PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

IIR

Institute for Intergovernmental Research

Prescription Drug Monitoring Program

Interstate PDMP Access and Data Sharing Alignment

January 2021

This project was supported by Grant No. 2019-PM-BX-K003 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the U.S. Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Prescription Drug Monitoring Programs (PDMPs) are critical tools in combating the drug crisis. It is important to note that PDMPs are just one of many tools that can be employed by health care providers and others to evaluate an individual's medical history and potential for misuse and abuse of prescription medications. The data housed in the PDMPs can provide great insight into potential prescription abuse and misuse and identify prescribing and dispensing trends, diversion instances, and individuals at risk for substance abuse and overdose. There are 54 operational PDMPs in the United States. Every PDMP seeks its full potential to be a useful clinical aid and deter misuse, abuse, and diversion of prescription medications.

As more PDMPs were established and PDMP data began to be accessed by health care providers, the value of the information started to be recognized by not only those who were given access to the data but also by others who were not initially granted authority, such as nurse practitioners, psychologists, pharmacists, physician assistants, and others. Simultaneously with many more PDMPs operating in the country, the need to share PDMP data with authorized users in other states (in this report, the word "states" will refer to U.S. states, districts, and territories) became quickly apparent. Even though practitioners started having access to PDMP data in 1990, electronic sharing of PDMP data across state lines was not initiated until 2010.

There remains a need to standardize access authority, reports, and the process and accessibility of data by authorized users in other states. PDMPs generally operate similarly, but there are some variances when it comes to data sharing and integration (i.e., assigned user roles, patient matching methods, percentage of provider population integrated, retention of PDMP data or reports) that pose challenges in developing a standardized and cohesive national strategy to address the crises both within and across state boundaries.

The PDMP Training and Technical Assistance Center (TTAC) convened a group of representatives from the state government to address these issues. The workgroup members, composed of PDMP Administrators and agency policymakers, were selected to ensure representation from across the country with differing perspectives (see Appendix A). This report intends to serve as a basis for further consideration and discussion on recommended best practices for adoption to align the PDMPs with interstate data sharing, integration, and access to data, regardless of current capabilities, statutes, regulations, and policies. PDMP Administrators, state policymakers, and legislators are encouraged to critically review the provided information and use it to enhance the current capabilities, policies, and practices to improve their states' ability to address prescription medication abuse and misuse problems. Note: PDMP information in this report was compiled from responses to TTAC's State Assessments.

The report will address the following PDMP-related topics:

- Interstate data sharing
- Electronic health record integration
- Access to PDMP information
- Prescription data submission
- PDMP reports

Interstate Data Sharing

As previously mentioned, electronic interstate data sharing began in 2010; by 2014, there were 32 PDMPs engaged and 46 PDMPs sharing information in 2018. All PDMPs, except California, Guam, and the Northern Mariana Islands, participate in electronic data sharing with other states, particularly among their border states (See below and Appendix B). It should be noted that California, Guam, and the Northern Mariana Islands are actively working towards interstate data sharing.

Interstate Sharing Partners	
% of Total PDMPs	# of PDMPs
76–100%	5
51–75%	23
26–50%	17
1–25%	6
0%	3

Interstate Sharing Border Partners	
% of Border Partners	# of PDMPs
100%	38
76–99%	6
51–75%	2
26–50%	2
1–25%	0
0%	3
n/a	3

Recommended Best Practice—**PDMPs should have the capability to engage in electronic interstate data sharing with other states. The need to query data from every state on every request is not typically needed, effective, or recommended; however, at a minimum, queries should be made with bordering states. As with intrastate requests, an audit trail of every out-of-state request should be maintained. The audit trail should capture the date and time of the query as well as the identifiers of both the individual requestor and the subject of the query with robust search capabilities on all available fields. The interstate audit trail information should be housed at the PDMP and available for PDMP staff members and, through the PDMP, to authorized users online and real-time.**

Justification—Within today's health care system, patients have multiple treatment options available which may entail visiting practitioners in other states. Individuals may also attempt to avoid detection when engaging in prescription drug diversion by crossing state lines. Electronic interstate data sharing will increase PDMP data's utility, enhance patient care, and assist in deterring drug diversion.

Electronic Health Record Integration

Integrating PDMP data into health information exchanges (HIEs), electronic health records (EHRs), and pharmacy dispensing systems (PDSs), equips providers with the tools and resources they need to make PDMP data more actionable, inform clinical decision making, and ensure the safer use of prescription therapy for patients. In practical terms, integration is having automatic access (versus manual entry) in the HIE, EHR, and PDS to clinical information from PDMPs and other health care sources within a state and across state lines and using that information when treating a patient. Currently, 44 PDMPs are integrated to some degree.

