PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Technical Assistance Guide

Implementing Best Practices: A Comparison of PDMP Changes 2010 to 2014

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Introduction

Since 2010, the Prescription Drug Monitoring Program Training and Technical Assistance Center (TTAC) at Brandeis University, with support from the Bureau of Justice Assistance (BJA), has conducted three State Surveys of prescription drug monitoring programs (PDMPs) (2010, 2012, 2014). The surveys have gathered data on PDMP statutes, regulations, policies and procedures, tracked their changes over time, and identified program trends and candidate practices. As more PDMPs were implemented and new laws and practices were instituted, the TTAC surveys evolved to capture those changes, new practices and trends. When TTAC conducted its first PDMP State Survey (2010), there were 11 fewer states with a PDMP than when the second survey was conducted (2012). Historically, as new PDMPs were implemented they adopted the best practices and proven policies of established PDMPs, took advantage of newer technology, and addressed the needs of a wider group of stakeholders. For example, PDMPs today are seeking to integrate their data into Health Information Exchanges (HIEs), which was not on any PDMP's agenda in 2010.

Because TTAC adapted its surveys in response to new trends and practices of PDMPs, some questions and topics are covered in all three surveys, while others are unique to each survey (*see Appendix A*).

Despite their differences, the surveys document PDMPs' progress and changes from 2010 to 2014, including which practices were adopted by PDMPs and which were discarded or modified. For example, in 2010 all PDMPs collected information from pharmacies every 30 days, whereas by 2014, the majority of PDMPs had shortened the data collection interval to 7 days, 24 hours, or at the point of sale. (current status map)

The response rate for the 2010 State Survey was 85% (29 of 34 operational PDMPs), the rate for the 2012 State Survey was 73% (32 of 44 operational PDMPs) and the rate for the 2014 State Survey was 100% (50 of 50 operational PDMPs). Please note that TTAC obtained information from 12 additional PDMPs following the 2012 State Survey; bringing the response rate to 100%. The additional PDMPs' information is included in the results. Please see Appendix B for a table summarizing the findings described below, including the percentage of PDMPs that had adopted each practice as of 2014.

Methodology

In September 2012, the PDMP Center of Excellence (COE) published a white paper entitled "Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices". Drawing on published research, consensus statements of expert opinion, and accumulated experience among states, this report identified 35 best and promising practices likely to help maximize PDMP effectiveness. These fell into 7 major categories:

- **Data collection and data quality**
- **Data linking and analysis**
- **User access and report dissemination**
- **PDMP recruitment, utilization, and education**
- **Inter-organizational best practices for PDMPs**
- **Evaluation of PDMPs**
- **Funding PDMPs**

For each practice, the white paper provides the rationale for the 'best' practice, the evidence for its effectiveness, current adoption by states, and barriers to adoption. In many instances, the adoption status, in the white paper, was derived from information collected from the 2012 TTAC State Survey.

Survey Results of PDMP Best Practices

Using data from the three TTAC surveys and information received from the PDMPs subsequent to the surveys, this guide details the changes and evolution PDMPs have undergone between 2010 and 2014 as they apply to the following selected best practices:

- Adopt uniform and latest ASAP reporting standard
- Collect positive identification for the person picking up prescriptions
- Collect data on method of payment, including cash transactions
- Reduce data collection interval; move toward real-time data collection
- Integrate PDMP reports with health information exchanges, electronic health records, and pharmacy dispensing systems
- Send unsolicited reports and alerts to appropriate users
    - Authority to Provide Unsolicited/Threshold Reports
    - Engaged in Providing Unsolicited/Threshold Reports
- Mandate enrollment
- Mandate utilization
- Delegate Access
- Enact and implement interstate data sharing among PDMPs
- Secure funding independent of economic downturns, conflicts of interest, public policy changes, and changes in PDMP policies

1. Adopt uniform and latest ASAP reporting standard

Best Practice

The American Society for Automation in Pharmacy (ASAP) has developed standards for pharmacy data fields and formats that every PDMP uses. Since 1995, there have been five (5) ASAP versions released; the latest being version 4.2 in 2011. A recommended practice is for every PDMP to migrate to the most recent version of ASAP and implement new versions as they become available. The rationale for this practice is that uniform data collection standards facilitate improved data quality, data analysis across PDMP programs and interstate data sharing among PDMPs.

