



Prescription Drug Monitoring Program

PDMP Policies and Capabilities: Results From 2020 State Assessment

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

Since 2010, the PDMP Training and Technical Assistance Center (TTAC), at the Institute for Intergovernmental Research (IIR), with support from the Bureau of Justice Assistance (BJA), has conducted seven (7) state assessments of prescription drug monitoring programs (PDMPs). The assessments have gathered data on PDMP statutes, regulations, policies, and procedures; tracked their changes over time; and identified program trends and candidate best practices. As more PDMPs were implemented and new laws and practices were instituted, the TTAC assessments evolved to capture those changes and new practices and to identify trends (see Appendix A for a listing of assessment questions by year). The response rates by PDMPs to the state assessments are as follows:

Year of Survey	Response Rate	# of PDMPs
2010	85%	29 of 34 operational PDMPs
2012	100%	All 44 operational PDMPs
2014	100%	All 50 operational PDMPs
2016	84%	43 of 51 operational PDMPs
2018	100%	All 53 operational PDMPs
2019	96%	51 of 53 operational PDMPs
2020	93%	50 of 54 operational PDMPs

Every PDMP Administrator was invited to review a comprehensive report of his or her PDMP prior to posting on the TTAC website. The compiled information about each of the PDMPs is available on the TTAC website and referenced throughout this report: [PDMP Maps and Tables](#).

Historically, as new PDMPs were implemented, they adopted the proven practices and policies of established PDMPs, took advantage of the latest technology, and addressed the needs of a wider group of stakeholders. Analyzing the 2020 information provided by PDMPs and comparing it with information from previous state assessments, it is evident that PDMPs continue to evolve and are becoming more homogeneous.

This document will detail the current status of PDMPs, based on the results of the 2020 state assessment, related to operations, policies/procedures, technological capabilities, authorized users, and PDMP reports.

PDMP Operations

Status of PDMPs

There are 54 operational PDMPs in the United States (49 states; St. Louis County, Missouri; the District of Columbia; and three U.S. territories—Guam, the Northern Mariana Islands, and Puerto Rico). The first PDMP was established in 1918 in New York to monitor prescriptions for cocaine, codeine, heroin, morphine, and opium. This program ceased operations in 1921. California was the next state to enact legislation for a PDMP in 1939; it has the distinction of being the oldest, continuously operational PDMP. Between 1939 and 1999, there were 16 states with PDMPs, an additional 24 were added from 2000 through 2009, and 14 have been added since then. The most recent PDMP became operational in August 2020 in the Northern Mariana Islands.

Housing Entity

The majority of the PDMPs are housed in either a board of pharmacy (20) or a department of health (19). The remaining PDMPs are operated from within a professional licensing agency (6), a law enforcement agency (5), a substance abuse agency (3), or a consumer protection agency (1).

Funding

The PDMPs that were established prior to 2003 operated without the benefit of federal grant funding. These PDMPs operated solely with available state funding (e.g., state general revenue, licensing fees, controlled substance registration fees). In 2003, the U.S. Department of Justice (DOJ) began the Harold Rogers PDMP Grant Program. DOJ, through the Bureau of Justice Assistance (BJA), made funding available to U.S. states, districts, and territories that were interested in establishing, implementing, and enhancing PDMPs. Since that time, the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Medicare and Medicaid Services (CMS) have made grant monies available for PDMP-related activities. These grant monies have permitted PDMPs to operate with multiple sources of funding: federal grants (39), licensing or controlled substance registration fees (30), state general revenue funds (17), regulatory board fund (8), or other funding (i.e., state grant, agreed settlement, opioid impact fee)(3). In 2020, there were only 9 PDMPs operating from a single funding source: Texas (state general revenue funds); California, Iowa, Montana, and North Dakota (licensing or controlled substance registration fees); Mississippi (regulatory board funds); and New York, the Northern Mariana Islands, and Vermont (CDC grant funds).

Staffing Level

The majority of PDMPs (31) operate with staffs of five full-time employees (FTEs) or fewer; in fact, six PDMPs operate with only one FTE each. The 2020 state assessment grouped the staff positions into Operations, Technical, Analytical, or Other categories. On average, PDMPs have approximately 6.25 total employees with approximately 3.2 in operations, 1.4 in technical, 1.5 in analytical, and 1.4 in other job classifications.

Data Reporting

Data Reporters

Many types of health care entities may be required to report prescription data to a PDMP. The chart below shows the number of PDMPs receiving data from these entities.

Data Transmitters/Reporters	# of PDMPs
Pharmacy (In State)	54
Pharmacy (Mail Order In State)	53
Pharmacy (Mail Order Out of State)	52
Dispensing Practitioner	50
Pharmacy (Other Out of State)	41
Veterans Administration	34
Dispensing Veterinarian	19
Long-Term Care Facility Pharmacy	19
Indian Health Service Pharmacy	18
Correctional Facility Pharmacy	14
Department of Defense	7
Tribal Pharmacy	7

Data Reporting Frequency

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

Reporting Frequency	# 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

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 a PDMP. ASAP has undergone modifications over the years (starting in 1995), and adoption of the most recent standard (ASAP v. 4.2B) is in process 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 changes to the ASAP standard from version 4.1 to 4.2B are relatively minor. The most significant changes from 2010 to 2019 are 12 additional data elements that can be reported:

Data Element	Description	Version
DSP18	RxNorm Product Qualifier (situational)	4.2
DSP20	Electronic Prescription Reference Number (situational)	4.2
DSP21	Electronic Prescription Order Number (situational)	4.2
PRE08	Prescriber Phone Number (situational)	4.2
AIR11	Dropping Off/Picking Up Identifier Qualifier (situational)	4.2
PHA13	Pharmacy's Permit Number/License Number (situational)	4.2A
DSP22	Quantity Prescriber—Partial Fill (situational)	4.2A
DSP23	Rx SIG (situational)	4.2A
DSP24	Treatment Type (situational)	4.2A
DSP25	Diagnosis Code (situational)	4.2A
PRE09	XDEA Number (situational)	4.2A
PRE10	Jurisdiction or State Issuing Prescriber License Number (situational)	4.2B

Additional information is available on the [ASAP website](#).

