North Dakota

PDMP acronym: ND PDMP
Agency Responsible: North Dakota Board of Pharmacy
Agency Type: Pharmacy Board
Website: http://www.nodakpharmacy.com/pdmp-index.asp
Email: pdmp@nd.gov
Register Website: http://www.nodakpharmacy.com/directaccess.asp
Query Website: http://www.nodakpharmacy.com/directaccess.asp
Data Upload Website: https://pmpclearinghouse.net
Statistics Website: https://www.nodakpharmacy.com/PDMP-index.asp
Opioid Dashboard Website: health.nd.gov/opioid
Training Website:
Statute/Regulation Website: https://www.nodakpharmacy.com/laws-rules.asp
Opioid Guidelines Website:

PDMP Contact Information

Contact Name: Hardy, Mark, PharmD - Executive Director
Address: 1906 E Broadway Ave
City State Zip: Bismarck ND 58502-1354
Telephone: 7013289535
Fax: 7013289536
Email: mhardy@ndboard.pharmacy

Contact Name: Zahn, Kathy R. - Program Administrator, RPhT, CPht
Address: 1906 E Broadway Ave
City State Zip: Bismarck ND 58502-1354
Telephone: 7013289537
Fax: 7013289536
Email: pdmp@ndboard.pharmacy

State Population and Number of Registrants

State population: 780,588 DEA Prescriber total: 5,281 DEA Dispenser total: 198
### Data Transmitter(s)
- Correctional Facility Pharmacy
- Indian Health Services
- Pharmacy (In-State)
- Pharmacy (Mail Order Out of State)
- Veterans Administration
- Dispensing Practitioner
- Long Term Care Facility Pharmacy
- Pharmacy (Mail Order In-State)
- Pharmacy (Other Out of State)

### Substances Monitored
- Drugs of Concern
- Schedules II - V

### Alternate Data Sources
- Medical Marijuana Dispensations
- Pharmaceutical Manufacturers/Distributors
- Mental Health Assessment Tools
- Substance Use Disorder Treatment Options

### Available Reports
- Clinical Alerts
- Dispenser Reports to Law Enforcement
- Geomapping of Prescription Data
- MME Calculations
- Patient Query Lists to Dispensers
- Patient Query Lists to Licensing Boards
- Patient Query Lists to Prescribers
- Patient Reports to Law Enforcement
- Patient Reports to Prescribers
- Prescriber Report Cards
- Prescription Drug Combinations
- Registrant Query Lists to Law Enforcement
- Registrant Query Lists to Prescribers
- Registrant Reports to Dispensers
- Registrant Reports to Licensing Boards
- Registrant Reports to Prescribers
- Statewide Statistics
- Data Dashboards
- Drug Trend Reports
- Licensee Reports to Licensing Board
- Multiple Provider Episode Reports
- Patient Query Lists to Law Enforcement
- Patient Query Lists to Patients
- Patient Reports to Dispensers
- Patient Reports to Licensing Boards
- Peer Comparison Reports
- Prescriber Reports to Law Enforcement
- Registrant Query Lists to Dispensers
- Registrant Query Lists to Licensing Boards
- Registrant Reports to Dispensers
- Risk Scores
Statistical Capabilities

- # of Prescription Filled
- # of Prescriptions Filled by CS Schedule
- # of Prescriptions Filled by Drug Class
- Statistics Filtered by Age or Age Range
- Statistics Filtered by Ethnicity or Race
- # of Authorized PDMP Users Enrolled
- # of Registrants in SDTC
- # of Registrants in SDTC by Practice/License Type
- # of Data Errors by Error Type
- # of Data Errors Corrected
- # of At-Risk Patients by Risk Factor
- Risk Factor Statistics by Time Frame
- # of Solicited Prescriber Reports
- # of Solicited Prescriber Reports by Requestor Type
- # of Unsolicited Prescriber Reports
- # of Unsolicited Prescriber Reports by Recipient Type
- # of Solicited Dispenser Reports
- # of Solicited Dispenser Reports by Requestor Type
- # of Unsolicited Dispenser Reports
- # of Unsolicited Dispenser Reports by Recipient Type
- # of Solicited Patient Reports
- # of Solicited Patient Reports by Requestor Type
- # of Unsolicited Patient Reports
- # of Unsolicited Patient Reports by Recipient Type
- # of Dosage Units Dispensed
- # of Dosage Units Dispensed by CS Schedule
- # of Dosage Units Dispensed by Drug Class
- Statistics Filtered by Gender Identification
- Statistics Filtered by Geographic Location
- # of Prescribers Enrolled in PDMP by License Type
- # of Dispensers Enrolled in PDMP by License Type
- # of Prescribers Enrolled in PDMP by Specialty
- # of Unique Prescribers
- # of In-State Queries
- # of In-State Queries by Requestor Type
- # of Interstate Queries
- # of Interstate Queries by Requestor Type
- # of Positive Matches from Interstate Queries
- # of Solicited Statistical Reports by Requestor Type
- # of Unsolicited Statistical Reports by Requestor Type
- # of Unique Requestors for Solicited Reports
- # of Unique Requestors by Requestor Type (sol. reports)
- # of Unique Requestors for Unsolicited Reports
- # of Unique Recipients by Recipient Type (unsol. reports)