Integration Status	
Type	**# of PDMPs**
Health Information Exchanges	21
Electronic Health Records	42
Pharmacy Dispensing Systems	36

Recommended Best Practice—**PDMPs should integrate with HIEs, EHRs, and PDSs as part of their data sharing efforts for authorized health care users. An audit trail of every request should be maintained. The audit trail should capture the date and time of the query as well as the identifiers of both the individual requestor and the subject of the query with robust search capabilities on all available fields. The integration audit trail information should be housed at the PDMP and available for PDMP staff members and, through the PDMP, to authorized users online and in real-time.**

Justification—Integrating PDMP data retrieval with HIEs, EHRs, PDSs will help reduce the time and effort needed for prescribers and their staff and for pharmacists to access a patient's prescription history. This will allow health care providers to interact with patients and provide relevant patient information, including PDMP data, all in one step.

ACCESS TO PDMP INFORMATION

PDMPs are programs that collect prescription information from dispensers (e.g., pharmacies) in their states, territories, commonwealths, or districts and provide the information in a report available to authorized users for clinical care purposes, law enforcement, regulation of professional practice, and research and evaluation.

The overarching goals of the PDMPs are to:

- Ensure access to appropriate pharmaceutical care for legitimate medical purposes.
- Serve as a tool to aid in the evaluation and treatment of patients.
- Assist in early intervention and prevention of substance abuse/misuse.
- Inform public health initiatives.
- Support investigations and enforcement.
- Promote education and awareness.

With these goals as a foundation, this section will provide the rationale for potential users to have interstate PDMP access.

Health Care Providers

PDMPs are a valuable source of information for health care providers as they evaluate their patients and can be critical to the proper and appropriate treatment of their patients' medical condition(s). For most PDMPs, the term "health care provider" refers to medical professionals with controlled substance prescriptive or dispensing authority. However, PDMP data can be of value to a wide range of other health care providers, whether they have controlled substance authority or not. Statutes in at least three states allow PDMP access to all prescribers and dispensers. A listing of the health care roles currently authorized by several PDMPs can be found in Appendix C.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Prescribers	54	52
Dispensers	54	45

Recommended Best Practice—**Health care providers, regardless of whether or not they have controlled substance authority, properly licensed or credentialed to prescribe or dispense by the states in which they practice and involved in the care of a current patient or bona fide prospective patient, should have the ability to query the PDMP to the extent that the information relates specifically to the patient's evaluation and treatment**.

Justification—Patients should receive appropriate medical care for their condition(s), and health care providers need complete information to evaluate and treat their patients properly.

Regulatory/Licensing/Health Care Oversight Authorities

A regulatory/licensing authority refers to the agency charged by law with the licensing and regulating of various health care practices (i.e., medical, pharmacy, dental, veterinary). To fulfill their official duties and responsibilities, these entities may investigate a licensee, typically in response to a filed complaint, disciplinary action, suspicion of impairment, or routine compliance audit or review. A peer review committee is responsible for the evaluation of a health care provider's qualifications; patient care issues; the merits of complaints against a health care provider; the reasonableness of services, procedures, and facilities; fitness to provide health care services; and evaluation of alleged impairment by cause of alcohol, drugs, physical disability, mental instability, or otherwise.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Regulatory/Licensing Board	51	28
Peer Review Committee	10	1

Recommended Best Practice—**A regulatory/licensing authority or an established peer review committee engaged in the lawful review or investigation of a licensee should have the ability to query the PDMP. Depending on the nature of an investigation or review, the information available should include:**

1. **The licensee's prescribing or dispensing history.**
2. **The prescription history of the licensee as a patient.**
3. **The prescription history of any of the licensee's patients.**
4. **The audit trail of the licensee's PDMP utilization.**

Justification—To ensure that appropriate and safe medical care is delivered to patients, regulatory/licensing authorities and peer review committees need to access any and all information to evaluate the licensee's practice.

Law Enforcement Entities

Controlled substances have a beneficial effect when used appropriately and under the direction and supervision of a medical provider. Controlled substance medications, unfortunately, are also diverted from legitimate medical channels into the illicit drug market. These drugs are trafficked in the same manner as street drugs such as heroin, methamphetamine, and cocaine. Law enforcement at the federal, state, and local levels has the responsibility to prevent, detect, investigate, and prosecute violations or possible violations of laws related to the unlawful use, possession, sale, prescribing, ordering, administering, distributing, or dispensing of prescription medications without adversely impacting the appropriate health care needs of patients. Diversion can take many forms: robbery or burglary of pharmacies, insurance fraud, forgery of prescriptions or medical records, unlawful prescribing or dispensing, doctor or pharmacy shopping, unlawful sale, and other violations of controlled substances or dangerous drug statutes. Information collected by PDMPs has proven to be an invaluable resource to further these investigations.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Federal Law Enforcement	50	32
State Law Enforcement	51	26
Local Law Enforcement	49	24
Prosecutorial Authorities	34	14

Recommended Best Practice—**Law enforcement officials at the federal, state, and local levels who are engaged in the administration, investigation, enforcement, or prosecution of the laws governing prescription drugs and who are involved in an investigation or prosecution of a specific patient, prescriber, or dispenser should have the ability to query the PDMP. The method by which access is permitted should be determined by the state, commonwealth, district, or territory in which the PDMP resides. Depending on the nature and subject of an investigation, the information available to law enforcement officials should include:**

1. **A practitioner's prescribing or dispensing history.**
2. **A pharmacist's or pharmacy's dispensing history.**
3. **The prescription history of a patient.**
4. **The audit trail of a practitioner's or pharmacist's PDMP utilization.**

Justification—Diversion of legitimate medications into the illicit market is a serious public health and public safety problem. Law enforcement's role is critical to the prevention of these crimes and helps deter these medications from becoming a source of harm and abuse.

