Services who is responsible for administering prescription drug coverage for the medical assistance program under AS 47.07, to the extent that the information relates specifically to prescription drug coverage under the program;

(8) a licensed pharmacist, licensed practitioner, or authorized employee of the Department of Health and Social Services responsible for utilization review of prescription drugs for the medical assistance program under AS 47.07, to the extent that the information relates specifically to utilization review of prescription drugs provided to recipients of medical assistance;

(9) the state medical examiner, to the extent that the information relates specifically to investigating the cause and manner of a person's death;

(10) an authorized employee of the Department of Health and Social Services may receive information from the database that does not disclose the identity of a patient, prescriber, dispenser, or dispenser location, for the purpose of identifying and monitoring public health issues in the state; however, the information provided under this paragraph may include the region of the state in which a patient, prescriber, and dispenser are located and the specialty of the prescriber; and

(11) a practitioner, pharmacist, or clinical staff employed by an Alaska tribal health organization, including commissioned corps officers of the United States Public Health Service employed under a memorandum of agreement; in this paragraph, "Alaska tribal health organization" has the meaning given to "tribal health program" in 25 U.S.C. 1603.

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Arizona
§ 36-2604

Arizona Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 28. Controlled Substances Prescription Monitoring Program
Article 1. General Provisions

§ 36-2604. Use and release of confidential information; definition

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D. The board may provide data to public or private entities for statistical, research or educational purposes after removing information that could be used to identify individual patients or persons who received prescriptions from dispensers.

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Arkansas
§ 20-7-607

West's Arkansas Code Annotated (2016)
Title 20. Public Health and Welfare
Subtitle 2. Health and Safety
Chapter 7. State Board of Health--Department of Health
Subchapter 6. Prescription Drug Monitoring Program Act

§ 20-7-607. Providing prescription monitoring information

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(d) The department may provide information to public or private entities for statistical, research, or educational purposes after encrypting or removing the patient's name, street name and number, patient identification number, month and day of birth, and prescriber information that could be used to identify individual patients or persons who received prescriptions from dispensers, or both.

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California
Health and Safety Code § 11165

West's Annotated California Codes (2016)
Health and Safety Code
Division 10. Uniform Controlled Substances Act
Chapter 4. Prescriptions
Article 1. Requirements of Prescriptions

§ 11165. Controlled Substance Utilization Review and Evaluation System (CURES); electronic monitoring of Schedule II, Schedule III, and Schedule IV controlled substances; funding; confidentiality; reporting requirements for dispensers; stakeholder assistance in establishing rules and regulations and identifying CURES upgrades; education on access and use of CURES
PDMP

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(c)(1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. **Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, provided that patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party.** The Department of Justice shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

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Colorado
§ 12-42.5-404

West's Colorado Revised Statutes Annotated (2016)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-404. Program operation--access--rules

...

(5) The board, the Department of Public Health and Environment, or the Department of Health Care Policy and Financing, pursuant to a written agreement that ensures compliance with this part 4, may provide data to qualified personnel of a public or private entity for the purpose of bona fide research or education so long as the data does not identify a recipient of a practitioner who prescribed, or a prescription drug outlet that dispensed, a prescription drug.

...

West's Colorado Administrative Code (2014)
Title 700. Department of Regulatory Agencies
719. State Board of Pharmacy
3 CCR 719-1. State Board of Pharmacy Rules

719-1:23.00.00. ELECTRONIC PRESCRIPTION MONITORING PROGRAM.

...

23.00.80 Research or Education Agreements. The Board may enter into a written agreement to provide data to qualified personnel of a public or private entity for the purpose of bona fide research or education, so long as such information does not identify a recipient, prescriber, or dispenser of a prescription drug. Any public or private entity wishing to enter into or extend such an agreement shall submit a written request to the Board detailing the information it is seeking and the public benefit of such research or education. The Board will act on such request in the normal course of business.

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Connecticut
ADC 21a-254-6

Regulations of Connecticut State Agencies (2016)
Title 21A. Consumer Protection
Department of Consumer Protection
Electronic Prescription Drug Monitoring Program

Sec. 21a-254-6. Management of information

The department may provide prescription information obtained from pharmacies to:

- (a) Other regulatory, investigative or law enforcement agencies for disciplinary, civil, or criminal purposes;
- (b) Practitioners, for the purpose of education in lieu of disciplinary, civil or criminal action;
- (c) Practitioners and pharmacists, for the purposes of patient care, drug therapy management and monitoring of controlled substances obtained by the patient; and
- (d) Public or private entities, for statistical, research, or educational purposes, provided that the privacy of patients and confidentiality of patient information is not compromised.**

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Delaware
16 § 4798

West's Delaware Code Annotated (2016)
Title 16. Health and Safety
Part IV. Food and Drugs
Chapter 47. Uniform Controlled Substances Act
Subchapter VII. Miscellaneous

§ 4798. The Delaware Prescription Monitoring Program

<Text of section effective upon the availability of appropriations, or of other adequate funding to implement and maintain the Prescription Monitoring Program and upon 3-1-2014. See Historical and Statutory Notes below.>

...

(l) The Office of Controlled Substances shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided for in this section.

(1) If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, the Office of Controlled Substances shall notify the appropriate law enforcement or professional licensure, certification, or regulatory agency or entity and shall provide prescription information required for an investigation.

(2) The Office of Controlled Substances may provide data in the prescription monitoring program in the form of a report to the following persons:

- a. A prescriber, or other person authorized by the prescriber, or a dispenser, or other person authorized by the dispenser, who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient;
- b. An individual who requests the individual's own prescription monitoring information in accordance with procedures established pursuant to regulations;
- c. A designated representative of any Board or Commission pursuant to § 8735(a) of Title 29 responsible for the licensure, regulation, or discipline of prescribers, dispensers or other persons authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

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- d. A local, state, or federal law-enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of the laws governing controlled substances and who is involved in a bona fide specific drug-related investigation in which a report of suspected criminal activity involving controlled substances by an identified suspect has been made, and provided that such information be relevant and material to such investigation, limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought, and include identifying information only if nonidentifying information could not be used;
- e. The Delaware Department of Health and Social Services regarding Medicaid program recipients;
- f. A properly convened grand jury pursuant to a subpoena properly issued for the records;
- g. Personnel of the Division of Professional Regulation for purposes of administration and enforcement of this section;
- h. A licensed chemical dependency professional or licensed professional counselor of mental health who requests information and certifies that the requested information is for a patient enrolled in a substance abuse treatment program receiving treatment from, or under the direction of the chemical dependency professional or professional counselor of mental health.
- i. The Chief Medical Examiner or licensed physician designee who requests information and certifies the request is for the purpose of investigating the death of an individual.
- j. Qualified personnel for the purpose of bona fide research or education; however, data elements that would reasonably identify a specific recipient, prescriber or dispenser must be deleted or redacted from such information prior to disclosure; and further provided that, release of the information may be made only pursuant to a written agreement between qualified personnel and the Office of Controlled Substances in order to ensure compliance with this subsection.**

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District of Columbia
§ 48-853.05
17 ADC 10308

West's District of Columbia Code Annotated 2001 Edition (2016)
Division VIII. General Laws.
Title 48. Foods and Drugs.
Subtitle II. Prescription Drugs.
Chapter 8G. Prescription Drug Monitoring Program.

