State Strategies to Improve the Use of Prescription Drug Monitoring Programs to Address Opioid and other Substance Use Disorders

Appendix 2: State-by-state statutory or regulatory language

This table highlights statutory or regulatory language regarding (1) integration or access via health IT, (2) storage of PDMP data/report in a medical/health record, or (3) re-disclosure of PDMP data to health care providers or pursuant to HIPAA and other rules governing medical/health information.*

STATE	HIGHLIGHTS	LEGAL CITATION
AZ	Beginning the later of 10/1/17 or 60 days after the state HIE has integrated the PDMP data into the exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine Schedule II - IV controlled substance, shall obtain a patient utilization report at the beginning of each new course of treatment and at least quarterly.	*Ariz. Rev. code § 36-2606F*
	If a medical practitioner uses electronic medical records that integrate PDMP data, a review of the electronic medical records with the integrated data shall be deemed in compliance with the review of the PDMP data.	*Ariz. Rev. Code § 36-2606I*
	The board of pharmacy shall promote and enter into data sharing agreements for the purpose of integrating the PDMP data into electronic medical records.	*Ariz. Rev. Code § 36-2606J*
CA	Commencing no later than 10/1/18, an approved health care practitioner, pharmacist, and any person acting on behalf of a health care practitioner or pharmacist may use the PDMP agency's online portal or a health information technology system that meets the criteria required in the PDMP law to access information in the PDMP. A subscriber who uses a health information technology system that meets the designated criteria to access the PDMP may submit automated queries to the PDMP that are triggered by predetermined criteria.	*Cal. Health & Safety Code § 11165.1(a)(1)(D) See § 11165.1(a)(1)(E) for health system criteria.*
	The PDMP data that is received by a practitioner or pharmacist from the PDMP agency is medical information subject to the provisions of the Confidentiality of Medical Information Act.	*Cal. Health & Safety Code § 11165.1(d)*
CO	The PDMP agency must use industry standards to allow providers or their designees direct access to data from within an electronic health record to the extent that the query relates to a current patient of the practitioner.	*Colo. Rev. Stat. § 12-280-404(4)(b)*
	An authorized PDMP user may knowingly release PDMP information specific to an individual or to the individual's treating providers in accordance with HIPAA, as amended, and any rules promulgated pursuant to HIPAA without violating the PDMP law.	*3 Colo. Code Regs. § 719-1-23.00.70k*
	The Colorado theft of medical records law (Colo. Rev. Stat. § 18-4-412(2)(a) and the Colorado limits on government access to personal medical information law (Colo. Rev. Stat. § 24-72-601(3)(b) define the term "Medical record" to include data entered into the prescription drug monitoring program under the Colorado PDMP law.	*Colo. Rev. Stat. §§ 24-72-601; 18-4-412*
DE	The Prescription Monitoring Program (PMP) Advisory Committee will provide input, advice, and guidance to the Office of Controlled Substances and recommend improvements in the operation of the PMP, including interoperability with other state PMPs and electronic health information systems and improvements of prescriber and dispenser access to and use of the PMP.	*Del. Code tit.16, § 4798(v)(3)*
DC	Nothing in the unlawful disclosure section of the PDMP law shall prohibit a prescriber or dispenser of a covered substance required to be reported to the PDMP from redisclosing PDMP information to another prescriber or dispenser who prescribed or dispensed a covered substance to the same patient.	*D.C. Code § 48-853.09(c)*
FL	The PDMP agency may enter into agreements or contracts to establish secure connections between the PDMP and a prescribing or dispensing health care practitioner's electronic health recordkeeping system. The electronic health recordkeeping system owner or license holder will be responsible for ensuring that only authorized individuals have access to prescription drug monitoring program information	*Fla. Stat. § 893.055(7)*

STATE	HIGHLIGHTS	LEGAL CITATION
	A prescriber or dispenser may request and receive PDMP information using a secure recordkeeping system integration associated with his or her electronic health record. If the user is authenticated, the PDMP will return query results to the authorized user's electronic health record.	*Fla. Admin. Code § 64K-1.003(2)(b)*
	An eligible entity may apply to the Department of Health to request and receive information directly from the PDMP through an electronic health recordkeeping system by completing a process outlined by the Department.	*Fla. Admin. Code § 64K-1.008(2)*
	Eligible entities and authorized users may retain patient prescription monitoring information in the electronic health recordkeeping system and must ensure that the confidential and exempt information is not inadvertently released or accessed by unauthorized persons or entities.	*Fla. Admin. Code § 64K-1.008(3)*
GA	Only individuals authorized by the PDMP law who are active registered PDMP users are authorized to request and receive information directly from the PDMP through an electronic health recordkeeping system.	*Ga. Code § 16-13-60(c)(8)*
	The PDMP is authorized to provide PDMP information to an electronic medical records system operated by a prescriber or health care facility, provided the system, as determined by the Department of Health, contains legal, administrative, technical, and physical safeguards that meet or exceed the security measures of the Department for the operation of the PDMP pursuant to the PDMP law.	*Ga. Comp. R. & Regs. 511-7-2-.07(2)(l)*
	An individual authorized to access PDMP information may include PDMP information in a patient's electronic health or medical record.	*Ga. Code § 16-13-60(c.1)(3)*
	Any permissible user who directly accesses PDMP information shall implement and maintain a comprehensive information security program that contains administrative, technical, and physical safeguards that are substantially equivalent to the security measures of the Department.	*Ga Code § 16-13-60(f)*
	All prescribers and dispensers authorized to have internet access to the PDMP shall protect PDMP prescription information in accordance with HIPAA regulations and the (The Health Information Technology for Economic and Clinical Health Act) HITECH Act, as the federal laws and regulations may be amended from time to time. PDMP prescription information may be included in the patient's chart.	*Ga. Comp. R. & Regs. 511-7-2-.06(1)*
