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Debra L. Billingsley, Executive Secretary
Sam Brownback, Governor

Testimony re: SB 327 Pertaining to the Kansas Prescription Monitoring Program
Committee on Public Health and Welfare
Presented by Christina Morris
On Behalf of
The Kansas State Board of Pharmacy
February 3, 2012

Chairman Schmidt and Members of the Committee:

My name is Christina Morris, and I am the Director of the Kansas Prescription Monitoring Program housed in the Kansas State Board of Pharmacy. Our Board is created by statute and is comprised of seven members, each of whom is appointed by the Governor. Of the seven, six are licensed pharmacists and one is a member of the general public. They are charged with protecting the health, safety and welfare of the citizens of Kansas and to educate and promote the understanding of pharmacy practices in Kansas.

The Kansas Prescription Monitoring Program, known as K-TRACS, is a valuable tool in the state used by prescribers and dispensers to assist them in treating their patients and identifying patients that may be in need of substance abuse treatment. All in state and out of state pharmacies and other dispensers are currently required to report all dispenses of controlled substances schedule II-IV and drugs of concern to the database within 7 days of dispensing. Providers can log into to a web-based 24 hour accessible portal to view their patients' controlled substance dispensing history. Additionally, if a patient meets a certain threshold during a quarter, that may be indicative of drug seeking behavior, Prescription Monitoring Program staff sends out a letter to each prescriber and dispenser listed on that patient's profile. The letter states that the patient has been seeing multiple providers and dispensers and seeking the same or similar medications. An example of such letter is attached to this testimony.

K-TRACS has been collecting dispensing data since February 2011 and has dispensing data from July 2010 forward. Prescribers and dispensers have been able to query their patients since April 2011. Law enforcement (with a grand jury or inquisition subpoena or search warrant), Medicaid representatives, and administrative oversight agencies (with an open investigation) were permitted online access to K-TRACS in late 2011. Before that time, their requests had been processed manually. I have provided you with a summary of program statistics to date attached to this testimony.

Originally, the amendments to the Prescription Monitoring Program Act in SB 327 were intended to clean up some language with regards to the dissolution of the Kansas Health Policy Authority and to incorporate new funding language that would help in creating a sustainable funding source for the Kansas PMP. The first amendment you see on page 2, starting on line 3 allows us to accept private grant funding. We had received private grant funds in the past and had to get authorization to accept and use them each session in our budget bill. Instead of doing that yearly, we added this provision to the PMP bill.

Additionally, when taking a look at the cleanup and funding language, we decided to insert some language that reflects the Prescription Monitoring Program Model Act created by the Alliance of States with Prescription Monitoring Programs (Alliance) and the Prescription Drug Monitoring Center of Excellence that was amended in 2010. The Model Act is a consensus document that reflects the best practices of the states that currently run PMPs, as well as the knowledge of other states that have a long standing interest in PMPs. Kansas used the Model Act as

a framework for the original PMP Legislation in 2008. The Alliance is an organization of representatives of states with Prescription Monitoring Programs (PMPs) and includes those states considering implementing such a program. The PDMP Center of Excellence is an organization based at Brandeis University and supported by the Federal Bureau of Justice Assistance to provide support to states, including assistance in developing Best Practices such as the PMP Model Act.

The first amendment that reflects the Model Act begins on page 3, line 14. We added two different groups allowed to access the K-TRACS data. Line 14 allows us to send the unsolicited reports to physicians and dispensers when they have a patient appear to be misusing, abusing, or diverting substances. We currently send letters alerting the providers to this, but we don't send them the patient's K-TRACS report. A copy of that letter is attached to this testimony. Providers are required to sign up and log in to view the patient's complete dispensing history. The second new group having access begins on page 3 line 18 and authorizes medical examiners and the like who are authorized by law to investigate or determine cause of death to access the data. This was taken almost word for word from the Model Act. Currently only those providers who can actually prescribe controlled substances and have a DEA number or NPI number are authorized to access the system. Therefore, many coroners are unable to obtain the data at this time because, in their profession, it's not necessary to have a DEA or NPI number.