Survey Results

According to the results of the 2010 State Survey, there were 11 PDMPs using ASAP version 4.0 or later. In 2012, 31 PDMPs reported using ASAP version 4.0 or later since then, there are 47 PDMPs using ASAP version 4.0 or later. Currently, there are 30 PDMPs using the latest ASAP version 4.2. (current status map)

2. Collect positive identification for the person picking up prescriptions

Best Practice

Verification of the person who is picking up the medication is an effective practice required by some states. In many instances, the person at the pharmacy counter retrieving a prescribed medication is not the patient to whom the medication was prescribed. There have been accounts of a patient's family member or friend obtaining the medication from the pharmacy without the patient's consent or knowledge. Collecting positive identification lessens the risk of abuse, fraud, and diversion or, at a minimum, aids in a diversion investigation following a suspected prescription diversion or fraud incident.

Survey Results

Although PDMPs were not surveyed about collecting positive identification in the 2010 and 2012 State Surveys, the topic was covered in the 2014 State Survey. The PDMPs were asked if they collect the identification on the A) patient, B) person dropping off the prescription (if different from the patient), and C) person picking up the prescription (if different from the patient. Currently, there are 23 PDMPs that collect the patient's identification, 3 PDMPs that collect the identification of the person dropping off the prescription and 9 PDMPs that collect the identification of the person picking up the medication. (current status map)

3. Collect data on method of payment, including cash transactions

Best Practice

The method by which a person pays for their prescription medications can be an indicator of possible questionable activity. Studies (Riggs et al., 2010[1]) have shown that doctor shoppers and operators of pill mills prefer cash transactions. This limits the information available to insurance companies and other 3rd party payers to identify potential instances of fraud or patient abuse.

Survey Results

According to the 2012 survey, 13 PDMPs collected method of payment. Currently, 41 PDMPs report collecting the method of payment. This question was not included in the 2010 State Survey. (current status map)

4. Reduce data collection interval

Best Practice

The recommended best practice of reducing the time a pharmacy has to transmit the prescription information to the PDMP (data collection interval), for example from weekly to daily, is based on the rationale that more timely information is of greater use to authorized requestors. Having the most up-to-date prescription history information increases the utility of PDMP data for clinical practice and drug diversion investigations.

Survey Results

According to the 2010 State Survey, none of the operational PDMPs had reduced their data collection interval. In 2012, only 2 PDMPs had reduced their data collection interval. Since 2012, 23 PDMPs have reduced the interval. (current status map)

5. Integrate PDMP data with health information exchanges

Best Practice

PDMPs continuously seek ways to increase PDMP usage and usability. Simplifying the method of access to the PDMP for prescribers and dispensers makes it more likely that prescription history information will be used in clinical decision-making. One approach, supported by government and industry, is to integrate PDMP data into health information exchanges (HIE).

Survey Results

The 2010 and 2012 State Surveys did not cover this topic; however, information from other TTAC sources show that, in 2012, there was only 1 PDMP integrated with a HIE (NE). Currently, 9 PDMPs are integrated with a HIE.

[1] Rigg, et al., Prescription Drug Abuse and Diversion: Role of the Pain Clinic. Journal of Drug Issues 2010

6. Send unsolicited reports and alerts to appropriate users

Best Practice

Unsolicited reports and alerts are methods many PDMPs employ to proactively notify authorized requestors (typically, prescribers and dispensers) that a patient may potentially be engaged in questionable activity such as doctor shopping. The reports may also be sent to licensing/regulatory boards or law enforcement on registrants that may potentially be engaged in inappropriate or illegal prescribing or dispensing. (current status maps: prescriber, dispenser, licensing board, law enforcement)

Survey Results

Authority to Provide Unsolicited Reports

According to the 2010 State Survey, there were 24 PDMPs with the legal authority to provide unsolicited reports; by 2012, this had increased to 39. Currently, 45 PDMPs reported having this authority. Three PDMPs that became operational after 2012 were implemented with this authority.