Data Elements

On the 2020 state assessment, the PDMP Administrators were asked to indicate which ASAP data elements reported to the PDMP were: (1) required, (2) optional/situational, or (3) not applicable. Of the 50 assessment responses received, 43 PDMPs provided information about the data elements. The ASAP data elements were from the Header and Detail Segments: pharmacy header (PHA), patient information (PAT), dispensing record (DSP), prescriber information (PRE), and additional information reporting (AIR). A reviewing of the responses revealed that every responding PDMP (43) requires the following data elements to be reported:

- Pharmacy DEA number to be reported (except for Nebraska, which requires a National Provider Identifier, since the state collects information on all prescription drugs, not just controlled substances)
- Patient name
- Patient date of birth
- Patient gender (six PDMPs listed this field as “situational” reporting)
- Patient address
- Pharmacy prescription number
- Date the prescription was written
- Date the prescription was filled
- Number of refills authorized
- Quantity dispensed
- Prescriber DEA number

See Appendix A for a listing of the 82 data elements surveyed and PDMPs’ responses.

Substances Monitored

At present, 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 9 monitor Schedules II-IV. Along with monitoring controlled substances, 28 PDMPs also have the authority to monitor “drugs of concern.” These are substances that are not controlled substances, but their use (licit or illicit) has become problematic and collecting prescription information on these substances is warranted. The most commonly tracked drugs of concern are gabapentin (14), butalbital (6), and ephedrine products (6).

Other Data Sources

In recent years, states have realized the value of sharing with or linking to multiple data sources to leverage information from PDMPs and other data sources to provide additional information to assist authorized users in making clinical decisions and to address the broader prescription drug and opioid abuse epidemic.

Alternate Data Available	# of PDMPs
ARCOS Reports	6
Child Welfare Case Information	1
Drug Court Case Information	1
Drug-Related Arrests	1
Drug-Related Convictions	3
Lost/Stolen Prescription Drug Reports	5
Medical Marijuana Dispensings	15
Naloxone/Narcan Administrations	19
Naloxone/Narcan Dispensings	21
Overdoses—Fatal	18
Overdoses—Nonfatal	14
Patient Lock-in Information	2
Pharmaceutical Manufacturer/Distributor Reports	12
Registrant Disciplinary History/Status	8

PDMP Access

Authorized Data Requestors

Health Care

A major purpose of PDMP information is to assist in providing appropriate health care for patients; therefore, this category of PDMP authorized users is the most common among the PDMPs. Health care authorized users include prescribers (M.D.s, D.O.s, D.D.S.s, etc.), mid-level practitioners (physician assistants, advanced practice nurses, etc.), dispensers (pharmacies, pharmacists), and delegates (licensed and unlicensed prescriber and dispenser delegates). A detailed listing by state is available at https://www.pdmpassist.org/pdf/Health_Care_Entity_Table.pdf.

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

Licensing/Regulatory

Licensing/regulatory authorized users include officials from state licensing boards (i.e., medical, pharmacy, dental, podiatry), peer review committees, and state health departments. The earliest PDMPs were established as regulatory tools providing data to officials responsible for overseeing the prescribing and dispensing of controlled substances by health care professionals. A detailed listing by state is available at https://www.pdmassist.org/pdf/Regulatory_Entity_Table.pdf.

Licensing/Regulatory Requestor Role	# of PDMPs
Licensing/Regulatory Board	51
Peer Review Committee	10
State Health Department	28

Law Enforcement

Law enforcement users include federal, state, and local police agencies; prosecutorial authorities (district attorneys, U.S. Attorneys, etc.); correctional supervision (i.e., probation and parole officers); drug courts; and medical examiners/coroners. The earliest PDMPs were established as enforcement tools providing data to officials responsible for enforcing drug laws. In the early years of PDMPs, PDMP information was used primarily by law enforcement. The methodology by which law enforcement entities have access varies. Law enforcement entities need to have an active investigation, a proper need, or probable cause to obtain data from 29 PDMPs. The other 28 PDMPs allow access with a court order, a subpoena, or a search warrant. A detailed listing by state is available at https://www.pdmassist.org/pdf/Law_Enforcement_Entity_Table.pdf.

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

Public/Private Insurance

Public/private insurance users include representatives from Medicaid Fraud and Abuse, Medicaid Drug Utilization, Medicare, state workers' compensation, and third-party payers. A detailed listing by state is available at https://www.pdmppassist.org/pdf/Insurance_Entity_Table.pdf.

Public/Private Insurance Requestor Role	# of PDMPs
Medicaid Fraud and Abuse	37
Medicaid Drug Utilization and Review	34
Medicare	9
State Workers' Compensation	10
Workers' Compensation Insurance	6
Third-Party Payers	6

Other Authorized Users

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

Other Requestor Role	# of PDMPs
Epidemiologist	52
Marijuana Dispensary	5
Patient	45
Researcher	32

Solicited and Unsolicited Reports

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

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

Enrollment and Use Mandates

Full utilization of PDMPs can help maximize their potential in addressing prescription drug misuse and diversion and improving patient care. As more and more PDMPs became operational, health care professionals' enrollment in the PDMP was discretionary, as was viewing a patient's

prescription history when prescribing or dispensing controlled substances. In fact, most, PDMPs had an average of only 20 percent of their health care professionals enrolled in or using the program. To increase the use of the program, some PDMPs began to adopt a statutory mandate for prescribers to enroll in the program. However, requiring enrollment could not guarantee that prescribers or dispensers would make use of PDMP data. Therefore, to increase prescriber and dispenser utilization, statutory mandates were enacted for prescribers and dispensers to query the PDMPs under certain circumstances. The first mandatory enrollment requirements were enacted by Alabama and Utah in 2010. With few exceptions, enrollment is mandated for prescribers and/or dispensers who have a controlled substance license. The mandatory enrollment conditions are listed at https://www.pdmassist.org/pdf/Mandatory_Enrollment_Conditions.pdf.

The first mandatory use requirements were enacted by Delaware in 2010, followed by Arizona and Ohio in 2011. The conditions for mandatory use vary from state to state; however, they generally involve the type of medication (e.g., opioid, benzodiazepine, particular controlled substance schedules), initiation of treatment, and set time intervals for follow-up queries (i.e., first prescription and every 90 days thereafter), quantity of medication (i.e., days supplied), and suspicions of possible illicit activity. The mandatory use conditions are listed at https://www.pdmassist.org/pdf/Mandatory_Query_Conditions.pdf.

Provider Role	Type of Mandate	
	Enrollment	Use
Both Prescribers and Dispensers	34	19
Prescribers Only	10	29
Dispensers Only	1	0

Data Sharing

Interstate Data Sharing

PDMPs share information with prescribers and dispensers in other states to provide better and more complete information of a patient’s controlled substance prescription history. There are 51 PDMPs currently engaged in interstate data sharing. It is important to note that this does not mean that all are sharing with every PDMP; however, in most cases, PDMPs are engaged in data sharing with their border states.