State and Federal Government Insurance Providers

State and federal government insurance providers, in this context, refers to Medicare, Medicaid, and Workers' Compensation. An essential role of governmental health care insurers is to improve care and reduce unnecessary costs. Some of those efforts rely on the review of the prescribing and dispensing provided to their enrollees by their providers. To help maintain good medical care and monitor costs related to prescriptions, health insurers and pharmacy benefit managers have procedures for reviewing prescription claims data on insured patients. Data showing multiple or overlapping prescriptions for drugs in medically unnecessary quantities may indicate prescription drug misuse, abuse, or diversion. If confirmed, such findings can trigger appropriate interventions by insurers, such as placing patients in a Patient Review and Restriction Program (also known as a lock-in program), which restricts them to a single prescriber or dispenser for controlled substance prescriptions. Ordinarily, insurance claims data will not include prescriptions prescribed by out-of-network providers, nor will it include prescriptions paid for in cash or by another insurance provider.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Medicare	9	5
Medicaid	37	10
Workers' Compensation	10	3

Recommended Best Practice—**PDMPs should be authorized to share prescription data with state and federal government insurance providers to monitor prescribing and dispensing, thereby enhancing patient care and reducing excess public insurance costs. Insurers have a central role in ensuring quality health care and addressing the prescription drug abuse epidemic; their use of PDMP data is key to an effective response. Without it, insurers do not have a complete picture of the prescribing and dispensing carried out by network practitioners and provided to their enrollees. Providing PDMP data to state and federal government insurance providers is feasible and worthwhile so long as appropriate safeguards are put in place to ensure that the use is appropriate, data are kept secure, and patient confidentiality is maintained. Insurers should use PDMP data to identify questionable prescribing and dispensing. PDMP data on medical providers can be used to help identify fraud, monitor provider performance, and detect pharmacy noncompliance with insurance regulations. State and federal government insurance providers and the wider public would benefit from using PDMP data to monitor patient care and prescriber and dispenser behavior.**

Justification—PDMP data can provide state and federal government insurers with a complete picture of what controlled substances an insured individual might be obtaining, misusing, or diverting from legitimate use, including the method of payment, as well as which providers have prescribed and dispensed to the individual. Without PDMP information, patterns suggestive of controlled substance abuse and diversion may go undetected by insurers.

Medical Examiners/Coroners

Responding to the drug epidemic has placed a strain on the public health and public safety resources. One resource feeling the impact, whose work overlaps public health and public safety, is the medical examiners and coroners (ME/Cs) community. The increase in opioid overdose deaths has created an urgency for ME/Cs to identify and connect to other sources of information or data to complete their investigations more accurately and efficiently. PDMPs can serve as a valuable data source for ME/Cs. The ME/Cs' access to decedents' PDMP data can help determine whether and to what extent prescription drugs contributed to an individual's death. Anecdotal experience of ME/Cs with PDMPs indicates that PDMP data can assist in many phases of forensic investigations, both in the lab and in the field. PDMPs also play a valuable role in helping ME/Cs track and mitigate the drug abuse epidemic.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Researchers	52	not available

Recommended Best Practice—**Medical examiners and coroners should be allowed to access the PDMP data in their professional roles. They should not have to assert their law enforcement roles to gain access. A medical examiner considers a decedent his or her patient and should be allowed to request PDMP data as a physician. Also, since about half of the U.S. population is served by coroners, the same consideration should be given to coroners, even though they may not be licensed physicians. In addition, medicolegal death investigators (MDIs) should be allowed access to PDMP data. MDIs are responsible for any death investigation under the jurisdiction of a medical examiner or a coroner.**

Justification—PDMP data plays a vital role in investigating a drug death; having a decedent's medication history helps ME/Cs with several aspects of their investigation. PDMP data can guide autopsies and allow ME/Cs to narrow down the cause of death. PDMP reports may assist in determining the type or extent of toxicology tests. Knowing what drug(s) a decedent was prescribed may suggest what types of drugs should be screened. PDMP data may also help determine when and whether to conduct an autopsy and help determine whether the cause of death was related to prescription medications. Furthermore, PDMP reports identify the treating physicians, which will expedite the process for ME/Cs to obtain medical information.