% Out-of-State Patients:
% Out-of-State Prescribers:

Data Analysis Resources Available:
ND State Epidemiologists on certain ND legislative directives
Authorized PDMP Users

Correctional Supervision/Solicited In-State
Correctional Supervision/Solicited Out-of-State
Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Solicited Out-of-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispenser Delegates - Unlicensed/Solicited Out-of-State
Dispensers - Pharmacies/Unsolicited In-State
Dispensers - Pharmacies/Unsolicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Dispensers - Pharmacists/Unsolicited Out-of-State
Drug Courts/Solicited In-State
Drug Courts/Solicited Out-of-State
Drug Treatment Providers/Solicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Solicited Out-of-State
Law Enforcement - Federal/Unsolicited In-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Solicited Out-of-State
Law Enforcement - Local/Unsolicited In-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Solicited Out-of-State
Law Enforcement - State/Unsolicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medical Examiners and Coroners/Solicited In-State
Medical Examiners and Coroners/Solicited Out-of-State
Medical Interns/Solicited In-State
Medical Interns/Solicited Out-of-State
Medical Interns/Unsolicited In-State
Medical Interns/Unsolicited Out-of-State
Medical Residents/Solicited In-State
Medical Residents/Solicited Out-of-State
Medical Residents/Unsolicited In-State
Medical Residents/Unsolicited Out-of-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Nurse Practitioners/Unsolicited Out-of-State
Patients/Solicited In-State
Patients/Solicited Out-of-State
Peer Review Committees/Solicited In-State
Peer Review Committees/Unsolicited In-State
Physician Assistants/Solicited In-State
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Prescribers/Unsolicited In-State
Prescribers/Unsolicited Out-of-State
Prosecutors/Solicited In-State
Prosecutors/Solicited Out-of-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Solicited Out-of-State
Regulatory and Licensing Boards/Unsolicited In-State
Researchers/Solicited In-State
Researchers/Solicited Out-of-State
Workers Compensation State/Solicited In-State
Workers Compensation State/Unsolicited In-State
Engaged PDMP Users

Correctional Supervision/Solicited In-State
Correctional Supervision/Solicited Out-of-State
Dispenser Delegates - Licensed/Solicited In-State
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Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prosecutors/Solicited In-State
Prosecutors/Solicited Out-of-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Solicited Out-of-State
Researchers/Solicited In-State
Workers Compensation State/Solicited In-State
# Budget

<table>
<thead>
<tr>
<th>Total Annual Budget:</th>
<th>PDMP Staff:</th>
<th># of Employees - Operational:</th>
<th># of Employees - Technical:</th>
<th># of Employees - Analytical:</th>
<th># of Employees - Other:</th>
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<tr>
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<td>1</td>
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## Funding Source(s)

- Licensing Fee

## Technologies

- **Data Collection Entity:** Vendor
- **Data Collection Vendor name:** Bamboo Health
- **Data Storage Entity:** Vendor
- **Data Storage Vendor name:** Bamboo Health
- **Report Generation Entity:** Vendor
- **Report Generation Vendor name:** Bamboo Health
- **Data Access Method:** Web Portal/On-Line
- **Data Access Entity:** Vendor
- **Data Access Vendor name:** Bamboo Health

<table>
<thead>
<tr>
<th>Licensing Fee</th>
</tr>
</thead>
</table>

- **ASAP Version Utilized:** 4.2A
- **State HIE in place**
- **RxCheck Integration Allowed**
- **VHA VISTA integration**
- **HL7 FHIR connectivity**
- **ASAP Version Utilized: 4.2A**