Engaged in Providing Unsolicited Reports

In 2010, there were 19 PDMPs engaged in sending unsolicited reports to authorized users; in 2012, there were 18. Currently, there are 36 PDMPs sending reports. Eighteen (19) PDMPs started sending reports subsequent to the 2012 State Survey.

7. Mandate enrollment

Best Practice

There are several states whose PDMPs remain under-utilized by a large percentage of prescribers or dispensers. To address this issue, states have passed statutes or enacted regulations that require prescribers and/or dispensers to enroll with the PDMP; the ultimate goal being for practitioners to use PDMP data in clinical care and dispensing.

Survey Results

In 2012, 13 PDMPs mandated PDMP enrollment, increasing to 25 since then. Information on mandated enrollment and utilization (see below) was not collected in the 2010 survey. (current status map)

8. Mandate utilization

Best Practice

Similar to mandated enrollment, mandated utilization seeks to increase the number of practitioners using the PDMP for clinical care. Unlike enrollment, utilization is typically mandated under certain circumstances, e.g., before prescribing a controlled substance to a new patient, if the prescriber believes a patient is seeking drugs for non-medical reasons, or if the patient has been prescribed opioids for six months or more.

Survey Results

In 2012, there were 12 PDMPs that mandated PDMP usage; as of December 2015, there are 28. This information was not collected in the 2010 State Survey. (current status map)

9. Delegate Access

Best Practice

To allow prescribers more time to treat their patients, many states have allowed them to delegate office staff to access the PDMP data on their behalf ("delegates"). Adding delegates as authorized PDMP users is a recommended best practice since it is believed that this will increase utilization by prescribers.

Survey Results

The 2010 State Survey indicated that only one PDMP (UT) allowed delegate access to the PDMP. In 2012, there were 12 PDMPs that authorized the use of delegate accounts. Since then, 27 PDMPs authorized delegates, bringing the total number of PDMPs allowing delegates to 41. (current status table)

10. Enact and implement interstate data sharing among PDMPs

Best Practice

PDMPs are state-based programs initially developed to support the transmission, collection and utilization of prescription data within a state. As more states adopted PDMPs, the next logical step was sharing data across state lines. Interstate sharing of PDMP data is now a top priority to ensure that healthcare professionals have a complete picture of their patients' prescription history.

Survey Results

In 2012, 14 PDMPs reported that they were engaged in interstate data sharing with at least one other state. According to information received since the 2012 survey, 17 PDMPs have begun sharing data across state lines. Currently, 33 PDMPs have implemented interstate data sharing, with an additional 10 PDMPs in the process of planning, approving agreements with other PDMPs or a hub vendor, or developing the technical capabilities. There are hubs available for PDMPs to connect and although cross hub communication is not operational as of this writing. Through the support of BJA, the technology has been developed, tested, and is available to operators of the

hubs. A hub is a service that enables sharing of data between two or more states by routing transactions to and from PDMPs. Information on data sharing was not collected in the 2010 State Survey. (current status map)

11. Obtain secure funding

Best Practice

For many PDMPs, obtaining sufficient and secure operating funds continues to be problematic. Were it not for grants or short-term allocated funds, several PDMPs would be without any means of support. Here 'secure' funding is defined as that coming from state revenue sources or non-grant sources.

Survey Results

According to the results of the 2010 State Survey, there were 9 PDMPs operating without any grant funding. Per 2012 information, there were 14 PDMPs operating without grant funding. Currently, there are 19 PDMPs operating without grant funding. (current status map)

Note: the above changes and the corresponding numbers from the three TTAC State Surveys and subsequent contact with the PDMPs are listed in tabular form in Appendix B and additional status maps/tables are available on the TTAC website.

