

Washington

PDMP name: Prescription Review
 Agency Responsible: Washington State Department of Health
 Agency Type: Department of Health
 PDMP Website: <http://www.doh.wa.gov/pmp>
 PDMP Email: prescriptionmonitoring@doh.wa.gov PDMP region: West

Contact Information

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Statistics

Statistics Year: 2015	DEA Registered Prescribers: 31,299
State population: 7,170,351	DEA Registered Dispensers: 1,287

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 transmission | <input checked="" type="checkbox"/> Mail data transmission |
| <input checked="" type="checkbox"/> Fax data transmission | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other Fax and mail only from Veterinarians per statute | |

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 checked="" type="checkbox"/> Veterinarian | <input checked="" type="checkbox"/> Veterans Administration | <input checked="" type="checkbox"/> Indian Health Services | |

Other: [Veterinarians - only drugs dispensed for more than 14 days must be reported](#)

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

Data Sharing

- ☒ PMPi Hub
- ☒ RxCheck Hub
- ☐ HIE method

List of states involved in sharing:

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: 07-22-2007

PDMP operational: 10-07-2011

Collection frequency: 1

Require zero-reporting? ☒ Zero-reporting frequency: Weekly

Relevant Statutes and Rules

Law/Rule Website: <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP/Rules>

Law/Statute citation: WA Code §70.225

Regulation/Rule citation: WA Admin Code § 246-470

Dr Shopper law/statute: Chapter 69.41 RCW and Chapter 69.50 RCW

Pill Mill law/statute:

Pain Clinic law/statute:

Disclosure law/statute: WA Code §70.225.060

Data Retention

Data Retention Time: 6 years

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

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

Workers Comp providers must check the prescription monitoring program data base, if available, and document before prescribing opioids in the subacute phase and repeat during chronic opioid therapy at intervals according to the worker's risk category as described in the agency medical directors' group's guideline. Before the department or self-insurer authorizes payment for opioids beyond the acute phase, the provider must perform and document the following: Access the state's prescription monitoring program data base, if available, to ensure that the controlled substance history is consistent with the prescribing record and the worker's report. An agency providing chemical dependency opiate substitution treatment services must ensure the program physician, or the medical practitioner under supervision of the program physician, performs and meets the following: A review must be completed by the department of health prescription drug monitoring program data on the individual: (a) At admission; (b) Annually after the date of admission; and (c) Subsequent to any incidents of concern.

PDMP Requestor Training

Training Website: www.doh.wa.gov/pmp

Available Training

- | | |
|---|---|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser | <input type="checkbox"/> Patient |
| <input checked="" 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: To register, a prescriber who has a WA license can register online using information from their DEA registration and state health professional license. We are also adding a driver's license check. For non-resident prescribers a form can be filled out online, printed, signed, notarized, and mailed in.

Dispenser: To register, a dispenser who has a WA license or another state can register online using state health professional license. We are also adding a driver's license check. For non-resident prescribers a form can be filled out online, printed, signed, notarized, and mailed in.

PDMP Available Reports

Available Reports to Selected Requestors

- | | |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>