2017 Prescription Drug Monitoring Program
Introduced and Enacted
Legislation and Regulations

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<table>
<thead>
<tr>
<th>Bill No.</th>
<th>Description</th>
<th>Status and Date of Last Action</th>
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| US HR 993 | - Creates the Opioid Abuse Prevention and Treatment Act of 2017  
- Provides that the Secretary of Health and Human Services shall award grants to one or more states to carry out a 1-year pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns through a review of the state PDMP in the states receiving grants  
- Further provides that grantee states must make PDMP data available to state regulators and licensing boards with respect to those controlled substances for which a prescriber is required to be registered with the DEA and may make such information available to state regulators and licensing boards with regard to other substances for which a DEA registration is not required  
- Includes provision that the Secretary of HHS shall conduct a review of naloxone to consider whether it should be made available over-the-counter in order to increase access | 2/10/2017 – Referred to subcommittee on health |
| US HR 1854 | - Creates the Prescription Drug Monitoring Act of 2017  
- Includes definition for “covered state,” which means a state receiving funds under the Harold Rogers grant or the controlled substance monitoring program under section 399O of the Public Health Service Act  
- Provides that, beginning two years after the effective date of the act, each covered state shall require:  
1) A prescribing practitioner within a covered state or their designee, who shall be a licensed or registered healthcare professional, or other employees who report directly to the prescriber, to consult the PDMP of the covered state before initiating treatment with a Sch. II – IV controlled substance and every three months thereafter as long as the treatment continues;  
2) The PDMP of the covered state to provide notification to a practitioner when patterns indicative of controlled substance misuse are detected;  
3) That each dispenser within a covered state report each prescription for a controlled substance not later than 24 hours after dispensing;  
4) That the PDMP make a de-identified data set available quarterly as well as an annual report, available for public and private use; and  
5) That the data contained in the PDMP of the covered state is made available to other states  
- Provides that failure to comply may result in funds being withheld by the Attorney General or Secretary of Health and Human Services  
- Further provides that, for the purpose of assisting states with sharing of data, the Attorney General in coordination with the Secretary of Health and Human Services, shall award a grant to an eligible entity to establish and maintain an interstate data-sharing single hub to facilitate the sharing of PDMP data among states and the accessing of such data by practitioners  
- Provides that the data sharing hub shall allow states to retain ownership of the data, provide a source of de-identified data, allow authorized users in states to access data from a PDMP of a covered state | 4/24/2017 – Referred to subcommittee on crime, terrorism, homeland security, and investigations |
Entries in Italics have been enacted by the state legislature or adopted by state regulatory board

<table>
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<th>Bill</th>
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| US SB 778 | - Creates the Prescription Drug Monitoring Act of 2017  
- Includes definition for “covered state,” which means a state receiving funds under the Harold Rogers grant or the controlled substance monitoring program under section 399O of the Public Health Service Act  
- Provides that, beginning two years after the effective date of the act, each covered state shall require:  
  1) A prescribing practitioner within a covered state or their designee, who shall be a licensed or registered healthcare professional, or other employees who report directly to the prescriber, to consult the PDMP of the covered state before initiating treatment with a Sch. II – IV controlled substance and every three months thereafter as long as the treatment continues;  
  2) The PDMP of the covered state to provide notification to a practitioner when patterns indicative of controlled substance misuse are detected;  
  3) That each dispenser within a covered state report each prescription for a controlled substance not later than 24 hours after dispensing;  
  4) That the PDMP make a de-identified data set available quarterly as well as an annual report, available for public and private use; and  
  5) That the data contained in the PDMP of the covered state is made available to other states  
- Provides that failure to comply may result in funds being withheld by the Attorney General or Secretary of Health and Human Services  
- Further provides that, for the purpose of assisting states with sharing of data, the Attorney General in coordination with the Secretary of Health and Human Services, shall award a grant to an eligible entity to establish and maintain an interstate data-sharing single hub to facilitate the sharing of PDMP data among states and the accessing of such data by practitioners  
- Provides that the data sharing hub shall allow states to retain ownership of the data, provide a source of de-identified data, allow authorized users in states to access data from a PDMP of a covered state without requiring a fee, and conform with the standards of PMIX and may not distribute, in whole or in part, any PDMP data without express written consent of the PDMP state authority and limit, in whole or in part, distribution of PDMP data as approved by the PDMP state authority |
| AL SB 150 | Appropriates $543,536 for the PDMP |

3/30/2017 – Read twice and referred to the committee on health, education, labor, and pensions

