



# Prescription Drug Monitoring Program

## PDMP Policies and Capabilities: Results From 2021 State Assessment

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Prescription drug monitoring programs (PDMPs) are designed to facilitate the collection, analysis, and reporting of information on the prescribing, dispensing, and use of prescription drugs within a state. An overriding goal of PDMPs is to uphold both the state laws ensuring access to appropriate pharmaceutical care by citizens and state laws deterring diversion. The earliest PDMPs were established primarily as enforcement and regulatory tools providing data to officials responsible for enforcing drug laws and overseeing the prescribing and dispensing of these drugs by health care professionals. While this role continues in almost all current PDMPs, the focus of PDMPs has shifted to enhance patient care and assist in developing drug abuse prevention and treatment strategies.

Since 2010, the PDMP Training and Technical Assistance Center (TTAC), at the Institute for Intergovernmental Research (IIR), with support from the Bureau of Justice Assistance (BJA), has conducted eight state assessments of PDMPs. The assessments have gathered data on PDMP statutes, regulations, policies, and procedures; tracked their changes over time; and identified program trends and candidate best practices. As more PDMPs were implemented and new laws and practices were instituted, the TTAC assessments evolved to capture changes and new practices and to identify trends (see Appendix A for a listing of the 2021 assessment questions). Every PDMP administrator was invited to complete the 2021 assessment and review/edit the comprehensive PDMP report posted on the [TTAC website](#).

Historically, as new PDMPs were implemented, they adopted the proven practices and policies of established PDMPs, utilized the latest technology, and addressed the needs of a wider group of stakeholders. Comparing the 2021 information provided by PDMPs with information from previous state assessments, it is evident that PDMPs continue to evolve and are becoming more homogeneous. TTAC has developed an interactive Power BI [visualization](#), which allows website visitors to compare changes over time.

This document will summarize the status of PDMPs, based on the results of the 2021 state assessment, related to operations, policies/procedures, technological capabilities, and authorized users.

## **PDMP Operations**

### **Status of PDMPs**

There are 54 operational PDMPs in the United States (49 states; St. Louis County, Missouri; the District of Columbia; and three U.S. territories—Guam, the Northern Mariana Islands, and Puerto Rico). The first PDMP was established in 1918 in New York to monitor prescriptions for cocaine, codeine, heroin, morphine, and opium. This program ceased operations in 1921. California was the next state to enact legislation for a PDMP in 1939; it has the distinction of being the oldest, continuously operational PDMP. Between 1939 and 1999, there were 16 states with PDMPs, 24 were added from 2000 through 2009, and 14 have been added since then.

## Funding

The PDMPs that were established prior to 2003 operated without the benefit of federal grant funding. These PDMPs operated solely with available state funding (e.g., state general revenue, licensing fees, controlled substance registration fees). In 2003, the U.S. Department of Justice (DOJ) began the Harold Rogers PDMP Grant Program. DOJ, through BJA, made funding available to U.S. states, districts, and territories that were interested in establishing, implementing, and enhancing PDMPs. Since that time, the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Medicare and Medicaid Services (CMS) have made grant monies available for PDMP-related activities, allowing PDMPs to operate using multiple sources of funding. In 2021, PDMPs receive funding from federal grants (41), licensing or controlled substance registration fees (30), state general revenue funds (17), regulatory board funds (8), or other funding (i.e., state grant, agreed settlement, opioid impact fees) (4).

## Staffing Level

The majority of PDMPs (35) operate with a staff of five full-time employees (FTEs) or fewer; in fact, 4 PDMPs operate with only one FTE each. The 2021 state assessment grouped the staff positions into Operations, Technical, Analytical, or Other categories. On average, PDMPs have approximately 6.87 total employees with approximately 3.6 in operations, 1.0 in technical, 1.5 in analytical, and 0.8 in other job classifications.