§ 48-853.05. Confidentiality of data; disclosure of information; discretionary authority of the Director.

...

(c)(1) In accordance with the Department's regulations and applicable federal law and regulations, the Director may, at the Director's discretion, disclose:

(A) Information in the possession of the Program concerning a patient who is over the age of 18 years to that patient, or to the parent or legal guardian of a child aged 18 years or under, unless otherwise prohibited by District or federal law;

(B) Information on a specific patient to a prescriber for the purpose of establishing the treatment history of the specific patient when the patient is either under care and treatment by the prescriber or the prescriber is initiating treatment of the patient;

(C) Information on a specific patient to a dispenser for the purpose of establishing a prescription history to assist the dispenser in determining the validity of a prescription when the patient is seeking a covered substance from the dispenser or the facility in which the dispenser practices;

(D) Information relevant to an investigation or regulatory proceeding of a specific dispenser or prescriber to other regulatory authorities concerned with granting, limiting, or denying licenses, certificates, or registrations to practice a health profession when the regulatory authority licenses the dispenser or prescriber, or the dispenser or prescriber is seeking licensure by a regulatory authority;

(E) Information relevant to an investigation relating to a specific dispenser or prescriber who is a participating provider in the District Medicaid program, DC Health Care Alliance, or any other public health care program; information relating to an investigation relating to a specific patient who is currently eligible for and receiving, or who has been eligible for and has received medical assistance services; information relevant to the Medicaid Fraud Control Unit of the Office of the Inspector General, or to designated employees of the Department of Health Care Finance, as appropriate;

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(F) Information relevant to the determination of the cause of death of a specific patient to the designated employees of the Office of the Chief Medical Examiner; and

(G) Information for the purpose of bona fide research or education to qualified personnel; provided, that:

(i) Data elements that would reasonably identify a specific patient, prescriber, or dispenser shall be deleted or redacted from the information before disclosure; and

(ii) Release of the information shall only be made pursuant to a written agreement between qualified personnel and the Director to ensure compliance with this chapter.

(2) For the purposes of a disclosure under paragraph (1)(B) or (C) of this subsection:

(A) The request shall be made and the information shall be provided in the manner specified by the Director through rulemaking; and

(B) Notice shall be given to patients that the information described in paragraph (1)(B) or (C) of this subsection, as applicable, may be requested by a prescriber or dispenser participating with the Program.

...

West's District of Columbia Municipal Regulations (2016)
Title 17. Business, Occupations, and Professionals
Chapter 103. Prescription Drug Monitoring Program

10308. DISCRETIONARY DISCLOSURE OF INFORMATION

10308.1 The Director may, at the Director's discretion, disclose prescription monitoring data in the Program's possession as permitted by the Act to certain persons, provided the request is made in the format designated in § 10303 and the PDMP Instruction Manual and meets the requirements of this chapter.

...

10308.10 The Director may disclose information for bona fide research or education purposes to qualified personnel in response to requests determined by the Program to be consistent with institutional review board protocols and human subjects research protections, provided that:

(a) Data elements that would reasonably identify a specific patient, prescriber, or dispenser shall be deleted or redacted from the prescription monitoring data prior to disclosure;

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(b) The request is made in a format designated by the Program and is signed by the Chief Researcher or Principal educator. The request shall be accompanied by the requestor's credentials, and a written proposal or abstract explaining the purpose and scope of the research, analysis, education, or study plan with sufficient detail to enable the Program to determine the validity of the request and abilities of the requestor; and

(c) The release of information to the requestor shall only be made pursuant to a signed agreement between the qualified personnel of the requestor and the Director to ensure compliance with the Act.

10308.11 With the exception of personal dispensing information provided to a patient or the parents or legal guardian of a patient, all requests for disclosure of prescription monitoring data shall be accompanied by an attestation that the prescription data will not be further disclosed and shall only be used for the purposes stated in the request and in accordance with the law.

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Georgia
§ 16-13-60

West's Code of Georgia Annotated (2016)
Title 16. Crimes and Offenses
Chapter 13. Controlled Substances
Article 2. Regulation of Controlled Substances
Part 2. Electronic Data Base of Prescription Information

§ 16-13-60. Confidentiality of information submitted

...

(d) The board may provide statistical data to government entities and other entities for statistical, research, educational, or grant application purposes after removing information that could be used to identify prescribers or individual patients or persons who received prescriptions from dispensers; the board may provide nonpatient specific data to the agency for instructional, drug abuse prevention, and research purposes.

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Idaho
§ 37-2730A

West's Idaho Code Annotated (2016)
Title 37. Food, Drugs, and Oil
Chapter 27. Uniform Controlled Substances
Article III

§ 37-2730A. Prescription tracking program

...

(3) Information, which does not identify individual patients, practitioners or dispensing pharmacists or pharmacies, may be released by the board for educational, research or public information purposes.

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Illinois
720 § 570/318
77 ADC 2080.190

West's Smith-Hurd Illinois Compiled Statutes Annotated (2014)
Chapter 720. Criminal Offenses
Offenses Against the Public
Act 570. Illinois Controlled Substances Act
Article III. Registration and Control of Manufacture, Distribution and Dispensing
570/318. Confidentiality of information

§ 318. Confidentiality of information.

...

(i) The Department may compile statistical reports from the information described in subsection (a). The reports must not include information that identifies, by name, license or address, any practitioner, dispenser, ultimate user, or other person administering a controlled substance.

...

West's Illinois Administrative Code (2016)
Title 77. Public Health
Chapter X(4). Department of Human Services
Subchapter E. Controlled Substances Activities
Part 2080. Electronic Prescription Monitoring Program

2080.190 Reports

...

i) As directed by the PMPAC and the Clinical Director for the PMP, aggregate data that does not indicate any prescriber, practitioner, dispenser, or patient may be used for clinical studies under Article VIII, Part 21 of the Code of Civil Procedure [735 ILCS 5/Art. VIII, Part 21] (Medical Studies).

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Indiana
§ 35-48-7-11.1

West's Annotated Indiana Code (2016)
Title 35. Criminal Law and Procedure
Article 48. Controlled Substances
Chapter 7. Central Repository for Controlled Substances Data

§ 35-48-7-11.1 INSPECT program; confidentiality

Sec. 11.1. (a) Information received by the INSPECT program under section 8.1 of this chapter is confidential.

...

(j) The board may compile statistical reports from the information described in subsection (a). The reports must not include information that identifies any practitioner, ultimate user, or other person administering ephedrine, pseudoephedrine, or a controlled substance. Statistical reports compiled under this subsection are public records.

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Kansas
§ 65-1685

West's Kansas Statutes Annotated (2016)
Chapter 65. Public Health
Article 16. Regulation of Pharmacists

§ 65-1685. Same; database information privileged and confidential; persons authorized to receive data; advisory committee review of information

...