The next proposed amendment on page 3, line 37 has been added to assure that penalties can be assessed against persons who obtain or attempt to obtain prescription or any other information by fraud and deceit from the prescription monitoring program or from a person authorized to have such information. This wasn't addressed before and is in the Model Act in order to address security concerns.

That is the extent of the proposed amendments at this time. I have attached a copy of the Model Act, in which I refer to, with my testimony.

Thank you very much for permitting me to testify and I will be happy to yield to questions.

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DATE

DOCTOR or PHARMACY NAME
ADDRESS 1
ADDRESS 2
CITY , STATE AND ZIP

The Kansas Prescription Monitoring Program (K-TRACS) has identified PATIENT NAME (DOB: MM/DD/YYYY) as one of your patients. This person appears to be obtaining controlled substance prescriptions of the same or similar nature from multiple practitioners and multiple pharmacies. We have developed no conclusions or judgments on the basis of this information; however, in the event this observation should concern you, we suggest you query this person's prescription history at the K-TRACS website.

Following your review and assessment of the prescription data for this person, you may determine one or more of the following actions to be appropriate.

- If you believe the person has unlawfully obtained a prescription-only drug as defined in K.S.A. 21-36a08, we encourage you to contact your local police or the Kansas Bureau of Investigation Drug Enforcement Division.
- If you believe the person may be addicted or have a substance use disorder, we encourage you to refer your patient to the addiction professional of your choice. In the event your patient may have resource issues, you may wish to refer your patient to the Kansas Department of Social and Rehabilitation Services ValueOptions treatment provider, toll-free, at (866) 645-8216.
- If you determine that one or more of the prescriptions listing you as the prescriber were not, in fact, prescribed by you, we encourage you to contact the pharmacy dispensing the prescription for them to correct the error in their information system.

In the event you are not currently registered for access to K-TRACS, we encourage you to visit our website at www.kansas.gov/pharmacy. Select the K-TRACS link, and then select the ***RxSentry® Data Requestor Forms*** link to find the required Access Request Forms.

We have provided this unsolicited report in support of the program's mission to identify and inhibit the diversion of controlled substances in a manner that will not impede the appropriate utilization of these medications for legitimate medical purposes.

Sincerely,

Christina Morris
Director, K-TRACS

KSA 21-36a08 provides that " Unlawfully obtaining a prescription-only drug" is (1) Making, altering or signing of a prescription order by a person other than a practitioner or a mid-level practitioner; (2) distribution of a prescription order, knowing it to have been made, altered or signed by a person other than a practitioner or a mid-level practitioner; (3) possession of a prescription order with intent to distribute it and knowing it to have been made, altered or signed by a person other than a practitioner or a mid-level practitioner; (4) possession of a prescription-only drug knowing it to have been obtained pursuant to a prescription order made, altered or signed by a person other than a practitioner or a mid-level practitioner; or (5) providing false information, with the intent to deceive, to a practitioner or mid-level practitioner for the purpose of obtaining a prescription-only drug.

K-TRACS

K-TRACS Statistics Regarding Threshold Patients And Registered K-TRACS Users

	1st Qtr 2011 Jan-Mar 2011	2nd Qtr 2011 Apr-June 2011	3rd Qtr 2011 July-Sept 2011	4th Quarter Oct-Dec 2011
Threshold Patients	188	222	186	169
# Pharmacies Receiving Letter	411	400	367	347
# Prescribers Receiving Letter	1058	1206	997	920
Total Threshold Letters Sent	1469	1606	1364	1267
Physicians/Delegates Registered to Query	585	2,592	3,650	4126
Dispensers/Delegates Registered to Query	265	700	923	1001
LE/Admin Oversight/Medicaid ONLINE Queriers	0	0	0	2
Number of Prescriber Queries	0	12635	35038	31982
Number of Dispenser Queries	0	7357	13313	10003
Number of LE/Admin Oversight/Medicaid MANUAL Queries	0	8	10	18

Threshold letters are sent on a quarterly basis on all patients that visit at LEAST 5 prescribers AND 5 dispensers for that quarter. These type of numbers could be indicative of drug seeking behavior, and therefore letters are send to all prescribers and dispensers that patient had visited in that quarter alerting them that the patient has been seeking the same or similar drugs from multiple dispensers and prescribers. We advise them that the K-TRACS staff is making no judgments on the data and encourage them to query the patient in K-TRACS if the letter causes them concern.