ID	Nothing in the PDMP law shall prevent a pharmacist or practitioner from furnishing another pharmacist or practitioner information obtained pursuant to and in compliance with the PDMP law.	*Idaho Code 37-2730A(4)*
IL	Within one year of the effective date of the amendatory Act of the 100th General Assembly (Eff. Date is 1/1/18), the PDMP agency shall adopt rules requiring all EHR Systems to interface with the PDMP application program on or before 1/1/21 to ensure that all providers have access to specific patient records during the treatment of their patient. These rules shall also address the electronic integration of pharmacy records with the PDMP to allow for faster transmission of the information required under the PDMP law. The PDMP agency shall establish actions to be taken if a prescriber's EHR System does not effectively interface with the PDMP within the required timeline.	*720 Ill. Comp. Stat. 570/316(f)*
	The PDMP is authorized to develop operational push reports to entities with compatible electronic medical records. According to rule, the push report will only include information for patients that are in the PDMP organization's electronic medical record (EMR). According to rule, it is the responsibility of the entity to keep the access to this confidential patient information secure. These entities must: (1) meet and maintain the PDMP's current security standards prior to the electronic transfer of information from the PDMP to its respective EMR; (2) be a licensed healthcare entity; and (3) only use this confidential patient information for the treatment of the patient.	*720 Ill. Comp. Stat. 570/318(n) Ill. Admin. Code tit. 77, § 2080.190(d)*
	Any entity choosing to undergo electronic integration should do so using the process in the PDMP rule for access to the Prescription Information Library.	*Ill. Admin. Code tit.77, § 2080.210(a)*
IN	Except when a waiver has been obtained, a practitioner who has had PDMP information integrated into the patient's electronic health records shall obtain information about a patient from the PDMP before prescribing an opioid or benzodiazepine to the patient.	*Ind. Code § 25-26-24-19(k)*
	A patient may access a report from the PDMP that has been included in the patient's medical file by a practitioner.	*Ind. Code § 25-26-24-19(p)*
	Dentists, physicians, Advanced Practice Registered Nurses (APRNs), physician assistants, and podiatrists may include a PDMP report in a patient's medical file. Any disclosure or release of a patient's medical file must be in compliance with the disclosure or release provision of the PDMP law.	*Ind. Code §§ 25-14-1-23.5; 25-22.5-13-7; 25-23-1-19.9; 25-27.5-5-4.5; 25-29-1-17*

STATE	HIGHLIGHTS	LEGAL CITATION
IA	The board of pharmacy shall implement technological improvements to facilitate secure access to the program through electronic health and pharmacy information systems. The board shall collect, store, and disseminate program information consistent with security criteria established by rule, including use of appropriate encryption or other industry-recognized security technology.	*Iowa Code § 124.551.3*
	The board may provide PDMP information to an institutional user established by the board to facilitate the secure access of a prescribing practitioner or pharmacist to the PDMP through electronic health and pharmacy information systems.	*Iowa Code § 124.553.1.e*
	Nothing in the prohibited acts section of the PDMP law precludes a pharmacist or prescribing practitioner who lawfully receives PDMP information from otherwise lawfully providing that information to any other person for medical or pharmaceutical care purposes.	*Iowa Code § 124.558.2*
	A practitioner or a health care system may integrate its electronic health record system or a pharmacy may integrate its automated data processing system with the PMP using an application programming interface. Use of an integrated system shall comply with all of the requirements in Iowa Administrative Code r. 657-37.17.	*Iowa Admin. Code r. 637-37.17*
KY	Any practitioner, pharmacist, or employee who obtains data under the PDMP law may place the report in the patient's medical record, in which case the individual report shall then be deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record in lieu of the disclosure restrictions otherwise imposed by the PDMP law.	*Ky. Rev. Stat. § 218A.202(9)(e)*
	Administrative regulations may exempt, in whole or in part, compliance with mandatory protocols and standards for a licensee prescribing or dispensing a controlled substance for administration in a hospital or a long-term care facility without an institutional account if the licensee queries the PDMP and places a copy of the query in the patient's or resident's medical records during the duration of the patient's stay at the facility.	*Ky. Rev. Stat. § 218A.172(4)(d)*
	Additional standards for prescribing or dispensing a Schedule II controlled substance do not apply to a physician prescribing or dispensing that controlled substance for administration in a hospital or long-term care facility without an institutional account if the physician queries the PDMP and places a copy of the query in the patient's or resident's medical records for use during the duration of the patient's stay at the facility.	*201 Ky. Admin. Regs. 9:260 § 9(5)(b)*
	The requirement for an APRN to query the PDMP shall not apply to an APRN prescribing a controlled substance for administration in a hospital or long-term care facility without an institutional account if the hospital, facility or APRN queries the PDMP and places a copy of the query in the patient's or resident's medical records during the duration of the patient's stay at the facility.	*201 Ky. Admin. Regs. 20:057 § 9(11)(c)*
LA	The board of pharmacy may provide PDMP information in response to queries from PDMPs, electronic health information systems, and pharmacy information systems located in other states, territories, federal districts, and federal jurisdictions, through its participation in a secure interstate data exchange system. The PDMP information made available may be used only in a manner consistent with the PDMP law.	*La. Rev. Stat. § 40:1007G*