(e) The board is hereby authorized to provide data in the prescription monitoring program to public or private entities for statistical, research or educational purposes after removing information that could be used to identify individual practitioners, dispensers, patients or persons who received prescriptions from dispensers.

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Kentucky
§ 218A.240

Baldwin's Kentucky Revised Statutes Annotated (2016)
Title XVIII. Public Health
Chapter 218A. Controlled Substances

§ 218A.240 Controlled substances; duties and authority of state and local officers, Cabinet for Health and Family Services, and Kentucky Board of Pharmacy; civil proceedings; identification of trends; identification of prescribers, dispensers, and patients for licensing board; review of hospital's or health care facility's prescribing and dispensing practices

...

(7) (a) The Cabinet for Health and Family Services shall proactively use the data compiled in the electronic system created in KRS 218A.202 for investigations, research, statistical analysis, and educational purposes and shall proactively identify trends in controlled substance usage and other potential problem areas. Only cabinet personnel who have undergone training for the electronic system and who have been approved to use the system shall be authorized access to the data and reports under this subsection. The cabinet shall notify a state licensing board listed in KRS 218A.205 if a report or analysis conducted under this subsection indicates that further investigation about improper, inappropriate or illegal prescribing or dispensing may be necessary by the board. The board shall consider each report and may, after giving due consideration to areas of practice, specialties, board certifications, and appropriate standards of care, request and receive a follow-up report or analysis containing relevant information as to the prescriber or dispenser and his or her patients.

(b) The cabinet shall develop criteria, in collaboration with the Board of Medical Licensure, the Board of Nursing, the Office of Drug Control Policy, and the Board of Pharmacy, to be used to generate public trend reports from the data obtained by the system. Meetings at which the criteria are developed shall be meetings, as defined in KRS 61.805, that comply with the open meetings laws, KRS 61.805 to 61.850. The cabinet shall, on a quarterly basis, publish trend reports from the data obtained by the system. Except as provided in subsection (8) of this section, these trend reports shall not identify an individual prescriber, dispenser, or patient. Peace officers authorized to receive data under KRS 218A.202 may request trend reports not specifically published pursuant to this paragraph except that the report shall not identify an individual prescriber, dispenser, or patient.

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Louisiana
§ 40:1007

West's Louisiana Statutes Annotated (2016)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1007. Access to prescription monitoring information

...

D. The board shall provide prescription monitoring information to public or private entities, whether located in or outside of the state, for public research, policy, or educational purposes, but only after removing information that identifies or could be reasonably used to identify prescribers, dispensers, and individual patients or persons who received prescriptions from prescribers.

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Maine

22 § 7250 (eff. until July 28, 2016)

22 § 7250 (eff. July 29, 2016)

Maine Revised Statutes Annotated (2016)

Title 22. Health and Welfare

Subtitle 4. Human Services

Part 3. Drug Abuse

Chapter 1603. Controlled Substances Prescription Monitoring

§ 7250. Access to prescription monitoring information and confidentiality

<Text of Section Effective until July 28, 2016>

...

6. Treatment pattern data. The department may provide to a prescriber who treats a member under the MaineCare program prescription monitoring information on the prescriber and other prescribers that is de-identified as to prescriber and patient and that indicates treatment patterns in comparison among peers. If the department has shared with a prescriber treatment pattern data under this subsection, the department shall allow the prescriber time to align the prescriber's prescribing patterns with the patterns of the peers of the prescriber. The department may take appropriate actions with regard to a prescriber who is unable to achieve treatment pattern alignment as provided in this subsection.

Maine Revised Statutes Annotated (2016)

Title 22. Health and Welfare

Subtitle 4. Human Services

Part 3. Drug Abuse

Chapter 1603. Controlled Substances Prescription Monitoring

§ 7250. Access to prescription monitoring information and confidentiality

<Text of Section Effective July 29, 2016>

...

6. Treatment pattern data. The department may provide to a prescriber who treats a member under the MaineCare program prescription monitoring information on the prescriber and other prescribers that is de-identified as to prescriber and patient and that indicates treatment patterns in comparison among peers. If the department has shared

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with a prescriber treatment pattern data under this subsection, the department shall allow the prescriber time to align the prescriber’s prescribing patterns with the patterns of the peers of the prescriber. The department may take appropriate actions with regard to a prescriber who is unable to achieve treatment pattern alignment as provided in this subsection.

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Maryland

Health-General § 21-2A-06 (eff. until Sept. 30, 2016)

Health-General § 21-2A-06 (eff. Oct. 1, 2016)

ADC 10.47.07.05

West's Annotated Code of Maryland (2016)

Health--General

Title 21. Food, Drugs, and Cosmetics

Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-06. Confidentiality of prescription monitoring data

<Text of Section Effective until September 30, 2016>

...

Disclosure of data for research, analysis, public reporting, and education

(f)(1) In addition to the disclosures required under subsection (b) of this section, the Program may disclose prescription monitoring data for research, analysis, public reporting, and education:

(i) After redaction of all information that could identify a patient, prescriber, dispenser, or any other individual; and

(ii) In accordance with regulations adopted by the Secretary.

(2) The Secretary may require submission of an abstract explaining the scope and purpose of the research, analysis, public reporting, or education before disclosing prescription monitoring data under this subsection.

...

West's Annotated Code of Maryland (2016)

Health--General

Title 21. Food, Drugs, and Cosmetics

Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-06. Confidentiality of prescription monitoring data

<Text of Section Effective October 1, 2016>

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...

Disclosure of data for research, analysis, public reporting, and education

(g)(1) In addition to the disclosures required under subsection (b) of this section, the Program may disclose prescription monitoring data for research, analysis, public reporting, and education:

(i) After redaction of all information that could identify a patient, prescriber, dispenser, or any other individual; and

(ii) In accordance with regulations adopted by the Secretary.

(2) The Secretary may require submission of an abstract explaining the scope and purpose of the research, analysis, public reporting, or education before disclosing prescription monitoring data under this subsection.

...

Code of Maryland Regulations (2016)
Title 10. Department of Health and Mental Hygiene
Subtitle 47. Alcohol and Drug Abuse Administration
Chapter 07. Prescription Drug Monitoring Program

.05 Disclosure of Prescription Monitoring Data.

...

J. Disclosure of Prescription Monitoring Data for Research, Analysis, Education, and Public Reporting.

(1) The Program may disclose prescription monitoring data for research, analysis, education, and public reporting:

(a) In response to requests determined by the Department to be consistent with institutional review board protocols and human subjects research protections;

(b) Upon approval by the Department of a written proposal or abstract explaining the purpose and scope of the research, analysis, education, and public reporting; and

(c) After redaction of all information that could identify a patient, prescriber, dispenser, or any other individual.

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(2) The Secretary may waive the requirement of §J(1)(b) of this regulation for requests from units of the Department.

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Massachusetts
94C § 24A

Massachusetts General Laws Annotated (2016)
Part I. Administration of the Government (Ch. 1-182)
Title XV. Regulation of Trade (Ch. 93-110H)
Chapter 94C. Controlled Substances Act

§ 24A. Electronic monitoring of the prescribing and dispensing of controlled substances and certain additional drugs

...