Interstate Sharing Partners	
% of Total PDMPs	# of PDMPs
76–100%	5
51–75%	23
26–50%	16
1–25%	7
0%	3

Interstate Sharing With 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

California, Guam, and the Northern Mariana Islands are not currently engaged in interstate data sharing but are actively taking steps to begin. An interactive map showing which PDMPs are engaged in interstate data sharing and with which state partners can be found at <https://www.pdmppassist.org/Policies/Maps/PDMPInterstatePartners>.

Health Record Integration

The most dramatic change of late concerns PDMPs’ integration with Health Information Exchanges (HIEs), Electronic Health Records (EHRs), and/or Pharmacy Dispensing Systems (PDSs). In 2017, only 28 PDMPs were integrated with at least one type of integration; now, 44 PDMPs are integrated.

Type of Integration	# of PDMPs
HIE, EHR, and PDS	18
EHR and PDS	17
HIE and EHR	2
EHR only	5
HIE only	1
PDS only	1

Analytics

Report Cards

Most PDMPs generate a report commonly referred to as a “report card.” This type of report provides a summary of a health care provider’s prescribing history, including his or her ranking compared with the “average” prescriber in the same specialty, and a summary or graphical representation of his or her prescribing history. The report card may also include a condensed description of patient prescription records, risk status, and other clinically relevant information. The use of report cards is a promising practice that not only provides an opportunity for self-examination of a prescriber’s practice as it pertains to his or her prescribing of controlled substances, but also provides a more efficient method for reviewing patient prescription histories and associated risk. Depending upon the PDMP, a report card may be a solicited report requested by the prescriber or sent as an unsolicited report to a prescriber. There are 38 PDMPs providing report cards.

Data Dashboards

Data dashboards are panels summarizing various aggregated PDMP data on PDMP public websites. Data dashboards vary from state to state but often display information such as number of prescriptions filled, doses dispensed, number of enrolled users, number of user queries, etc. There are 32 PDMPs with websites that display data dashboards. See Appendix C for a listing of the PDMP websites.

PDMP Statistical Reports

PDMPs have the capability of generating a variety of statistical reports based on the prescription information housed at the PDMP. The reports are compiled using de-identified and aggregated data, and, in many cases, made available to the public. Typically, the reports are compiled into drug trend reports, quarterly or annual statistical reports, and PDMP evaluation reports, which are based on analysis of several data fields such as medications prescribed/dispensed, patient demographics, geographic location of prescriber/dispenser/patient, etc. See Appendix D for a listing of the specific statistical reports available from each PDMP.

Type of Report	# of PDMPs
Statewide Statistics	41
Annual Reports	28
Drug Trend Reports	30
Geomapping Reports	24
Evaluation Reports	39

The PDMP policies and capabilities detailed in this document show that PDMPs are quite similar and are becoming more consistent and standardized. It is apparent that the laws and initiatives, taken by states to improve and ensure that PDMPs are addressing the drug crisis, have resulted in greater efficiency and effectiveness. 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, resulting in PDMPs that are better able to adapt and improve. To keep abreast of the changes, TTAC will maintain a close working relationship with the PDMPs and will continue to conduct annual state assessments.

Appendix A—State Assessment Questions

*** 2010 State Assessment (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 Assessment (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 Assessment 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 Assessment (44 operational PDMPs—44 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 assessment, 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 Assessment (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 is 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 are 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 Assessment (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

2016 State Assessment (51 operational PDMPs – 43 responses received)

1. State
2. Agency Responsible (Name of the agency housing the PDMP)
3. Agency Type
4. PDMP Public Website (URL for information about PDMP)
5. PDMP Email (Published email address for PDMP)
6. PDMP Enrollment Website (URL to obtain PDMP account)
7. PDMP Query Website (URL for requestors to query PDMP)
8. PDMP Data Upload Website (URL for data transmitters to upload prescription data)
9. Primary Contact Name - Job Title
10. Address
11. City State Zip
12. Telephone
13. Fax
14. Email
15. Secondary Contact Name - Job Title
16. Address
17. City State Zip
18. Telephone
19. Fax
20. Email
21. Controlled Substance Schedules Monitored
22. Authority to Monitor Other Substances
23. If yes, list the other substances
24. Data Collection Frequency (# of days)
25. Enabling Legislation Enacted
26. PDMP Operational Date
27. Beginning Date for Electronic Data Submission (Date of first electronic submission to PDMP)
28. User Access Date (Date requestors were first able to obtain data from PDMP)
29. Law/Statute Citation(s) (Applicable laws/statutes for PDMP)
30. Regulation/Rule Citation(s) (Applicable regulations/rules for PDMP)
31. Doctor Shopper Law/Statute Citation(s)
32. Unauthorized Use of PDMP Data Law/Statute Citation(s)
33. Pill Mill Law/Statute Citation(s)
34. Pain Clinic Law/Statute Citation(s)
35. Weblink for Law/Statute
36. Weblink for Regulation/Rule
37. Automatic Enrollment with License Renewal or Application
38. Describe Enrollment Method(s) (Describe the general process a person follows to obtain a PDMP account (e.g., online enrollment, notarized application))
39. Minimum criteria for prescribers to obtain PDMP account
40. Minimum criteria for dispensers to obtain PDMP account for querying system
41. Minimum criteria for dispensers to obtain PDMP account for uploading data
42. Minimum criteria for law enforcement to obtain PDMP account
43. Minimum criteria for regulatory/licensing boards to obtain PDMP account
44. Minimum criteria for prescriber delegates to obtain PDMP account