	The board of pharmacy may provide PDMP information to authorized users of the PDMP via a state health information exchange or other third party conduit that has been approved by the board.	*La. Rev. Stat. § 40:1007H*
	PDMPs located in other states may access PDMP information from the PDMP through a secure interstate data exchange system or health information exchange system approved by the board.	*La. Admin. Code tit. 46, §§ 2017A.5; 2921H*
	A pain management clinic shall maintain a medical record which shall include, but is not limited to, data specified in title 48 of LA law, including results from an inquiry to the PDMP.	*La. Admin. Code tit. 48, § 7861B.1.b*
MD	The Advisory Board on Prescription Drug Monitoring will provide ongoing advice and consultation on the PDMP implementation and operation, including changes to reflect advances in technology and best practices in the field of electronic health records and electronic prescription monitoring.	*Md. Code Ann., Health-Gen. § 21-2A-05(f)(4)*
	PDMP data may be redisclosed only in a manner consistent with HIPAA, as amended, and all other state and federal laws and regulations governing the security and confidentiality of protected health information and personal medical records.	*Md. Code Regs. 10.47.07.09D(1)*
	The release of PDMP data by a prescriber or pharmacist to a licensed health care professional solely for treatment purposes in a manner otherwise consistent with state and federal law is not a violation of the PDMP law.	*Md. Code Regs. 10.47.07.09D(2)*

STATE	HIGHLIGHTS	LEGAL CITATION
MA	Practitioners shall be able to access the PDMP data directly through a secure electronic medical record or other similar secure software or information system that enables automated query and retrieval of PDMP data to a practitioner. This data may be used for the purpose of diagnosis, treatment and coordinating care to the practitioners' patients only, unless otherwise permitted by the PDMP law. Any such secure software or information system must identify the registered participant on whose behalf the PDMP was accessed. The PDMP may enter into data use agreements to allow summary PDMP data to be securely retained in the patient's medical record as a clinical note associated with a clinical encounter; provided, that the PDMP data shall not be retained separately from said clinical note; and provided further, that no such agreement shall allow for PDMP data to be used for purposes inconsistent with the PDMP law.	*Mass. Gen. Laws ch. 94C, § 24A(g)* *105 Mass. Code Regs. § 700.012(C)(3)*
	The PDMP may enter into agreements to permit health care facilities to integrate secure software or information systems into their electronic medical records for the purpose of using PDMP data to perform data analysis, compilation, or visualization, for purposes of diagnosis, treatment and coordinating care of the practitioner's patient. Any such secure software or information system shall comply with requirements established by the PDMP to ensure the security and confidentiality of any PDMP data transferred.	*Mass. Gen. Laws ch. 94C, § 24A(m)* *105 Mass. Code Regs. § 700.012(E)(6)*
MN	An opioid treatment program's medical director or director's delegate must review the PDMP data before a client is ordered any controlled substance, including medications used to treat opioid addiction, and the director or director's delegate must conduct subsequent reviews of PDMP data at least every 90 days. A copy of the PDMP data reviewed must be maintained in the client's file along with the licensed practitioner's decision for frequency of ongoing PDMP checks.	*Minn. Stat. 245G.22.16(2) and (3)*
MS	A licensee of the Mississippi Board of Medical Licensure must review the PDMP for patients as required. Documentation, such as a copy of the report itself and/or reflection in the chart dictation and/or notes, must be kept within the patient's record and made available for inspection upon request.	*Miss. Admin. Code 30-2640 R. 1.3; 1.7*
	An APRN must review the PDMP for patients as required, and maintain documentation evidencing utilization of the PDMP in the patient record. A copy of the PDMP report itself and/or reflection of PDMP utilization in notes may satisfy this requirement.	*Miss. Admin. Code 30-2840 R. 1.5*
MO	PDMP information may be integrated into a health information system if the system (1) limits access to the PDMP information to individuals authorized under the PDMP law to receive PDMP information; (2) meets the privacy and security requirements of HIPAA, as it may be amended from time to time; and (3) meets other criteria established by the Board of Pharmacy. Information integrated into a health information systems remains subject to the confidentiality requirements of the PDMP law.	*Mont. Code § 37-7-1506(6)*
NE	Subject to the creation and operation of the Health Information Technology Board, The Department of Health and Human Services, in collaboration with the Nebraska Health Information Initiative or any successor shall enhance or establish technology for prescription drug monitoring to carry out the purposes of the PDMP law. The department may adopt and promulgate rules and regulations to authorize use of electronic health information, if necessary to carry out the purposes of the PDMP law.	*Neb. Rev. Stat. § 71-2455* *Neb. L.B. 1183, § 4 (2020)*
	The PDMP shall include, but not be limited provisions that make the PDMP information available to the statewide health information exchange (HIE) for access by its participants if such access is in compliance with the privacy and security protections set forth in HIPAA, and regulations promulgated thereunder, except that if a patient opts out of the HIE, the PDMP information regarding that patient shall not be accessible by the participants in the HIE.	*Neb. Rev. Stat. § 71-2454(2)e*
	No patient-identifying data, including the PDMP data, shall be disclosed, made public, or released to any public or private person or entity except to the HIE and its participants, to prescribers and dispensers authorized to access the PDMP data under the PDMP law, or as otherwise provided in the PDMP law.	*Neb. Rev. Stat. § 71-2454(5)(b)*
	If the entity receiving the PDMP information has designated privacy protections and satisfies minimum safeguards, the PDMP may release PDMP information to (1) state and regional HIEs, (2) organizations that facilitate the interoperability and mutual exchange of information among state PDMPs or state or regional HIEs, or (3) EHR systems or pharmacy-dispensing software systems for the purpose of integration PDMP data into a patient's medical record.	*Neb. Rev. Stat. §§ 71-2454(7)(b), (e) and (f)*