PDMP Total Staff Level					
Alabama	1.0	Florida	4.0	Kentucky	31.0
Alaska	1.0	Georgia	5.5	Louisiana	5.5
Arizona	9.0	Guam	2.0	Maine	7.0
Arkansas	3.0	Hawaii	6.0	Maryland	9.0
California	23.0	Idaho	2.0	Massachusetts	12.0
Colorado	1.5	Illinois	14.0	Michigan	12.0
Connecticut	6.3	Indiana	8.0	Minnesota	3.0
Delaware	2.0	Iowa	2.5	Mississippi	3.0
District of Columbia	6.0	Kansas	11.0	Missouri	2.0
Montana	1.0	Northern Mariana Islands	5.0	Tennessee	6.0
Nebraska	3.3	Ohio	6.0	Texas	8.0
Nevada	8.0	Oklahoma	8.0	Utah	17.0
New Hampshire	3.0	Oregon	8.0	Vermont	2.0
New Jersey	5.0	Pennsylvania	31.0	Virginia	4.5
New Mexico	2.0	Puerto Rico	10.0	Washington	8.0
New York	6.0	Rhode Island	11.0	West Virginia	5.5
North Carolina	7.0	South Carolina	4.0	Wisconsin	4.0
North Dakota	1.0	South Dakota	1.6	Wyoming	4.0

## **Data Reporting**

### **Data Reporting Frequency**

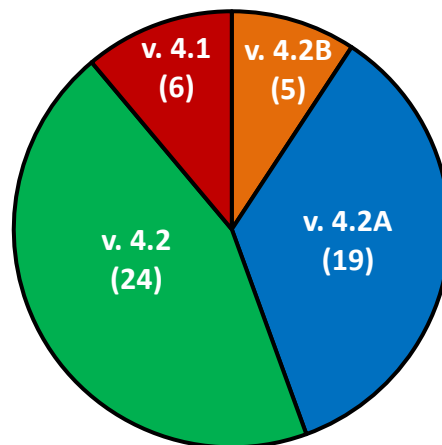
There are 49 PDMPs that require reporting of prescription information daily or more frequently and 5 that require reporting less frequently. It is important to note that the reporting time frames represent the required maximum time limit to report to the PDMP. Most dispensers report nightly in batch files, even though state law may allow more time.

<b>Reporting Frequency</b>	<b># of PDMPs</b>
Point of Sale	1
Point of Sale or Within 24 hours	2
Daily or Next Business Day	46
2 or 3 Days	2
7 Days	1
14 Days	2

### **Data Transmission**

All PDMPs use the American Society for Automation in Pharmacy (ASAP) reporting standard to transmit prescription data from dispensers to a PDMP. ASAP is updated regularly (starting in 1995). Adoption of the most recent standard (ASAP version 4.2B) is in process by many PDMPs. There are 5 PDMPs using ASAP version 4.2B (2019), 19 using version 4.2A (2017), 24 using version 4.2 (2011), and 6 using version 4.1 (2010). It is important to note that the changes to the ASAP standard from version 4.1 to 4.2B are relatively minor.

### **ASAP Reporting Standard**



## Other Data Sources

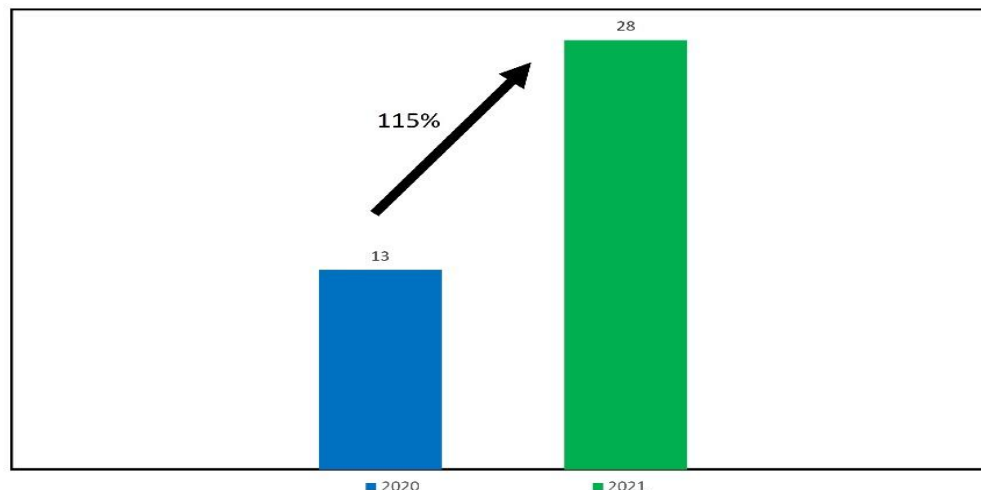
In recent years, states recognized the value of sharing with or linking multiple data sources. Using information from PDMPs that is combined with other data sources provides additional information to assist authorized users in making clinical decisions. PDMP administrators and policy makers use the data to address the broader prescription drug and opioid abuse epidemic.