(h) The department may provide de-identified information to a public or private entity for statistical research or educational purposes.

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Mississippi
§ 73-21-127
ADC 30-20-3001:XLIII

West's Annotated Mississippi Code (2016)
Title 73. Professions and Vocations
Chapter 21. Pharmacists
Mississippi Pharmacy Practice Act

§ 73-21-127. Computer program to track prescriptions for controlled substances and report illegal activity

...

(e)(i) Access to collected data shall be confidential and not subject to the provisions of the federal Freedom of Information Act or the Mississippi Open Records Act. Upon request, the State Board of Pharmacy shall provide collected information to: pharmacists or practitioners who are properly registered with the State Board of Pharmacy and are authorized to prescribe or dispense controlled substances for the purpose of providing medical and pharmaceutical care for their patients; local, state and federal law enforcement officials engaged in the administration, investigation or enforcement of the laws governing illicit drug use; regulatory and licensing boards in this state; Division of Medicaid regarding Medicaid and Medicare Program recipients; judicial authorities under grand jury subpoena; an individual who requests the individual's own prescription monitoring information; and prescription monitoring programs in other states through mutual agreement adhering to State Board of Pharmacy policies.

(ii) The Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the Prescription Monitoring Program (PMP) database for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing or administering of the controlled and noncontrolled substances monitored by the program, subject to all legal restrictions on further dissemination of the information obtained.

(iii) The State Board of Pharmacy may also provide statistical data for research or educational purposes if the board determines the use of the data to be of significant benefit to public health and safety. The board maintains the right to refuse any request for PMP data.

...

West's Mississippi Administrative Code (2016)
Title 30. Professions and Occupations
Subtitle 20. Board of Pharmacy
Part 3001. Mississippi Pharmacy Practice Regulations

30-20-3001:XLIII. PRESCRIPTION MONITORING PROGRAM

...

(e)(i) Access to collected data shall be confidential and not subject to the provisions of the federal Freedom of Information Act or the Mississippi Open Records Act. Upon request, the State Board of Pharmacy shall provide collected information to: pharmacists or practitioners who are properly registered with the State Board of Pharmacy and are authorized to prescribe or dispense controlled substances for the purpose of providing medical and pharmaceutical care for their patients; local, state and federal law enforcement officials engaged in the administration, investigation or enforcement of the laws governing illicit drug use; regulatory and licensing boards in this state; Division of Medicaid regarding Medicaid and Medicare Program recipients; judicial authorities under grand jury subpoena; an individual who requests the individual's own prescription monitoring information; and prescription monitoring programs in other states through mutual agreement adhering to State Board of Pharmacy policies.

(ii) The Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the Prescription Monitoring Program (PMP) database for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing or administering of the controlled and noncontrolled substances monitored by the program, subject to all legal restrictions on further dissemination of the information obtained.

(iii) The State Board of Pharmacy may also provide generic, nonidentifying statistical data for research or educational purposes.

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Montana
ADC 24.174.1713

Administrative Rules of Montana (2016)
Title 24. Labor and Industry
Chapter 174. Board of Pharmacy
Sub-chapter 17. Prescription Drug Registry

24.174.1713 RELEASE OF PRESCRIPTION DRUG REGISTRY INFORMATION TO
OTHER ENTITIES

(1) The board shall provide prescription registry information to public or private entities for public research, policy, or educational purposes, but only after removing information that identifies or could reasonably be used to identify individuals or entities whose information is contained in the registry.

(2) The board may charge a fee to a person who requests information under this rule.

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Nevada
§ 453.1545

West's Nevada Revised Statutes Annotated (2015)
Title 40. Public Health and Safety (Chapters 439-461a)
Chapter 453. Controlled Substances
Uniform Controlled Substances Act
General Provisions

§ 453.1545. Development of computerized program to track prescriptions for controlled substances; course of training required for persons who access database; reporting of illegal activity; agreements with state agency of another state to receive or exchange information obtained by program; confidentiality of information obtained from program; immunity from liability for practitioner who transmits certain required information and reports; gifts, grants and donations

1. The Board and the Division shall cooperatively develop a computerized program to track each prescription for a controlled substance listed in schedule II, III or IV that is filled by a pharmacy that is registered with the Board or that is dispensed by a practitioner who is registered with the Board. The program must:

(a) Be designed to provide information regarding:

(1) The inappropriate use by a patient of controlled substances listed in schedules II, III and IV to pharmacies, practitioners and appropriate state and local governmental agencies, including, without limitation, law enforcement agencies and occupational licensing boards, to prevent the improper or illegal use of those controlled substances; and

(2) Statistical data relating to the use of those controlled substances that is not specific to a particular patient.

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New Hampshire
§ 318-B:34

Revised Statutes Annotated of the State of New Hampshire (2016)
Title XXX. Occupations and Professions
Chapter 318-B. Controlled Drug Act
Controlled Drug Prescription Health and Safety Program

§ 318-B:34 Confidentiality.

I. Information contained in the program, information obtained from it, and information contained in the records of requests for information from the program, is confidential, is not a public record or otherwise subject to disclosure under RSA 91-A, and is not subject to discovery, subpoena, or other means of legal compulsion for release and shall not be shared with an agency or institution, except as provided in this subdivision. This paragraph shall not prevent a practitioner from using or disclosing program information about a patient to others who are authorized by state or federal law or regulations to receive program information.

II. The board shall establish and maintain procedures to ensure the privacy and confidentiality of patients and patient information.

III. The board may use and release information and reports from the program for program analysis and evaluation, statistical analysis, public research, public policy, and educational purposes, provided that the data are aggregated or otherwise de-identified.

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New Jersey
§ 45:1-46

New Jersey Statutes Annotated (2016)
Title 45. Professions and Occupations
Subtitle 1. Professions and Occupations Regulated by State Boards of Registration and Examination
Chapter 1. General Provisions
[Article 3.3. Prescription Monitoring Program

45:1-46. Access to prescription information

...

m. The director may provide nonidentifying prescription drug monitoring information to public or private entities for statistical, research, or educational purposes, in accordance with the provisions of sections 25 through 30 of P.L.2007, c. 244 (C.45:1-45 through C.45:1-50).

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New Mexico
ADC 16.19.29

Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 19. Pharmacists
Part 29. Controlled Substance Prescription Monitoring Program

16.19.29. CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM

...

16.19.29.9 DISCLOSURE OF PRESCRIPTION INFORMATION:

...

G. The board shall provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients and persons who have received prescriptions from dispensers.

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North Carolina
§ 90-113.74

West's North Carolina General Statutes Annotated (2016)
Chapter 90. Medicine and Allied Occupations
Article 5E. North Carolina Controlled Substances Reporting System Act

§ 90-113.74. Confidentiality

...

(d) The Department may provide data to public or private entities for statistical, research, or educational purposes only after removing information that could be used to identify individual patients who received prescription medications from dispensers.

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North Dakota
§ 19-03.5-03

West's North Dakota Century Code Annotated (2015)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-03. Access to prescription information

...