	The HIE and its designated vendor shall have access to the PDMP for training of PDMP users, operations, maintenance, and administrative purposes. The training shall be on the purpose of the PDMP, access to and proper usage of the PDMP, and the law relating to the PDMP, including confidentiality and security of the PDMP.	*Neb. Rev. Stat. § 71-2454(12)* *Neb. L.B. 1183, § 3(12) (2020)*

STATE	HIGHLIGHTS	LEGAL CITATION
NV	The extent that money is available, the PDMP must include the ability to integrate the records of patients in the PDMP with the electronic health records of practitioners.	*Nev. Rev. Stat. § 453.162 1.(f)(2)*
NH	The PDMP law shall not prevent a practitioner from using or disclosing PDMP patient information to others who are authorized by state or federal law or regulations to receive program information.	*N.H. Rev. Stat. § 318-B:34*
	All PDMP information to the extent that it is medical information shall be treated and protected as all protected health information.	*N.H. Code r. Ph 1505.02(f)*
	The PDMP information may be placed in the patient medical records.	*N.H. Code r. Ph 1505.02(g)*
NJ	A practitioner or other person who is authorized by a practitioner shall access the PDMP on or after the date that the PDMP agency first makes PDMP information available on an electronic system that collects and display health information, any time the practitioner or other person prescribes a Schedule II controlled dangerous substance for acute or chronic pain to a patient receiving care or treatment in the emergency department of a general hospital.	*N.J. Rev. Stat. § 45:1-46.1.8.a(1)(d)*
	The exemption to the mandate for a practitioner prescribing in the emergency department of a general hospital shall have no force or effect on or after the date on which the PDMP agency first makes PDMP information available on an electronic system that collects and displays health information.	*N.J. Rev. Stat. § 45:1-46.1.8.a(5)*
	If the PDMP information is being accessed by an authorized person using an electronic system authorized under the PDMP law, the certification that the request for the purpose of providing health care to a current patient or verifying information with respect to a patient or practitioner may be furnished through the electronic system.	*N.J. Rev. Stat. § 45:1-46.h(7)*
	The PDMP agency may make PDMP information available on electronic systems that collect and display health information, such as an electronic system that connects hospital emergency departments for the purpose of transmitting and obtaining patient health data from multiple sources, or an electronic system that notifies practitioners of information pertaining to the treatment of overdoses; provided that the PDMP agency determines that any such electronic system has appropriate security protections in place.	*N.J. Rev. Stat. § 45.1-46:26.q(1) N.J. Admin. Code § 13:45A-35.6A(a)*
	Practitioners who are required to access PDMP information may discharge that responsibility by accessing one or more authorized electronic systems into which the PDMP information maintained by the PDMP agency has been integrated.	*N.J. Rev. Stat. § 45.1-46:26.q(2) N.J. Admin. Code § 13:45A-35.6A(b)*
	Each practitioner and each authorized faculty member of a medical or dental teaching facility who designates a delegate shall establish, retain, and follow written procedures to document, as part of the patient record, the PDMP look-up required under the PDMP law and any PDMP information accessed for the patient. Examples of documentation include a summary notation of the information reviewed by the practitioner or the printed PDMP report in the patient record. Once PDMP information is documented in the patient record, disclosure of such information is governed by applicable State and Federal laws other than the PDMP law, HIPAA and the related Privacy Rule.	*N.J. Admin. Code § 13:45A-35.10(a)*
	Each mental health practitioner shall retain in the patient record a copy of the patient consent, and any PDMP information accessed for the patient.	*N.J. Admin. Code § 13:45A-35.10(d)*
	When a licensee of the Board of Medical Examiners, the Board of Nursing, the Board of Dentistry and the Board of Optometrists prescribes, dispenses, or administers controlled dangerous substances, the licensee shall prepare a medical record which reflects or includes the medical history, the findings on examination, any relevant PDMP data, as well as other designated information.	*N.J. Admin. Code § 13:35-7.6(b)5 N.J. Admin. Code § 13:37-7.9A(b)5 N.J. Admin. Code § 13:30-8.18(d)5 N.J. Admin. Code § 13:38-2.5(b)5*
NC	The PDMP agency shall release data in the PDMP only to persons designated in the PDMP law, including the North Carolina Health Information Exchange Authority established under North Carolina law, through Web-service calls.	*N.C. Gen. Stat. § 90-113.74(c)(10)*
	Nothing shall prohibit a North Carolina prescriber or dispenser from disclosing or disseminating PDMP data regarding a particular patient to another North Carolina prescriber or dispenser authorized to receive PDMP data from the PDMP agency.	*N.C. Gen. Stat. § 90-113.74(g)*

STATE	HIGHLIGHTS	LEGAL CITATION
	Nothing shall prevent persons licensed or approved to practice medicine or perform medical acts, tasks, and functions under North Carolina law from retaining PDMP data in a patient's confidential health care record.	*N.C. Gen. Stat. § 90-113.74(h)*
OH	No person identified in specified paragraphs of the access section of the PDMP law shall disseminate any written or electronic information the person receives from the PDMP or otherwise provide another person access to the information that the person receives from the PDMP except in circumstances specified in § 4729.86 of the PDMP law, such as when a prescriber or pharmacist includes the information in a medical record as defined in § 3701.74 of the Ohio Revised Code.	*Ohio Rev. Code § 4729.86(A)(1)(d)*
	The physician, or designee, who works with an opioid treatment program and is allowed to review the PDMP information shall maintain the results obtained from the PDMP with the patient records in accordance with § 4729.86 of the PDMP law.	*Ohio Admin. Code 5122-40-08*
OK	The PDMP registrant or medical provider shall note in the patient file that the PDMP has been checked and may maintain a copy of the information.	*Okla. Stat. tit. 63, § 2-309D.G.2.a*
