

Information for Pharmacists About the Proposed Prescription Monitoring Program in Montana

What is a Prescription Monitoring Program? A prescription monitoring program (PMP) utilizes a centralized database to collect controlled substance prescription information which is submitted by pharmacies licensed by the state. Prescribers, pharmacists, and patients may request information from the PMP which lists the prescriptions filled for a patient during a specified time period including drug, quantity, prescriber, pharmacy, and method of payment.

What is the purpose of a PMP? A PMP is intended to be a source of information for prescribers and pharmacists to use in the care of patients. It should be used to supplement a patient evaluation, to confirm a patient's medication history, or to document compliance with a therapeutic regimen. A PMP is also a tool to help deter prescription drug abuse and diversion. A PMP is NOT intended to prevent patients from obtaining needed medication or to interfere with legitimate prescribing.

What other states have implemented PMPs? 29 states have implemented prescription monitoring programs and another 9 states have passed legislation and are in the process of implementing their programs. All of the states bordering Montana have active prescription monitoring programs, except South Dakota, which is also introducing PMP legislation.

The proposed PMP in Montana differs from all other states in that information on ALL prescription drugs, not just controlled substances and drugs of abuse, would be available. Since the goal of the PMP is to provide information to prescribers and pharmacists in the care of their patients, a complete medication list would provide the best information.

Does Montana have a prescription drug abuse problem? YES! According to a national survey conducted annually by the Substance Abuse and Mental Health Services Administration, Montana ranks 5th in the U.S. for illicit use of drugs and Montana teens rank 2nd for abuse of prescription pain relievers. Data from the Montana State Crime Lab in 2007 shows 8 deaths attributed to methamphetamine versus 141 deaths attributed to prescription opioids.

How does a PMP work? Prescription information is submitted electronically to the PMP by pharmacies on a weekly or biweekly basis. Prescribers and pharmacists must apply for an account and be credentialed prior to receiving access to the PMP. Once access is granted, a prescriber or pharmacist must have a patient relationship with the person on whom a report is requested. The PMP is accessible via computer 24/7 and in most cases a report is available in less than a minute.

How is patient privacy protected? The information in the PMP is protected health information under HIPAA. HIPAA allows health care providers to access patient information for the purpose of providing treatment to a patient. Under HIPAA, law enforcement can access protected health information with a subpoena or search warrant so the information in the PMP would only be released to law enforcement with a subpoena or search warrant. The PMP does not provide any additional access to information that health care providers or law enforcement currently have or that is allowed under HIPAA.

Is the PMP database secure? The information in the PMP is stored on secure servers that are dedicated to the prescription monitoring program, and PMP information is exchanged via a secure network. Access to the network is granted when providers are approved for an account. These are the same security measures implemented by health care organizations to protect electronic medical records.

Where will the PMP database reside? The PMP will be located in and administered by the Board of Pharmacy. The Board will employ a pharmacist PMP administrator to oversee the program. The PMP database is a stand alone system. It will not be part of the state's computer system.

What is the cost of the PMP and who will pay for it? The start up cost of a PMP in Montana is estimated to be \$365,000. Federal grant monies are available to help states implement or enhance their PMPs. In 2007, Montana was awarded a \$400,000 PMP grant however the money could not be accepted because the PMP legislation failed to pass. We will apply for the same grant in 2009. The annual maintenance cost of a PMP is estimated to be \$210,000. If grant monies are not available, the program would be sustained by increasing licensing fees of prescribers, pharmacists, pharmacies, and drug wholesalers. Based on the current number licensees in Montana, the fee increase is expected to be approximately \$20 per year if it is spread evenly.

The cost to pharmacies to submit their prescription data is expected to be minimal to none. Since the majority of states already have PMPs, the technology and programming are already available in contemporary pharmacy information systems. The workload burden on pharmacy staff is also expected to be no more than calling up a report, typing in a date range, and clicking the send button. If electronic submission of PMP data imposes an undue burden on a pharmacy, the Board will work with that pharmacy to determine a mutually acceptable method of reporting.