Alternate Data Available	# of PDMPs
ARCOS Reports	6
Child Welfare Case Information	1
Drug Court Case Information	1
Drug-Related Convictions	2
Lost/Stolen Prescription Drug Reports	5
Medical Marijuana Dispensations	15
Naloxone/Narcan Administrations	16
Naloxone/Narcan Dispensations	18
Overdoses—Fatal	17
Overdoses—Nonfatal	13
Patient Lock-in Information	3
Pharmaceutical Manufacturer/Distributor Reports	12
Registrant Disciplinary History/Status	8

## Electronic Prescribing of Controlled Substances

In 2010, the U.S. Drug Enforcement Administration published a rule allowing electronic prescribing of controlled substances. In 2018, the SUPPORT for Patients and Communities Act was enacted to address the opioid abuse epidemic. States wishing to receive federal funds under the SUPPORT Act had to mandate the electronic prescribing of controlled substances. In 2020, there were only 13 PDMPs with an e-prescribing mandate in place; there are now 28.

**PDMPs With Mandatory E-Prescribing**



## **PDMP Access**

### **Authorized Data Requestors**

#### ***Health Care***

A major objective of PDMPs is helping provide appropriate health care information about patients. Therefore, the following categories of PDMP authorized users remain the most common among PDMPs. Authorized users include prescribers (medical doctors, doctors of osteopathic medicine, doctors of dental surgery, etc.), mid-level practitioners (physician assistants, advanced practice nurses, etc.), dispensers (pharmacies, pharmacists), and delegates (licensed and unlicensed prescriber and dispenser delegates).

<b>Health Care Requestor Role</b>	<b># of PDMPs</b>
Prescriber	54
Pharmacy or Pharmacist	54
Physician Assistant	53
Nurse Practitioner	53
Prescriber Delegate (licensed or unlicensed)	51
Dispenser Delegate (licensed or unlicensed)	48
Medical Resident	37
Drug Treatment Provider	18
Medical Intern	17
Health Care Facility/Institution	11

#### ***Licensing/Regulatory***

Licensing/regulatory authorized users include officials from state licensing boards (i.e., medical, pharmacy, dental, podiatry), peer review committees, and state health departments. The earliest PDMPs were established as regulatory tools providing data to officials responsible for overseeing the prescribing and dispensing of controlled substances by health care professionals.

<b>Licensing/Regulatory Requestor Role</b>	<b># of PDMPs</b>
Licensing/Regulatory Board	51
State Health Department	29
Peer Review Committee	10

### ***Law Enforcement***

Law enforcement users include federal, state, and local police agencies; prosecutorial authorities (district attorneys, U.S. Attorneys, etc.); correctional supervision (i.e., probation and parole officers); drug courts; and medical examiners/coroners. The earliest PDMPs were established as enforcement tools providing data to officials responsible for enforcing drug laws. In the early years of PDMPs, PDMP information was used primarily by law enforcement. The methodology by which law enforcement entities have access varies. Law enforcement entities need to have an active investigation, a proper need, or probable cause to obtain data from 26PDMPs. The other 28 PDMPs allow access with a court order, a subpoena, or a search warrant.

