American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

POLICY STATEMENT

Approved January 2017

Electronic Prescription Drug Monitoring Programs

Revised with current title
January 2017

Originally approved titled
"Electronic Prescription
Monitoring" October 2011

The diversion of controlled substances from medical to non-medical purposes has become a significant public health problem. The American College of Emergency Physicians (ACEP) supports the use of electronic prescription drug monitoring programs (PDMP) and believes these systems should:

- Protect patient privacy.
- Not discourage a patient with a medical condition from seeking care.
- Support access to legitimate medical use of controlled substances.
- Ensure accurate, timely and complete data.
- Facilitate seamless data flow from the PDMP into the electronic health record for easy access by the provider (ideally for example, push systems).
- Be voluntary.
- Provide liability protection for the provider.
- Minimize burdensome requirements on the provider.
- Utilize a robust electronic monitoring system with intra-state linkages, easily accessible and navigable by providers seven days a week, twenty-four hours a day.
- Be limited to appropriate individuals and agencies including physicians and pharmacists and allow for an appropriately registered delegate to access the PDMP database as a surrogate for the prescribing provider.
- Not be used to evaluate a provider's practice.
- Allow providers to monitor their own prescribing patterns and to identify potential unauthorized use.

ACEP opposes mandatory reporting of potential abuse to law enforcement because such reporting fundamentally conflicts with the appropriate role of providers in the provider-patient relationship.