



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved September
2024

Electronic Prescription Drug Monitoring Programs

Revised September 2024,
January 2017 with current
title

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 physician (eg, data pushed directly to the electronic health record).
- Be voluntary for the physician and used at the physician’s discretion rather than universally required.
- Provide liability protection for the physician.
- Minimize burdensome requirements on the physician.
- Utilize a robust electronic monitoring system with intra-state linkages, easily accessible and navigable by physicians 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 physician.
- Not be used to evaluate a physician’s practice.
- Allow physicians to monitor their own prescribing patterns and to identify potential unauthorized prescribing.

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