Helpful Considerations for states when sharing data using the healthcare user roles	
Role	<u>Considerations</u>
Prescribers	
Physicians	(1) This category includes Oral and Maxillofacial Surgeons and Podiatrists. (2) Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any physician to have access regardless of prescriptive authority? (3) The circumstances under which a state allows the prescriber to look up a patient.
Advanced Practice RNs	(1) Some states require that the APRN have a supervising physician and states may want to discuss whether this would impact their sharing. (2) Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? (3) The circumstances under which a state allows the prescriber to look up a patient.
Physician Assistants	(1) Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? (2) The circumstances under which a state allows the prescriber to look up a patient. (1) Would states that require a DEA or the ability to prescribe controlled substances
Dentists	limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? (2) The circumstances under which a state allows the prescriber to look up a patient.
Optometrists	(1) Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? (2) The circumstances under which a state allows the prescriber to look up a patient. (3) Two states indicated that access is only allowed as delegate of another prescriber. In this case, suggest these states send these as licensed delegates.
Psychologists	(1) Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? (2) The circumstances under which a state allows the prescriber to look up a patient. (3) Some states may include this role in the mental health/substance abuse professional category.
	(1) Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? (2) The circumstances under which a state allows the prescriber
Naturopaths	to look up a patient. (1) States may want to discuss the processes in place for granting access to determine compatibility. (2) The circumstances under which a state allows the homeopath to look
Homeopaths	up a patient. (1) Would states that require a DEA or the ability to prescribe controlled substances limit sharing with states that allow any prescriber to have access regardless of prescriptive authority? (2) The circumstances under which a state allows the prescriber
Veterinarians Interns	to look up a patient.
Residents Prescribing	Suggest that any state who has this role discuss sharing via this role with their partner
Pharmacists Other Prescribers	states to determine compatibility. Each state should discuss the other prescribers that are mapped to this role and the compatibility.

Implementation

Diemonsors	
Dispensers	
Pharmacists	(1) Some states allow access to pharmacists who assist in evaluating and recommending treatment who may not be dispensing pharmacists. (2) Some states allow access to pharmacists whose roles are in Prescription Benefit Management and are not involved in direct patient care. (3) Non-dispensing pharmacists not involved in direct patient care (i.e., clinical pharmacists, patient benefit managers) be discussed between sharing partners on an 'as needed' basis.
Pharmacy	(1) Only two states indicated that they allow access by the role of pharmacy.
Other	
Prescriber Delegates -	(1) One state allows physician delegates to be unlicensed while APRN delegates must be
Licensed	licensed. (2) States should explore the compatibility of their licensing standards.
Prescriber Delegates - Unlicensed	(1) One state allows physician delegates to be unlicensed while APRN delegates must be licensed. (2) States should explore the compatibility of their licensing standards.
Dispenser Delegates - Licensed	(1) More required a professional license than did not. (2) Several states cannot differentiate dispenser delegates from prescriber delegates. (3) States should explore the compatibility of their licensing standards.
Dispenser Delegates - Unlicensed	Several states cannot differentiate dispenser delegates from prescriber delegates.
Substance Abuse/Mental Health Professional	States may include licensed social workers or others in this category. This person may or may not have prescribing authority. Suggest that any state who has this role discuss sharing via this role with their partner states to determine compatibility.
Other Non-Prescribers	This category is designed for unique circumstances which must be discussed on a state by state basis.
Institutional Account Holder	*Only two states currently have these agreements. The Master Account holders for these agreements should be discussed between the states who will be sharing data.