Compilation of Prescription Monitoring Program Maps

Research Current Through May 2016.

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© 2016 Research is current as of May 2016. In order to ensure that the information contained herein is as current as possible, research is conducted using both nationwide legal database software and individual state legislative websites. Please contact Sherry Green at 703-836-6100 or sgreen@namsdl.org with any additional updates or information that may be relevant to this document. Headquarters Office: The National Alliance for Model State Drug Laws, 100 ½ E. Main Street, Suite C, Manchester, Iowa 52057.
Status of Prescription Monitoring Programs

- States with operational PDMPs
- States with enacted PDMP legislation but program not yet operational
- States with legislation pending

The Texas program will be moved to the Board of Pharmacy effective September 1, 2016.
Funding Provisions of PMPs

1 States that receive all or part of their funding through licensing or other fees
2 States that may allow funding through licensing and other fees
3 States that explicitly exclude licensing and other fees from funding
4 States that collect fees from certain individuals but exclude fees from others

1This information is derived from the state PMP statutes and does not include any information that might be found in the state licensing or other statutes. 2Ohio allows licensing and other fees from pharmacists, pharmacy interns, and certain distributors of dangerous drugs, but specifically prohibits the imposition of a fee on prescribers. 3The Texas provision becomes effective September 1, 2016. 4Vermont specifically excludes licensing and other fees from practitioners, but does partially fund the PMP through fees assessed to pharmaceutical manufacturers. 5The Alaska provision goes into effect on September 1, 2016.

States that Require Prescribers and/or Dispensers to Notify Consumers that Their PMP Information May Be Accessed or Reported

States that Mandate the Use of an Advisory Committee, Task Force, or Working Group

Evaluation of PMP – Report to Legislature

States that require a report to the legislature regarding the PMP

Michigan requires daily reporting for online reporting of dispensing information and weekly for mail-in submission of data. Montana requires reporting every 8 days by regulation; however, the data submission guide requires weekly reporting. Nebraska will begin requiring daily reporting as of January 1, 2017. Alaska will go to weekly reporting as of July 17, 2017. Vermont will begin requiring submission of data within 24 hours or one business day beginning 30 days after notice is sent to dispensers and a determination by the Commissioner of Health that daily reporting is practicable. Virginia will begin requiring daily reporting on January 1, 2017. Wisconsin will begin requiring submission of data within one business day on April 1, 2017. Maryland will begin requiring submission of data within 24 hours on October 1, 2016.

Substances Monitored by PMP

1 This map reflects those states with statutory authority to collect dispensing data on certain non-controlled substances and does not necessarily reflect those states with such authority who are actively collecting such data. 2 Tennessee’s law authorizes the monitoring of Schedule V substances that have been identified as demonstrating a potential for abuse. 3 In South Dakota, all federal Schedule V substances are listed in Schedule IV, so they do monitor Schedule V controlled substances. 4 The Nebraska provision becomes effective January 1, 2017. 5 On July 17, 2017, Alaska will begin collecting data on Schedule II – IV substances only.
This map reflects those states with statutory authority to require nonresident pharmacies to report to the PMP and does not necessarily reflect those states with such authority who are actively collecting such data. The Nebraska provision goes into effect on January 1, 2017.
This map reflects those states with statutory authority to require veterinarians to report to the PMP and does not necessarily reflect those states with such authority who are actively collecting such data.  \(^2\)As of September 1, 2016, veterinarians in Alabama will no longer be required to report to the PMP.  \(^3\)The Nebraska provision goes into effect on January 1, 2018. Veterinarians must only report any Schedule II – IV substances dispensed.

Types of Authorized Recipients – County Coroners, Medical Examiners, and/or State Toxicologists

1The Texas provision goes into effect on September 1, 2016. 2The Alaska provision goes into effect on July 17, 2017.
The Texas provision goes into effect on September 1, 2016.

The Wisconsin provision goes into effect on April 1, 2017.

The Alaska provision goes into effect on July 17, 2017.
Types of Authorized Users – De-identified Data

The Alaska provision goes into effect on July 17, 2017.