3. Unless disclosure is prohibited by law, the board may provide data in the central repository to:

- a. A prescriber for the purpose of providing medical care to a patient, a dispenser for the purpose of filling a prescription or providing pharmaceutical care for a patient, a prescriber or dispenser inquiring about the prescriber's or dispenser's own prescribing activity, or a prescriber or dispenser in order to further the purposes of the program;
- b. An individual who requests the prescription information of the individual or the individual's minor child;
- c. State boards and regulatory agencies that are responsible for the licensing of individuals authorized to prescribe or dispense controlled substances if the board or regulatory agency is seeking information from the central repository that is relevant to an investigation of an individual who holds a license issued by that board or regulatory agency;
- d. Local, state, and federal law enforcement or prosecutorial officials engaged in the enforcement of laws relating to controlled substances who seek information for the purpose of an investigation or prosecution of the drug-related activity or probation compliance of an individual;
- e. The department of human services for purposes regarding the utilization of controlled substances by a medicaid recipient or establishment and enforcement of child support and medical support;
- f. Workforce safety and insurance for purposes regarding the utilization of controlled substances by a claimant;
- g. Judicial authorities under grand jury subpoena or court order or equivalent judicial process for investigation of criminal violations of controlled substances laws;

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h. Public or private entities for statistical, research, or educational purposes after the information is de-identified with respect to any prescriber, dispenser, or patient who received a prescription for a controlled substance;

i. A peer review committee which means any committee of a health care organization, composed of health care providers, employees, administrators, consultants, agents, or members of the health care organization's governing body, which conducts professional peer review as defined in chapter 23-34; or

j. A licensed addiction counselor for the purpose of providing services for a licensed treatment program in this state.

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Ohio
§ 4729.80

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Miscellaneous Provisions

§ 4729.80 Disclosure of database information; disclosure of requests for database information

...

(C) Information contained in the database and any information obtained from it is not a public record. Information contained in the records of requests for information from the database is not a public record. **Information that does not identify a person may be released in summary, statistical, or aggregate form.**

...

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Oklahoma
63 § 2-309D

Oklahoma Statutes Annotated (2016)
Title 63. Public Health and Safety
Chapter 2. Uniform Controlled Dangerous Substances Act
Article III. Regulation of Manufacture, Distribution, Dispensing, Prescribing, Administering and
Using for Scientific Purposes of Controlled Dangerous Substances
Anti-Drug Diversion Act

§ 2-309D. Central repository information--Confidentiality--Access--Disclosure--Penalties—
Liability

...

C. This section shall not prevent the disclosure, at the discretion of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, of statistical information gathered from the central repository to the general public which shall be limited to types and quantities of controlled substances dispensed and the county where dispensed.

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Oregon
§ 431A.865
ADC 333-023-0820

West's Oregon Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 431A. Public Health Programs and Activities
Prescription Monitoring Program
(Program)

§ 431A.865. Prescription monitoring information disclosure; limitations

...

(2)(a) To the extent that the law or regulation is applicable to the prescription monitoring program, if a disclosure of prescription monitoring information, other than the sex of a patient for whom a drug was prescribed, complies with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191)1 and regulations adopted under it, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality laws and regulations adopted under those laws, including 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505, 192.517 and 192.553 to 192.581, the Oregon Health Authority shall disclose the information:

...

(b) The authority may disclose information from the prescription monitoring program that does not identify a patient, practitioner or drug outlet:

(A) For educational, research or public health purposes;

(B) To a local public health authority, as defined in section 2 of this 2015 Act; or

(C) To officials of the authority who are conducting special epidemiologic morbidity and mortality studies in accordance with ORS 413.196 and rules adopted under sections 9 to 24 of this 2015 Act.

...

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Oregon Administrative Rules Compilation (2016)
Chapter 333. Oregon Health Authority, Public Health Division
Division 23. Prescription Drug Monitoring Program
OAR 333-023-0820
333-023-0820. Information Access

...

(39) Researcher Access. The Authority may provide de-identified data for research purposes to a researcher. A researcher shall submit a research data request form provided by the Authority.

(a) The request shall include but is not limited to a thorough description of the study aims, data use, data storage, data destruction, and publishing guidelines.

(b) The Authority shall approve or deny research data requests based on application merit.

(c) If a request is approved, the requestor shall sign a data use agreement provided by the Authority.

(d) The Authority shall provide the minimum data set necessary that does not identify individuals.

(e) The Authority may charge researchers a reasonable fee for services involved in data access.

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Rhode Island
§ 21-28-3.32
ADC 31-2-1:3.0

West's General Laws of Rhode Island Annotated (2016)
Title 21. Food and Drugs
Chapter 28. Uniform Controlled Substances Act
Article III. Regulation of Manufacturing, Distributing, Prescribing, Administering, and
Dispensing Controlled Substances

§ 21-28-3.32. Electronic prescription database

(a) The information contained in any prescription drug monitoring database maintained by the department of health pursuant to section 3.18 of this chapter shall be disclosed only:

(1) To a practitioner who certifies that the requested information is for the purpose of evaluating the need for or providing medical treatment for a current patient to whom the practitioner is prescribing or considering prescribing a controlled substance;

(2) To a pharmacist who certifies that the requested information is for a current client to whom the pharmacist is dispensing or considering dispensing a controlled substance;

(3) To an authorized designee of the practitioner and/or pharmacist to consult the prescription drug monitoring database on the practitioner's and/or pharmacist's behalf, provided that:

(i) The designee so authorized is employed by the same professional practice or pharmacy;

(ii) The practitioner or pharmacist takes reasonable steps to ensure that such designee is sufficiently competent in the use of the database;

(iii) The practitioner or pharmacist remains responsible for ensuring that access to the database by the designee is limited to authorized purposes as provided for in subsections (a)(1) and (a)(2) of this section;

(iv) The practitioner or pharmacist remains responsible for ensuring access to the database by the designee occurs in a manner that protects the confidentiality of information obtained from the database, and remains responsible for any breach of confidentiality;

(v) The practitioner or pharmacist terminates the designee's access to the database at the termination of the designee's employment; and

(vi) The ultimate decision as to whether or not to prescribe or dispense a controlled substance remains with the practitioner or pharmacist and is reasonably informed by the relevant controlled substance history information obtained from the database.

(4) Pursuant to a valid search warrant based on probable cause to believe a violation of federal or state criminal law has occurred and that specified information contained in the database would assist in the investigation of the crime;

(5) To a patient who requests his or her own prescription information, or the parent or legal guardian of a minor child who requests the minor child's prescription information;

(6) To a health professional regulatory board that documents, in writing, that the requested information is necessary for an investigation related to licensure, renewal or disciplinary action involving the applicant, licensee or registrant to whom the requested information pertains;

(7) To any vendor or contractor with whom the department has contracted to establish or maintain the electronic system of the prescription drug monitoring database; or

(8) To public or private entities for statistical, research, or educational purposes, after removing the patient and prescriber information that could be used to identify individual patients. This shall not include entities receiving a waiver from the institutional review board.

...

West's Rhode Island Administrative Code (2016)

Title 31. Health Department

Division 2. Drug Control

Rule 1. Rules and Regulations Governing Electronic Data Transfer of Controlled Substances in Schedules II, III and IV [R21-28-Edt]

31-2-1:3.0. Reporting and Management of Information

...