<b>Law Enforcement Requestor Role</b>	<b># of PDMPs</b>
Police (federal, state, or local)	52
Medical Examiner/Coroner	48
Prosecutor	34
Correctional Supervision	20
Drug Court	17

### ***Public/Private Insurance***

Public/private insurance users include representatives from Medicaid Fraud and Abuse, Medicaid Drug Utilization, Medicare, state workers' compensation, and third-party payers.

<b>Public/Private Insurance Requestor Role</b>	<b># of PDMPs</b>
Medicaid Fraud and Abuse	37
Medicaid Drug Utilization and Review	34
State Workers' Compensation	11
Medicare	9
Workers' Compensation Insurance	6
Third-Party Payers	6

### ***Other Authorized Users***

There are other types of authorized users that do not fit into the above categories. It is important to note that, as time passes, states are more open to allowing other types of users to access PDMP data.

<b>Other Requestor Role</b>	<b># of PDMPs</b>
Epidemiologist	52
Patient	45
Researcher	32
Marijuana Dispensary	5

## PDMP Accounts for Online Access

Health care providers have had online PDMP access for 20 years. Online access by non-health care entities is expanding across the country. According to information reported on the 2021 assessment, the following entities are now permitted to have an online account.

Account User Type	# of PDMPs
Medical Examiners/Coroners	33
Licensing/Regulatory Board Investigators	27
Law Enforcement – State	26
Law Enforcement – Federal	25
Law Enforcement – Local	22
Pardons or Parole Officers	10
Patients or Their Representatives	2
Peer Review Committee Representatives	2

## Solicited and Unsolicited Reports

PDMP information is typically provided on request (solicited reports) by authorized users, but most PDMPs also send out reports based on analysis of PDMP data suggesting questionable activity, such as risk of overdose, doctor shopping, diversion, or inappropriate prescribing or dispensing such as by pill mills (unsolicited reports). The common recipients of unsolicited reports sent by states include prescribers, pharmacists, law enforcement agencies, and licensing boards.

Report Recipient	Report Type	
	Solicited	Unsolicited
Prescribers	54	49
Dispensers	54	42
Law Enforcement	52	29
Regulatory/Licensing Boards	51	37



## Data Sharing

### Interstate Data Sharing

PDMPs share information with prescribers and dispensers in other states to provide better and more complete information of a patient's controlled substance prescription history. There are 53 PDMPs currently engaged in interstate data sharing. California is not currently engaged in interstate data sharing but is actively taking steps to begin. It is important to note that this does not mean that all are sharing with every PDMP; however, in most cases, PDMPs are engaged in data sharing with their border states. An interactive map showing which PDMPs are engaged in interstate data sharing and with which state partners is available on the [TTAC website](#).

Interstate Sharing Partners	
# of Partners	# of PDMPs
>50	0
41–50	8
31–40	20
21–30	11
11–20	9
1–10	5
0	1

Interstate Sharing Border Partners	
% of Border Partners	# of PDMPs
100%	40
76–99%	5
51–75%	1
26–50%	1
1–25%	0
0%	3
n/a	4

### Health Record Integration

PDMPs' integration with Health Information Exchanges (HIEs), Electronic Health Records (EHRs), and/or Pharmacy Dispensing Systems (PDSs) represents the most dramatic change within PDMPs this year. In 2017, only 28 PDMPs were integrated with at least one type of integration; now, 44 PDMPs are integrated.