Conclusion

Based on the information provided by PDMPs for the three TTAC surveys, it is evident that PDMPs are continually evolving and becoming more homogeneous; resulting in programs that are more efficient and effective. It is also apparent that enhancements to one PDMP that show positive results, often lead to similar enhancements in other PDMPs. PDMPs are not static; as new prescription abuse and misuse challenges arise, technology improves, and research on PDMP effectiveness reveals, PDMPs will be positioned to better adapt. To keep abreast of the changes, TTAC will maintain a close working relationship with the PDMPs and plans to routinely conduct state surveys. The survey results will be compiled and made available to any stakeholder.

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Appendix A – List of Questions from State Surveys

* 2010 State Survey (34 operational PDMPs – 29 responses received)
1. State/Territory/District
2. Alliance of States with PMP Region
3. Name of Program
4. Acronym, if applicable
5. Website where PMP information is available
6. Name of Agency responsible for management of PMP
7. Agency Type
8. Contact
9. State Population
10. Number of Pharmacies within state (DEA registered or state CS registered)
11. Number of practitioners authorized to prescribe controlled substances (DEA registered or state CS registered
12. Drugs/Schedules Monitored
13. Other drugs, please list _____
14. Number of prescription records collected in calendar year 2008
15. Frequency of data collection required by law
16. From which dispenser types do you collect data
17. Number of patient history reports produced in calendar year 2008
18. Who is authorized to request patient specific information?
19. Do state law/rules permit deidentified data to be provided to researchers?
20. Year when initial PMP authorizing legislation was signed into law
21. Year when PMP initially became operational
22. Laws/Statute(s) citation(s)
23. Website where located
24. Regulation/Rule(s) citation(s)
25. Website where located
26. Total Annual Budget
27. Source of Funding
28. Total of annual PMP budget spent on PMP staff
29. Total annual dollar amount spent on vendors
30. Total annual dollar amount spent on software/licenses
31. Total number of staff allocated to PMP
32. Does your agency use an in-house or an outside vendor for data collection?
33. Does your agency store the collected data in-house or with an outside vendor?
34. Does your agency use a vendor to host your web portal & provide reports or is it done in-house?
35. From what dispenser types do you collect data?
36. Which version(s) of the American Society for the Automation of Pharmacy (ASAP) standard for PMP data transmission do you allow to be reported?
37. How and when may patient prescription history reports be requested by users and sent-out by your office/ web portal?
38. Do you have a law/ rule/ policy for data retention?
39. What data must be purged?

* 2010 State Survey (cont'd)
40. Can data be maintained after this time period if the identification of patients, prescribers and/or dispensers have been encrypted or deidentified?
41. To which groups is your agency authorized to provide unsolicited reports?
42. To which groups is your agency currently providing unsolicited reports?
43. To which groups does your agency currently provide information?
44. Does your PMP provide training courses to users regarding use of PMP data?
45. Please provide the following information regarding the training program developed by PMP or vendor; on web, printed, other; in-person training, other
46. Does your PMP require the following users to be trained in the use of PMP data? Prescribers, pharmacists/pharmacies, law enforcement, regulatory agencies, attorney general staff, patient, researcher

** The 2010 State Survey was sent in 2 parts: questions 1 through 25 were sent at the end of 2009 and questions 26 through 46 were sent at the beginning of 2010.*

2012 State Survey (44 operational PDMPs – 32 responses received)
1. Enter the name of state or territory where the PMP is located.
2. Enter the name of the monitoring program or its acronym, if applicable.
3. Enter the name of the agency responsible for the PMP.
4. Select the type of agency responsible for the PMP. If the agency type is not in the drop-down list, please enter the type in the `other' box.
5. Enter the web address for the PMP, if applicable.
6. Enter the email address for the PMP, if applicable.
7. Enter the name for the primary contact person, with their title, for the PMP.
8. Enter the primary contact person's complete mailing address.
9. Enter the primary contact person's telephone number.
10. Enter the primary contact person's email address.
11. Enter the state's population from the most recent published census.
12. Select the controlled substance schedules monitored by the PMP.
13. Answer whether or not the PMP has the statutory authority to monitor any other drugs/drug products. If `Yes', please list the other drugs/drug products.
14. Answer whether or not the PMP has the authority to remove any drugs/drug products from being monitored. If `Yes', please list any drugs/drug products that are currently removed from monitoring.
15. Enter the number of days a dispenser is required to submit prescription information to the PMP. If the dispenser is required to submit information on a `real-time' basis, enter 0.
16. Enter the year that legislation, enabling the PMP, was passed by the state.
17. Enter the year that the PMP became operational. If the PMP is not operational at the time of the survey, please leave blank.
18. Enter the title, chapter and section of or a web link to any laws/statutes pertaining to the PMP.
19. Enter the title, chapter and section of or a web link to any rules/regulations pertaining to the PMP.
20. Enter the title, chapter and section of or a web link to any laws/statutes pertaining to `doctor shopping', if applicable.
21. Enter the title, chapter and section of or a web link to any laws/statutes pertaining to `pill mills', if applicable.
22. Select the version(s) of ASAP that dispensers employ when transmitting prescription information to the PMP.
23. Select the transmission method(s) that dispensers utilize to provide prescription information to the PMP. If another method is used, please indicate in the `other' box.
24. Select the type(s) of entities that transmit prescription information to the PMP. If there are other transmitters, please indicate in the `other' box and briefly describe.

2012 State Survey (cont'd)
25. Answer whether or not the PMP is currently engaged in efforts to electronically share data with another state's PMP. (Public Forum) If `Yes', please briefly describe those efforts. (Administrator's Forum)
26. Answer if a prescriber or dispenser is required to register with the PMP.
27. Answer if a patient check of the PMP data is required by the prescriber or dispenser prior to writing a prescription or dispensing a medication. If a check is required, please detail any conditions of the requirement that apply.
28. Select the individuals/entities (in-state and/or out of state) that the PMP is authorized to release solicited and/or unsolicited reports. If there are other individuals/entities, please list notating whether release if authorized for in-state and/or out of state both solicited and/or unsolicited.
29. Please detail any special conditions (i.e. subpoena, court order, warrant, judicial approval, active investigation, etc.) that must be met by law enforcement prior to the release of PMP information.
30. Select the type of prescription history reports that are available to authorized requestors/users. If other types of prescription history reports available, please briefly describe them.
31. Answer whether or not the PMP has the statutory authority to release de-identified prescription information to a researcher. If the answer is yes, please list any conditions that must be met for the release. De-identified data is data where the identities of patients, prescribers, and dispensers has been removed and replaced with a code/number that is unique to individual patients, prescribers, and dispensers. The code/number cannot be reversed to identify the patient, prescriber, or dispenser. (Administrator's Forum)
32. Enter the number of prescribers licensed in your state as of the end of calendar years 2010 and 2011.
33. Enter the number of controlled substance prescribers licensed in your state as of the end of calendar years 2010 and 2011 per DEA records.
34. Enter the number of different prescribers issuing a controlled substance prescription as for calendar years 2010 and 2011. (Administrator's Forum)
35. Enter the number of pharmacies licensed in your state as of the end of calendar years 2010 and 2011. If possible, please provide the number of in-state/resident pharmacies and out of state/non-resident pharmacies for the same time frame.
36. Enter the number of pharmacies licensed in your state as of the end of calendar years 2010 and 2011 per DEA records.
37. Enter the number of pharmacists licensed in your state as of the end of calendar years 2010 and 2011.
38. Enter the number of controlled substance prescriptions transmitted to the PMP for calendar years 2010 and 2011. If possible, please provide the number by Schedule of controlled substance. Totals (Public Forum); Itemized by Schedule (Administrator's Forum)
39. If possible, please provide the number of controlled substance prescriptions transmitted to the PMP by drug type for calendar years 2010 and 2011. Totals (Public Forum); Itemized by Type (Administrator's Forum)
40. Enter the number of dosage units prescribed that were transmitted to the PMP for calendar years 2010 and 2011. If possible, please provide the number by Schedule of controlled substance. Totals (Public Forum); Itemized by Schedule (Administrator's Forum)
41. If possible, please provide the number of dosage units prescribed that were transmitted to the PMP by drug type for calendar years 2010 and 2011. Totals (Public Forum); Itemized by Type (Administrator's Forum)
42. Enter the number of patient history reports that were released by the PMP for calendar years 2010 and 2011.
43. Enter the number of prescriber history reports that were released by the PMP for calendar years 2010 and 2011.
44. Enter the number of dispenser history reports that were released by the PMP for calendar years 2010 and 2011.
45. Enter the number of statistical history reports that were released by the PMP for calendar years 2010 and 2011.
46. Enter the number of unique authorized requestors of prescription history reports for each applicable type for calendar years 2010 and 2011. If there are other types of requestors, please list them and their number. (Administrator's Forum)

2014 State Survey (50 operational PDMPs – 50 responses received)
1. Name of the State or Territory
2. Name of the PDMP (include any acronym)
3. Name of the Agency Responsible for PDMP
4. Type of Agency (i.e., Board of Pharmacy, Consumer Protection, Department of Health, Health Information Exchange, Law Enforcement, Professional Licensing, Substance Abuse, Other)
5. PDMP Website Address
6. PDMP Email Address
7. Primary Contact Person and Title for PDMP
8. Contact Mailing Address
9. Contact Telephone Number
10. Contact Email Address
11. Frequency of Data Collection (in days)
12. ASAP Version(s) Employed
13. Data Management - Vendor or In-House
14. Data Access via Web Portal/On-Line
15. Entity Transmitting Data to PDMP
16. Interstate Data Sharing
17. Required to Enroll with PDMP
18. Required to Check PDMP Prior to Issuing/Filling Prescription
19. Method of Payment Captured by PDMP
20. Patient Identification Captured by PDMP
21. Person Dropping Off Prescription Identification Captured by PDMP (if person is not patient)
22. Person Picking Up Medication Identification Captured by PDMP (if person is not patient)
23. PDMP Data Requestors (indicate if PDMP has authority to release data and/or engaged in releasing data; whether solicited/unsolicited; in-state/out of state)
24. Ability to Identify Prescriber's Specialty?
25. Types of PDMP Reports Available
26. Types of PDMP Reports Available to a Prescriber
27. Types of PDMP Reports Available to a Dispenser
28. Types of PDMP Reports Available to Licensing Boards
29. Types of PDMP Reports Available to Law Enforcement
30. Access to Prescription Data via Health Information Exchange (HIE)
31. Access to Prescription Data via Electronic Health Record (EHR) System
32. Access to Prescription Data via Pharmacy Dispensing System
33. Release of De-identified Prescription Information
34. Release of Prescription Information for Epidemiological or Educational Purposes
35. Requirements to Release Data to Law Enforcement
36. Matching Method for Patient Record Queries
37. Link to PDMP On-line Statistical Data
38. PDMP Funding and Staffing
39. Percent of PDMP Funding from Source(s)
40. Upcoming Changes Impacting the PDMP

Appendix B – Operational PDMPs Employing Selected Best Practices

Selected Best Practices	2010 Information	2012 Information	2014 Information
Latest ASAP reporting standard (v. 4.0 or later)	11 (32%) - AL, CA, IL, IN, ME, MI, MN, ND, NY, OK, TX	31 (70%) - AL, AK, CA, CT, DE, FL, ID, IL, IN, KS, KY, ME, MA, MI, MN, MT, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SD, TN, TX, VA, WA, WV	47 (94%) - AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, WA, WV, WI, WY
Patient identification collected	Not part of survey	4 (9%) - HI, MA, MI, OK	23 (46%) - AL, AK, GA, GU, HI, IN, IA, KS, KY, LA, MD, MA, MI, MS, MT, NE, NC, OK, RI, UT, VT, WV, WY
Payment method collected	Not part of survey	13 (30%) - AK, AZ, FL, IL, IN, KS, KY, MA, MI, NV, NY, ND, OK	41 (82%) - AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, ME, MD, MA, MI, MS, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SD, TN, VA, WA, WV, WI
Reduce data collection interval	0	2 (5%) - NY, OK	23 (46%) - AZ, CO, CT, ID, IL, IN, IA, LA, ME, MA, MI, MT, NV, NJ, NM, NY, OH, OK, OR, SC, TN, UT, WY
HIE integration	Not part of survey	1 (2%) – NE	9 (18%) - IN, KS, ME, MD, NE, ND, OK, WA, WI
Authority to send unsolicited reports	24 (71%) - AL, AZ, CA, HI, ID, IN, KY, LA, ME, MS, NC, ND, NM, NV, NY, OH, OK, PA, RI, SC, TX, VA, VT, WY	39 (89%) - AL, AZ, CA, CT, DE, FL, HI, ID, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, MT, NV, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY	45 (90%) - AL, AZ, AR, CA, CO, CT, DE, FL, GU, HI, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
Engaged in sending unsolicited reports	19 (56%) - AZ, CA, HI, ID, IN, KY, LA, ME, MS, ND, NM, NV, NY, OH, PA, TX, VA, VT, WY	18 (41%) - AZ, CA, HI, ID, IN, KS, KY, LA, ME, MS, NM, NY, OH, TX, VT, VA, WV, WY	36 (72%) – AL, AZ, AR, CO, CT, DE, FL, HI, ID, IL, IN, KS, KY, LA, ME, MA, MI, MN, MS, NV, NJ, NM, NY, NC, ND, OH, OK, RI, SC, TX, UT, VT, VA, WV, WI, WY
Mandatory PDMP enrollment	Not part of survey	13 (26%) - AZ, CO, CT, DE, KY, ME, MA, MS, NM, TN, UT, VT, WV	25 (50%) - AL, AZ, CA, CO, CT, DE, GA, GU, ID, IL, IN, KY, ME, MA, MS, NH, NJ, NM, OH, RI, TN, UT, VT, VA, WV
Mandatory PDMP usage	Not part of survey	12 (27%) - DE, KY, LA, MA, NV, NM, NY, OH, OK, TN, VT, WV	28 (56%) – AR, AZ, CO, CT, DE, GA, GU, IN, KY, LA, MA, MN, MS, NV, NC, NJ, NM, NY, ND, OH, OK, PA, RI, TN, VT, VA, WA, WV
Allow delegate access	1 (3%) - UT	12 (27%) - DE, IN, IA, KS, KY, ME, MN, OH, TN, UT, VA, WV	41 (82%) - AL, AZ, CO, CT, DE, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
Engaged in interstate operability	Not part of survey	14 (32%) - AL, AZ, CT, IN, KS, KY, ME, MI, MS, NM, ND, OH, SC, VA	33 (66%)- AL, AZ, AR, CO, CT, DE, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, NV, NJ, NM, NC, ND, OH, OK, RI, SC, SD, TN, UT, VA, WV, WI
Stable (non-grant) funding	9 (26%) - CO, ID, IA, LA, NM, PA, RI, TX, WY	14 (32%) - CO, ID, IA, NE, NM, OR, PA, RI, TN, TX, UT, VA, WV, WY	19 (38%) - AK, AZ, CO, CT, HI, ID, IA, KS, LA, MI, MN, MS, NC, ND, RI, TN, UT, VA, WV