OR	The PDMP agency shall disclose PDMP information to a practitioner or pharmacist or an authorized member of the practitioner or pharmacist's staff, or to a medical or pharmacy director, or to an authorized member of the director's staff, through a health information technology system (HIT) if (i) the individual is authorized to access the information in the HIT; (ii) the information is not permanently retained in the HIT, except for conducting audits and maintaining patient records; and (iii) the HIT meets any privacy and security requirements and other criteria, including criteria required by HIPAA, established by the PDMP agency by rule.	*Or. Rev. Stat. § 431A.865(2)(a)(C)*
	In accordance with state and federal privacy laws and regulations, a prescriber or dispenser authorized to access PDMP data may discuss the information or release the information to other health care providers involved with the patient's care for the purpose of providing safe and appropriate care coordination.	*Or. Rev. Stat. § 431A.865(2)(e)*
	The PDMP agency shall, at regular intervals, ensure compliance of a HIT with the privacy and security requirements and other criteria established by the Oregon Health Authority.	*Or. Rev. Stat. § 431A.865(8)*
	An organization or entity that provides a HIT to a practitioner or pharmacist or the practitioner's or pharmacist's staff may apply to the PDMP agency to allow its HIT access to the PDMP data. To apply for approval, an organization or entity must complete provide specified information to the PDMP as outlined in Oregon Administrative Code Rule 333-023-0830(1).	*Or. Admin. R. 333-023-0830(1)*
	An approved organization or entity may not retain patient PDMP information in the HIT or other places except for the purpose of audits and the maintenance of patient records. For the maintenance of patient records, authorized PDMP users accessing patient prescription records through HIT may capture and record patient PDMP information in the patient record.	*Or. Admin. R. 333-023-0830(4)*
	Only individuals authorized by rule who hold active PDMP accounts are authorized to receive results from the PDMP using a HIT.	*Or. Admin. R. 333-023-0830(6)*
PA	The PDMP Board shall develop policies and procedures regarding items designated under the PDMP law, including keeping pace with technological advances that facilitate the interoperability of the PDMP with other states' PDMPs and electronic health information systems.	*35 Pa. Cons. Stat. § 872.5(5)(x)*
	Within two years after the effective date of the PDMP law and annually thereafter, the PDMP Board shall submit a report to the state legislature. The report shall include information specified under the PDMP law, including the effectiveness of the interoperability with other states and electronic medical records.	*35 Pa. Cons. Stat. § 872.12(a)(5)*
RI	The PDMP agency shall disclose PDMP information only to users authorized under RI law, including any vendor, agent, contractor, or designee who operates an electronic health record or clinical-management system for the purpose of sharing data with practitioners, pharmacists, or licensed health care facilities or designees.	*R.I. Gen. Laws § 21-28-3.32(a)(10)*
	A licensed dentist and/or other licensee shall maintain a dental record for each patient which, at a minimum, shall be legible and include, among other information, the date, dosage and amount of any medication or drug prescribed, dispensed or administered to the patient and PDMP query results, if appropriate.	*216-40-05 R.I. Code R. § 2.14.1.B.7*
SC	A practitioner is deemed to be in compliance with the mandated review section of the PDMP law if the practitioner utilizes technology that automatically displays the patient's PDMP history from the PDMP in the practitioner's electronic medical record system. The practitioner must be able to demonstrate that his technology has been deployed in his practice, but no additional documentation is required in the patient's medical record.	*S.C. Code § 44-53-1645(C)*

STATE	HIGHLIGHTS	LEGAL CITATION
	The Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall assist the PDMP agency with funding required to implement necessary programmatic enhancements to the PDMP. The departments and the PDMP agency must consider changes to strengthen risk assessments and patient support tools, as well as the potential integration of electronic health record systems.	*S.C. H.B. 4950 (2018)*
SD	The Board of Pharmacy may provide, unless prohibited by law, PDMP information to any prescriber for the purpose of providing medical care to a patient, a dispenser for the purpose of filling a prescription or providing pharmaceutical care for a patient, a prescriber or dispenser inquiring about the prescriber's or dispenser's own prescribing activity, or a prescriber or dispenser in order to further the purposes of the program including integration with electronic medical records.	*S.D. Codified Laws § 34-20E-7(1)*
TN	A healthcare practitioner or healthcare practitioner delegate receiving patient-specific PDMP information shall not disclose the information to any person other than (1) the patient; (2) other healthcare practitioners who are involved or have a bona fide prospective involvement in the treatment of the patient, or healthcare practitioners identified by the PDMP information for the purpose of verifying the accuracy of the information; or (3) designated law enforcement personnel. A healthcare practitioner or healthcare practitioner delegate may place a copy of a PDMP report in that patient's medical records. Once placed in a patient's medical records, any copy of a PDMP report shall be subject to disclosure on the same terms and conditions as medical records under Tennessee law.	*Tenn. Code § 53-10-306(h)*
TX	A medical examiner; a pharmacist or pharmacist-intern or pharmacy technician acting at the direction of a pharmacist; or a physician, dentist, veterinarian, podiatrist, optometrist, advanced practice nurse, physician or an employee or agent of such a practitioner may access PDMP information through a health information exchange, subject to proper security measures to ensure against disclosure to unauthorized persons.	*Tex. Health & Safety Code § 481.076 (a-1)*
