States are increasingly turning to prescription drug monitoring programs (PDMPs)—state-run electronic databases that capture information about dispensed controlled substances—as a tool to address prescription drug abuse. The rate of deaths related to opioid pain reliever overdoses quadrupled between 1999 and 2010, and in 2011, these prescription drugs were involved in more deaths than cocaine and heroin combined. States have adopted many new laws during the past few years aimed at preventing prescription drug abuse, misuse and overdose. At least 27 states passed more than 50 laws in 2014 alone, and 16 launched PDMPs since 2010. Some of these laws strengthened existing statewide PDMPs, which are designed not only to address prescription drug abuse, but also to prevent diversion, which refers to medications illegally sold on the street.

Statewide prescription drug monitoring programs consist of electronic databases that contain information from pharmacies about prescriptions they dispense for controlled substances. Prescriber use of PDMPs may be voluntary or mandatory, but many states require practitioners who dispense these drugs to also submit prescription information to the PDMP. The PDMPs provide secure online access to prescription data to authorized users such as prescribers and pharmacists, although who is permitted to access the data differs by state. The data include information such as the date dispensed, patient name, prescriber, pharmacy, name and strength of the drug, and quantity dispensed.

These monitoring programs serve several functions, such as identifying drug-seeking behaviors or “doctor shopping,” when patients attempt to obtain controlled substances from several prescribers. PDMPs also can be used by professional licensing boards to identify inappropriate clinician prescribing and dispensing, and to help law enforcement agencies investigate possible illegal activity, depending on the state.

**State Action**

Forty-nine states have established a prescription drug monitoring program, a PDMP has been authorized for the District of Columbia, and legislation currently is pending in Missouri. Forty-five states and the District of Columbia allow programs to send data reports proactively to stakeholders about possible questionable activity involving controlled substances, such as doctor shopping. Recipients of these reports include prescribers and pharmacists. Such reports not only notify prescribers and pharmacists that patients may be abusing or diverting controlled substances, but also can help practitioners make better decisions to safely and effectively manage patients’ pain. While many monitoring programs authorized to
distribute such reports proactively are doing so, some are working to address barriers, such as determining criteria for questionable activity or establishing a delivery mechanism for the reports. Each state’s PDMP can provide the status of its proactive alert.

States are improving or optimizing their PDMPs by ensuring their effective use by stakeholders. More than two-thirds of states and the District of Columbia allow authorized users—such as the prescribing doctor—to add delegates, such as nurses, to help with workflow. Almost half of states require prescribers or dispensers to access the PDMP in certain circumstances, such as the first time a patient receives a prescription for a specific schedule of controlled substance. At least six states have passed such a requirement since 2013.

Studies suggest that using PDMP data in an emergency department can change prescribing patterns, thereby decreasing opioid distribution. Research, however, does not show a relationship between PDMP use and a reduction in overdose deaths, which is one reason some policymakers are working to improve their state monitoring program.

**Federal Action**

The federal government supports state efforts to improve prescription drug monitoring programs. For more than a decade, the U.S. Department of Justice has offered competitive grants to implement and optimize PDMPs, and use PDMP data to address prescription drug abuse. The Bureau of Justice Assistance (BJA) administers the grant program, known as the Harold Rogers Prescription Drug Monitoring Program. In FY 2014, the program received $7 million in funding and supported several efforts to improve PDMPs, including grants to eight states to implement and enhance their databases.

PDMPs collect a considerable amount of data, but evidence suggests that many doctors and pharmacists do not use them due to obstacles such as how PDMPs are incorporated into clinical workflows. The Department of Health and Human Services’ (HHS) Office of the National Coordinator for Health Information Technology (ONC) is leading an effort with the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC) and the Office of National Drug Control Policy (ONDCP) to explore using health information technology (IT) to improve health care providers’ ability to access PDMP data at the point of care. Six pilot programs were conducted in five states—Indiana, Michigan, North Dakota, Ohio and Washington—to rapidly test use of health IT to enhance access to data from PDMPs and assess whether that would affect clinical decision making. Evaluations of these programs found that the new technology streamlined the workflow process by automating the querying and processing steps, making it easier to access the PDMP data. This can increase providers’ knowledge about their patients’ past prescription drug history and help to enhance providers’ ability to make clinical decisions.

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Additional Resource

Brandeis University, Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC)

Preventing Prescription Drug Overdose: 2014 Introduced State Legislation