Top Ten Threshold Patients

Sorted by Number of Prescribers they Frequented that Quarter

Top Recipients MEETING THRESHOLD Visiting the Most Physicians

Jan. 1 2011-March 31, 2011

1st Quarter 2011

Age	Gender	Last Initial	City	State	Number of Claims	Total Quar	Total Day S	Number of Physicians	Number of Pharmacies
38	Female	H	Topeka	KS	37	1895	303	24	8
51	Male	B	Kansas City	MO	20	504	82	19	15
31	Female	B	Olathe	KS	27	1062	242	18	16
35	Female	H	Olathe	KS	26	672	171	18	16
31	Female	W	Wichita	KS	19	286	43	16	8
30	Female	H	Louisburg	KS	28	1297	193	15	13
44	Female	W	Paola	KS	14	239	42	14	11
31	Male	C	Sedgwick	KS	15	475	126	13	6
46	Female	F	Overland Park	KS	31	1099	256	13	9
47	Male	S	Tonganoxie	KS	30	1905	364	13	17

Top Recipients MEETING THRESHOLD Visiting the Most Physicians

April-June 2011

2nd Quarter 2011

Age	Gender	Last Initial	City	State	Number of Claims	Total Quar	Total Day S	Number of Physicians	Number of Pharmacies
56	Male	L	Gardner	KS	34	783	309	20	7
46	Female	F	Overland Park	KS	34	905	296	18	9
37	Female	S	Tonganoxie	KS	37	2190	584	17	14
31	Female	B	Olathe	KS	27	1412	301	17	18
30	Female	D	Iola	KS	41	1324	441	17	5
51	Male	B	Kansas City	MO	17	373	83	16	14
38	Female	H	Topeka	KS	17	860	157	15	5
26	Female	H	Wichita	KS	23	764	309	15	7
15	Female	W	Haysville	KS	17	644	85	15	5
26	Female	B	Wichita	KS	30	677	102	14	5

Top Ten Threshold Patients
Sorted by Number of Prescribers they Frequented that Quarter

Top Recipients MEETING THRESHOLD Visiting the Most Physicians
July-Sept 2011
3rd Quarter 2011

Age	Gender	Last Initial	City	State	Number of Claims	Total Quar	Total Day S	Number of Physicians	Number of Pharmacies
39	Female	M	Ottawa	KS	26	990	215	16	5
35	Female	B	Stilwell	KS	18	1093	128	15	15
27	Female	H	Wichita	KS	18	400	91	15	9
34	Female	S	Tonganoxie	KS	15	343	64	15	11
53	Male	C	Olathe	KS	15	447	81	13	10
39	Male	M	Bonner Springs	KS	17	737	164	13	9
31	Female	B	Olathe	KS	18	521	118	13	11
28	Female	H	Kansas City	KS	14	331	54	12	5
42	Female	V	Wichita	KS	21	998	432	12	5
32	Male	C	Sedgwick	KS	20	732	223	12	5

Top Recipients MEETING THRESHOLD Visiting the Most Physicians
October-December 2011
4th Quarter 2011

Age	First Name	Last Initial	City	State	Number of Claims	Total Quar	Total Day S	Number of Physicians	Number of Pharmacies
54	Male	C	Olathe	KS	29	699	160	23	11
30	Male	T	Shawnee	KS	30	943	330	20	9
56	Male	L	Gardner	KS	31	1244	445	18	11
28	Male	M	Haysville	KS	20	427	71	18	10
35	Female	S	Kansas City	KS	23	714	103	18	6
41	Female	H	Kansas City	MO	25	1083	145	17	9
40	Female	M	Ottawa	KS	27	761	274	16	6
31	Female	B	Olathe	KS	19	636	160	16	17
27	Female	N	Kansas City	KS	16	442	94	13	6
52	Male	B	Kansas City	MO	13	222	40	13	10