	A pharmacist or pharmacist-intern or pharmacy technician acting at the direction of a pharmacist; or a physician, dentist, veterinarian, podiatrist, optometrist, advanced practice nurse, physician assistant or an employee or other agent of such a practitioner may include PDMP information in any form in the medical or pharmacy record of the patient who is the subject of the information. Any information included in a patient's medical or pharmacy record is subject to any applicable state or federal confidentiality or privacy laws.	*Tex. Health & Safety Code § 481.076 (a-2)*
	If a pharmacist uses pharmacy management systems that integrate data from the PDMP, a review of the pharmacy management system with the integrated data shall be deemed compliant with the review of the PDMP database as required under the PDMP law.	*22 Tex. Admin. Code § 315.15 (c)*
UT	No later than 1/1/17, the PDMP agency shall make opioid prescription information in the PDMP available to an electronic data system user (EDS user) via the user's electronic data system. An electronic data system may be used to make opioid prescription information in the PDMP available to an EDS user only if the electronic data system complies with rules established by the PDMP agency under the PDMP law.	*Utah Code § 58-37f-303(f)(2) and (3)*
	The PDMP agency shall periodically audit the use of opioid prescription information made available to an EDS user via the user's electronic data system. The audit shall review compliance by the electronic data system and the EDS user with rules established by the PDMP agency under the PDMP law.	*Utah Code § 58-37f-303(6)(a)*
	A prescriber may comply with the mandated use provision by checking an electronic health record system if the system is connected to the PDMP through a connection that has been approved by the PDMP agency and displays the PDMP information in a prominent manner for the prescriber.	*Utah Code § 58-37f-304(2)(d)(i)*
	The PDMP agency may not take action against the prescriber for failure to comply with the mandated use provision unless the failure occurs after the earlier of (1) 12/31/18, or (2) the date the PDMP agency has the capability to establish a connection that meets requirements established by the PDMP agency under the PDMP law between the PDMP and an electronic health record system.	*Utah Code § 58-37f-304(2)(f)*
	The unlawful release or use of PDMP data section of the PDMP law does not prohibit a licensed practitioner, employee of a practitioner, pharmacist or an individual employed by an emergency department who lawfully obtains PDMP data from including the information in the patient's medical chart or file for access by a person authorized to review the medical chart or file; or providing the information to a person in accordance with the requirements of HIPAA, as it may be amended from time to time.	*Utah Code § 58-37f-601(e)*
	Pursuant to the PDMP law, to access opioid prescription information in the PDMP, an electronic data system must (1) interface with the PDMP through the approved PDMP Hub system, and (2) comply with all restrictions on PDMP access and use of PDMP information as established by the PDMP law and rule.	*Utah Admin. Code R156-37f-303(1)*

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	Pursuant to the PDMP law, to access opioid prescription information in the PDMP, an EDS user must (1) register to use the PDMP, (2) use a unique PIN issued to access the original internet PDMP access system, and (3) comply with access and use restrictions in the PDMP law and rule.	*Utah Admin. Code R156-37f-303(2)*
VT	A person who receives PDMP data or a report shall not share that data or report with any person or entity not eligible to receive that data pursuant to the PDMP law, except as necessary and consistent with the purpose of the disclosure and in the normal course of business.	*Vt. Stat. tit. 18, § 4284(c)*
VA	Nothing in the unlawful disclosure section of the PDMP law shall prohibit (i) a prescriber or dispenser of a covered substance to a recipient that is required to be reported to the PDMP from redisclosing PDMP information to another prescriber or dispenser who has responsibility for treating the recipient or (ii) a prescriber of a covered substance from placing the PDMP information in the recipient's medical record.	*Va. Code § 54.1-2525C Va. H.B. 648, S.B. 575 (2020)*
	Nothing in the Health Records Privacy law prohibits a health care provider who prescribes or dispenses a controlled substance required to be reported to the PDMP from disclosing PDMP information obtained from the PDMP and contained in a health care record to another health care provider when such disclosure is related to the care or treatment of the patient who is the subject of the record.	*Va. Code § 32.1-127.1:03K*
	The Emergency Department Care Coordination Program provides a single, statewide technology solution that connects all state hospital emergency departments to facilitate real-time communication and collaboration among physicians, other health care providers, and clinical and care management personnel for patients receiving services in hospital emergency departments, for the purpose of improving the quality of patient care services. The Commissioner of Health shall ensure that the Program is integrated with the PDMP and Advance Health Care Directive Registry to enable automated query and automatic delivery of relevant information from such sources into the existing work flow of health care providers in the emergency department.	*Va. Code § 32.1-372A. and B.6.*
	PDMP information obtained by the Emergency Department Care Coordination Program through integration with the PDMP shall become part of the patient's medical record.	*Va. H.B. 648, S.B. 575 (2020)*
WA	The PDMP agency may provide PDMP information to a health care facility or entity for the purpose of providing medical or pharmaceutical care to the patients of the facility or entity or for quality improvement if the facility or entity is licensed by the Department of Health or is operated by the federal government or a federally recognized Indian tribe; and the facility or entity is a trading partner with the state's health information exchange (HIE).	*Wash. Rev. Code § 70.225.040(3)(k) Wash. Rev. code § 246-470-052(1)(a)*
	The PDMP agency may provide PDMP information to a health care provider group of five or more providers for purposes of providing medical or pharmaceutical care to the patients of the provider group, or for quality improvement if all providers in the provider group are licensed by the Department of Health or the provider group is operated by the federal government or a federally recognized Indian tribe; and the provider group is a trading partner with the state's HIE.	*Wash. Rev. Code § 70.225.040(3)(l) Wash. Admin. Code § 246-470-052(1)(b)*