2/9/2017 – Read first time and referred to Senate committee on Finance and Taxation General Fund
| **AK HB 159** | - Creates new section that provides that the 7-day supply limit for an initial opioid prescription may not be considered as a minimum length of time appropriate for an initial prescription and further provides that practitioners should use their professional judgment in each case and not interpret the 7-day limit as a direction to prescribe the full seven days  
- Creates new chapter related to voluntary non-opioid directives which provides that an individual over the age of 18 years or an emancipated minor or an individual’s guardian or other person appointed by the individual or a court may execute a voluntary non-opioid directive which provides that the individual may not be administered or prescribed an opioid  
- Provides that regulations for the implementation of the directive shall include verification by a health care provider and comply with consent requirements; provide standard procedures for individuals to submit directive to a health care provider or hospital; include appropriate exemptions for emergency medical personnel; ensure confidentiality; and ensure exemptions for an opioid used for the treatment of substance abuse or opioid dependence  
- Provides that the individual may revoke the directive at any time and that it may be revoked by the individual’s guardian, conservator, or other person appointed by the individual or a court to manage the person’s health care  
- Creates §§ 08.36.355, 08.64.363, 08.68.705 to provide that a licensee may not issue an initial prescription for an opioid that exceeds a 7-day supply to an adult or minor patient for outpatient use with certain exceptions (applies to dentists, licensees governed by the board of medicine, and APRNs)  
- Creates § 08.72.276 to provide that optometrists may not issue an initial prescription for an opioid that exceeds a 4-day supply to an adult or minor patient for outpatient use with certain exceptions  
- Creates § 08.80.345 to provide that a pharmacist filling a prescription for a Sch. II or III opioid may, at the request of the patient, dispense the prescription in a lesser quantity than prescribed  
- Creates § 08.98.245 to provide that veterinarians may not issue an initial prescription for an opioid that exceeds a 7-day supply to the owner of an animal for outpatient use with certain exceptions  
- Amends § 08.98.050 to provide that veterinarians with a federal DEA registration number must register with the PDMP  
- Amends exemptions to reporting requirements under § 17.30.200  
- Amends data collection interval to daily  
- Amends access provisions to allow receipt of PDMP data by federal law enforcement authorities under search warrant or court order  
- Adds “opioid” to the list of definitions  
- Provides that failure to register with or review PDMP data as required is grounds for disciplinary sanctions  
- Adds Board of Veterinary Examiners to the list of boards the department shall notify when a practitioner registers with the database  
- Amends unsolicited reports provision to provide that the department may provide unsolicited information to a pharmacist, practitioner’s licensing board, or practitioner and further provides that an unsolicited notification to a licensing board must also be provided to the practitioner, is confidential, |

**7/26/2017 – Signed into law; various effective dates**
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| AK SB 79 | May not disclose confidential information, and may be in summary form sufficient to provide notice of the basis for the unsolicited notification
- Provides that the board shall update the database on a daily basis
- Adds new subsection to provide that the board may issue a practitioner periodic unsolicited reports that detail and compare the practitioner’s opioid prescribing practice with other practitioners of the same occupation and similar specialty
- Provides that such reports shall only be issued to the practitioner and are confidential
- Creates new subsection to provide that reporting is not required for controlled substances administered to a patient at a health care facility or a correctional facility or dispensed to a patient for an outpatient supply of 24 hours or less at a hospital inpatient pharmacy or emergency department |