3.3 Management of Information.

(a) The Department shall only disclose information obtained pursuant to these Regulations:

(1) To a practitioner who certifies that the requested information is for the purpose of evaluating the need for or providing medical treatment for a current patient to whom the practitioner is prescribing or considering prescribing a controlled substance;

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- (2) To a pharmacist who certifies that the requested information is for a current client to whom the pharmacist is dispensing or considering dispensing a controlled substance;
- (3) Pursuant to a valid search warrant based on probable cause to believe a violation of federal or state criminal law has occurred and that specified information contained in the database would assist in the investigation of the crime;
- (4) To a patient who requests his or her own prescription information, or the parent or legal guardian of a minor child who requests the minor child's prescription information;
- (5) To a health professional regulatory board that documents, in writing, that the requested information is necessary for an investigation related to licensure, renewal or disciplinary action involving the applicant, licensee or registrant to whom the requested information pertains;
- (6) To any vendor or contractor with whom the Department has contracted to establish or maintain the electronic system of the prescription drug monitoring database; or
- (7) To public or private entities for statistical, research or educational purposes, after removing the patient and prescriber information that could be used to identify individual patients. This shall not include entities receiving a waiver from the Institutional Review Board.**

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South Carolina

§ 44-53-1650

Code of Laws of South Carolina 1976 Annotated (2016)

Title 44. Health

Chapter 53. Poisons, Drugs and Other Controlled Substances

Article 15. Prescription Monitoring Program

§ 44-53-1650. Confidentiality; persons to whom data may be released.

(A) Prescription information submitted to drug control is confidential and not subject to public disclosure under the Freedom of Information Act or any other provision of law, except as provided in subsections (C) and (D).

(B) Drug control shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed, except as provided for in subsections (C) and (D).

(C) If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, drug control shall notify the appropriate law enforcement or professional licensure, certification, or regulatory agency or entity and shall provide prescription information required for an investigation.

(D) Drug control may provide data in the prescription monitoring program to the following persons:

(1) a practitioner or pharmacist or authorized delegate who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient;

(2) an individual who requests the individual's own prescription monitoring information in accordance with procedures established pursuant to state law;

(3) a designated representative of the South Carolina Department of Labor, Licensing and Regulation responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

(4) a local, state, or federal law enforcement or prosecutorial official engaged in the administration, investigation, or enforcement of the laws governing licit drugs and who is involved in a bona fide specific drug related investigation involving a designated person;

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(5) the South Carolina Department of Health and Human Services regarding Medicaid program recipients;

(6) a properly convened grand jury pursuant to a subpoena properly issued for the records;

(7) personnel of drug control for purposes of administration and enforcement of this article;

(8) qualified personnel for the purpose of bona fide research or education; however, data elements that would reasonably identify a specific recipient, prescriber or dispenser must be deleted or redacted from such information prior to disclosure. Further, release of the information only may be made pursuant to a written agreement between qualified personnel and the department in order to ensure compliance with this Subsection.

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South Dakota
§ 34-20E-7

South Dakota Codified Laws (2016)
Title 34. Public Health and Safety
Chapter 34-20E. Prescription Drug Monitoring Program

§ 34-20E-7. Disclosure of data in central repository to certain persons and entities

Unless disclosure is prohibited by law, the board may provide data in the central repository to:

- (1) Any prescriber for the purpose of providing medical care to a patient, a dispenser for the purpose of filling a prescription or providing pharmaceutical care for a patient, a prescriber or dispenser inquiring about the prescriber's or dispenser's own prescribing activity, or a prescriber or dispenser in order to further the purposes of the program;
- (2) Any individual who requests the prescription information of the individual or the individual's minor child;
- (3) Any state board or regulatory agency that is responsible for the licensing of individuals authorized to prescribe or dispense controlled substances if the board or regulatory agency is seeking information from the central repository that is relevant to an investigation of an individual who holds a license issued by that board or regulatory agency;
- (4) Any local, state, and federal law enforcement or prosecutorial officials engaged in the enforcement of laws relating to controlled substances who seek information for the purpose of an investigation or prosecution of the drug-related activity or probation compliance of an individual;
- (5) The Department of Social Services for purposes regarding the utilization of controlled substances by a medicaid recipient;
- (6) Any insurer for purposes regarding the utilization of controlled substances by a claimant;
- (7) Any judicial authority under grand jury subpoena or court order or equivalent judicial process for investigation of criminal violations of controlled substances laws;
- (8) Any public or private entity for statistical, research, or educational purposes after the information is de-identified with respect to any prescriber, dispenser, or patient who received a prescription for a controlled substance; or**

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(9) Any peer review committee, which means any committee of a health care organization, composed of health care providers, employees, administrators, consultants, agents, or members of the health care organization's governing body, which conducts professional peer review.

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Tennessee
§ 53-10-306

West's Tennessee Code Annotated (2016)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2016

§ 53-10-306. Confidentiality; disclosure; penalties

...

(1)(1) The following personnel of the department of mental health and substance abuse services actively engaged in analysis of controlled substances prescription information as a part of their assigned duties and responsibilities shall have access to the database for controlled substances prescription information for specific patients or healthcare practitioners:

- (A) The chief pharmacist;
- (B) The state opioid treatment authority (SOTA) or SOTA designee; and
- (C) The medical director.

(2) Aggregate controlled substances prescribing information from the database which does not contain personally identifiable data may be provided upon request by the following personnel of the department of mental health and substance abuse services, who are actively engaged in analysis of controlled substances prescription information as provided in this subsection (1), and may be provided upon request to other personnel of the department of mental health and substance abuse services and other state government agencies as needed to fulfill assigned duties and responsibilities:

- (A) The chief pharmacist;**
- (B) The SOTA; or**
- (C) The medical director.**

...

(n) Authorized committee, board, or department personnel and any designee appointed by the committee engaged in analysis of controlled substances prescription information as a part of the assigned duties and responsibilities of their employment may publish, or otherwise make available to healthcare practitioners and to the general public, aggregate

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unidentifiable personal data contained in or derived from the database for the purpose of educational outreach.

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Texas
Health & Safety Code § 481.076

Vernon's Texas Statutes and Codes Annotated (2015)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter C. Regulation of Manufacture, Distribution, and Dispensation of Controlled Substances, Chemical Precursors, and Chemical Laboratory Apparatus

§ 481.076. Official Prescription Information

...

<Text of (b) effective until September 1, 2016>

(b) This section does not prohibit the director from creating, using, or disclosing statistical data about information received by the director under this section if the director removes any information reasonably likely to reveal the identity of each patient, practitioner, or other person who is a subject of the information.

<Text of (b) effective September 1, 2016>

(b) This section does not prohibit the board from creating, using, or disclosing statistical data about information submitted to the board under this section if the board removes any information reasonably likely to reveal the identity of each patient, practitioner, or other person who is a subject of the information.

...