States that share data with other state PMPs
States that share data with authorized users in other states
States that share data with both authorized users and other state PMPs

1Oregon will only allow direct access to practitioners in California, Idaho, and Washington.
Types of Authorized Recipients – Judicial/Prosecutorial Officials

Probable cause, search warrant, subpoena, or other judicial process

Pursuant to an active investigation or as part of official duties

Both judicial process and active investigation

Upon request of the grand jury

Upon request for records of Schedule II substances; court order for all other Schedules

1Nevada and West Virginia also allow the release of information in civil cases with a court order.
Types of Authorized Recipients – Law Enforcement Officials

- Probable cause, search warrant, subpoena, or other judicial process
- Pursuant to an active investigation or as part of official duties
- Both judicial process and active investigation
- May only receive data from professional licensing boards
- Upon request for records of Schedule II substances; court order for all other Schedules

Types of Authorized Users – Professional Licensing or Regulatory Boards

Types of Authorized Recipients – Medicare, Medicaid, State Health Insurance Programs, and/or Health Care Payment/Benefit Provider or Insurer

1The Alaska provision goes into effect on July 17, 2017.
The Colorado PMP will release information to the medical director of a facility that treats addiction with controlled substances if the patient consents. The release of information to the Department is limited to those individuals engaged in the administration of the Methadone Death and Incident Review Team. The Wisconsin provision goes into effect on April 1, 2017.
Types of Authorized Recipients – Patient, Parent or Guardian on Behalf of Minor Child, Health Care Agent, Attorney, or Third Party with Consent

- Patient, Parent or Guardian on Behalf of Minor Child
- Patient or parent/guardian of minor child and health care agent
- Patient or parent/guardian of minor child and attorney

Types of Authorized Recipients – Physician Assistants, Medical Residents, Nurse Practitioners, and Other Authorized Prescribers

1The term “nurse practitioners” may include advanced registered nurse practitioners, certified nurse practitioners, certified nurse midwives, certified nurse anesthetists, or clinical nurse specialists.
Types of Authorized Recipients – Probation/Parole Officers or Department of Corrections

The Utah provision goes into effect on October 31, 2016.

Unsolicited Reports to Prescribers, Dispensers, Licensing Boards, and Law Enforcement

Prescribers, dispensers, licensing boards, and law enforcement
Prescribers, dispensers, and licensing boards only
Prescribers, dispensers, and law enforcement only
Prescribers and dispensers only
Law enforcement and licensing boards only
Law enforcement only
Licensing boards only

The Alaska provision goes into effect on July 17, 2017.

Types of Authorized Recipients – Worker’s Compensation Specialists

States that Require Certain Authorized Users to Undergo Training and/or Completion of Educational Courses Before Accessing PMP Data

1The Maryland provision goes into effect on October 1, 2016.  2The Massachusetts provision goes into effect on October 15, 2016.
State PMP Laws that Explicitly Do Not Require Prescribers and/or Dispensers to Access PMP Information

1 The Maryland provision expires on September 30, 2016.
State Laws that Confer Immunity on Prescribers and/or Dispensers

The Maine provision goes into effect on July 29, 2016.

1The Maine provision goes into effect on July 29, 2016.
States that Require All Prescribers and/or Dispensers to Register with the PMP

1 The Maryland provision goes into effect on October 1, 2016. 2 The Minnesota provision goes into effect on August 1, 2016. 3 The Alaska provision goes into effect on July 17, 2017.
States that Require Prescribers and/or Dispensers to Access PMP Database in Certain Circumstances

1 The Maine provision goes into effect on July 29, 2016. 2 The Maryland provision goes into effect on October 1, 2016. 3 The Wisconsin provision goes into effect on April 1, 2017. 4 The Alabama and Texas provisions are implied rather than explicit. Both states, in regulation, state that practitioners “should” check the PMP rather than “shall.” NAMSDL has included them in this material as it appears from the language of the regulations that practitioners may face disciplinary action for failure to check the PMP as recommended without good cause. 5 The Alaska provision goes into effect on July 17, 2017.

The Maine provision goes into effect on July 29, 2016.

Data Confidentiality – Penalties for Wrongly Disclosing, Using, or Obtaining Data