2016 State Assessment (cont'd)

45. Minimum criteria for dispenser delegates to obtain PDMP account
46. Minimum criteria for physician assistants to obtain PDMP account
47. Minimum criteria for nurse practitioners to obtain PDMP account
48. Minimum requirements for other requestors to obtain PDMP account (List the minimum requirements for any other requestor if different from above)
49. Patient Access to List of Users Requesting Their Data
50. If yes, conditions for Patients to Access Query List (List the requirements for patients to get access to PDMP queries)
51. Minimum requirements for Patients to obtain their PDMP history, if allowed (List the requirements for patients to obtain a copy of their own PDMP history)
52. Minimum Requirements for Law Enforcement to Access PDMP (Indicate the lowest threshold for law enforcement to obtain PDMP data)
53. Minimum requirements for other requestors to Access PDMP (List the minimum requirements for any other requestor if different from above)
54. Number of delegates allowed (If there is a maximum number of delegates allowed by statute, list the number)
55. Review/audit of delegate accounts (Are supervising practitioners required by statute to periodically review/audit their delegates PDMP query history?)
56. Minimum data elements to query PDMP by healthcare user (Indicate the fewest fields required to conduct a PDMP query (e.g., last name, first name, dob or partial last name, partial first name, dob))
57. Query by partial data elements by healthcare user (If allowed, indicate the minimum number of characters to search by)
58. Optional data elements to query PDMP by healthcare user (Indicate other fields available to conduct a PDMP query)
59. Minimum data elements to query PDMP by non-healthcare user (Indicate the fewest fields required to conduct a PDMP query (e.g., last name, first name, dob or partial last name, partial first name, dob))
60. Query by partial data elements by non-healthcare user (If allowed, indicate the minimum number of characters to search by)
61. Optional data elements to query PDMP by non-healthcare user (Indicate other fields available to conduct a PDMP query)
62. Ability to search for multiple patients in one query
63. If yes, what is the maximum number of patients
64. Prescriber Mandatory Enrollment
65. Dispenser Mandatory Enrollment
66. Mandatory Enrollment Conditions (Stipulated conditions/exceptions for PDMP enrollment)
67. Prescriber Mandatory Use
68. Dispenser Mandatory Use
69. Mandatory Use Conditions (Stipulated conditions/exceptions for PDMP use)
70. Established Advisory Group
71. Payment Method Captured
72. Patient Identification Required to be Presented to Dispenser
73. Patient Identification Captured by PDMP (When patient drops off the prescription)
74. Identification of person captured by PDMP when prescription dropped off (If person is not the same as the patient)
75. Identification of person captured by PDMP when medication is picked up (If person is not the same as the patient)
76. Ability to Identify Prescriber Specialty
77. Authority to Release De-Identified Data
78. Authority to Release raw, bulk, or de-identified PDMP Data for Epidemiological/Educational Purposes

2016 State Assessment (cont'd)

79. Engaged in the Release of raw, bulk, or de-identified PDMP Data for Epidemiological/Educational Purposes
80. Data Retention Policy In Place
81. Data Retention Time Frame
82. Type(s) of PDMP Information Purged (e.g., patient identifiers, medication information, dates issued/filled)
83. Is De-Identified Data Retained
84. PDMP Training Required Prior to Use
85. If yes, list who is required to take the training (e.g., prescribers, dispensers, licensing board investigators, law enforcement investigators)
86. Describe the training format (e.g., web based, in-person, printed materials)
87. If training materials online, provide weblink
88. Is sales data from pharmaceutical manufacturers or distributors available to or accessible by the PDMP
89. If yes, how is sales data accessed (Describe process to obtain sales data)
90. If yes, how frequently is sales data updated
91. If yes, list the sales data elements collected (e.g., manufacturer, date sold, recipient, medication information, quantity)
92. Require zero-reporting by dispensers
93. If yes, indicate the frequency of zero-reporting
94. Required Notification to patients of release of PDMP information
95. Require patient consent prior to release of PDMP information to authorized requestor
96. Does PDMP collect naloxone prescriptions
97. Who reports naloxone prescriptions (e.g., hospitals, law enforcement, ambulance service)
98. Frequency unsolicited alerts/reports generated (Enter 'n/a' if unsolicited reports are not generated)
99. List the unsolicited alerts/reports criteria (Describe the parameters used to generate unsolicited alerts/reports, if applicable)
100. Unsolicited alerts/reports delivery method (Indicate the method by which the unsolicited alerts/reports are provided to the recipient, if applicable)
101. Are unsolicited alerts/reports sent to practitioners who are NOT enrolled with the PDMP
102. Can users set personal threshold for alert notices
103. Ability to do user-led alert notices (Do users have the ability to initiate alert notices to other users)
104. Capture or access to registrant's disciplinary history/status
105. Capture or access to patient lock-in information
106. Capture or access to reports of lost/stolen prescription drugs
107. Capture or access to opioid-related drug overdoses or deaths
108. List any new innovations or activities that are planned or implemented within last year. (Describe any activities or changes in operations/technology that may be of interest for other PDMPs. Note: This information will not be share by TTAC without permission.)
109. Version(s) of ASAP Allowed for Data Transmission
110. Methods Allowed to Provide Data to PDMP (e.g., electronic, fax, mail, other media)
111. Required Prescription Data Transmitters (e.g., in-state pharmacy, mail-order pharmacy, dispensing doctor, veterinarian, Veterans Administration, Department of Defense, Indian Affairs, Indian Health Service)
112. Data Collection Entity (Entity responsible for the collection of data from required transmitters)
113. If Vendor, Provide Name
114. Data Storage Entity (Entity responsible for the storage of received data)
115. If Vendor, Provide Name
116. Report Generation Entity (Entity responsible for production of PDMP reports)
117. If Vendor, Provide Name

2016 State Assessment (cont'd)

118. Data Access Entity (Entity responsible for enabling login and entry to PDMP)
119. If Vendor, Provide Name
120. Is PDMP Data Accessed via HIE (Can users access PDMP data through their health information exchange)
121. If yes, how widespread (i.e., statewide, regional, local)
122. Is PDMP Data Accessed via EHR (Can users access PDMP data through their electronic health record system)
123. If yes, how widespread (i.e., statewide, regional, local)
124. Is PDMP Data Accessed via PDS (Can users access PDMP data through their pharmacy dispensing system)
125. If yes, how widespread (i.e., statewide, regional, local)
126. Engaged in Interstate Data Sharing
127. If yes, which method
128. If yes, list the states with whom you are sharing
129. If no, list the impediments to sharing
130. PDMP certified as a CMS Specialized Registry
131. Method to Match/Cluster Patients (If PDMP matches/clusters same patients, describe the process (exact, probabilistic only, probabilistic, and manual))
132. Does PDMP require information on e-prescriptions
133. Have data-dashboards on public website (Data dashboards are panels summarizing various aggregated PDMP data on PDMP public website)
134. Have user-friendly interfaces (User-friendly interfaces when logged into account, such as decision support tools and patient risk scores)
135. PDMP staff use of automated software and systems to expedite analyses and reports (software or algorithms that analyze PDMP data (e.g., business intelligence software))
136. Provide online user guides and educational materials on website or with reports
137. Prescriber - Patient Reports (Can prescribers obtain patient reports)
138. Prescriber - Self History (Can prescribers obtain records of their prescribing history)
139. Dispenser - Patient Reports (Can dispensers obtain patient reports)
140. Dispenser - Self History (Can dispensers obtain records of their dispensing history)
141. Licensing Board - Patient Reports (Can Boards obtain patient reports)
142. Licensing Board - Licensee History/Activity (Can Boards obtain reports on their licensees)
143. Law Enforcement - Patient Reports (Can law enforcement obtain patient reports)
144. Law Enforcement - Prescriber History/Activity (Can law enforcement obtain prescriber reports)
145. Law Enforcement - Dispenser History/Activity (Can law enforcement obtain dispenser reports)
146. Provide summary data on or with patient reports (Does PDMP include summary data (e.g., MMEs, MPEs))
147. Provide reports customized for a type of user (e.g., top prescribers, trend analysis, hot spots)
148. Provide peer comparison reports (e.g., prescribing rates by specialty)
149. Produce a PDMP Annual Report
150. Other type of available report (Describe the report)
151. 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)
152. # of Prescribers Enrolled in PDMP by License Type (e.g., physicians, dentists, veterinarians, podiatrists, osteopaths)
153. # of Dispensers Enrolled in PDMP by License Type (e.g., In-state pharmacy, Mail order pharmacy, dispensing physician)
154. # of Prescribers Enrolled in PDMP by Specialty (e.g., oncology, pediatrics, family medicine, radiology, anesthesiology)