Type of Integration	# of PDMPs
EHR and PDS	35
HIE and EHR	20
HIE, EHR, and PDS	18
EHR only	5
HIE only	1
PDS only	1

## Appendix A – 2021 Assessment Questions

2021 State Assessment (54 operational PDMPs—47 responses received)
1. Name of person completing the survey.
2. Select the State, District, Commonwealth, or Territory of the PDMP represented in the survey responses.
3. What is the current version of ASAP your PDMP uses?
4. Has the frequency requirement for data submission to your PDMP changed since the 2020 PDMP survey?
5. What is the frequency of data submission to your PDMP?
6. Do you have a process in place to notify patients if/when there is a breach of PDMP patient record confidentiality (i.e., hacking, illegal access, inappropriate access, unauthorized access)?
7. Describe the patient notification process.
8. Is the patient notification process detailed in a policy or a statute?
9. Have you added any new authorized PDMP user roles (i.e., law enforcement, drug courts, insurance providers, drug treatment providers) since the 2020 PDMP survey? List the new user role(s) and the user authority (i.e., solicited v unsolicited, in-state user v out-of-state user).
10. Have you updated any existing users' authority (i.e., solicited v unsolicited, in-state user v out-of-state user) since the 2020 PDMP survey? List the updated user role and authority.
11. Select which non-health care users are allowed to obtain a PDMP user account for online PDMP access.
12. Does your state law require e-prescribing?
13. Which category of medications is e-prescribing required? Select all that apply.
14. Do you allow exemptions or waivers from the e-prescribing requirement?
15. Describe the exemption or waiver process.
16. Is your PDMP certified as a CMS specialized registry for meaningful use?
17. Have you developed any PDMP metrics for health care providers to comply with the meaningful use requirements? List the PDMP metrics you have developed.
18. Select the State(s), District(s), Commonwealth(s), and Territory(ies) with which you are currently engaged in interstate data sharing and via which hub(s).
19. Is your State, District, Commonwealth, or Territory currently engaged in interstate data sharing with the Military Health Service PDMP?
20. Does your PDMP allow non-health care users (i.e., licensing boards, law enforcement, researchers, health departments) to receive your PDMP's data through a data sharing hub (i.e., RxCheck, PMPi)? Which non-health care users can have such access?
21. Describe the PDMP account enrollment and verification process.
22. Is your PDMP currently integrated with a Health Information Exchange (HIE)?
23. Select the approximate percentage of state health care providers integrated with the HIE and via which hub(s).
24. Is the PDMP data allowed to be downloaded/stored in the HIE?
25. Is the PDMP data allowed to be manipulated (not altered or edited) for analytical or summary purposes in the HIE?
26. Does your HIE integration incorporate interstate data?
27. Is your PDMP currently integrated with an Electronic Health Record (EHR) system?

**2021 State Assessment (54 operational PDMPs—47 responses received)**

28. Select the approximate percentage of state health care providers integrated with the EHR and via which hub(s).
29. Is the PDMP data allowed to be downloaded/stored in the EHR?
30. Is the PDMP data allowed to be manipulated (not altered or edited) for analytical or summary purposes in EHR?
31. Does your EHR integration incorporate interstate data?
32. Is your PDMP currently integrated with a Pharmacy Dispensing or Management System (PDS or PMS)?
33. Select the approximate percentage of state health care providers integrated with the PDS/PMS and via which hub(s).
34. Is the PDMP data allowed to be downloaded/stored in the PDS/PMS?
35. Is the PDMP data allowed to be manipulated (not altered or edited) for analytical or summary purposes in PDS/PMS?
36. Does your PDS/PMS integration incorporate interstate data?
37. Is your PDMP engaged in integration with the Veteran's Health Administration (VISTA) electronic health recordkeeping system?
38. Are you using HL7 FHIR to exchange data with health care systems?
39. When will your PDMP be ready to exchange data with health care systems using HL7 FHIR?
40. Select the alternate data source(s) collected by or available through the PDMP.
41. How much is your annual PDMP budget (regardless of revenue source)?
42. Indicate the number of agency full-time equivalents (FTEs) directly involved in the business or non-IT operation of the PDMP.
43. Indicate the number of agency full-time equivalents (FTEs) directly involved in the IT development and maintenance of the PDMP.
44. Indicate the number of agency full-time equivalents (FTEs) directly involved with the PDMP's analytical or epidemiological activities of the PDMP.
45. Indicate the number of agency full-time equivalents (FTEs) directly involved with the PDMP and not captured in the above 3 questions.