<Text of (d) effective until September 1, 2016>

(d) Information submitted to the director under this section may be used only for:

(1) the administration, investigation, or enforcement of this chapter or another law governing illicit drugs in this state or another state;

(2) investigatory or evidentiary purposes in connection with the functions of an agency listed in Subsection (a)(1); or

(3) dissemination by the director to the public in the form of a statistical tabulation or report if all information reasonably likely to reveal the identity of each patient, practitioner, or other person who is a subject of the information has been removed.

<Text of (d) effective September 1, 2016>

(d) Information submitted to the board under this section may be used only for:

(1) the administration, investigation, or enforcement of this chapter or another law governing illicit drugs in this state or another state;

(2) investigatory or evidentiary purposes in connection with the functions of an agency listed in Subsection (a)(1); or

(3) dissemination by the board to the public in the form of a statistical tabulation or report if all information reasonably likely to reveal the identity of each patient, practitioner, or other person who is a subject of the information has been removed.

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Utah

§ 58-37f-301 (eff. until Oct. 30, 2016)

§ 58-37f-301 (eff. Oct. 31, 2016)

ADC R156-37f

ADC R384-203

West's Utah Code Annotated (2015)

Title 58. Occupations and Professions

Chapter 37F. Controlled Substance Database Act

Part 3. Access

§ 58-37f-301. Access to database

<Text of Section Effective until October 30, 2016>

...

(2) The division shall make information in the database and information obtained from other state or federal prescription monitoring programs by means of the database available only to the following individuals, in accordance with the requirements of this chapter and division rules:

...

(f) in accordance with a written agreement entered into with the department, a designee of the director of the Department of Health, who is not an employee of the Department of Health, whom the director of the Department of Health assigns to conduct scientific studies regarding the use or abuse of controlled substances pursuant to an application process established in rule by the Department of Health, if:

(i) the designee provides explicit information to the Department of Health regarding the purpose of the scientific studies;

(ii) the scientific studies to be conducted by the designee:

(A) fit within the responsibilities of the Department of Health for health and welfare;

(B) are reviewed and approved by an Institutional Review Board that is approved for human subject research by the United States Department of Health and Human Services; and

(C) are not conducted for profit or commercial gain; and

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(D) are conducted in a research facility, as defined by division rule, that is associated with a university or college accredited by one or more regional or national accrediting agencies recognized by the United States Department of Education;

(iii) the designee protects the information as a business associate of the Department of Health; and

(iv) the identity of the prescribers, patients, and pharmacies in the database are de-identified, confidential, not disclosed in any manner to the designee or to any individual who is not directly involved in the scientific studies;

...

West's Utah Code Annotated (2015)
Title 58. Occupations and Professions
Chapter 37F. Controlled Substance Database Act
Part 3. Access

§ 58-37f-301. Access to database

<Text of Section Effective October 31, 2016>

...

(2) The division shall make information in the database and information obtained from other state or federal prescription monitoring programs by means of the database available only to the following individuals, in accordance with the requirements of this chapter and division rules:

...

(f) in accordance with a written agreement entered into with the department, a designee of the director of the Department of Health, who is not an employee of the Department of Health, whom the director of the Department of Health assigns to conduct scientific studies regarding the use or abuse of controlled substances pursuant to an application process established in rule by the Department of Health, if:

(i) the designee provides explicit information to the Department of Health regarding the purpose of the scientific studies;

(ii) the scientific studies to be conducted by the designee:

(A) fit within the responsibilities of the Department of Health for health and welfare;

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(B) are reviewed and approved by an Institutional Review Board that is approved for human subject research by the United States Department of Health and Human Services; and

(C) are not conducted for profit or commercial gain; and

(D) are conducted in a research facility, as defined by division rule, that is associated with a university or college accredited by one or more regional or national accrediting agencies recognized by the United States Department of Education;

(iii) the designee protects the information as a business associate of the Department of Health; and

(iv) the identity of the prescribers, patients, and pharmacies in the database are de-identified, confidential, not disclosed in any manner to the designee or to any individual who is not directly involved in the scientific studies;

...

Utah Administrative Code (2016)

Commerce

R156. Occupational and Professional Licensing.

R156-37f. Controlled Substance Database Act Rule.

...

(13) The Utah Department of Health may access Database information for purposes of scientific study regarding public health. To access information, the scientific investigator shall:

(a) demonstrate to the satisfaction of the Division that the research is part of an approved project of the Utah Department of Health;

(b) provide a description of the research to be conducted, including:

(i) a research protocol for the project; and

(ii) a description of the data needed from the Database to conduct that research;

(c) provide assurances and a plan that demonstrates all Database information will be maintained securely, with access being strictly restricted to the requesting scientific investigator;

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(d) provide for electronic data to be stored on a secure database computer system with access being strictly restricted to the requesting scientific investigator; and

(e) pay all relevant expenses for data transfer and manipulation.

...

Utah Administrative Code (2016)

Health

R384. Health, Disease Control and Prevention, Health Promotion.

R384-203. Prescription Drug Database Access.

R384-203-1. Authority and Purpose.

This rule establishes procedures and application processes pursuant to Title 58-37f-301(2)(d) for Utah Department of Health Executive Director to allow access to the Prescription Drug database by a designated and assigned person to conduct scientific studies regarding the use or abuse of controlled substances, who is not an employee of the Department of Health.

R384-203-2. Definitions.

The following definitions apply to this rule:

(1) “Department” means the Utah Department of Health.

(2) “Director” means the Utah Department of Health Executive Director.

(3) “Prescription Drug Database” means the Utah Controlled Substance Database.

(4) “Research facility” means a research facility associated with a university or college in the state accredited by the Northwest Commission on Colleges and Universities.

(5) “Institutional Review Board” means a board that is approved for human subject research by the United States Department of Health and Human Services.

(6) “Designee” means a person designated and assigned by the Director to have access to the Prescription Drug database in order to conduct scientific studies regarding the use or abuse of controlled substances, who is not an employee of the Department.

(7) “Business associate” means a business associate as defined under the HIPAA privacy, security, and breach notification rules in 45 CFR 164.502(a), 164.504(e), and 164.532(d) and (e).

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(8) “De-identified” means information as defined in 45 CFR 164.502(d) and 164.514(a), (b), and (c).

R384-203-3. Criteria for Application to Access Prescription Drug Database.

(1) The study must fit within the responsibilities of the Department for health and welfare.

(2) De-identified prescriber, patient and pharmacy data will meet the research needs.

(3) The research facility designee must provide:

(a) written assurances that the studies are not conducted for and will not be used for profit or commercial gain;

(b) written assurances that the designee shall protect the information as a business associate of the Department of Health; and

(c) documentation of an Institutional Review Board approval.

R384-203-4. Research Application Process.

(1) The research facility designee will prepare and submit for Department approval an application as designated by the Department detailing explicit information regarding the scientific studies to be conducted including the:

(a) purpose of the study;

(b) research protocol for the project;

(c) description of the data needed from the database to conduct that research;

(d) plan that demonstrates all database information will be maintained securely, with access being strictly restricted to the designee and research study staff; and

(e) provisions for electronic data to be stored on a secure database computer system with access being strictly restricted to the designee and research study staff.

(2) Application will be reviewed by the Department’s Institutional Review Board and recommendation made to the director for or against approval.