2016 State Assessment (cont'd)

155. # of Unique Prescribers (Number of different prescribers who have issued prescriptions)
156. # of In-State Queries (Number of queries requesting data from home PDMP)
157. # of In-State Queries by Requestor Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
158. # of Interstate Queries (Number of queries requesting data from another state's PDMP)
159. # of Interstate Queries by Requestor Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
160. # of Positive Matches from Interstate Queries (Number of queries where patient data is found in another state's PDMP)
161. # of Data Errors by Error Type (e.g., missing information, invalid dates, incorrect DEA or NDC)
162. # of Data Errors Corrected
163. # of At-Risk Patients by Risk Factor (e.g., morphine milligram equivalents, multiple provider episodes, overlapping prescriptions)
164. Risk Factor Statistics by Time Frame (e.g., average MMEs, average day's supply for opioids)
165. # of Prescriptions Filled by Controlled Substance Schedule
166. # of Prescriptions Filled by Drug Class (e.g., stimulants, narcotics, sedatives, tranquilizers)
167. # of Dosage Units Dispensed by Controlled Substance Schedule
168. # of Dosage Units Dispensed by Drug Class (e.g., stimulants, narcotics, sedatives, tranquilizers)
169. # of Solicited Prescriber Reports by Requestor Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
170. # of Unsolicited Prescriber Reports by Recipient Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
171. # of Solicited Dispenser Reports by Requestor Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
172. # of Unsolicited Dispenser Reports by Recipient Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
173. # of Solicited Patient Reports by Requestor Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
174. # of Unsolicited Patient Reports by Recipient Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
175. # of Solicited Statistical Reports by Requestor Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
176. # of Unsolicited Statistical Reports by Recipient Type (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
177. # of Unique Requestors by Requestor Type (solicited reports) (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
178. # of Unique Recipients by Recipient Type (unsolicited reports) (e.g., prescriber, dispenser, law enforcement, licensing/regulatory board)
179. Are PDMP Statistics Available On-Line
180. If yes, provide website link
181. Statistical Report Generation (How are statistical reports generated (e.g., in-house, vendor)?)
182. # of Employees - Operational Staff (Indicate the number of agency full-time equivalents (FTEs) directly involved with operating the PDMP.)
183. # of Employees - Technical Staff (Indicate the number of agency full-time equivalents (FTEs) directly involved with technical development of the PDMP.)
184. # of Employees - Analytical (Indicate the number of agency full-time equivalents (FTEs) directly involved with the PDMP's analytical or epidemiological activities.)

2016 State Assessment (cont'd)

185. # of Employees - Other (Indicate the number of agency full-time equivalents (FTEs) directly involved with the PDMP and not captured in lines 2-4.)
186. Other' Description (If there are 'other' employees, please briefly describe the position.)
187. State General Fund
188. Licensing Fees
189. Controlled Substance Registration Fees
190. Regulatory Board Fund
191. BJA Harold Rogers Grant
192. SAMHSA Grant
193. CDC Grant
194. Agreed Settlement
195. Other
196. PDMP engaged in supporting or conducting any studies of PDMP effectiveness
197. If yes, provide URL to the study (if available)
198. PDMP engaged in supporting or conducting analyses of PDMP data for surveillance, early warning, evaluation, prevention
199. PDMP engaged in supporting or conducting analyses of health outcome data to measure impact of PDMP or prescription policy changes (Outcome data such as overdoses, deaths, hospitalizations, ER visits, etc.)
200. PDMP engaged in supporting or conducting audits for utilization compliance (Checks to ensure PDMP data is accessed and used appropriately)
201. PDMP engaged in supporting or conducting audits for data reporting compliance (Checks to ensure required data transmitters are reporting appropriately)
202. PDMP engaged in or supporting data correction (Processes in place to identify and remedy data errors)
203. PDMP engaged in supporting or conducting satisfaction and utilization surveys of users
204. PDMP engaged in supporting or conducting outreach to users upon obtaining license or license renewal (PDMP and enrollment information provided to potential users when they apply or renew a license)
205. PDMP engaged in or supporting promotional methods to increase PDMP utilization and funding (e.g., presentations, newsletters, brochures)
206. List the agencies with whom you are collaborating on any of the above (e.g., health department, Medicaid, substance abuse)

2018 State Assessment (53 operational PDMPs – 53 responses received)

1. Are patient query lists (listing of individuals who searched for a patient) made available to the patient?
2. Are patient query lists made available to a prescriber or a dispenser?
3. Are patient query lists made available to law enforcement or regulatory board investigators?
4. Are registrant query lists (listing of individuals who searched for a prescriber or dispenser) made available to the prescriber or dispenser?
5. Are registrant query lists made available to law enforcement or regulatory board investigators?
6. What are the minimum requirements for law enforcement to access the PDMP?
7. How does law enforcement access the PDMP data?
8. Are prescribers mandated to enroll with the PDMP? If yes, please list the conditions for mandatory enrollment.
9. Are dispensers mandated to enroll as data requestors with the PDMP? If yes, please list the conditions for mandatory enrollment.
10. Are prescribers mandated to query the PDMP? If yes, please list the conditions for mandatory use.
11. Are dispensers mandated to query the PDMP? If yes, please list the conditions for mandatory use.