	The PDMP agency may provide PDMP information to the coordinated care electronic tracking program, referred to as the seven best practices in emergency medicine, for the purposes of providing PDMP information to emergency department personnel; and notice to providers, appropriate care coordination staff, and prescribers listed in the patient's PDMP record that the patient has experienced a controlled substance overdose.	*Wash. Rev. code § 70.225.040(3)(n) Wash. Admin. Code § 246-470-053(1)*
	Beginning 11/15/17, the Department of Health shall annually report to the governor and appropriate legislative committees the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records with the PDMP using the state's HIE.	*Wash. Rev. Code § 70.225.045*
	In accordance with Washington law and federal health care information privacy requirements, any physician or pharmacist authorized to access PDMP data may discuss or release that information to other health care providers involved with the patient in order to provide safe and appropriate care coordination.	*Wash. Rev. Code § 70.225.060*
	The Department of Health must collaborate with health professionals and facility associations, vendors and others on specified tasks to expand integration of PDMP data into certified EHR technologies.	*Wash. Rev. Code § 70.225.090(1)*
	By January 1, 20201, a facility, entity, office or provider group specified under the PDMP law that is not a critical access hospital that uses a federal certified EHR system must demonstrate that the facility's or entity's federal EHR is able to fully integrate data to and from the PDMP using a mechanism approved by the Department of Health.	*Wash. Rev. Code § 70.225.090(2)*

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	EHR system vendors who are fully integrated with the PDMP may not charge an ongoing fee or a fee based on the number of transactions or providers. Total costs of connection must not impose unreasonable costs on any facility, entity, office, or provider group using the EHR and must be consistent with current industry pricing structures. The term "fully integrated" means that the EHR system must (1) send information to the PDMP without provider intervention using a mechanism approved by the Department of Health; (2) make PDMP information available to a provider within the workflow of the EHR system; and (3) make information available in a way that is unlikely to interfere with, prevent, or materially discourage access, exchange or use of electronic health information, in accordance with the information blocking provisions of the 21st Century Cures Act, P.L. 114-255.	*Wash. Rev. Code § 70.225.090(3)*
	PDMP information that has been disclosed to a health care provider under the PDMP law is health care information under state law and federal privacy laws. Health care providers may retain PDMP information with the patient's health care records which are protected by state and federal law.	*Wash. Admin. Code § 246-470-090*
	If a dentist, podiatrist, physician assistant or physician is using an electronic medical record that integrates access to the PDMP into the workflow of the record, the dentist, podiatrist, physician assistant or physician shall query the PDMP for all opioids and other specified medications.	*Wash. Admin. Code § 246-817-980(7) Wash. Admin. Code § 246-922-790(8) Wash. Admin. Code § 246-918-935(7) Wash. Admin. Code § 246-919-985(7)*
WV	Prior to dispensing or prescribing medication-assisted treatment medications on the premises of a licensed medication-assisted treatment program, the treating physician must access the PDMP database. The physician shall also review the PDMP data no less than quarterly and at each patient's physical examination. The results obtained from the PDMP database shall be maintained with the patient's medical records.	*W.Va. Code § 16-5Y-5(j)*
	Prior to dispensing or prescribing controlled substances at a licensed pain management clinic, the treating physician must access the PDMP database. If the patient receives ongoing treatment, the physician shall also review the PDMP data at each patient examination or at least every 90 days. The results obtained from the PDMP database shall be maintained with patient's medical records.	*W.Va. Code § 16-5H-4(a)(7)*
	A practitioner may file or store copies of a patient-specific report obtained from the PDMP in the patient's confidential medical file or chart maintained by the practitioner. The practitioner may share the information in the PDMP report with other practitioners providing treatment to the patient, the patient, or the patient's authorized guardian or representative for the purpose of providing treatment. The PDMP information held in the patient file or chart is not subject to discovery in a civil or criminal matter absent a court order. The PDMP information is obtainable from the practitioner in a proper regulatory agency administrative matter through a regulatory agency administrative subpoena.	*W.Va. Code R. § 15-8-7.7*
	Individual patient records maintained by an opioid treatment program shall contain medical reports, including results obtained from the PDMP database.	*W.Va. Code R. § 69-11-20.7f*
	The physician with an opioid treatment program shall access the PDMP database to ensure that the patient is not seeking prescription medication from multiple sources. The results obtained from the database shall be maintained with the patient records.	*W.Va. Code R. § 69-11-23.2*
	Every person admitted to an opioid treatment program shall receive program orientation. Orientation shall include an explanation that the reports from the PDMP database are required to be maintained in the patient files.	*W.Va. Code R. § 69-11-24.2.d*
	Individual patient records maintained by an office-based medication-assisted treatment program may include medical reports, including results obtained from the PDMP database.	*W.Va. Code R. § 69-12-18.5.4*
	The treating physician at a licensed pain management clinic shall access the PDMP database at the patient's intake; before administering, dispensing, or prescribing any controlled substance; at each 90-day examination; after any positive drug test; and whenever the treating physician, in his or her discretion, believes a review of the PDMP is warranted. The results obtained from the PDMP database shall be maintained with the patient records.	*W.Va. Code R. § 69-8-10.4.2*