## Patient Matching

- Referential Matching
- Deterministic Matching
- Manual Matching
- Probabilistic Matching
- Probabilistic and Manual Matching
- Access to patient matching algorithms

<table>
<thead>
<tr>
<th>Patient Matching Metrics Available:</th>
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## Integration(s) Available

<table>
<thead>
<tr>
<th>Integration Type</th>
<th>% Providers</th>
<th>Hub Used</th>
<th>Paid by Fed Gov't</th>
<th>Paid by State Gov't</th>
<th>Paid by Facility</th>
<th>Paid by Provider</th>
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<tr>
<td><strong>EHR Integration</strong></td>
<td>75-100%</td>
<td>PMPi</td>
<td>Unknown</td>
<td>Unknown</td>
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<tr>
<td>Data Downloaded/ Stored</td>
<td>Data Manipulated for Analysis</td>
<td>Multistate Integrations Allowed</td>
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<tr>
<td>Data Incorporated with Interstate Data</td>
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Integration Standards:

<table>
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<tr>
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<tr>
<td>PDS Integration</td>
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<td>PMPi</td>
<td>Unknown</td>
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- [ ] Data Downloaded/Stored
- [✓] Data Incorporated with Interstate Data

Integration Standards:
- [✓] Multistate Integrations Allowed
- [ ] Data Manipulated for Analysis
<table>
<thead>
<tr>
<th>State</th>
<th>PMPi Hub</th>
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<tbody>
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<td>Alabama</td>
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<td>Washington</td>
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PDMP Policies

Enabling legislation enacted: 2005
PDMP operational: 2007
User access date (any method): 2007
User electronic access date: 2007
Date received electronic data: 2007
Interstate sharing start date: 2017
Law/Statute citation: ND Century Code §§ 19-03.5-01 to -10
Regulation/Rule citation: ND Admin Code 61-12-01-01 to -03
Dr Shopper law/statute: ND Century Code § 43-15.3-08
Pill Mill law/statute:
Pain Clinic law/statute:
Unauthorized Use or Disclosure: ND Century Code § 19-03.5-10(2)
Enacted 42 CFR Part 2:
42 CFR Part 2 Details:
☐ Required Notification to consumers
☑ Mandated Use of Advisory Group
☑ Payment method captured
☑ Ability to id prescriber specialty
☐ Patient consent required before PDMP data release
☐ Ability for users to set thresholds for alert notices
☐ Ability for users to do user-led alert notices
☑ Mandatory E-Prescribing (EPCS)
☑ Compliance Process for Enrollment Mandates
☑ Compliance Process for Query Mandate
☐ ICD-10 Codes Collected
☐ Deceased Patient Field
☐ Engaged in Academic Detailing
☑ Patient ID Required to be Presented to Dispenser
☑ Ability to de-id data
☑ Authority to release de-id data
De-identified data sharing conditions:
De-Identified Data Retention Details:
☑ Retain De-Identified Data
Record Retention Details: we can keep statistics and aggregate data
☑ Patient Notification of Breach
☐ Written Notification of Breach
Patient Breach Notification Method: Mail
Patient Breach Notification Method Other:
E-prescribing required substances: Controlled Substances
E-prescribing exemptions/waivers:
Authority to enforce PDMP mandates: Regulatory/Licensing Board

Data collection frequency: Daily or next business
☑ Requirement for zero-reporting
Frequency of zero-reporting: Daily

Data Retention Policy
Data Retention Time: 3 years
☐ All Information Purged
☑ Patient Information Purged
☑ Prescriber Information Purged
☑ Dispenser Information Purged
☐ Drug Information Purged
☑ HIPAA Covered Entity
☐ Identifiable Data to State Health Dept
☐ Identifiable Data to local Health Dept
☑ Certified as CMS Specialized Registry
☑ PDMP Disaster Recovery Plan

ID Types Reported:

Patient Notification of Breach
Written Notification of Breach

Authority to enforce PDMP mandates: Regulatory/Licensing Board
Enrollment and Accounts

- **Supervisor Review/audit of Delegate Accounts**  
  Number of Delegates allows: **not limited**

- **Auto Enroll with License Renewal or App**

**Enrollment Method:**
- Online application process, followed by an email verification and notary agreement form.

**Practitioner IDs for PDMP Account:**
- DEA controlled substance registration number; Licensing Board number; National Provider Identifier; NCPDP number;