Patients

Health care technology advances and provides more health-related data to health care providers and their patients in an easy, secure, and efficient manner. This has resulted in individuals becoming more informed, engaged, and wanting to participate in their care and treatment. Access to PDMP data allows patients to control their health, monitor their conditions, better understand their treatment, and confirm PDMP information's accuracy. The Health Insurance Portability and Accountability Act (HIPAA) requires health plans and health care providers to allow patients access to their health records on request.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Patients	45	22

Recommended Best Practice—**A patient who requests the patient's prescription monitoring information; the parent or legal guardian of a minor child; an individual with power of attorney, or durable power of attorney, for health care form; or a person duly authorized by law to access records on behalf of a patient should have access to the PDMP. The method by which access is permitted, either direct access to the PDMP or through one of the patient's providers, should be determined by the state, commonwealth, district, or territory in which the PDMP resides.**

Justification—Patients working as a part of the care coordination team can help ensure patient safety and manage the treatment plan's complexities. Access to their PDMP data can help patients understand the treatment plans and improve adherence to those treatment plans. A patient's access to his or her PDMP data puts the individual in control of health care decisions.

Researchers

Systematically analyzing PDMP data can provide valuable insight into prescription drug use, misuse, and abuse. Fifty-two PDMPs allow the use of PDMP information, generally de-identified, for research and evaluation to enhance public health and public safety interventions, conduct epidemiological analyses, improve methods for preventing misuse and abuse of prescription drugs, and study the impact of PDMP policies and practices.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Researchers	52	not available

Recommended Best Practice—**PDMPs should provide prescription information for statistical, research, educational, or public health surveillance purposes provided that all data elements that would reasonably identify a specific patient, prescriber, or dispenser are deleted or redacted from the information before disclosure in a manner consistent with the Health Insurance Portability and Accountability (HIPAA) safe harbor provisions. To assess the research's validity and feasibility and ensure confidentiality of the PDMP data, a data use agreement (DUA) should be completed and approved by the PDMP and/or an Institutional Review Board (IRB).**

Justification—The information maintained by PDMPs is well suited for research on the prescription drug situation in the United States. Researchers analyzing this information can provide great insight on numerous prescription drug issues, such as prescribing and dispensing trends, predicting the risk of prescription drug misuse and overdose, and identifying possible hot spots for abuse in the country.

Health Departments

PDMPs today are well-positioned to serve the needs of both public health and public safety. 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, the focus of PDMPs has, for the most part, shifted to enhance patient care and promoting public health. State health departments across the country are using PDMP data and have found the information to be timely and useful in carrying out their public health roles and responsibilities.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
State Health Departments	28	5

Recommended Best Practice—**A PDMP is a useful public health tool and should be accessed and used by state health departments to understand and be better informed about the drug epidemic and develop drug abuse prevention and treatment strategies. PDMPs can also be used to identify high-risk patients and inappropriate prescribing and dispensing trends.**

Justification—The use of PDMP information within state health departments provides health officials with a powerful tool to educate health care providers and the public about prescribing and dispensing trends and potential risks involved with the use of certain medications. It further allows epidemiologists to conduct surveillance on the incidence and prevalence of opioids and other controlled substance medications. PDMP data can also be used to proactively implement drug strategies to reduce licit and illicit drug abuse.

Criminal Justice Community

The misuse and abuse of drugs, particularly prescription and illicit opioids, are related to many types of crime, ranging from unlawful possession of illegal sale or distribution to violent offenses. It is estimated that about half of all state and federal prisoners are addicted to or abuse drugs, and the risk for drug overdose is often higher upon release. Multiple studies have found that drug abuse treatment for individuals in the criminal justice system (i.e., drug courts, correctional supervision) effectively reduces relapse and recidivism, and can prevent overdoses and result in significant savings to society. The most effective treatment models integrate criminal justice and drug treatment systems and services, creating a multidisciplinary approach to providing treatment that includes drug use screening, treatment placements, drug testing and monitoring, and ongoing supervision with the use of sanctions and rewards.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Drug Courts	17	8
Correctional Supervision	20	9

Recommended Best Practice—**Appropriate screening and assessment of individuals within the criminal justice system who have been convicted of a drug-related crime or have a history of substance misuse or abuse are critical in identifying a person's clinical needs and effectively allocating supervision and service resources to reduce the risk of a drug overdose. The justice community should have access to PDMP data for these individuals, whether upon arrest or conviction, awaiting trial, or prison release.**

Justification—The use of validated tools to screen and assess for the presence of a substance use disorder and the risk for recidivism are two widely recommended practices. There are several validated screening and assessment tools available. PDMP data should be one of the tools used for assessment and monitoring.

Drug Treatment Programs

Drug treatment programs provide their patients with comprehensive substance abuse treatment, consisting of individualized treatment plans, individual therapy, group counseling, family therapy, support groups, and after-care planning. These interventions help patients build coping skills, improve communication with family members, practice sober social skills, and avoid triggers. PDMP data is a useful tool in patient assessment and monitoring.