(3) Director will determine approval status of the application.

(4) Designee will sign the Department’s data sharing agreement if application is approved by the Director.

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R384-203-5. Data Provision and Fees.

(1) Department will obtain, de-identify and provide the data set requested in the application.

(2) Research facility and designee shall pay all relevant expenses for data transfer and manipulation.

R384-203-6. Audit Provisions.

Research facility and designee shall submit, upon request, to a Department audit of the recipients' compliance with the terms of the data sharing agreement.

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Vermont
18 §4284

West's Vermont Statutes Annotated (2016)
Title Eighteen. Health
Part 5. Foods and Drugs
Chapter 84A. Vermont Prescription Monitoring System

§ 4284. Protection and disclosure of information

...

(f) The Department is authorized to use information from VPMS for research, trend analysis, and other public health promotion purposes provided that data are aggregated or otherwise de-identified. The Department shall post the results of trend analyses on its website for use by health care providers, dispensers, and the general public. When appropriate, the Department shall send alerts relating to identified trends to health care providers and dispensers by electronic mail.

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Virginia
§ 54.1-2523

West's Annotated Code of Virginia (2016)

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions

Chapter 25.2. Prescription Monitoring Program

§ 54.1-2523. Confidentiality of data; disclosure of information; discretionary authority of Director

A. All data, records, and reports relating to the prescribing and dispensing of covered substances to recipients and any abstracts from such data, records, and reports that are in the possession of the Prescription Monitoring Program pursuant to this chapter and any material relating to the operation or security of the program shall be confidential and shall be exempt from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 15 of § 2.2-3705.5. Records in possession of the Prescription Monitoring Program shall not be available for civil subpoena, nor shall such records be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall such records be deemed admissible as evidence in any civil proceeding for any reason. Further, the Director shall only have discretion to disclose any such information as provided in subsections B and C.

B. Upon receiving a request for information in accordance with the Department's regulations and in compliance with applicable federal law and regulations, the Director shall disclose the following:

...

7. Information for the purpose of bona fide research or education to qualified personnel; however, data elements that would reasonably identify a specific recipient, prescriber, or dispenser shall be deleted or redacted from such information prior to disclosure. Further, release of the information shall only be made pursuant to a written agreement between such qualified personnel and the Director in order to ensure compliance with this subdivision.

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Washington
§ 70.225.040

West's Revised Code of Washington Annotated (2016)
Title 70. Public Health and Safety
Chapter 70.225. Prescription Monitoring Program

§ 70.225.040. Confidentiality of prescription information--Procedures--Immunity when acting in good faith

...

(4) The department may provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients, dispensers, prescribers, and persons who received prescriptions from dispensers.

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West Virginia
§ 60A-9-5

West's Annotated Code of West Virginia (2016)
Chapter 60A. Uniform Controlled Substances Act
Article 9. Controlled Substances Monitoring

§ 60A-9-5. Confidentiality; limited access to records; period of retention; no civil liability for required reporting

(a)(1) The information required by this article to be kept by the board is confidential and not subject to the provisions of chapter twenty-nine-b of this code or obtainable as discovery in civil matters absent a court order and is open to inspection only by inspectors and agents of the board, members of the West Virginia State Police expressly authorized by the Superintendent of the West Virginia State Police to have access to the information, authorized agents of local law-enforcement agencies as members of a federally affiliated drug task force, authorized agents of the federal Drug Enforcement Administration, duly authorized agents of the Bureau for Medical Services, duly authorized agents of the Office of the Chief Medical Examiner for use in post-mortem examinations, duly authorized agents of licensing boards of practitioners in this state and other states authorized to prescribe Schedules II, III, and IV controlled substances, prescribing practitioners and pharmacists and persons with an enforceable court order or regulatory agency administrative subpoena: Provided, That all law-enforcement personnel who have access to the Controlled Substances Monitoring Program database shall be granted access in accordance with applicable state laws and the board's legislative rules, shall be certified as a West Virginia law-enforcement officer and shall have successfully completed training approved by the board. All information released by the board must be related to a specific patient or a specific individual or entity under investigation by any of the above parties except that practitioners who prescribe or dispense controlled substances may request specific data related to their Drug Enforcement Administration controlled substance registration number or for the purpose of providing treatment to a patient: Provided, however, That the West Virginia Controlled Substances Monitoring Program Database Review Committee established in subsection (b) of this section is authorized to query the database to comply with said subsection.

(2) Subject to the provisions of subdivision (1) of this subsection, the board shall also review the West Virginia Controlled Substance Monitoring Program database and issue reports that identify abnormal or unusual practices of patients who exceed parameters as determined by the advisory committee established in this section. The board shall communicate with practitioners and dispensers to more effectively manage the medications of their patients in the manner recommended by the advisory committee. All other reports produced by the board shall be kept confidential. The board shall maintain the information required by this article for a period of not less than five years. **Notwithstanding any other provisions of this code to the contrary, data obtained under the provisions of this article may be used for compilation of educational, scholarly or statistical purposes, and may be shared with the West Virginia Department of**

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Health and Human Resources for those purposes, as long as the identities of persons or entities and any personally identifiable information, including protected health information, contained therein shall be redacted, scrubbed or otherwise irreversibly destroyed in a manner that will preserve the confidential nature of the information. No individual or entity required to report under section four of this article may be subject to a claim for civil damages or other civil relief for the reporting of information to the board as required under and in accordance with the provisions of this article.

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Wisconsin
ADC CSB 4.11

Wisconsin Administrative Code (2016)
Controlled Substances Board
Chapter CSB 4. Prescription Drug Monitoring Program
Wis. Adm. Code s CSB 4.11
CSB 4.11 Methods of obtaining PDMP information.

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(9) The board may disclose de-identified PDMP information which does not and cannot be reasonably used to identify any patient upon written request.

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Wyoming
§ 35-7-1060

West's Wyoming Statutes Annotated (2015)
Title 35. Public Health and Safety
Chapter 7. Food and Drugs
Article 10. Controlled Substances
Article X

§ 35-7-1060. Controlled substances prescription tracking program

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(c) The tracking program shall not be used to infringe on the legal use of a controlled substance. Information obtained through the controlled substance prescription tracking program is confidential and may not be released and is not admissible in any judicial or administrative proceeding, except as follows:

(i) The board may release information to practitioners and practitioner appointed delegates and to pharmacists and pharmacist appointed delegates when the release of the information may be of assistance in preventing or avoiding inappropriate use of controlled substances;

(ii) The board shall report any information that it reasonably suspects may relate to fraudulent or illegal activity to the appropriate law enforcement agency and the relevant occupational licensing board;

(iii) The board may release information to the patient to whom the information pertains or his agent or, if the patient is a minor, to his parents or guardian;

(iv) The board may release information to a third party if the patient has signed a consent specifically for the release of his controlled substance prescription information to the specific third party;

(v) The board may release information that does not identify individual patients, practitioners, pharmacists or pharmacies, for educational, research or public information purposes; and

(vi) Subject to the rules of evidence, information obtained from the program is admissible in a criminal proceeding or an administrative proceeding involving professional licensing.

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