| 5/18/2017 – First special session bill | - Creates new section that provides that the 7-day supply limit for an initial opioid prescription may not be considered as a minimum length of time appropriate for an initial prescription and further provides that practitioners should use their professional judgment in each case and not interpret the 7-day limit as a direction to prescribe the full seven days
- Creates new chapter related to voluntary non-opioid directives which provides that an individual over the age of 18 years or an emancipated minor or an individual’s guardian or other person appointed by the individual or a court may execute a voluntary non-opioid directive which provides that the individual may not be administered or prescribed an opioid
- Provides that regulations for the implementation of the directive shall include verification by a health care provider and comply with consent requirements; provide standard procedures for individuals to submit directive to a health care provider or hospital; include appropriate exemptions for emergency medical personnel; ensure confidentiality; and ensure exemptions for an opioid used for the treatment of substance abuse or opioid dependence
- Provides that the individual may revoke the directive at any time and that it may be revoked by the individual’s guardian, conservator, or other person appointed by the individual or a court to manage the person’s health care
- Creates §§ 08.36.355, 08.64.363, 08.68.705 to provide that a licensee may not issue an initial prescription for an opioid that exceeds a 7-day supply to an adult or minor patient for outpatient use with certain exceptions
- Creates § 08.80.345 to provide that a pharmacist filling a prescription for a Sch. II or III opioid may, at the request of the patient, dispense the prescription in a lesser quantity than prescribed
- Amends § 08.98.050 to provide that veterinarians with a federal DEA registration number must register with the PDMP
- Amends exemptions to reporting requirements under § 17.30.200
- Amends data collection interval to daily
- Amends access provisions to allow receipt of PDMP data by federal law enforcement authorities under search warrant or court order
- Provides that failure to register with or review PDMP data as required is grounds for disciplinary sanctions |
| AK SB 112 | - Adds Board of Veterinary Examiners to the list of boards the department shall notify when a practitioner registers with the database  
- Amends unsolicited reports provision to provide that the department may provide unsolicited information to a pharmacist, practitioner’s licensing board, or practitioner and further provides that an unsolicited notification to a licensing board must also be provided to the practitioner, is confidential, may not disclose confidential information, and may be in summary form sufficient to provide notice of the basis for the unsolicited notification  
- Provides that the board shall update the database on a daily basis  
- Adds new subsection to provide that the board may issue a practitioner periodic unsolicited reports that detail and compare the practitioner’s opioid prescribing practice with other practitioners of the same occupation and similar specialty  
- Provides that such reports shall only be issued to the practitioner and are confidential  
- Creates new subsection to provide that reporting is not required for controlled substances administered to a patient at a health care facility or a correctional facility or dispensed to a patient for an outpatient supply of 24 hours or less at a hospital inpatient pharmacy or emergency department | 4/12/2017 – Referred to labor and commerce |
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| AZ HB 2307       | - Increases funding for PDMP to $500,000  
- Amends § 32-3219 and § 36-2606 to provide that licensing boards shall notify practitioners who receive an initial or renewal license or who intend to apply for registration or has an active registration under the CSA of their responsibility to register with the PDMP  
- Provides that persons authorized to access the PDMP may only use their assigned identifier for such access and may not use the assigned identifier of another person  
- Amends § 36-2602 to provide that the PDMP shall be operated, monitored, maintained, and staffed by the board  
- Amends § 36-2604 to provide that the Arizona health care cost containment system administration shall receive PDMP information for persons receiving services for the purpose of an open investigation or complaint, for performing a drug utilization review for CS to help combat opioid overuse or abuse, or for ensuring continuity of care  
- Amends § 36-2606 to provide that the medical practitioner regulatory board shall notify each practitioner who receives an initial or renewal license of their responsibility to register with the PDMP  
- Further provides that a person authorized to access the PDMP shall do so using only their own assigned identifier and may not use the assigned identifier of another person | 3/24/2017 | Signed by Governor |
| AZ HB 2493       | - Amends law to allow pharmacists to dispense naloxone hydrochloride or any other opioid antagonist that is approved by the FDA on receipt of standing order and according to protocols adopted by the board  
- “Standing order” means a signed prescription order that authorizes the pharmacist to dispense naloxone hydrochloride or any other opioid antagonist for emergency purposes and that is issued by a medical practitioner licensed in AZ or a state or county health officer who is a medical practitioner licensed in this state  
- Creates new section that creates the drug overdose fatality review team and provides that the team shall develop a drug overdose fatalities data collection system; conduct an annual analysis on the incidence and causes of drug overdose fatalities in AZ during the fiscal year; encourage and assist in the development of local drug overdose fatality review teams; develop standards and protocols for local drug overdose fatality review teams and provide training and technical assistance to these teams; develop protocols for drug overdose investigations, including protocols for law enforcement agencies, prosecutors, medical examiners, health care facilities, and social service agencies; study the adequacy of statutes, ordinances, rules, training and services to determine what changes are needed to decrease the incidence of preventable drug overdose fatalities, and, as appropriate, take steps to implement those changes; educate the public regarding the incidence and causes of drug overdose fatalities as well as the public’s role in preventing these deaths  
- Creates new section to provide that, on request of the chairperson of the drug overdose fatality review team, the chairperson shall be provided with access to information and records regarding a fatality that is being reviewed by the team or regarding the person who overdosed on drugs; provides that the team | 5/1/2017 | Signed by Governor |

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| AZ SB 1023  | - Includes Sch. V substances in the list of drugs to be reported to PDMP  
- Amends § 36-2604 to provide that PDMP data may be provided to the department of health services regarding persons who are receiving or prescribing controlled substances in order to implement a public health response to address opioid overuse or abuse and the department states in writing that the information is necessary to implement a public health response to help combat opioid overuse or abuse  
- Provides that amendments to § 36-2604 do not go into effect unless HB 2493, relating to drug overdose deaths, becomes law | 5/8/2017 – Signed by Governor |
<p>| AR HB 1025  | Allows access to PDMP data by Medicaid practitioners enrolled in the Medicaid prescription monitoring program | 1/27/2017 – Signed by Governor |</p>
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<tr>
<td>AR HB 1504</td>
<td>Requires a practitioner to query the PDMP every time when prescribing an opioid from Sch. II or III and the first time prescribing a benzodiazepine to a patient</td>
<td>5/1/2017 – Died in House committee at Sine Die adjournment</td>
</tr>
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| AR HB 1661  | - Requires licensing boards who license practitioners with authority to prescribe Sch. II substances to adopt regulations requiring practitioners to check the PDMP at appropriate intervals as determined by the licensing board when a practitioner prescribes a Sch. II substance  
- Allows licensing boards who license practitioners with authority to prescribe to adopt rules requiring practitioners to query the PDMP when prescribing a Sch. III or benzodiazepine and placing limits on any prescription for a controlled substance  
- Provides that a practitioner who purposely fails to query the PDMP may be subject to disciplinary action | 3/3/2017 – Withdrawn by author                                           |
| AR HB 2059  | - Creates the Prescription Drug Abuse Reduction Act  
- Amends § 20-7-604 to provide that prescribers shall query the PDMP when prescribing: 1) an opioid from Sch. II or III for every time prescribing the medication to a patient; and 2) a benzodiazepine for the first time prescribing  
- Provides that licensing boards shall adopt regulations requiring prescribers to query the PDMP under the conditions listed above  
- Includes exceptions to the query requirement for practitioners administering a CS immediately before or during surgery; during recovery from a surgery while in a healthcare facility; in a healthcare facility; or necessary to treat the patient in an emergency situation at the scene of an emergency, in a licensed ambulance or air ambulance, or in the intensive care unit of a licensed hospital  
- Includes exceptions to the query requirement for practitioners administering a CS to a patient receiving palliative or hospice care, a resident in a nursing home facility, or situations in which the PDMP is not accessible  
- Requires a licensed oncologist to query the PDMP when prescribing to a patient on an initial malignant episodic diagnosis and every three months following the diagnosis while continuing treatment  
- Amends § 20-7-607 to provide that the Department of Health shall review PDMP information to identify information that appears to indicate whether a person is obtaining prescriptions in a manner that may represent misuse or abuse of CS based on prescribing criteria determined by the Director of the Department of Health upon consultation with the PDMP advisory committee  
- Provides that the prescribing criteria shall be posted on the department’s website  
- Further provides that if the information appears to indicate misuse or abuse, the department shall notify the practitioners and dispensers who have prescribed and dispensed in the following manner: quarterly reports to the individual prescribers and dispensers and, if after 12 months of providing such reports, the information indicates the misuse or abuse may be continuing, the department shall send a report to the licensing boards of the practitioner or dispenser who prescribed or dispensed the | 5/1/2017 – Died in House committee at Sine Die adjournment |
prescription
- Further provides that, on or before Jan. 1, 2019, the department shall contract with a vendor to make the PDMP interactive and provide same-day reporting in real-time, if funding and technology are available
- Provides that practitioners who fail to query the PDMP as required are subject to disciplinary action

| AR SB 302 | Requires licensing boards who license practitioners with authority to prescribe Sch. II substances to adopt regulations requiring practitioners to check the PDMP at appropriate intervals as determined by the licensing board when a practitioner prescribes a Sch. II substance
  - Provides that such boards may adopt rules requiring prescribing practitioners to query the PDMP when prescribing Sch. III drugs or benzodiazepines and may place quantity limits on prescriptions for any CS
  - Provides that a practitioner who purposely fails to query the PDMP may be subject to disciplinary action |
  | 5/1/2017 – Died in Senate committee on Sine Die adjournment |

| AR SB 339 | Amends § 20-7-604 to provide that prescribers shall query when prescribing: 1) an opioid from Sch. II or III for every time prescribing the medication to a patient; and 2) a benzodiazepine for the first time prescribing
  - Provides that licensing boards shall adopt regulations requiring prescribers to query the PDMP under the conditions listed above
  - Includes exceptions to the query requirement for practitioners administering a CS immediately before or during surgery; during recovery from a surgery while in a healthcare facility; in a healthcare facility; or necessary to treat the patient in an emergency situation at the scene of an emergency, in a licensed ambulance or air ambulance, or in the intensive care unit of a licensed hospital
  - Includes exceptions to the query requirement for practitioners administering a CS to a patient receiving palliative or hospice care, a resident in a nursing home facility, or situations in which the PDMP is not accessible
  - Requires a licensed oncologist to query the PDMP when prescribing to a patient on an initial malignant episodic diagnosis and every three months when following the diagnosis while continuing treatment
  - Amends § 20-7-607 to provide that the Department of Health shall review PDMP information to identify information that appears to indicate whether a person is obtaining prescriptions in a manner that may represent misuse or abuse of CS based on prescribing criteria determined by the Director of the Department of Health upon consultation with the PDMP advisory committee
  - Provides that the prescribing criteria shall be posted on the department’s website
  - Further provides that if the information appears to indicate misuse or abuse, the department shall notify the practitioners and dispensers who have prescribed and dispensed in the following manner: quarterly reports to the individual prescribers and dispensers and, if after 12 months of providing such reports, the information indicates the misuse or abuse may be continuing, the department shall send a report to the licensing boards of the practitioner or dispenser who prescribed or dispensed the prescription |
  | 4/4/2017 – Signed by Governor |
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| AR SB 420  | - Further provides that, on or before Jan. 1, 2019, the department shall contract with a vendor to make the PDMP interactive and provide same-day reporting in real-time, if funding and technology are available.
- Provides that practitioners who fail to query the PDMP as required are subject to disciplinary action.

Amends § 20-7-607 to provide that the department may provide patient, prescriber, or dispenser information to public or private entities for statistical, research, or educational purposes after encrypting or removing any patient, prescriber, or dispenser information.
- Further amends § 20-7-607 to provide that the department may provide PDMP information to insurance carriers for the purpose of verifying prescriber or dispenser registration for individual’s that are part of the plan’s network of providers.