Current Status:

Number of PDMPs Authorizing Access		
User Role	**Intrastate**	**Interstate**
Drug Treatment Providers	17	5

Recommended Best practice—**A licensed drug treatment or substance abuse treatment provider who certifies that the requested information is for its patient enrolled in a substance abuse treatment program and receiving treatment from a said provider should have access to the PDMP data.**

Justification—Knowledge of patients' prescription histories derived from PDMPs can allow drug treatment program providers to intervene appropriately to reduce medically unwarranted drug use, revisit patients' commitment to treatment, and, in some cases, adjust medication-assisted treatment dosing to more appropriate levels. PDMP is another tool to assist in monitoring patient compliance with treatment protocols. Besides keeping patients safe and improving the prospects for successful treatment outcomes, interventions made possible by these data have helped reduce the diversion and illicit sale of controlled substances. Initial and ongoing monitoring of a patient's PDMP prescription history can play an essential role in safe and effective addiction treatment.

Overdose Fatality Review (OFR) Teams

An OFR team identifies system gaps and innovative community-specific overdose prevention and intervention strategies. The OFR team examines a decedent's life cycle in terms of drug use history, comorbidity, major health events, social-emotional trauma, encounters with law enforcement and the criminal justice system, treatment history, and other factors, including local conditions, to facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death. An OFR team's efforts can identify patterns of need and opportunity, not only within specific agencies but across systems. PDMP data is a vital part of the OFR team's review to identify a problem and possible solutions to prevent similar overdose deaths.

Current Status:

According to a Legislative Analysis and Public Policy Association (LAPPA) report, as of May 2020, 12 states (Arizona, Delaware, Indiana, Maryland, New Hampshire, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Virginia, Utah, West Virginia) have authorized the review of fatal drug overdoses. The state laws include the entity authorized to create and manage the team, membership requirements, work scope, and data access authorizations. Currently, there are two states (Delaware and Maryland) that specifically list OFR teams as authorized recipients of PDMP data in the statute.

Recommended Best practice—**OFR teams established to examine circumstances surrounding drug-related deaths to promote safety and reduce drug-related deaths should have access to the decedent's PDMP data.**

Justification—OFR teams develop program and policy recommendations to improve the coordination and collaboration between agencies and community conditions to prevent future overdose deaths by blending input from public health, public safety, providers, and the community. A decedent's prescription history is another tool to assist in this process. It also allows the OFR team to identify a decedent's health care providers to learn more about the care rendered to the decedent and inform the providers of their patient's death.

Prescription Data Submission

Data Submitters

Many health care entities are required to report prescription data to a PDMP. The table below shows the number of PDMPs receiving data from these data-reporting entities.

PDMP Data Reporters	
Types	**# of PDMPs**
Pharmacy (In-State)	54
Pharmacy (Mail Order)	53
Dispensing Practitioner	50
Veterans Administration	34
Dispensing Veterinarian	19
Long-Term Care Facility Pharmacy	19
Indian Health Services	18
Correctional Facility Pharmacy	13
Department of Defense	7
Tribal Pharmacy	7

As detailed in the above table, several entities dispense controlled substance medications and are not currently reporting to every PDMP.

Substances Monitored

Nebraska and the Northern Mariana Islands are monitoring all prescription medications, both controlled substances and legend drugs. Of the remaining 52 PDMPs, 43 monitor Schedule II-V controlled substances, and nine monitor Schedules II-IV. Along with monitoring controlled substances, 28 PDMPs also have the authority to monitor "drugs of concern." These substances are not controlled substances, but their use (licit or illicit) has become problematic, and collecting prescription information on these substances has been deemed warranted. The most common drugs of concern tracked are gabapentin (14), butalbital (6), and ephedrine products (6).

Data Submission Frequency

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

Submission Frequency	
Statutory Time Frame	**# of PDMPs**
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	2
14 Days	1

Data Transmission Standard

States sharing their data need a minimum set of standard data fields, encoded and transmitted in a shared format. All PDMPs have adopted the American Society for Automation in Pharmacy (ASAP) as the format standard by which prescription data is transmitted from dispensers to the PDMP. ASAP has undergone modifications over the years (starting in 1995), and the most current standard (ASAP v. 4.2B) is being adopted by many PDMPs. There are 2 PDMPs using ASAP version 4.2B (2019), 19 using version 4.2A (2017), 27 using version 4.2 (2011), and 6 using version 4.1 (2010). It is important to note that the ASAP standard changes from version 4.1 to 4.2B are relatively minor.

Recommended Best Practice—**Any health care entity which dispenses a controlled substance (Schedules II through V) or drug of concern (as determined by the PDMP) should report the data to the PDMP on at least a daily basis using the latest ASAP standard.**

Justification—PDMP data is of great value to various authorized users, but most important, to health care providers. To ensure that patients receive appropriate medical care for their conditions, the PDMP data must contain the most current and accurate information from all available sources. Standard data protocols permit the matching and integration of PDMP data with other states' prescription information. Consistency and standardization in the PDMP community of data submitters, monitored substances, submission frequency, data format, and data elements will facilitate data sharing across all states.

PDMP Reports

As a central depository of information on the prescribing and dispensing of controlled substances, a significant role of the PDMP is making the data available to authorized users, both intrastate and interstate. PDMPs generally fulfill this role by disseminating information to authorized users through PDMP reports generated at the request of an authorized person in carrying out his or her professional responsibilities. At their basic level, PDMP reports consist of specific data elements in a logical report layout.

Data Elements

TTAC's 2020 State Assessment asked PDMP Administrators to indicate which ASAP data elements, reported to the PDMP, were (1) required, (2) optional/situational, or (3) not applicable. A review of the responses received showed that the following data elements were consistently collected by the PDMP and therefore available for inclusion on a PDMP report:

- Pharmacy DEA number or NPI number
- Patient's first and last name
- Patient's date of birth
- Patient's gender
- Patient's address
- Pharmacy prescription number
- Date the prescription was written
- Date the prescription was sold or filled
- Number of refills authorized
- Quantity dispensed
- Prescriber DEA number

Report Format

The PDMP report's information is typically organized into four components: patient information, prescription information, prescriber information, and dispenser information.
Recommended Best Practice—**PDMP reports should contain the same fields arranged in the same format as every PDMP. The data from each state should be compiled into one report, sorted chronologically by date sold or filled, and displayed in the following order: patient information, prescription information, prescriber information, and dispenser information.**

Justification—Practitioners have voiced concerns that the reports they receive from multiple states do not contain the same data elements as their own states' PDMP reports. The information is formatted differently from what they are accustomed to reviewing. This results in practitioners needing additional time to review different PDMP reports, which impacts the time practitioners can spend with patients. Standardized data elements and report formats dramatically enhance patient care and provide a quick and clear understanding of a patient's medication history.

TTAC and members of this workgroup hope that PDMPs and other stakeholders find this report informative and relevant in their pursuit of optimizing their programs. The goal of this report is to initiate thought and discussion within the PDMP community on standardizing and optimizing interstate data sharing, electronic health record integration, and access to PDMP information, prescription data submission, and PDMP reports.

PDMPs should consider the recommendations provided in this report when implementing or enhancing their interstate data sharing solutions. The workgroup's purpose, reaching a consensus on the recommended best practices (see Appendix D), proved to be a successful exercise. TTAC is indebted to the workgroup members for their time and input on this report. The topics detailed in this report often spurred lengthy discussions and exposed differing, but equally valid, points of view.

As PDMPs, policies, and technology continue to evolve, TTAC is dedicated to continuing to assist the PDMP community as it endeavors to maximize PDMPs as a tool to improve patient care.

Appendix A — Workgroup Members

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Kentucky Cabinet for Health and Family Services
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Wisconsin Controlled Substances Board
Miao-Ching (Marjorie) Liu, PDMP Program & Policy Analyst

Appendix B — Interstate Data Sharing Partners

PDMP	Interstate Sharing Partners	% of Total PDMPs	Interstate Sharing Border Partners	% of Total Border Partners
Alabama	34	63%	4	100%
Alaska	9	17%	n/a	n/a
Arizona	37	69%	4	80%
Arkansas	38	70%	6	100%
California	0	0%	0	0%
Colorado	33	61%	7	100%
Connecticut	42	78%	3	100%
Delaware	27	50%	3	100%
District of Columbia	24	44%	2	100%
Florida	24	44%	2	100%
Georgia	16	30%	5	100%
Guam	0	0%	0	0%
Hawaii	8	15%	n/a	n/a
Idaho	34	63%	5	83%
Illinois	27	50%	5	100%
Indiana	25	46%	4	100%
Iowa	28	52%	5	83%
Kansas	36	67%	4	100%
Kentucky	20	37%	7	100%
Louisiana	17	31%	3	100%
Maine	33	61%	1	100%
Maryland	19	35%	4	100%
Massachusetts	39	72%	5	100%
Michigan	35	65%	4	100%
Minnesota	42	78%	4	100%
Mississippi	30	56%	4	100%
Missouri	13	24%	7	88%
Montana	27	50%	3	75%
Nebraska	16	30%	3	50%
Nevada	34	63%	4	80%
New Hampshire	14	26%	3	100%
New Jersey	17	31%	3	100%
New Mexico	38	70%	5	100%
New York	32	59%	5	100%
North Carolina	38	70%	4	100%
North Dakota	41	76%	3	100%
Northern Mariana Islands	0	0%	0	0%

PDMP	Interstate Sharing Partners	% of Total PDMPs	Interstate Sharing Border Partners	% of Total Border Partners
Ohio	33	61%	5	100%
Oklahoma	28	52%	6	100%
Oregon	5	9%	3	75%
Pennsylvania	31	57%	6	100%
Puerto Rico	26	48%	n/a	n/a
Rhode Island	28	52%	2	100%
South Carolina	46	85%	2	100%
South Dakota	34	63%	6	100%
Tennessee	31	57%	8	100%
Texas	33	61%	4	100%
Utah	20	37%	5	83%
Vermont	8	15%	3	100%
Virginia	42	78%	5	100%
Washington	37	69%	2	100%
West Virginia	30	56%	5	100%
Wisconsin	26	48%	4	100%
Wyoming	10	19%	3	50%