Top Ten Threshold Patients

Sorted by Number of Pharmacies Frequented that Quarter

Top Recipients MEETING THRESHOLD Visiting the Most Pharmacies

Jan. 1 2011-March 31, 2011

1st Quarter 2011

Age	First Name	Last Initial	City	State	Number of Claims	Total Quantity	Total Day Supply	Number of Pharmacies	Number of Physicians
47	Male	S	Tonganoxie	KS	30	1905	364	17	13
35	Female	H	Olathe	KS	26	672	171	16	18
31	Female	B	Olathe	KS	27	1062	242	16	18
51	Male	B	Kansas City	MO	20	504	82	15	19
30	Female	H	Louisburg	KS	28	1297	193	13	15
37	Male	A	Augusta	KS	28	1436	432	12	12
31	Male	K	Wichita	KS	13	420	80	12	11
44	Female	W	Paola	KS	14	239	42	11	14
37	Female	S	Tonganoxie	KS	31	2449	516	11	10
41	Female	I	Overland Park	KS	19	686	104	10	11

Top Recipients MEETING THRESHOLD Visiting the Most Pharmacies

April-June 2011

2nd Quarter 2011

Age	First Name	Last Name	City	State	Number of Claims	Total Quantity	Total Day Supply	Number of Pharmacies	Number of Physicians
31	Female	B	Olathe	KS	27	1412	301	18	17
37	Female	S	Tonganoxie	KS	37	2190	584	14	17
51	Male	B	Kansas City	MO	17	373	83	14	16
35	Female	B	Stilwell	KS	19	336	183	13	14
48	Male	S	Tonganoxie	KS	24	1166	262	12	11
51	Male	G	Dallas	TX	17	760	207	11	13
40	Female	T	Eureka	KS	21	496	117	11	12
27	Female	H	Wichita	KS	19	435	109	10	13
35	Female	H	Olathe	KS	23	677	182	10	13
27	Female	O	Wichita	KS	25	627	134	10	12

Top Ten Threshold Patients
Sorted by Number of Pharmacies Frequented that Quarter

Top Recipients MEETING THRESHOLD Visiting the Most Pharmacies
July-Sept 2011
3rd Quarter 2011

Age	Gender	Last Initial	City	State	Number of Claims	Total Quantity	Total Day Supply	Number of Pharmacies	Number of Physicians
35	Female	B	Stilwell	KS	18	1093	128	15	15
34	Female	S	Tonganoxie	KS	15	343	64	11	15
31	Female	B	Olathe	KS	18	521	118	11	13
53	Male	C	Olathe	KS	15	447	81	10	13
52	Male	G	Dallas	TX	14	580	119	10	12
29	Female	K	Kansas City	KS	16	940	414	10	7
27	Female	H	Wichita	KS	18	400	91	9	15
39	Male	M	Bonner Springs	KS	17	737	164	9	13
51	Male	B	Kansas City	MO	9	172	27	9	9
32	Male	S	Olathe	KS	25	1170	487	9	9

Top Recipients MEETING THRESHOLD Visiting the Most Pharmacies
October-December 2011
4th Quarter 2011

Age	Gender	Last Initial	City	State	Number of Claims	Total Quantity	Total Day Supply	Number of Pharmacies	Number of Physicians
31	Female	B	Olathe	KS	19	636	160	17	16
54	Male	C	Olathe	KS	29	699	160	11	23
56	Male	L	Gardner	KS	31	1244	445	11	18
28	Male	M	Haysville	KS	20	427	71	10	18
52	Male	B	Kansas City	MO	13	222	40	10	13
30	Male	T	Shawnee	KS	30	943	330	9	20
41	Female	H	Kansas City	MO	25	1083	145	9	17
37	Female	W	Olathe	KS	21	684	265	9	9
40	Male	S	Overland Park	KS	20	806	443	9	6
37	Male	M	Shawnee	KS	13	473	90	8	12

Alliance of States with Prescription Monitoring Programs
Promoting Public Health and Safety

PRESCRIPTION MONITORING PROGRAM MODEL ACT 2010 Revision

Section 1. Short Title.

This Act shall be known and may be cited as the "Prescription Monitoring Program Model Act."

