

## New Hampshire

PDMP name: New Hampshire  
 Agency Responsible: New Hampshire Board of Pharmacy  
 Agency Type: Pharmacy Board  
 PDMP Website: [www.nh.gov/pharmacy/](http://www.nh.gov/pharmacy/)  
 PDMP Email: <http://www.newhampshirepdmp.com> PDMP region: East

### Contact Information

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### Statistics

Statistics Year:	2015	DEA Registered Prescribers:	5,923
State population:	1,330,608	DEA Registered Dispensers:	274

### Technological Capabilities

#### ASAP Versions Accepted

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> ASAP 1995   | <input type="checkbox"/> ASAP 4/2007              |
| <input type="checkbox"/> ASAP 1997   | <input type="checkbox"/> ASAP 4-1/2010            |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

#### Data Transmission Methods Allowed

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Electronic data transmissio | <input type="checkbox"/> Mail data transmission  |
| <input type="checkbox"/> Fax data transmission                  | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other                                  |  |

#### Required Data Transmitters

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input checked="" type="checkbox"/> Pharmacy out-state other | <input checked="" type="checkbox"/> Dispensing doctor |
| <input type="checkbox"/> Veterinarian                 | <input checked="" type="checkbox"/> Veterans Administration       | <input checked="" type="checkbox"/> Indian Health Services   |   |

Other:

#### Data Collection, Storage, Generation and Access

Data Collection Entity:	Vendor	Vendor name:	Health Information Designs, Inc. (HID)
Data Storage Entity:	Vendor	Vendor name:	Health Information Designs, Inc.
Report Generation Entity:	Vendor	Vendor name:	Health Information Designs, Inc. (HID)
Data Access Entity:	Vendor	Vendor name:	Health Information Designs, Inc.
Data Access Method:	Web Portal/On-Line		

### Data Sharing

- ☒ PMPi Hub  
☐ RxCheck Hub  
☐ HIE method
- List of states involved in sharing:  
[MA, NY, VT](#)

### Data Access

- ☐ via Health Information Exchange  
☒ via Electronic Health Record  
☐ via Pharmacy Dispensing System

### Patient Matching

- ☐ Exact Match  
☐ Probabilistic Match  
☐ Probabilistic/Manual Match  
☐ Other Match for queries

## Policies and Procedures

### Controlled Schedules Monitored

- ☒ Schedule II monitored  
☒ Schedule III monitored  
☒ Schedule IV monitored  
☐ Schedule V monitored

### Other Substances Monitored

- ☐ Monitor other authority  
☐ Remove from Monitoring

### Data Collection and Pertinent Dates

Legislation enacted: [06-12-2012](#) PDMP operational: [09-02-2014](#)  
Collection frequency: [1](#) Require zero-reporting? ☒ Zero-reporting frequency: [Daily](#)

### Relevant Statutes and Rules

Law/Rule Website: <http://www.nh.gov/pharmacy/laws/index.htm>  
Law/Statute citation: [NH Statute §§318-B:31 to :38](#)  
Regulation/Rule citation:  
Dr Shopper law/statute:  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute: [NH Statute §318-B:36](#)

### Data Retention

Data Retention Time: [36 months](#)

- ☒ Data Retention Policy ☐ Prescriber Information Purged ☐ Patient Information Purged ☐ Retain De-Identified Data  
☐ All Information Purged ☐ Dispenser Information Purged ☐ Drug Information Purged

### Select Data Fields Available

- ☒ Payment method captured  
☐ Patient Identification captured  
☐ Person dropping off captured  
☐ Person picking up captured  
☐ Ability to id prescriber specialty

### Miscellaneous Capabilities and Policies

- ☐ Authority to release de-identified data  
☐ Ability to de-identified data  
☒ Authority to release for epidemiological or educational purposes  
☐ Engaged in release for epidemiological or educational purposes  
☐ Required Notification to consumers  
☒ Mandated Use of Advisory Group  
☐ Patient Access to Query List  
☐ Collection of naloxone prescriptions

### PDMP Required Enrollment and Patient Query

- ☒ Required Enrollment - Prescriber      ☒ Required Enrollment - Dispenser

practitioners including dentists and nurses

- ☒ Required Patient Query - Prescriber      ☐ Required Patient Query - Dispenser

Prescribers required to register with the program under this subdivision shall query the program for a patient's initial prescription when prescribing schedule II, III, and IV opioids for the management or treatment of pain and then periodically and at least twice per year, except when: (i) Controlled substances administered to a patient in a health care setting; (ii) The program is inaccessible or not functioning properly, due to an internal or external electronic issue; or (iii) An emergency department is experiencing a higher than normal patient volume, and to query the program database would materially delay care. (B) When a situation falling under exception (A)(ii) or (iii) is applicable, such exception shall be documented in the patient's medical record. Requires dentists and nurses to query the PDMP prior to prescribing an initial Sch. II – IV opioid for management or treatment of patient's pain and then periodically thereafter, at least twice per year, except if controlled substances are administered to the patient in a health care setting or when treating acute pain associated with traumatic injury, post-operatively, or with an acute medical condition for no more than 30 days.

### PDMP Requestor Training

Training Website:

#### Available Training

- |   |   |
|---|---|
| <input type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Research         |
| <input type="checkbox"/> Regulatory Board |   |

#### Training Required Before PDMP Use

- |   |   |
|---|---|
| <input type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Researcher       |
| <input type="checkbox"/> Regulatory Board | <input type="checkbox"/> Other            |

### Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: must be licensed NH practitioners and have a DEA # that allows them to prescribe and/or dispense control substances in the State of NH.

Dispenser: must be licensed NH practitioners and have a DEA # that allows them to prescribe and/or dispense control substances in the State of NH.

### PDMP Available Reports

#### Available Reports to Selected Requestors

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input type="checkbox"/> Licensing Board Access to Patient History               |
| <input checked="" type="checkbox"/> Prescriber Access to Own History     | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History   |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History  | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History    |
| <input checked="" type="checkbox"/> Dispenser Access to Own History      | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
|  | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History  |

## Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
Prescribers and dispensers at federal f	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prescribers and dispensers at federal f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>