**2 Factor Authentication:**
- 2 factor authentication not offered

**Criteria for Dispensers to get account to upload data**
- Must be licensed in the state

**Criteria for Prescriber delegates to get account:**
- online application, email verification, notary form, and 'supervisor' approval

**Criteria for Dispenser delegates to get account:**
- online application, email verification, notary form, and 'supervisor' approval

**Criteria for PAs to get account:**
- online application, email verification, notary form

**Criteria for Nurse Practitioners to get account:**
- online application, email verification, notary form

**Criteria for other users to get account:**
- online application, email verification, notary form

**Requirements for Patients to get PDMP Report:**
- notarized authorization form

**Requirements for others to get PDMP Report**

**Criteria for Online Non-healthcare accounts:**
- Licensing/regulatory Board investigators, Law Enforcement investigators (federal, state, and local), Pardons or Parole officers, Peer Review Committee representatives, Drug Court Judge, Licensed Addiction Counselors

**PDMP Data for Epidemiological Purposes:**
- Authority to Release

- **Law Enforcement On-line access to PDMP**
- **Law Enforcement Written Request access to PDMP**

**Law Enforcement Access Method:**
- Written request for out-of-state law enforcement only

**Law Enforcement Access Requirements:**
- **Active Investigation**

- PDMP users validated with DEA Registration File
- PDMP users validated with NPI File
- PDMP users validated with State Licensing Board File

**PDMP Access without DEA Number**
- Validation Process for users without DEA #: 

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Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment
Prescriber - Mandatory PDMP Enrollment

Effective Date(s): January 1, 2018

Details:
Practitioners with a DEA registration number

Effective Date(s): January 1, 2018; October 1, 2022; April 4, 2023

Details:
Practitioners with a DEA registration number

Prescription drug monitoring program rule.
1. Every practitioner who prescribes a controlled substance in North Dakota shall register with the prescription drug monitoring program.

43-58-05 3. A naturopath:
f. If prescribing or dispensing a drug as authorized by this chapter, shall register, if appropriate, with the federal drug enforcement administration and shall comply with appropriate state and federal laws, including participating in the prescription drug monitoring program under chapter 19-03.5.

Use Mandates

Dispenser - Mandatory PDMP Use
Prescriber - Mandatory PDMP Use

Effective Date(s): October 1, 2014 (pharmacies); April 1, 2014 (OTPs)

Details:
Each board has setup up their own requirements for accessing the ND PDMP under certain circumstances. Requires opioid treatment programs to use the PMP at least monthly for each patient. Prior to dispensing a prescription, each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient, for the treatment of pain or anxiety shall, at a minimum, request and review a prescription drug monitoring report covering at least a one-year time period or another state's report, or both reports, when applicable and available, if the dispenser becomes aware of a person currently: a. receiving reported drugs from multiple prescribers; b. receiving reported drugs for more than twelve consecutive weeks; c. abusing or misusing reported drugs; d. requesting the dispensing of a reported drug from a prescription issued by a prescriber with whom the dispenser is unfamiliar; or e. presenting a prescription for reported drugs when the patient resides outside the usual pharmacy geographic patient population. 2. After obtaining an initial prescription drug monitoring report on a patient, a dispenser shall use professional judgment based on prevailing standards of practice in deciding the frequency of requesting and reviewing further prescription drug monitoring reports or other state’s reports, or both reports for that patient. 3. in the rare event a report is not immediately available, the dispenser shall use professional judgement in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report. 4. For the purpose of compliance with subsection 1, a report could be obtained through a prescription drug monitoring program integration with software or also a board-approved aggregate tool, for which the NARxCHECK will be an approved tool. The national association of boards of pharmacy foundation's NARxCHECK service is a risk assessment tool for health care providers and pharmacists that accesses patient prescription information from prescription drug monitoring databases, analyzes the data, and provides a risk-based score that includes prescription drug monitoring program data and graphical analysis to assist in prescribing and dispensing decisions. prior to the initial prescription of any controlled substance, including samples, an optometrist authorized by the DEA to prescribe, administer, sign for, dispense, or procure pharmaceuticals shall authorize an employee to review or personally request and review the PDMP for all available PDMP data on the patient, and shall do all the following: (1) assess a patient’s PDMP data every 12 months during the patient’s treatment with a controlled substance; (2) review the patient’s PDMP data if the patient requests early refills or demonstrates a pattern of taking more than the prescribed dosage; (3) review the patient’s PDMP data if there is a suspicion of or a known drug overuse, diversion, or abuse by the patient; (4) document the assessment of the patient’s PDMP data; (5) discuss the risks and benefits of the use of controlled substances with the patient; (6) request and review PDMP data on the patient if the practitioner becomes aware that a patient is
receiving controlled substances from multiple prescribers; (7) request and review the patient’s PDMP data if the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition. An optometrist shall not be required to query the PDMP if any of the following apply: (1) the controlled substance is prescribed or dispensed for a patient who is currently receiving hospice care; (2) the optometrist obtains a report through a Board-approved risk assessment tool for health care providers that accesses patient prescription information from prescription drug monitoring program databases, analyzes the data, and provides a risk based score that includes PDMP data; or (3) the optometrist prescribes a controlled substance after the performance of a primary eye care procedure and no more than a 72-hour supply is prescribed.
Effective Date(s): October 1, 2014 (pharmacies); April 1, 2014 (OTPs); October 1, 2022