Section 2. Legislative Findings

[Insert state findings]

Section 3. Purpose

The purposes of this act are:

1. To enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research and other medical and pharmacological uses.
2. To help curtail the misuse and abuse of controlled substances.
3. To assist in combating illegal trade in and diversion of controlled substances.
4. To enable the access to prescription information by practitioners, pharmacists, law enforcement, researchers and regulatory and other authorized individuals and agencies, and to make this information available to the same entities in other states.

Section 4. Definitions

(a) "Controlled substance" has the meaning given such term in [section of the state controlled substances act].

(b) [Designated state agency] means the state agency responsible for the functions listed in Section 5.

(c) "Dispense" means to deliver a controlled substance or other drug required to be submitted under Section 5 of this Act to an ultimate user or research subject by lawful means and includes the packaging, labeling, or compounding necessary to prepare the substance for such delivery.

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Email: assist@pmpalliance.org | Website: www.pmpalliance.org

(d) "Dispenser" means a person who is lawfully authorized to deliver a Schedule II, III, IV and/or V controlled substance, as defined in subsection (k), or other drug required to be submitted under Section 5 of this Act to the ultimate user, but does not include:

(I) A licensed hospital or institutional facility pharmacy that distributes such substances for the purpose of inpatient hospital care [or the dispensing of prescriptions for controlled substances at the time of discharge from such a facility];

(II) A practitioner, or other authorized person who administers such a substance; or

(III) A wholesale distributor of a Schedule II, III, IV and/or V controlled substance or other drug required to be submitted under Section 5 of this Act.

(e) "Interoperability" means, with respect to a state prescription monitoring program, the ability of that program to share electronically reported prescription information with another State's prescription monitoring program.

(f) "Patient" means the person or animal who is the ultimate user of a controlled substance or other drug required to be submitted under Section 5 of this Act for whom a lawful prescription is issued and/or for whom a controlled substance or such other drug is lawfully dispensed.

(g) "Practitioner" means a physician, dentist, podiatrist, veterinarian, or other person licensed or otherwise permitted to prescribe, dispense, or administer a controlled substance or other drug required to be submitted under Section 5 of this Act in the course of a licensed professional practice.

(h) "Prescribe" means to issue a direction or authorization, by prescription, permitting a patient to obtain lawfully controlled substances.

(i) "Prescriber" means a practitioner or other authorized person who prescribes a Schedule II, III, IV and V controlled substance or other drug required to be submitted under Section 5 of this Act.

(j) "Prescription monitoring program" means a program that collects, manages, analyzes, and provides information regarding Schedule II, III, IV and V controlled substances or other drug required to be submitted under Section 5 of this Act or program established by a similar act in another state, district or territory of the United States.

(k) "Schedule II, III, IV and V controlled substances" means drugs or drug products that are included in or assigned to Schedules II, III, IV and V as provided under [insert

section of the state controlled substances act] or the Federal Controlled Substances Act.

(l) "State" means state, district or territory of the United States.

Section 5. Requirements for Prescription Monitoring Program.

(a) The [designated state agency] shall establish and maintain a program for the monitoring of prescribing and dispensing of all Schedule II, III, IV and V controlled substances [and, if selected by the state, additional drugs identified by the designated state agency as demonstrating a potential for abuse] by all prescribers or dispensers in this state.

(b) Each dispenser shall submit to the [designated state agency] information regarding each prescription dispensed for a controlled substance or other drug included under subsection (a) of this section. Any dispenser located outside the boundaries of [name of state] and is licensed and registered by the [insert name of state board of registration/licensure in pharmacy] shall submit information regarding each prescription dispensed to an ultimate user who resides within [name of state].

(c) Each dispenser required to report under subsection (b) of this section shall submit to the [designated state agency] by electronic means information that shall include, but not be limited to:

(I) Dispenser identification number.
(II) Date prescription filled.
(III) Prescription number.
(IV) Prescription is new or is a refill.
(V) NDC code for drug dispensed.
(VI) Quantity dispensed.
(VII) Days' supply dispensed
(VIII) Number of refills ordered
(IX) Patient identification number.
(X) Patient name.
(XI) Patient address.
(XII) Patient date of birth.
(XIII) Patient gender
(XIV) Prescriber identification number.
(XV) Date prescription issued by prescriber.
(XVI) Person who receives the prescription from the dispenser, if other than the patient.
(XVII) Source of payment for prescription.