Appendix C — Current Authorized PDMP Health Care Roles

Role	Definition
Advanced Practice RN	Any nurse trained, certified, and licensed to practice nursing in one of the advanced practice disciplines, such as an Advanced Practice Registered Nurse (APRN, APRN-NP), a Certified Registered Nurse Practitioner (CRNP), a Certified Registered Nurse Anesthetist (CRNA), a Certified Nurse Midwife (CNM), etc.
Dentist	A person trained and licensed to practice dentistry with a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS).
Dispenser Delegate – Licensed	A person who is designated as a delegate by a pharmacist master account holder in the prescription drug monitoring system and who holds a professional license such as Certified Pharmacy Technician.
Dispenser Delegate – Unlicensed	A person who is designated as a delegate by a pharmacist master account holder in the prescription drug monitoring system, such as a pharmacy technician or a pharmacy clerk.
Homeopath	A person who treats disease or illness by using minute doses of a substance that would, in larger amounts, produce symptoms of the disease or illness in healthy people. Most homeopathy in the United States is practiced along with another health care practice for which the practitioner is licensed, such as conventional medicine, naturopathy, chiropractic, dentistry, acupuncture, or veterinary medicine.
Institutional Account Holder	An agreement between a state and a facility/institution for the management of user access.
Intern	A person with a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) degree who is training to be a physician. An intern is often a first-year resident and is usually not licensed to practice medicine. An intern may have a training license.
Naturopath	A person trained and licensed to practice naturopathic medicine with a designation of naturopathic doctor (N.D.) or naturopathic medical doctor (N.M.D.).
Optometrist	A person trained and licensed to examine and treat disorders of the eye and associated structures and other functions of primary eye care with a doctor of optometry (O.D.) degree.
Other Nonprescribers	
Other Prescribers	
Pharmacist	A person licensed by a state to practice pharmacy (R.Ph.), including preparing and dispensing medications with a degree of bachelor of science in pharmacy (B.S. Pharm.) or doctor of pharmacy (Pharm. D).
Pharmacy	A business where medications are dispensed and sold.
Physician Assistant	A person trained, certified, and licensed to practice medicine under the supervision of a physician.

Role	Definition
Physician	A person trained and licensed to practice medicine with a doctor of medicine (M.D.), doctor of osteopathic medicine (D.O.), or doctor of podiatric medicine (DPM) degree.
Prescriber Delegate - Licensed	A person who is designated as a delegate by a prescriber master account holder in the prescription drug monitoring system and who holds a professional license such as registered nurse (RN), psychologist, dental hygienist, etc.
Prescriber Delegate - Unlicensed	A person who is designated as a delegate by a prescriber master account holder in the prescription drug monitoring system.
Prescribing Pharmacist	A person licensed by a state to practice pharmacy (R.Ph.), including preparing and dispensing medications with a degree of bachelor of science in pharmacy (B.S. Pharm.) or doctor of pharmacy (Pharm. D). A pharmacist who is authorized by state law to prescribe.
Psychologist	A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. He/she may have a master's degree (M.A.) or doctorate (Ph.D.) in psychology. He/she may also have other qualifications, including board certification and additional training in a type of therapy.
Resident	A person with a doctor of medicine (M.D.), doctor of osteopathy (D.O.), or doctor of podiatric medicine degree who is training to be a physician in a medical residency program. A resident may have a prior training license or may have obtained a license to practice independently.
Substance Abuse/Mental Health Professional	A person who is licensed by a state to provide counseling and other services for individuals with substance abuse or other mental health disorders.
Veterinarian	A person trained and licensed to practice veterinary medicine by treating disease, disorder, and injury in nonhuman animals and who holds a degree of doctor of veterinary medicine (DVM or VMD).

Appendix D — Recommended Best Practices

Interstate Data Sharing	PDMPs should have the capability to engage in electronic interstate data sharing with other states. The need to query data from every state on every request is not typically needed, effective, or recommended; however, at a minimum, queries should be made with bordering states. As with intrastate requests, an audit trail of every out- of-state request should be maintained. The audit trail should capture the date and time of the query as well as the identifiers of both the individual requestor and the subject of the query with robust search capabilities on all available fields. The interstate audit trail information should be housed at the PDMP and available for PDMP staff members and, through the PDMP, to authorized users online and real-time.
Electronic Health Record Integration	PDMPs should integrate with HIEs, EHRs, and PDSs as part of their data sharing efforts for authorized health care users. An audit trail of every request should be maintained. The audit trail should capture the date and time of the query as well as the identifiers of both the individual requestor and the subject of the query with robust search capabilities on all available fields. The integration audit trail information should be housed at the PDMP and available for PDMP staff members and, through the PDMP, to authorized users online and in real-time.
PDMP Access: Health Care Providers	Health care providers, regardless of whether or not they have controlled substance authority, properly licensed or credentialed to prescribe or dispense by the states in which they practice and involved in the care of a current patient or bona fide prospective patient, should have the ability to query the PDMP to the extent that the information relates specifically to the patient's evaluation and treatment.
PDMP Access: Regulatory/Licensing/ Health Care Oversight Authorities	A regulatory/licensing authority or an established peer review committee engaged in the lawful review or investigation of a licensee should have the ability to query the PDMP. Depending on the nature of an investigation or review, the information available should include: 5. The licensee's prescribing or dispensing history. 6. The prescription history of the licensee as a patient. 7. The prescription history of any of the licensee's patients. 8. The audit trail of the licensee's PDMP utilization.
PDMP Access: Law Enforcement Entities	Law enforcement officials at the federal, state, and local levels who are engaged in the administration, investigation, enforcement, or prosecution of the laws governing prescription drugs and who are involved in an investigation or prosecution of a specific patient, prescriber, or dispenser should have the ability to query the PDMP. The method by which access is permitted should be determined by the state, commonwealth, district, or territory in which the PDMP resides. Depending on the nature and subject of an investigation, the information available to law enforcement officials should include: 5. A practitioner's prescribing or dispensing history. 6. A pharmacist's or pharmacy's dispensing history. 7. The prescription history of a patient. 8. The audit trail of a practitioner's or pharmacist's PDMP utilization.