2018 State Assessment (cont'd)

12. Who has authority to enforce non-compliance with the mandatory enrollment or use requirements?
13. Are data concerning naloxone administrations being collected in your State? If yes, please list the agency(ies) responsible for collecting the data. If yes, who reports the naloxone administration data?
14. Are data concerning the dispensing of naloxone being collected in your State? If yes, please list the agency(ies) responsible for collecting the data. If yes, who reports the naloxone dispensation data?
15. Is data concerning dispensing of medical marijuana or marijuana products being collected in your State? If yes, please list the agency(ies) responsible for collecting the data. If yes, who reports the dispensing data?
16. Is data regarding the dispensing of medical marijuana or marijuana products available through the State PDMP?
17. Do employees of medical marijuana dispensaries have access to the PDMP as data requestors?
18. Can PDMP data be accessed via an HIE (health information exchange)? If applicable, in which area(s) are you experiencing challenges with HIE integration?
19. Can PDMP data be accessed via EHR (electronic health record system)? If applicable, in which area(s) are you experiencing challenges with HIE integration?
20. Can PDMP data be accessed via PDS (pharmacy dispensing system)? If applicable, in which area(s) are you experiencing challenges with HIE integration?
21. Is your State currently engaged in interstate data sharing? If yes, select the states with whom you are sharing. If no, then list any of your impediments to interstate data sharing.
22. Select the primary source of funding for operating the PDMP.
23. # of Employees - Operational Staff
24. # of Employees - Technical Staff
25. # of Employees - Analytical
26. # of Employees - Other
27. 'Other' Description
28. Are veterinarians who administer or dispense controlled substances directly to a patient required to report to the PDMP? If yes, what is the reporting frequency?
29. What search criteria are used when a veterinarian queries the PDMP for one of their patients?
30. When a veterinarian queries the PDMP on a patient, do they also receive the prescription information for the animal's owner?
31. Does the PDMP receive or have access to ARCOS data?
32. Does the PDMP receive or have access to sales data from pharmaceutical manufacturers/distributors?
33. Does the PDMP collect data on fatal and non-fatal overdoses? If yes, who reports the data to the PDMP?
34. Does the PDMP collect arrest or conviction data?
35. Who has access to the arrest/conviction data?
36. Select the external data sources with which the PDMP is linked.
37. Select the types of 'specialty' reports the PDMP is currently making available.

2019 State Assessment (53 operational PDMPs—51 responses received)

1. Name/State of person completing the assessment
2. How can out-of-state prescribers/dispensers access data in your PDMP?
3. With which interstate data sharing hub(s) are you currently connected?
4. What states can your authorized users query through the RxCheck hub?
5. What states can your authorized users query through the PMPi hub?
6. What states can your authorized users query through another hub?
7. Is your PDMP currently integrated (i.e., HIE, EHR, PDS)?
8. With which system(s) is the PDMP integrated?

2019 State Assessment (cont'd)

9. Who pays for the integration?
10. If there are costs, is the cost per transaction or an annual fee and what is the cost?
11. Are integration queries processed through a data sharing hub?
12. With which data sharing hub(s) are integration queries processed?
13. What challenges with data integration have been encountered, if any?
14. Is your PDMP currently engaged in sending unsolicited reports/push notifications?
15. By what method are unsolicited reports/push notifications sent to prescribers/dispensers?
16. By what method are unsolicited reports/push notifications sent to law enforcement?
17. By what method are unsolicited reports/push notifications sent to licensing/regulatory boards?
18. Does your state have a process for patient clustering/matching records?
19. What data elements are used for patient matching?
20. What is the design/approach used by your PDMP for patient matching?
21. Which patient matching metrics are you able to view or calculate?
22. Identify the barriers to patient matching within state PDMP.
23. Identify the barriers to patient matching through interstate data sharing/integration.
24. If applicable, is there a process in place to check for compliance with mandatory enrollment statutes/regulations?
25. If applicable, is there a process in place to check for compliance with mandatory query statutes/regulations?
26. What is the date range available for PDMP data queries?
27. What version of ASAP are you currently using?
28. Are you collecting ICD-10 codes (diagnosis codes) with the prescription records?
29. Is there a field within the PDMP database to indicate the patient is deceased?
30. Does the PDMP produce regular (e.g., monthly, annual) evaluation reports for the public, legislators, etc.?
31. Do you have a process in place to notify patients if there is a breach of confidentiality (i.e., hacking, illegal access, inappropriate access, unauthorized access) of prescription information discovered?
32. How are patients notified?
33. Is this patient notification process detailed in a policy or state law?
34. What enhancement(s) to your PDMP are in place or planned for 2019?

2020 State Assessment (54 operational PDMPs—50 responses received)

1. Name of person completing the survey.
2. Select the State, District, Commonwealth, or Territory of the PDMP represented in the survey responses.
3. What year did your PDMP begin interstate data sharing?
4. 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).
5. For each State, District, Commonwealth, and Territory that you border directly and are NOT engaged in interstate data sharing, please input the State, District, Commonwealth, and Territory's name and select the reason for not being engaged in interstate data sharing.
6. Select the reason you are not currently engaged in interstate data sharing.
7. Is your State, District, Commonwealth, or Territory currently engaged in interstate data sharing with the Military Health Service PDMP?
8. What is the latest version of ASAP you are using?
9. Select the ASAP Pharmacy Header (PHA) data elements that are transmitted to <u>and</u> captured by the PDMP.
10. Select the ASAP Patient Information (PAT) data elements that are transmitted to and captured by the PDMP.
11. Select the ASAP Dispensing Record (DSP) data elements that are transmitted to and captured by the PDMP.

2020 State Assessment (cont'd)

12. Select the ASAP Prescriber Information (PRE) data elements that are transmitted to and captured by the PDMP.
13. Select the ASAP Additional Information Reporting (AIR) data elements that are transmitted to and captured by the PDMP.
14. Is your state Medicaid agency able to access the PDMP data?
15. By what year do you estimate that will your state Medicaid agency be able to access the PDMP?
16. How are Medical Examiners classified as a user of the PDMP in your State, District, Commonwealth, or Territory?
17. How are Coroners classified as a user of the PDMP in your State, District, Commonwealth, or Territory?
18. How much is your annual PDMP budget (regardless of revenue source)?
19. Describe the type(s) of decision support tool(s) for providers (i.e., MME calculator, prescriber report card, patient risk score) that your PDMP has available. Please use commercial software names where applicable.
20. Select the alternate data source(s) collected by or available through the PDMP.
21. Drug-related arrests: Additional information.
22. Drug-related arrests: What data fields are collected or made available?
23. Drug-related arrests: Who collects or reports the data?
24. Drug-related arrests: List the authorized PDMP users who have access to this information.
25. Drug-related convictions: Additional information.
26. Drug-related convictions: What data fields are collected or made available?
27. Drug-related convictions: Who collects or reports the data?
28. Drug-related convictions: List the authorized PDMP users who have access to this information.
29. Child welfare case information: Additional information.
30. Child welfare case information: What data fields are collected or made available?
31. Child welfare case information: Who collects or reports the data?
32. Child welfare case information: List the authorized PDMP users who have access to this information.
33. Criminal court case information: Additional information.
34. Criminal court case information: What data fields are collected or made available?
35. Criminal court case information: Who collects or reports the data?
36. Criminal court case information: List the authorized PDMP users who have access to this information.
37. Drug court case information: Additional information.
38. Drug court case information: What data fields are collected or made available?
39. Drug court case information: Who collects or reports the data?
40. Drug court case information: List the authorized PDMP users who have access to this information.
41. Medical marijuana dispensings: Additional information.
42. Medical marijuana dispensings: What data fields are collected or made available?
43. Medical marijuana dispensings: Who collects or reports the data?
44. Medical marijuana dispensings: List the authorized PDMP users who have access to this information.
45. Naloxone/Narcan administrations: Additional information.
46. Naloxone/Narcan administrations: What data fields are collected or made available?
47. Naloxone/Narcan administrations: Who collects or reports the data?
48. Naloxone/Narcan administrations: List the authorized PDMP users who have access to this information.
49. Naloxone/Narcan dispensings: Additional information.
50. Naloxone/Narcan dispensings: What data fields are collected or made available?
51. Naloxone/Narcan dispensings: Who collects or reports the data?
52. Naloxone/Narcan dispensings: List the authorized PDMP users who have access to this information.
53. Overdoses - fatal: Additional information.