Details:

Each board has setup up their own requirements for accessing the ND PDMP under certain circumstances. Requires opioid treatment programs to use the PMP at least monthly for each patient. Prior to dispensing a prescription, each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient, for the treatment of pain or anxiety shall, at a minimum, request and review a prescription drug monitoring program report covering at least a one-year time period or another state’s report, or both reports, when applicable and available, if the dispenser becomes aware of a person currently: a. receiving reported drugs from multiple prescribers; b. receiving reported drugs for more than twelve consecutive weeks; c. abusing or misusing reported drugs; d. requesting the dispensing of a reported drug from a prescription issued by a prescriber with whom the dispenser is unfamiliar; or e. presenting a prescription for reported drugs when the patient resides outside the usual pharmacy geographic patient population. 2. After obtaining an initial prescription drug monitoring report on a patient, a dispenser shall use professional judgment based on prevailing standards of practice in deciding the frequency of requesting and reviewing further prescription drug monitoring reports or other state’s reports, or both reports for that patient. 3. In the rare event a report is not immediately available, the dispenser shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report. 4. For the purpose of compliance with subsection 1, a report could be obtained through a prescription drug monitoring program integration with software or also a board-approved aggregate tool, for which the NARxCHECK will be an approved tool. The national association of boards of pharmacy foundation’s NARxCHECK service is a risk assessment tool for health care providers and pharmacists that accesses patient prescription information from prescription drug monitoring databases, analyzes the data, and provides a risk-based score that includes prescription drug monitoring program data and graphical analysis to assist in prescribing and dispensing decisions. Prior to the initial prescription of any controlled substance, including samples, an optometrist authorized by the DEA to prescribe, administer, sign for, dispense, or procure pharmaceuticals shall authorize an employee to review or personally request and review the PDMP for all available PDMP data on the patient, and shall do all the following: (1) assess a patient’s PDMP data every 12 months during the patient’s treatment with a controlled substance; (2) review the patient’s PDMP data if the patient requests early refills or demonstrates a pattern of taking more than the prescribed dosage; (3) review the patient’s PDMP data if there is a suspicion of or a known drug overuse, diversion, or abuse by the patient; (4) document the assessment of the patient’s PDMP data; (5) discuss the risks and benefits of the use of controlled substances with the patient; (6) request and review PDMP data on the patient if the practitioner becomes aware that a patient is receiving controlled substances from multiple prescribers; (7) request and review the patient’s PDMP data if the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition. An optometrist shall not be required to query the PDMP if any of the following apply: (1) the controlled substance is prescribed or dispensed for a patient who is currently receiving hospice care; (2) the optometrist obtains a report through a Board-approved risk assessment tool for health care providers that accesses patient prescription information from prescription drug monitoring program databases, analyzes the data, and provides a risk-based score that includes PDMP data; or (3) the optometrist prescribes a controlled substance after the performance of a primary eye care procedure and no more than a 72-hour supply is prescribed.

Prescription drug monitoring program rule.

2. a. When a practitioner determines that reported drugs will be prescribed to a patient for a period to exceed twelve weeks, the practitioner shall request a prescription drug monitoring program report for that patient and, at a minimum, at least semiannually thereafter.

b. This requirement does not apply to reported drugs prescribed to patients in a controlled setting in which the drugs are locked and administered to the patient, for example, admitted hospital or hospice patients, long-term care patients or group home residents.