3/28/2017 – Signed by Governor |

| CA AB 40  | - Amends Health and Safety Code § 11165.1 to provide that a health care practitioner or pharmacist shall submit an application to access the PDMP through an online internet portal maintained by the department or through an authorized HIE system.
- Amends language regarding reasons an application may be denied, or a subscriber may be suspended, including materially falsifying an application to access PDMP information, having his/her DEA registration suspended or revoked, or accessing information for any reason other than to diagnose or treat his or her patients or to document compliance with the law.
- Provides that an entity that operates an HIE system may establish integration with the PDMP and submit queries to the PDMP on either a user-initiated or automated basis if the entity can certify all of the following: 1) the HIE system is authorized to query the PDMP on behalf of an authorized health care practitioner or pharmacist on either a user-initiated basis, an automated basis, or both, for purposes of delivering patient data from the PDMP to assist a practitioner or pharmacist to evaluate the need for medical or pharmaceutical treatment or provide medical or pharmaceutical treatment to a patient for whom a health care practitioner or pharmacist is providing or has provided care; 2) the HIE will authenticate the identity of the authorized health care practitioner or pharmacist initiating queries to the PDMP and, at the time of the query the PDMP, the HIE shall submit the following information regarding the query to the PDMP: a) the date of the query; b) the time of the query; c) the first and last name of the patient queried; d) the date of birth of the patient queried; and e) the identification of the user for whom the system is making the query; 3) the HIE meets applicable patient privacy and information security requirements.
- Provides that the department shall develop a programming interface or other method of system integration to allow HIEs that meet the foregoing requirements to retrieve PDMP information on behalf of authorized practitioners or pharmacists.
- Further provides that the department shall not access patient-identifiable information in an entity’s HIE system.
- Provides that such entities shall pay a reasonable fee to cover the cost of establishing and maintaining integration with the PDMP.
- Includes definitions for “automated basis,” which means using predefined criteria established or.

7/10/2017 – From committee chair with author’s amendments; amend and re-refer to committee; read second time, amended, and re-referred to committee on judiciary |
Entries in Italics have been enacted by the state legislature or adopted by state regulatory board approved by a practitioner or pharmacist to trigger an automatic query to the PDMP, which can be attributed to a specific practitioner or pharmacist; “health information technology system”; and “user-initiated basis,” which means an authorized practitioner or pharmacist has taken an action to initiate the query to the PDMP, such as clicking a button, issuing a voice command, or taking some other action that can be attributed to a specific practitioner or pharmacist

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<tr>
<td>CA SB 641</td>
<td>Provides that law enforcement may receive PMP information pursuant to a valid search warrant pursuant to an active criminal investigation</td>
<td>7/11/2017 – Set for first hearing, canceled at the request of the author</td>
</tr>
<tr>
<td>CO HB 1350</td>
<td>- A pharmacist may dispense a Schedule II opioid in a lesser amount than the amount prescribed if requested to do so by the patient or prescribing practitioner and the total quantity of the dispensed Schedule II opioid in all partial fillings does not exceed the total quantity prescribed - Provides that the remaining portion of a partially filled prescription for a Schedule II opioid drug may be filled no later than 30 days after the date on which the prescription was written and may not be filled sooner than 24 hours after the initial portion of the prescription is filled - Further provides that the pharmacist shall record in the PMP the amount of Schedule II opioid that was dispensed initially under the prescription and the amount subsequently dispensed, if any and notify the prescribing practitioner, through the PMP or other electronic means, that the prescription was partially filled by the pharmacist</td>
<td>5/4/2017 – Senate committee on state, veterans, and military affairs, postpone indefinitely</td>
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<tr>
<td>CO SB 32</td>
<td>Amends § 12-42.5-404 to provide that law enforcement and regulatory boards may receive PDMP information on a patient with a court order or warrant issued by a neutral magistrate or judge following a showing of probable cause</td>
<td>2/1/2017 – Senate committee on judiciary – postpone indefinitely</td>
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<tr>
<td>CO SB 146</td>
<td>- Allows health care provider or their designee to query the PDMP for a current patient regardless of whether s/he is prescribing or considering prescribing a CS to that patient - Allows a veterinarian to query the PDMP to the extent the query relates to a current patient or to a client and if the vet suspects that the client has committed drug abuse or mistreated an animal - Allows a pharmacist or designee to query the PDMP for a current patient to whom the pharmacist is dispensing or considering dispensing a CS or prescription drug or a patient to whom the pharmacist is currently providing clinical patient care services</td>
<td>4/6/2017 – Signed by Governor</td>
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<tr>
<td>CT HB 6014</td>
<td>Establishes an opioid drug testing pilot program as part of the PDMP</td>
<td>1/19/2017 – Referred to joint committee on public health</td>
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<td><strong>CT HB 6018</strong></td>
<td><strong>CT HB 6697</strong></td>
<td><strong>CT HB 7052</strong></td>
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| Seeks to amend title 21a to increase oversight of the PDMP | Amends § 21a-254 to require that a pharmacist query the PDMP prior to dispensing an opioid medication to a patient in accordance with the patient’s prescription | - Amends § 21a-254 to provide that PMP information may be provided to other state agencies, pursuant to an agreement between the commissioner and the head of such agency, provided the information is obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances  
- Creates new section that provides that the Department of Public Health, in consultation with the Departments of Consumer Protection and Mental Health and Addiction Services, shall establish a voluntary nonopioid directive form and publish the form on its website for public use  
- Provides that any person who does not wish to be issued a prescription or medication order for an opioid drug may file such form with a prescribing practitioner, which shall be documented in the patient’s medical file  
- The form shall allow a patient to appoint a duly authorized guardian or health care proxy to override a previously recorded voluntary nonopioid directive form, which may be revoked by the patient, the guardian, or health care proxy at any time  
- Provides that a prescribing practitioner acting with reasonable care shall not be liable for damages in a civil action or subject to criminal prosecution or be deemed to have violated the standard of care for such practitioner for refusing to issue a prescription or medication order pursuant to a voluntary nonopioid directive but may be subject to disciplinary action for failing to comply with a directive  
- Amends § 20-14o to provide that a practitioner shall not prescribe more than a 7-day supply of an opioid drug to an adult patient the first time for outpatient use  
- Further provides that a practitioner shall not issue a prescription for more than a 5-day supply to a minor patient  
- Provides that the practitioner may prescribe more than a 7-day or 5-day supply of an opioid to an adult or minor patient if, in the professional medical judgment of the practitioner, more than a 7-day or 5-day supply is required to treat the patient’s acute medical condition or is necessary for the treatment of chronic pain, pain associated with a cancer diagnosis or for palliative care | - Amends 16 § 4798 to provide that, if there is reasonable cause to believe a breach of professional standards may have occurred, the PMP advisory committee shall notify the professional licensure, certification, or regulatory agency or entity shall provide prescription information required for an investigation  
- Provides that, in order to determine whether reasonable cause exists, the Office of Controlled Substances shall regularly examine the data generated by the PMP, seek input from the PMP advisory board, and other state agencies | 1/19/2017 – Referred to joint committee on public health | 2/3/2017 – Public hearing set for 2/10 | 6/30/2017 – Signed by Governor; 5/30/2017 – Signed by Governor; 4/1/2017 – Amended |
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| DE HB 211   | - Amends definition of “legitimate public health purpose” to include review by the Drug Overdose Fatality Review Commission  
- Amends PMP access provisions to allow receipt of PMP information by the Drug Overdose Fatality Review Commission in furtherance of its duties and responsibilities | 7/21/2017 – Signed by Governor; effective on signing |
| DE SB 4     | - Makes technical amendments to penalty provisions | 7/17/2017 – Signed by Governor; effective on signing |
| DE SB 44    | - Amends mandatory registration requirements to provide that a prescriber who holds a controlled substance registration must be registered with the PMP and must register within 90 days of initial registration and deletes registration requirements for dispensers  
- Provides sanctions for failure to comply  
- Amendment provides that the provider’s NPI number shall be included in the PMP to allow the Office of Controlled Substances to aggregate prescriber and pharmacy data accurately | 7/21/2017 – Signed by Governor; effective of signing |
| FL HB 5-A   | - Creates medical marijuana provisions  
- Provides that a qualified physician may issue a physician certification for the medical use of marijuana only if the physician has reviewed the patient’s controlled drug prescription history in the PMP | 6/9/2017 – Laid on table; companion bill passed |
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Description</th>
<th>Date Approved</th>
<th>Status</th>
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</table>
| FL HB 557   | - Changes data collection interval to one business day effective Jan. 1, 2018  
- Requires that the dispenser submit dispensing information via a department-approved electronic system and deletes alternative methods of submission, including by disc and regular mail  
- Amends exemption for dispensing or administering to a patient in a rehabilitative hospital, assisted living facility, or nursing home to require that the patient be present and receiving care in the facility  
- Amends provisions regarding access to provide that an employee of the VA who provides services pursuant to such employment and is authorized to prescribe CS may access the PDMP for persons who are patients of the employee for the limited purpose of reviewing the patient’s CS history | 6/26/2017    | Approved by Governor; effective July 1, 2017                                               |
| FL HB 5203  | Amends § 893.055 to provide that funding for the PMP may come from state funds appropriated in the General Appropriations Act and deletes provision that the PDMP and implementation thereof is contingent on receipt of nonstate funds | 6/26/2017    | Approved by Governor; effective July 1, 2017                                               |
| FL HB 7097  | Amends § 893.055 to provide that the PMP is repealed Oct. 1, 2027                                                                                                                                         | 6/26/2017    | Approved by Governor; effective July 1, 2017                                               |
| FL SB 8-A   | - Creates the medical use of marijuana act  
- Provides that a qualified physician may issue a physician certification for the medical use of marijuana only if the physician has reviewed the patient’s controlled drug prescription history in the PMP | 6/23/2017    | Approved by Governor; effective on signing                                                 |
| FL SB 840   | - Changes data collection interval to one business day effective Jan. 1, 2018  
- Amends reporting requirements to provide that dispensers must report dispensing information via the internet and deletes the alternate methods listed including by disc or regular mail  
- Amends exemption for dispensing or administering to a patient in a rehabilitative hospital, assisted living facility, or nursing home to require that the patient be present and receiving care in the facility  
- Amends provisions regarding access to provide that an employee of the VA who provides services pursuant to such employment and is authorized to prescribe CS may access the PDMP for persons who are patients of the employee for the limited purpose of reviewing the patient’s CS history | 4/28/2017    | Read second time; substituted HB 557; laid on table                                         |
| FL SB 7006  | - Amends provisions regarding the direct support organization to provide that the contract between the organization and the department must provide for the collecting, expanding, and providing of funds for the administration and operation of the PDMP and deletes language regarding the development and implementation of the program  
- Deletes repeal provision                                                                                                                      | 5/1/2017     | Substituted by HB 7097                                                                      |
GA HB 249

- Changes language from “electronic data prescription information” to “electronic PDMP prescription information” and adds health oversight purposes and to gather data for epidemiological research to program purpose
- Changes administrative agency to the department of public health
- Requires that all prescribers with a DEA registration number enroll in the PDMP no later than January 1, 2018 or within 30 days of attaining DEA registration if such registration occurs subsequent to that date and provides for administrative sanctions for failure to so register
- Provides that, between Jan. 1, 2018 and May 31, 2018, the department shall randomly test the PDMP to determine if it is accessible and operational 99.5% of the time and, if so, then between June 1, 2018 and June 20, 2018, the department shall certify to each board that licenses prescribers that it is operational; each board shall publish such information on its website
- Changes data collection interval to 24 hours
- Provides that the department may retain prescription information that has been deidentified for more than two years, but shall ensure any identifying information that is two years or older is deleted or destroyed on an ongoing basis
- Deletes current delegate provisions and adds new provisions to allow access by: 1) not more than two individuals who are members of the prescriber’s or dispenser’s staff or employed at the health care facility in which the prescriber is practicing provided that such individuals are either licensed or registered with the state for the purposes of providing medical care to a specific patient or informing the prescriber or dispenser of a patient’s potential use, misuse, abuse, or underutilization of prescribed medication; 2) to not more than two individuals, per shift or rotation, who are employed or contracted by the health care facility in which the prescriber is practicing so long as the medical director of the facility has authorized the individuals for access; or 3) in any hospital which provides emergency services, each prescriber may designate two individuals, per shift or rotation, who are employed or contracted by such hospital so long as the medical director of such hospital has authorized the particular individuals for access
- Allows authorized recipients to include PDMP prescription information in a patient’s electronic health or medical record
- Amends de-identified data provisions
- Amends advisory committee provisions to include a pharmacist from the board of pharmacy and a representative from the department of public health as members
- Amends no requirement to access provision to delete references to prescribers and to provide that dispensers are encouraged to check the PDMP while keeping in mind that the purpose of the PDMP includes reducing duplicative prescribing and overprescribing of CS
- Beginning July 1, 2018, requires prescribers who are prescribing certain CS or benzodiazepines to query the PDMP the first time s/he issues such prescription to a patient and at least once every 90 days thereafter unless: 1) the prescription is for less than a 3-day supply and less than 26 pills; 2) the individual is a patient in a hospital or health care facility including, but not limited to, a nursing home, intermediate care home, personal care home, or hospice program and prescriptions are to be

Entries in Italics have been enacted by the state legislature or adopted by state regulatory board

5/4/2017 – Signed by Governor; effective July 1, 2017
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<table>
<thead>
<tr>
<th>GA SB 81</th>
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<tbody>
<tr>
<td>Amends § 26-4-116.2 to authorize the state health officer to issue a standing order permitting certain persons and entities, or categories of persons or entities, to obtain opioid antagonists under such conditions as the state health officer may impose and such standing order shall have statewide effect</td>
</tr>
<tr>
<td>Further amends § 26-4-116.2 to add the state health officer to immunity provisions</td>
</tr>
<tr>
<td>Further amends section to provide that pharmacies shall keep a copy of the standing order and shall keep a record of every opioid antagonist dispensed pursuant to the standing order which shall include the name of the purchaser and his/her personal information</td>
</tr>
<tr>
<td>Provides that pharmacies shall not be required to report such information to the PDMP</td>
</tr>
<tr>
<td>Amends § 16-13-29 to add naloxone to the list of exempt Sch. V substances which shall require rulemaking by the board and which rule shall require that naloxone only be sold in pharmacies</td>
</tr>
<tr>
<td>Amends § 16-13-71 to delete naloxone from the definition of “dangerous drugs”</td>
</tr>
<tr>
<td>Creates § 16-13-57.1 which requires that, beginning July 1, 2018, the PDMP shall meet or exceed industry standards and shall be accessible and operating 99.5% of the time or such other operational</td>
</tr>
</tbody>
</table>

| | 3/6/2017 – House second readers |

- Provides that the mandatory query requirement shall not become effective until the PDMP is declared operational under provisions listed above
- Provides that prescribers who violate this requirement shall be held administratively accountable by their licensing board but are immune from civil liability for damages to any person in any civil or administrative action and from criminal liability for injury, death, or loss to a person or property on the basis that such prescriber did or did not seek or obtain information from the PDMP when prescribing such substance
- Requires prescribers to note the date and time such query was completed in the patient’s medical record and the name of the person making the request and review; provides that if the PDMP does not allow access to such individual, that shall be noted in the patient’s medical file
- Provides that the query requirement only applies to those substances listed in paragraphs (1) and (2) of § 16-13-26 or benzodiazepines
- Except as otherwise provided, a person who is injured by reason of a violation of the query requirement shall have a cause of action for the actual damages sustained and, when appropriate, punitive damages and may recover attorney’s fees, costs of investigation and litigation reasonably incurred
- Includes exceptions to requirement that naloxone may only be dispensed by prescription when used for drug overdose prevention
- Requires that prescribers who issue a prescription for an opioid provide the patient information on the addictive risks and options on safely disposing of unused opioids
- Authorizes state health officer to issue a standing order to prescribe an opioid antagonist on a statewide basis and requires pharmacies to retain a copy of such standing order

administered and used by the patient on the facility premises; 3) the patient has had outpatient surgery at a hospital or ambulatory surgical center and the prescription is for no more than a 10-day supply of such substance and no more than 40 pills; 4) the patient is terminally ill or under the supervised care of an outpatient hospice program; or 4) the patient is receiving treatment for cancer