2020 State Assessment (cont'd)

54. Overdoses - fatal: What data fields are collected or made available?
55. Overdoses - fatal: Who collects or reports the data?
56. Overdoses - fatal: List the authorized PDMP users who have access to this information.
57. Overdoses - nonfatal: Additional information.
58. Overdoses - nonfatal: What data fields are collected or made available?
59. Overdoses - nonfatal: Who collects or reports the data?
60. Overdoses - nonfatal: List the authorized PDMP users who have access to this information.
61. Risk ratings based on urine drug screens in the local area: Additional information.
62. Risk ratings based on urine drug screens in the local area: What data fields are collected or made available?
63. Risk ratings based on urine drug screens in the local area: Who collects or reports the data?
64. Risk ratings based on urine drug screens in the local area: List the authorized PDMP users who have access to this information.
65. Other: Additional information.
66. Other: What data fields are collected or made available?
67. Other: Who collects or reports the data?
68. Other: List the authorized PDMP users who have access to this information.
69. Does your State, District, Commonwealth, or Territory <u>allow</u> integration via the RxCheck Hub?
70. Does your State, District, Commonwealth, or Territory have an HIE?
71. Is your PDMP currently integrated with a Health Information Exchange (HIE)?
72. Select the approximate percentage of state healthcare providers integrated with the HIE and via which hub(s).
73. Select the entity paying for the HIE integration and under which cost model.
74. Is the PDMP data allowed to be downloaded/stored in the HIE?
75. Is the PDMP data allowed to be manipulated (not altered or edited) for analytical or summary purposes in the HIE?
76. Does your HIE integration incorporate interstate data?
77. Is your PDMP currently integrated with an Electronic Health Record (EHR) system?
78. Select the approximate percentage of state healthcare providers integrated with an EHR system and via which hub(s).
79. Select the entity paying for the EHR integration and under which cost model.
80. Is the PDMP data allowed to be downloaded/stored in the EHR?
81. Is the PDMP data allowed to be manipulated (i.e., for analytical or summary purposes) in the EHR?
82. Does your EHR integration incorporate interstate data?
83. Is your PDMP currently integrated with a Pharmacy Dispensing or Management System (PDS or PMS)?
84. Select the approximate percentage of state healthcare providers integrated with a PDS/PMS system and via which hub(s).
85. Select the entity paying for the PDS/PMS integration and under which cost model.
86. Is the PDMP data allowed to be downloaded/stored in the PDS/PMS?
87. Is the PDMP data allowed to be manipulated (i.e., for analytical or summary purposes) in the PDS/PMS?
88. Does your PDS/PMS integration incorporate interstate data?

Appendix B—ASAP Data Elements

ASAP Fields	Required	Optional/Situational	N/A
AIR01 State Issuing Rx Serial Number	1	21	18
AIR02 State Issued Rx Serial Number	1	22	17
AIR03 ID Issuing Jurisdiction	2	20	18
AIR04 ID Qualifier of Person Dropping Off or Picking Up Rx	4	23	14
AIR05 ID of Person Dropping Off or Picking Up Rx	3	24	14
AIR06 Relationship of Person Dropping Off or Picking Up Rx	4	22	15
AIR07 Last Name of Person Dropping Off or Picking Up Rx	4	22	14
AIR08 First Name of Person Dropping Off or Picking Up Rx	4	22	14
AIR09 Last Name or Initials of Pharmacist	2	23	16
AIR10 First Name of Pharmacist	2	22	16
AIR11 Dropping Off/Picking Up Identifier Qualifier	3	17	20
DSP01 Reporting Status	40	1	2
DSP02 Prescription Number	43	0	0
DSP03 Date Written	43	0	0
DSP04 Refills Authorized	43	0	0
DSP05 Date Filled	43	0	0
DSP06 Fill Number	41	1	1
DSP07 Product ID Qualifier	40	1	2
DSP08 Product ID	42	0	1
DSP09 Quantity Dispensed	43	0	0
DSP10 Days Supply	42	0	1
DSP11 Drug Dosage Units Code	28	8	4
DSP12 Transmission Form of Rx Origin Code	15	19	7
DSP13 Partial Fill Indicator	10	24	7
DSP14 Pharmacist National Provider Identifier (NPI)	1	29	12
DSP15 Pharmacist State License Number	2	26	14
DSP16 Classification Code for Payment Type	37	5	1
DSP17 Date Sold	10	21	11
DSP18 RxNorm Product Qualifier	0	23	17
DSP19 RxNorm Code	0	27	14
DSP20 Electronic Prescription Reference Number	2	24	15
DSP21 Electronic Prescription Order Number	1	21	18
DSP22 Quantity Prescribed	9	7	24
DSP23 Rx SIG	1	10	29
DSP24 Treatment Type	1	10	29
DSP25 Diagnosis Code	3	11	26
PAT01 ID Qualifier of Patient Identifier	4	26	11
PAT02 ID Qualifier	11	24	8
PAT03 ID of Patient	13	24	6
PAT04 ID Qualifier of Additional Patient Identifier	1	23	16
PAT05 Additional Patient ID Qualifier	1	24	15