(XVIII) State issued serial number [if state chooses to establish a serialized prescription system].

(d) Each dispenser shall submit the required information in accordance with transmission methods and frequency established by the [designated state agency]; but no more than seven days from the date each prescription was dispensed.

(e) The [designated state agency] may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required in subsection (c) of this section is submitted in this alternative format.

[Note: the following subsections, (f) – (i), are intended for those states that choose to establish a serialized prescription form system as part of the prescription monitoring program.]

(f) A serialized [single copy or multiple copy] prescription form, shall be issued by the [designated state agency] to individual [insert "and institutional" if practitioners in health care institutions issue prescriptions that can be filled in pharmacies outside the institutions] prescribers and shall be used for all prescriptions for drugs in [Schedule II, III, IV and V] controlled substances. Each series of prescriptions shall be issued to a specific prescriber [in consecutively numbered blocks of ____] and shall only be used by that prescriber.

(g) Each prescriber shall only prescribe [Schedule II, III, IV and V] controlled substances on official serialized prescription forms issued by the [designated state agency].

(h) Each dispenser shall only dispense [Schedule II, III, IV and V] controlled substances on such official serialized prescription forms.

(i) The [designated state agency] may charge each prescriber an amount sufficient to cover the costs of processing requests for forms, printing the prescription forms, and operating the prescription monitoring program.

[Note: States may choose to use an alternative method other than paragraph (i) to pay the cost of their serialized prescription forms and monitoring system, for example, through controlled substances registration fees. In such instances, subsection (i) can be deleted.]

Section 6. Confidentiality.

a) Prescription information submitted to the [designated state agency] shall be confidential and not subject to public or open records laws, except as provided in section 7.

[Note: States may choose to also amend their open record statutes to exclude specifically from disclosure prescription information collected by their prescription monitoring program.]

b) The [designated state agency] shall establish and enforce policies and procedures to ensure that the privacy and confidentiality of patients are maintained and that patient information collected, recorded, transmitted, and stored is protected and not disclosed to persons except as in section 7.

c) The PMP shall establish and maintain a process for verifying the credentials and authorizing the use of prescription information by those individuals and agencies listed in subsections (b) and (c) of section 7 of this Act.

Section 7, Providing Prescription Monitoring Information

(a) The [designated state agency or entity] should review the prescription information. Such reviews should include but not be limited to:

(I) A review to identify information that appears to indicate if a person may be obtaining prescriptions in a manner that may represent misuse or abuse of controlled substances. When such information is identified, the [designated state agency] should notify the practitioners and dispensers who prescribed or dispensed the prescriptions.

(II) A review to identify information that appears to indicate if a violation of law or breach of professional standards may have occurred. Whenever such information is identified, the [designated state agency] should notify the appropriate law enforcement and/or professional licensing, certification or regulatory agency or entity, and provide prescription information necessary for an investigation.

(b) The [designated state agency] is authorized to provide information in the prescription monitoring program upon request only to the following persons.

(I) Persons authorized to prescribe or dispense controlled substances or other drug required to be submitted under Section 5 of this Act, for the purpose of providing medical or pharmaceutical care for their patients or for reviewing information regarding prescriptions that are recorded as having been issued or dispensed by the requester.

(II) A patient who requests the patient's own prescription monitoring information, or of the parent or legal guardian of a minor child, in accordance with procedures

established under [insert state statute granting individuals access to state held information concerning themselves].

(III) [Insert name or type of state boards and regulatory agencies that supervise or regulate a profession that is authorized for controlled substances or other drug required to be submitted under Section 5 of this Act activity] if the request is pursuant to an investigation or is pursuant to the agency's official duties and responsibilities.

(IV) Local, state and federal law enforcement or prosecutorial officials engaged in the administration, investigation or enforcement of the laws governing controlled substances or other drug required to be submitted under Section 5 of this Act pursuant to the agency's official duties and responsibilities.

(V) [Insert state Medicaid agency's unit(s) with legal authority to conduct investigations and utilization review of program services] regarding Medicaid program recipients or Medicaid program providers.

(VI) [Insert titles of medical examiners, coroners or others authorized under law to investigate causes of deaths] for cases under investigation pursuant to their official duties and responsibilities.

(VII) Personnel of the [designated state agency] for purposes of administration and enforcement of this Act, or [insert state controlled substances act], [if any other state statute is applicable, insert "or" and reference the other statutes].

[Note: A state may determine to authorize additional agencies to request and receive prescription information including substance abuse treatment providers, worker's compensation board reviewers who are health care professionals, drug court judges, department of corrections' health care professional staff, and probation departments, if they cannot receive information under other provisions already authorized in (I) through (VII)]

(c) The [designated state agency] may provide information to public or private entities for statistical, research, or educational purposes after encrypting or removing the patient name, street name and number, patient ID number, and month and day of birth that could be used to identity individual patients and/or persons who received prescriptions from dispensers.

[Note: A state may choose to further restrict information released to researchers by encrypting or removing information that could be used to identify a prescriber, a pharmacy, or any other person.]

Section 8. Information exchange with other prescription monitoring programs

a) The [designated state agency] may provide prescription monitoring information to other states' prescription monitoring programs and such information may be used by those programs consistent with the provisions of this Act.

b) The [designated state agency] may request and receive prescription monitoring information from other states' prescription monitoring programs and may use such information under provisions of this Act.

c) The [designated state agency] may develop the capability to transmit information to and receive information from other prescription monitoring programs employing the standards of interoperability.

d) The [designated state agency] is authorized to enter into written agreements with other states' prescription monitoring programs for the purpose of describing the terms and conditions for sharing of prescription information under this section.

[Note: Some states have determined that their statute authorizes exchange of prescription monitoring information for individual cases with other PMPs without specific authorization, e.g. their statute lists authorized recipients of prescription monitoring information without regard to the residency of the recipients.]

[Note: Some states have determined that before their PMP begins routine exchange of prescription information with another PMP, their PMP must have a written memorandum of understanding in place with the other states' PMPs and/or there must be an interstate compact for such exchange (a committee is working on drafting such a compact as of February 2010).]

[Note: This section is not intended to interfere with a state's prerogative to provide prescription information directly to authorized persons or entities in other states.]

Section 9. Authority to Contract

The [designated state agency] is authorized to contract with another agency of this state or with a private vendor, as necessary, to ensure the effective operation of the prescription monitoring program. Any contractor shall be bound to comply with the provisions regarding confidentiality of prescription information in Section 6 of this Act and shall be subject to the penalties specified in Section 11 of this Act for unlawful acts.

Section 10. Rules and Regulations.

The [designated state agency] shall promulgate rules and regulations setting forth the procedures and methods for implementing this Act.

Section 11. Unlawful Acts and Penalties.

(a) A dispenser who knowingly fails to submit prescription monitoring information to the [designated state agency or entity] as required by this Act or knowingly submits incorrect prescription information shall be subject to [insert appropriate administrative, civil or criminal penalty].

(b) A person authorized to receive prescription monitoring information pursuant to this Act who knowingly discloses such information in violation of this Act shall be subject to [insert appropriate administrative, civil or criminal penalty.]

(c) A person authorized to receive prescription monitoring information pursuant to this Act who uses such information in a manner or for a purpose in violation of this Act shall be subject to [insert appropriate administrative, civil or criminal penalty.]

(d) A person who obtains or attempts to obtain information by fraud or deceit from the prescription monitoring program or from a person authorized to receive prescription monitoring information under this Act shall be subject to [insert appropriate administrative, civil or criminal penalty.]

Section 12. Severability.

If any provision of this Act or application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act which can be given effect without the invalid provisions or applications, and to this end the provisions of this Act are severable.

Section13. Effective Date.

This Act shall be effective on [insert specific date or reference to normal state method of determination of the effective date].

Approved by the Alliance of States with Prescription Monitoring Programs at the Annual Business Meeting, June 28, 2010.