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	Upon the accessing of the PDMP by an osteopathic medical practitioner or a dentist, prior to the initial provision of a pain-relieving controlled substance as part of treatment for chronic nonmalignant pain for a patient not suffering from a terminal illness, the access and controlled substances reported to the PDMP within the 12 month period immediately preceding the patient visit shall be documented in the patient's medical record, with the rational for provision of the pain-relieving controlled substance by the current practitioner or dentist, with a copy of the PDMP accessed report signed and dated by the practitioner or dentist.	*W.Va. Code R. §§ 24-7-3.3; 5-10-3.3*
	Upon the accessing of the PDMP by a professional registered nurse, prior to the initial provision of a pain-relieving controlled substances as part of treatment for chronic nonmalignant pain for a patient not suffering from a terminal illness, the access and controlled substances reported to the PDMP within the 12 month period immediately preceding the patient visit shall be documented in the patient's medical record, with the rational for provision of the pain-relieving controlled substance by the nurse, with a paper or electronic copy of the PDMP accessed report maintained in the patient medical record.	*W.Va. Code R. § 19-14-3.3*
	After the initial provision of a pain-relieving controlled substance as part of treatment for chronic nonmalignant pain for a patient not suffering from a terminal illness, if the osteopathic medical practitioner or dentist continues to provide pain-relieving controlled substances as part of treatment for chronic nonmalignant pain, the practitioner or dentist shall access the PDMP at least annually. The access and any controlled substances from any source other than the current practitioner or dentist reported to the PDMP within the 12 month period immediately preceding the access shall be documented in the patient's medical record, with the rationale for continuing provision of the pain-relieving substance by the current practitioner or dentist, with a copy of the PDMP accessed report signed and dated by the current practitioner or dentist.	*W.Va. Code R. §§ 24-7-3.4; 5-10-3.4*
	After the initial provision of a pain-relieving controlled substance as part of treatment for chronic nonmalignant pain for a patient not suffering from a terminal illness, if a professional registered nurse continues to provide pain-relieving controlled substances as part of treatment for chronic nonmalignant pain, the nurse shall access the PDMP at least annually. The access and any controlled substances from any source other than the current nurse reported to the PDMP within the 12 month period immediately preceding the access shall be documented in the patient's medical record, with the rational for continuing provision of the pain-relieving substance by the current nurse, with a paper or electronic copy of the PDMP accessed report maintained in the patient medical record.	*W.Va. Code R. § 19-14-3.4*
	Nothing prohibits the osteopathic medical practitioner or dentist from accessing the PDMP for a specific patient more frequently than annually. Upon any such access, controlled substances reported to the PDMP from any source other than the current practitioner or dentist shall be documented in the patient's medical record, with the rationale for provision of the pain-relieving controlled substance by the current practitioner or dentist, with a copy of the PDMP accessed report signed and dated by the current practitioner or dentist.	*W.Va. Code R. §§ 24-7-3.5; 5-10-3.5*
	Nothing prohibits the professional registered nurse from accessing the PDMP for a specific patient more frequently than annually. Upon any such access, controlled substances reported to the PDMP from any source other than the current nurse shall be documented in the patient's medical record, with the rationale for provision of the pain-relieving substance by the current nurse, with a paper or electronic copy of the PDMP accessed report maintained in the patient medical record.	*W.Va. Code R. § 19-14-3.5*
WI	The PMP agency may contract with an analytics firm to augment the PDMP with an analytics platform that provides data integration, advanced analytics, and alert management capabilities to detect problematic behaviors of practitioners, pharmacies, pharmacists, and patients.	*Wis. Stat. § 961.385(7s)(a)*
	Healthcare professionals, pharmacist delegates, and practitioner delegates may only disclose a patient's PDMP report (1) to the patient as part of treating or rendering assistance to the patient; (2) to another healthcare professional or a medical coordinator for consultation about the health of the patient or as part of treating or rendering assistance to the patient; (3) to the pharmacist or practitioner who is directly treating or rendering assistance to the patient; or (4) to a law enforcement agency as required under Wisconsin law.	*Wis. Admin. Code CSB § 4.09(3)*

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	To obtain access to PDMP data, healthcare professionals, pharmacist delegates, and practitioner delegates shall create (a) create an account with the PDMP system; (b) create an account with a PDMP agency in another jurisdiction with which the WI PDMP agency exchanges PDMP data; (c) create an account with a pharmacy or other entity at which pharmacists dispense or administer monitored prescription drugs in the course of professional practice with which the PDMP agency has determined to have at least equivalent capability to maintain the confidentiality of PDMP data or that is connected to and lawfully obtains data from the PDMP agency; or (d) create an account with a hospital or other entity at which practitioners prescribe, dispense, or administer monitored prescription drugs in the course of professional practice with which the PDMP agency has determined to have at least equivalent capability to maintain the confidentiality of PDMP data or that is connected to and lawfully obtains data from the PDMP agency.	*Wis. Admin. Code CSB § 4.09(4)*

* The review was conducted using PDMP-related statutes, rules and regulations current through November 2019 and 2020 state PDMP-related bills adopted as of May 2020. This review excludes legal counsel opinions or other relevant interpretations not publicly available.