ASAP Fields	Required	Optional/Situational	N/A
PAT06 Additional ID	0	24	16
PAT07 Last Name	43	0	0
PAT08 First Name	43	0	0
PAT09 Middle Name	4	35	2
PAT10 Name Prefix	1	27	13
PAT11 Name Suffix	1	36	4
PAT12 Address Information	43	0	0
PAT13 Address Information	5	32	4
PAT14 City Address	43	0	0
PAT15 State Address	41	2	0
PAT16 ZIP Code Address	43	0	0
PAT17 Phone Number	20	17	4
PAT18 Date of Birth	43	0	0
PAT19 Gender Code	37	6	0
PAT20 Species Code	18	19	4
PAT21 Patient Location Code	3	25	12
PAT22 Country of Non-U.S. Resident	0	25	16
PAT23 Name of Animal	2	30	8
PHA01 National Provider Identifier (NPI)	11	22	10
PHA02 NCPDP/NABP Provider ID	7	25	11
PHA03 DEA Number	42	1	0
PHA04 Pharmacy or Dispensing Prescriber Name	22	14	4
PHA05 Address Information	17	17	7
PHA06 Address Information	3	28	9
PHA07 City Address	17	17	7
PHA08 State Address	18	16	7
PHA09 ZIP Code Address	17	16	8
PHA10 Phone Number	12	18	10
PHA11 Contact name	2	21	18
PHA12 Chain Site ID	1	27	13
PHA13 Pharmacy Permit Number/License Number	7	10	22
PRE01 National Provider Identifier (NPI)	7	25	9
PRE02 DEA Number	43	0	0
PRE03 DEA Number Suffix	6	29	6
PRE04 Prescriber License Number	2	29	11
PRE05 Last Name	27	9	6
PRE06 First Name	25	10	6
PRE07 Middle Name	2	25	13
PRE08 Phone Number	6	20	14
PRE09 XDEA Number	2	15	23
PRE10 Jurisdiction or State Issuing Prescriber License Number	1	7	32

Appendix C—PDMP Websites

State	PMP Website
Alabama	http://www.alabamapublichealth.gov/PDMP
Alaska	http://www.alaskapdmp.com/
Arizona	https://pharmacymp.az.gov/
Arkansas	www.arkansasmp.com
California	http://oag.ca.gov/cures
Colorado	dpo.colorado.gov/PDMP
Connecticut	http://www.ct.gov/dcp/pmp
Delaware	http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml
District of Columbia	http://doh.dc.gov/pdmp
Florida	www.e-forcse.com
Georgia	https://georgia.pmpaware.net/
Guam	http://dphss.guam.gov/content/prescription-drug-monitoring-program
Hawaii	https://hawaii.pmpaware.net/login
Idaho	https://idaho.pmpaware.net
Illinois	https://www.ilpmp.org/
Indiana	http://www.in.gov/inspect
Iowa	https://pharmacy.iowa.gov/iowa-pmp-awarxe
Kansas	https://kansas.pmpaware.net
Kentucky	www.chfs.ky.gov/KASPER
Louisiana	http://www.pharmacy.la.gov
Maine	www.maine.gov/pmp
Maryland	https://bha.health.maryland.gov/pdmp/Pages/Home.aspx
Massachusetts	www.mass.gov/dph/dcp/pmp
Michigan	http://www.michigan.gov/mimapsinfo
Minnesota	http://www.pmp.pharmacy.state.mn.us
Mississippi	www.pmp.mbp.ms.gov
Missouri	https://missouri.pmpaware.net/
Montana	www.mpdrinfo.mt.gov
Nebraska	http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Resources.aspx
Nevada	http://bop.nv.gov/links/PMP/
New Hampshire	http://www.newhampshirepdmp.com
New Jersey	http://www.njconsumeraffairs.gov/pmp
New Mexico	https://newmexico.pmpaware.net
New York	http://www.health.state.ny.us/professionals/narcotic/
North Carolina	http://www.ncdhhs.gov/mhddsas/
North Dakota	http://www.nodakpharmacy.com/pdmp-index.asp
Northern Mariana Islands	pdmp.chcc.gov.mp
Ohio	www.ohiopmp.gov
Oklahoma	http://pmp.obn.ok.gov/
Oregon	https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/PDMP/Pages/index.aspx
Pennsylvania	www.doh.pa.gov/pdmp

State	PMP Website
Puerto Rico	https://puertorico.pmpaware.net
Rhode Island	http://www.health.ri.gov/programs/prescriptionmonitoring/
South Carolina	http://www.scdhec.gov/scripts
South Dakota	http://doh.sd.gov/boards/pharmacy/pdmp.aspx
Tennessee	https://www.tn.gov/health/health-program-areas/health-professional-boards/csmd-board.html
Texas	www.pharmacy.texas.gov/pmp
Utah	http://www.dopl.utah.gov/programs/csdb/
Vermont	http://healthvermont.gov/vpms
Virginia	www.dhp.virginia.gov/PractitionerResources/PrescriptionMonitoringProgram
Washington	http://www.doh.wa.gov/pmp
West Virginia	https://www.csapp.wv.gov
Wisconsin	http://dsps.wi.gov/pdmp/
Wyoming	http://www.worxpdmp.com/

Appendix D—PDMP Statistical Reports

State	Statewide Statistics	PDMP Annual Reports	Drug Trend Reports	Geomapping Reports	Evaluation Reports
Alabama	X		X	X	
Alaska	X	X	X		X
Arizona	X		X	X	X
Arkansas	X		X		X
California	X	X			
Colorado					X
Connecticut	X	X	X	X	X
Delaware	X		X	X	X
District of Columbia	X				X
Florida	X	X	X		X
Georgia					X
Guam		X	X		
Hawaii	X		X	X	
Idaho	X				X
Illinois	X	X		X	X
Indiana	X			X	
Iowa		X			X
Kansas					X
Kentucky	X		X		X
Louisiana					
Maine	X	X	X	X	X
Maryland	X	X	X	X	X
Massachusetts	X	X	X	X	X
Michigan	X	X	X		X
Minnesota	X	X	X		X
Mississippi	X		X		X
Missouri	X	X		X	X
Montana					X
Nebraska		X			
Nevada	X	X	X	X	X
New Hampshire	X	X			X
New Jersey	X	X	X	X	X
New Mexico	X				X
New York	X	X			
North Carolina	X	X	X	X	X
North Dakota	X		X	X	
Northern Mariana Islands		X	X	X	
Ohio	X	X	X	X	X
Oklahoma	X	X			X
Oregon	X		X		X
Pennsylvania	X	X	X	X	X

State	Statewide Statistics	PDMP Annual Reports	Drug Trend Reports	Geomapping Reports	Evaluation Reports
Puerto Rico	X				
Rhode Island					
South Carolina					
South Dakota					X
Tennessee	X	X	X		X
Texas					
Utah	X		X	X	X
Vermont	X	X			X
Virginia	X	X	X	X	X
Washington	X		X	X	X
West Virginia	X	X		X	X
Wisconsin	X	X	X	X	X
Wyoming	X		X	X	