PDMP Access: State and Federal Government Insurance Providers	PDMPs should be authorized to share prescription data with state and federal government insurance providers to monitor prescribing and dispensing, thereby enhancing patient care and reducing excess public insurance costs. Insurers have a central role in ensuring quality health care and addressing the prescription drug abuse epidemic; their use of PDMP data is key to an effective response. Without it, insurers do not have a complete picture of the prescribing and dispensing carried out by network practitioners and provided to their enrollees. Providing PDMP data to state and federal government insurance providers is feasible and worthwhile so long as appropriate safeguards are put in place to ensure that the use is appropriate, data are kept secure, and patient confidentiality is maintained. Insurers should use PDMP data to identify questionable prescribing and dispensing. PDMP data on medical providers can be used to help identify fraud, monitor provider performance, and detect pharmacy noncompliance with insurance regulations. State and federal government insurance providers and the wider public would benefit from using PDMP data to monitor patient care and prescriber and dispenser behavior.
PDMP Access: Medical Examiners/Coroners	Medical examiners and coroners should be allowed to access the PDMP data in their professional roles. They should not have to assert their law enforcement roles to gain access. A medical examiner considers a decedent his or her patient and should be allowed to request PDMP data as a physician. Also, since about half of the U.S. population is served by coroners, the same consideration should be given to coroners, even though they may not be licensed physicians. In addition, medicolegal death investigators (MDIs) should be allowed access to PDMP data. MDIs are responsible for any death investigation under the jurisdiction of a medical examiner or a coroner.
PDMP Access: Patients	A patient who requests the patient's prescription monitoring information; the parent or legal guardian of a minor child; an individual with power of attorney, or durable power of attorney, for health care form; or a person duly authorized by law to access records on behalf of a patient should have access to the PDMP. The method by which access is permitted, either direct access to the PDMP or through one of the patient's providers, should be determined by the state, commonwealth, district, or territory in which the PDMP resides.
PDMP Access: Researchers	PDMPs should provide prescription information for statistical, research, educational, or public health surveillance purposes provided that all data elements that would reasonably identify a specific patient, prescriber, or dispenser are deleted or redacted from the information before disclosure in a manner consistent with the Health Insurance Portability and Accountability (HIPAA) safe harbor provisions. To assess the research's validity and feasibility and ensure confidentiality of the PDMP data, a data use agreement (DUA) should be completed and approved by the PDMP and/or an Institutional Review Board (IRB).
PDMP Access: Health Departments	A PDMP is a useful public health tool and should be accessed and used by state health departments to understand and be better informed about the drug epidemic and develop drug abuse prevention and treatment strategies. PDMPs can also be used to identify high-risk patients and inappropriate prescribing and dispensing trends.

PDMP Access: Criminal Justice Community	Appropriate screening and assessment of individuals within the criminal justice system who have been convicted of a drug-related crime or have a history of substance misuse or abuse are critical in identifying a person's clinical needs and effectively allocating supervision and service resources to reduce the risk of a drug overdose. The justice community should have access to PDMP data for these individuals, whether upon arrest or conviction, awaiting trial, or prison release.
PDMP Access: Drug Treatment Programs	A licensed drug treatment or substance abuse treatment provider who certifies that the requested information is for its patient enrolled in a substance abuse treatment program and receiving treatment from a said provider should have access to the PDMP data.
PDMP Access: Overdose Fatality Review (OFR) Teams	OFR teams established to examine circumstances surrounding drug-related deaths to promote safety and reduce drug-related deaths should have access to the decedent's PDMP data.
Prescription Data Submission	Any health care entity which dispenses a controlled substance (Schedules II through V) or drug of concern (as determined by the PDMP) should report the data to the PDMP on at least a daily basis using the latest ASAP standard.
PDMP Reports	PDMP reports should contain the same fields arranged in the same format as every PDMP. The data from each state should be compiled into one report, sorted chronologically by date sold or filled, and displayed in the following order: patient information, prescription information, prescriber information, and dispenser information.