3. In addition to those reports requested under subsection 2, practitioners shall request a prescription drug monitoring program report when it is documented in the prescribing practitioner’s medical record for that patient that the patient exhibits signs associated with diversion or abuse, including:

a. Selling prescription drugs;

b. Forging or altering a prescription;

c. Stealing or borrowing reported drugs;

d. Taking more than the prescribed dosage of any reported drug;

e. Having a drug screen that indicates the presence of additional or illicit drugs;

f. Being arrested, convicted, or diverted by the criminal justice system for a drug-related offense;

g. Receiving reported drugs from providers not reported to the treating practitioner;
h. Having a law enforcement or health professional express concern about the patient's use of drugs.
i. Violating any prescribing agreement with the physician;
j. Frequently requests early refills of a reported drug for any reason;
k. Appears impaired or excessively sedated to the physician in any patient encounter; and
l. Has a history of drug abuse dependency.
4. A practitioner shall document the receipt and assessment of prescription drug monitoring program reports made under this rule.
Training on Enrollment and Use

- Researcher - Training Provided
- Prescriber - Training Provided
- Patient - Training Provided
- Licensing Board - Training Provided
- Law Enforcement - Training Provided
- Dispenser - Training Provided
- Attorney General - Training Provided

PDMP Queries

- Ability to search for multiple patients in one query
- Maximum number of patients in one query: unlimited
  - Other Query Date Range:

- Patient Query Date Range:
- Minimum data elements to query for healthcare user:
  - first name, last name, date of birth, prescription fill dates from & to
- Query by partial data elements by healthcare user:
  - Partial first name and partial last name search. Must have date of birth.
- Optional data elements to query by healthcare user:
  - Phone number, social security number, drivers license number, city, state/province, zip code

- Minimum data elements to query for non-healthcare user:
  - first name, last name, date of birth, prescription fill dates from & to
- Query by partial data elements by non-healthcare user:
  - minimum 3 characters
- Optional data elements to query by non-healthcare user:
  - Phone number, social security number, drivers license number, city, state/province, zip code

Unsolicited Reports/Push Notifications

- Frequency unsolicited alerts/reports generated: Daily
- Delivery method for unsolicited alerts/reports:
  - Notification sent via email, A link to the report is located in their dashboard once they've logged in.
- Delivery method for unsolicited alerts/reports - LE:
  - Notify law enforcement when necessary by mainly a phone call
- Delivery method for unsolicited alerts/reports - Boards:
  - Notify a board when necessary by either mail or phone call
- Unsolicited alerts/reports to practitioners not enrolled in PDMP
Veterinary Policies

Data transmission frequency for Veterinarians:

Criteria for veterinarian queries: first name, last name, and date of birth

☑ Veterinarian access to owner's prescription history
☐ Reporting Specifications

☑ Veterinary Icon on PDMP Report

Reporting Specifications:

Reporting Method:

Data Fields: For veterinary prescriptions, a separate patient account/profile is created in the pharmacy software containing the animal/pet owner’s name in the first name and last name fields and date of birth under species code enter Veterinary patient and under Name

Reporting Description:

☐ Reporting Mandate Compliance

Reporting Compliance Details:

Reporting Mandate Actions:

Reporting Issues:

Reporting Misc Information:

☐ Enrollment Mandate Compliance

Enrollment Description:

Enrollment Mandate Compliance Details:

Enrollment Mandate Criteria:

☑ Query Mandate Compliance

Query Description:

Query Mandate Compliance Details:

Query Mandate Criteria:
PDMP Effectiveness Measures

Reduction in morphine milligram equivalents (MMEs) prescribed or dispensed
Reduction in incidence of fraudulent prescriptions
Reduction in incidence of multiple provider episodes

Substance Use Disorder Activities

Tools or Resources

- MAT Services
- MOUD Services
- Harm Reduction Strategies
- Mental Health Assistance Services
- Employee Assistance Programs
- Housing Assistance Programs
- Re-Entry Programs

Surveillance Activities

- Emergency Department Data
- Medical Examiner/Coroner Data

Data Sources for Surveillance Activities:

- Resources to Affected Areas
- Directed Training on Prescribing
- Prescription Drug Tool Kits
- Risk Evaluation/Analysis on PDMP Reports
- Referrals to SUD Organizations
- Referrals to OFR Teams

Initiated Actions

- Other Actions: