PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

Prescription Drug Monitoring Program

PDMP Policies and Capabilities: 2024 Assessment Results

December 2024

Overview

Prescription drug monitoring programs (PDMPs) facilitate the systematic collection, analysis, and reporting of data related to the prescribing, dispensing, and utilization of prescription medications within a state, district, commonwealth, or territory (SDCT). The primary objective of PDMPs is to enforce SDCT laws that ensure that citizens have access to necessary pharmaceutical care while simultaneously preventing the diversion of prescription drugs. These programs serve as regulatory and enforcement tools, providing critical data to officials responsible for overseeing the prescription and distribution of medications by health care professionals. While this regulatory role remains integral to all PDMPs, the focus has increasingly shifted toward enhancing patient care and developing strategies for drug misuse prevention and treatment.

With support from the Bureau of Justice Assistance, the PDMP Training and Technical Assistance Center (TTAC) at the Institute for Intergovernmental Research (IIR) has performed 11 PDMP assessments since 2010. Through the assessments, PDMP TTAC collected data on PDMP statutes, regulations, policies, and procedures. PDMP TTAC assessments change as they incorporate additional PDMP data on regulations and procedures that identify trends (for a list of the 2024 assessment questions, see Appendix A). PDMP administrators responded to the 2024 assessment, with 50 of the 54 PDMPs completing the survey. PDMP TTAC compiled the results into individual, comprehensive PDMP reports and posted them on the PDMP TTAC website.

Recently instituted PDMPs adopted the proven practices and policies of established PDMPs, using the latest technology, and addressed the needs of a wider group of stakeholders. Comparing the 2024 information provided by PDMPs with information from previous assessments, PDMPs continue to develop and are becoming more homogeneous. Website visitors can compare changes using an interactive Power BI visualization available on PDMP TTAC's website.

This document summarizes the status of PDMPs, based on the results of select topics from the 2024 assessment, related to operations, policies/procedures, and technological capabilities.

General PDMP Information

The United States has 54 operational PDMPs, which include 1 for each state plus the District of Columbia, Guam, the Northern Mariana Islands, and Puerto Rico. The first PDMP was established in New York in 1918 to regulate prescriptions for cocaine, codeine, heroin, morphine, and opium, but it was discontinued in 1921. California followed in 1939 by enacting its own PDMP legislation. From 1939 to 1999, a total of 16 PDMPs were established. An additional 24 programs were implemented between 2000 and 2009, and another 14 states have introduced PDMPs from 2010 to the present.

Interstate Data Sharing

PDMPs share information with prescribers and dispensers from other SDCTs 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. It is important to note that this does not mean that all PDMPs are sharing with every other PDMP; in most cases, PDMPs are engaged in data sharing with their bordering states. An interactive map showing which PDMPs are engaged in interstate data sharing and with which SDCT partners is available on the PDMP TTAC website.

Interstate Sharing Partners	
No. of Partners	No. of PDMPs
>50	0
41–50	8
31–40	28
21–30	8
11–20	4
1–10	5
0	1

Interstate Sharing Border Partners	
% of Border Partners	No. of PDMPs
100%	34
80–90%	9
60–75%	3
50%	1
33%	1
0%	1
n/a	5

Missouri's statute does not allow interstate data sharing.

Health Record Integration Status

The seamless portability of information across organizations, regions, and nations is referred to as electronic health record (EHR) integration, which is crucial for optimizing health outcomes. The integration of PDMPs with health information exchanges (HIEs), EHR systems, and/or pharmacy dispensing systems (PDSs) is one of the most significant recent developments with PDMPs. Today, 49 of the 54 PDMPs have taken steps to integrate with EHR or HIE systems or PDSs. Features currently supported by a PDMP are also incorporated within the integrated environment. Patient-specific reports include standard and enhanced reporting capabilities, such as alerts, morphine milligram equivalents (MMEs) data, flags, and messaging. Clinical alert algorithms or risk mitigation features are available with many PDMPs.

Type of Integration	No. of PDMPs
EHR, HIE, and PDS	18
EHR and PDS	24
EHR and HIE	1
EHR only	5
HIE only	1

Telemedicine

The Centers for Medicare & Medicaid Services defines telehealth as a two-way, real-time interactive communication between a patient and a physician located at a distant site, utilizing telecommunications equipment that includes, at a minimum, both audio and visual components. In certain scenarios, this setup involves a physician in one SDCT and a patient in another. To ensure proper medical care, the physician must access the patient's PDMP information. In this year's assessment, PDMP administrators were asked whether physicians providing telemedicine services are permitted to query the PDMP. Forty-one PDMPs permit telemedicine physicians to query patients' PDMPs, six indicated that the authority to query was not addressed in statute, six did not respond, and one (Minnesota) indicated that it was not allowed.

Services to Avoid Patient Disruption

The Opioid Rapid Response Program (ORRP) is a collaborative federal initiative designed to reduce overdose risks for patients who lose access to their opioid prescribers, medications for opioid use disorder, or other controlled substances like benzodiazepines. This program aims to ensure continuity of care and minimize risks by notifying state health agencies about federal law enforcement activities that could disrupt patient access to care. In addition, it supports state and local efforts to build capacities for responding to such disruptions. These disruptions might arise from law enforcement actions or other events, such as the retirement, death, or voluntary office closure of a clinician who prescribes controlled substances. Currently, 33 PDMPs are working with ORRP teams to mitigate the impact on affected patients.

American Society for Automation in Pharmacy (ASAP) Version

In 1995, the American Society for Automation in Pharmacy (ASAP) introduced a standardized format for pharmacies to report prescription data to PDMPs. This format has been revised seven times, and all PDMPs currently utilize some version of it. The latest iteration, Version 5.0, was released in 2024. Although only one PDMP (Nebraska) has yet implemented Version 5.0 as of September, approximately 40 percent plan to adopt it within the next 2 years.

ASAP Version in Use	
5.0 (2024)	1
4.2B (2019)	18
4.2A (2016)	12
4.2 (2011)	18
4.1 (2009)	5

Timeline to Implement Version 5.0	
< 6 months	5
6 months – 1 year	6
1–2 years	9
Undetermined	2

Appendix A—2024 Assessment Questions

2024 Assessment (54 operational PDMPs, 49 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. Are you planning to collect dispenses from opioid/narcotic treatment programs that have been exempted from reporting under 42 Code of Federal Regulations (CFR) Part 2? If yes, when do you plan to start collecting that information?
4. Do you plan to require reporting of marijuana or cannabidiol (CBD)? If yes, when do you plan to start requiring such reporting?
5. What method do you use to calculate morphine milligram equivalents (MMEs) or morphine equivalent dosages (MEDs)?
6. Does the PDMP administrator's job description require a degree, certification, or level of education? If yes, please provide details on the requirement.
7. Does your state have an Academic Detailing program in place?
8. Does your state share PDMP data with state, county, or local health departments to assist with targeted interventions or to prevent disruption of patient services?
9. Does your state allow clinicians who provide telemedicine services to query the PDMP?
10. Are you aware of any information blocking requests/investigations/charges involving the PDMP?
11. Does your state have any overdose fatality review (OFR) teams?
12. Does your PDMP participate in the OFR team?
13. Does your PDMP share data with the OFR? If so, what data format?
14. Has your PDMP received any monies from your state's opioid settlement funds?
15. Has your PDMP become designated as a qualified PDMP with the Centers for Medicare & Medicaid Services?
16. Do you have plans to become certified?
17. Which types of drugs are currently collected by the PDMP?   • Schedule II   • Schedule III   • Schedule IV   • Schedule V   • Gabapentin   • Naloxone   • CBD   • Marijuana   • Other drugs of concern   • All prescriptions   • Other – Write in

2024 Assessment (54 operational PDMPs, 49 responses received)
18. Are you aware of legislation in your state to expand the collection of additional prescription medications? • Schedule V • Gabapentin • All prescriptions • Naloxone • Other – Write in
19. Does the PDMP agency have statutory or regulatory authority to enforce compliance violations? If not, to which agency(ies) do you refer violations?
20. Does your PDMP have access to or a copy of your prescription records in-house?
21. What version of the American Society for Automation in Pharmacy (ASAP) format are you currently using?
22. Do you have plans to implement ASAP Version 5.0? If so, when do you plan to implement ASAP Version 5.0?
23. 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).
24. Is your PDMP currently integrated with a health information exchange (HIE)?
25. Select the approximate percentage of state health care providers integrated with the HIE and via which hub(s).
26. Is the PDMP data allowed to be downloaded/stored in the HIE?
27. Is the PDMP data allowed to be analyzed or summarized by the HIE?
28. Does your HIE integration incorporate interstate data?
29. Do you allow multistate HIE integrations? Multistate integrations are defined as the ability to access your PDMP's data from another state.
30. Is your PDMP currently integrated with an electronic health record (EHR)?
31. Select the approximate percentage of state health care providers integrated with the EHR and via which hub(s).
32. Is the PDMP data allowed to be downloaded/stored in the EHR?
33. Is the PDMP data allowed to be analyzed or summarized by the EHR?
34. Does your EHR integration incorporate interstate data?
35. Do you allow multistate EHR integrations? Multistate integrations are defined as the ability to access your PDMP's data from another state.
36. Is your PDMP currently integrated with a pharmacy dispensing system (PDS) or pharmacy management system (PMS)?
37. Select the approximate percentage of state health care providers integrated with the PDS/PMS and via which hub(s).
38. Is the PDMP data allowed to be downloaded/stored in the PDS/PMS?

2024 Assessment (54 operational PDMPs, 49 responses received)
39. Is the PDMP data allowed to be analyzed or summarized by the PDS/PMS?
40. Does your PDS/PMS integration incorporate interstate data?
41. Do you allow multistate PDS/PMS integrations? Multistate integrations are defined as the ability to access your PDMP's data from another state.
42. Do you allow delegates to access the PDMP data via integration?
43. Do you allow health care entities from another state to integrate with your PDMP?
44. Are there any limitations for out-of-state entities to integrate? If yes, please describe.
45. Do you support or have you adopted the option to use SMAR on FHIR PDMP Apps for data integration?
46. Do you include the integration of non-PDMP data into the integrated interface? • Nonfatal overdoses • Fatal overdoses • Naloxone administrations • Naloxone dispensations • Drug court information • Drug-related arrests • Drug-related convictions • Other – Write in
47. On what PDMP-related topics would you like additional training, guidance, or resources?
48. Would you participate in the use of a PDMP TTAC-developed message board/forum for PDMPs?