Provides that the mandatory query requirement shall not become effective until the PDMP is declared operational under provisions listed above

Provides that prescribers who violate this requirement shall be held administratively accountable by their licensing board but are immune from civil liability for damages to any person in any civil or administrative action and from criminal liability for injury, death, or loss to a person or property on the basis that such prescriber did or did not seek or obtain information from the PDMP when prescribing such substance

Requires prescribers to note the date and time such query was completed in the patient’s medical record and the name of the person making the request and review; provides that if the PDMP does not allow access to such individual, that shall be noted in the patient’s medical file

Provides that the query requirement only applies to those substances listed in paragraphs (1) and (2) of § 16-13-26 or benzodiazepines

Except as otherwise provided, a person who is injured by reason of a violation of the query requirement shall have a cause of action for the actual damages sustained and, when appropriate, punitive damages and may recover attorney’s fees, costs of investigation and litigation reasonably incurred

Includes exceptions to requirement that naloxone may only be dispensed by prescription when used for drug overdose prevention

Requires that prescribers who issue a prescription for an opioid provide the patient information on the addictive risks and options on safely disposing of unused opioids

Authorizes state health officer to issue a standing order to prescribe an opioid antagonist on a statewide basis and requires pharmacies to retain a copy of such standing order

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<table>
<thead>
<tr>
<th>GA SB 241</th>
<th>3/9/2017 – House second readers</th>
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<tr>
<td>schedule as may meet industry standards</td>
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<tr>
<td>- Amends § 16-13-59 to change data collection interval to 24 hours</td>
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<tr>
<td>- Amends the delegate provisions of § 16-13-60 to provide that dispensers may have no more than two delegates per shift or rotation per dispenser; delegates must be licensed or registered by law</td>
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<tr>
<td>- Further provides that prescriber delegates may be any member of the prescriber’s staff or health care facility staff in which the prescriber is practicing and shall have no more than two delegates per shift or rotation per prescriber</td>
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<tr>
<td>- Amends § 16-13-63 to provide that practitioners who prescribe Sch. II – V CS must register with the PDMP beginning Jan. 1, 2018 and no later than July 1, 2018</td>
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<tr>
<td>- Further provides that, beginning July 1, 2018, prescribers or their delegates shall query the PDMP whenever s/he is prescribing benzodiazepines, opiates, opioids, opioid analgesics, or opioid derivatives to a patient the first time and at least every 90 days thereafter if the substance continues to be a part of the patient’s treatment</td>
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<tr>
<td>- Exemptions for: 1) patients who are terminally ill or under the supervised care of a hospice program; 2) patient is in an LTCF that has dedicated or institutional pharmacies or are dispensed by a hospital pharmacy; 3) patient is undergoing addiction treatment in a program that is administering methadone or buprenorphine; 4) the prescription is for a supply of three days or less with no refills; 5) the PDMP is non-operational</td>
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</tr>
<tr>
<td>- Prescribers are prohibited from prescribing more than a 5-day supply of a benzodiazepine, opiate, opioid, opioid analgesic, or opioid derivative the first time to a patient, except that a prescriber may prescribe more than a 5-day supply if the prescriber determines that it is medically necessary for palliative care or to treat a patient’s acute medical condition, chronic pain, or pain associated with a cancer diagnosis; such condition shall be documented in the patient’s medical record and the prescriber shall indicate that an alternative treatment was not medically appropriate</td>
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<td>- Adds definitions for “de-identified” and “Department”</td>
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<td>- Moves the administration of the PDMP to the department of public health</td>
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<tr>
<td>- Adds health oversight purposes and gathering data for epidemiological research to the list of purposes for which the program shall be used</td>
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<tr>
<td>- Deletes data collection interval requirement in statute and provides that dispensers shall submit prescription information in accordance with frequency requirements established by the department</td>
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<tr>
<td>- Provides that, following an investigation or review of potential violations, the department shall, rather than may, take certain actions</td>
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| HI HB 1132   | - Excludes naloxone from the list of narcotic drugs  
- Amends prescription requirements for detoxification or maintenance treatment to provide that such prescriptions may be written for substances approved by the FDA for such use  
- Amends funding provisions for the PDMP to provide that penalties collected for controlled substances violations shall be deposited into the controlled substance registration revolving fund | 2/10/2017 – Passed second reading as amended and referred to committee |
| HI HB 1164   | - The state agency shall determine the mean and median quantity and volume of prescriptions for opiates contained in Sch. II and III which shall be determined by categories of prescribers of a similar specialty or practice type, as determined by the department  
- Provides that a practitioner’s standing shall be determined as a percentile ranking within the practitioner’s category and prescribers who exceed the mean and median quantities shall be notified of their ranking  
- Provides that the ranking is confidential and not to be used in civil or criminal proceedings  
- The state agency shall coordinate with licensing boards to make resources available to prescribers regarding prescribing practices and incorporating alternative pain management options into the prescriber’s practice | 1/30/2017 – Referred to committee |
| ID HB 5      | - PDMP information shall be retained for five years  
- Requires pharmacists to register with the PDMP  
- Amends definition of delegate to include a current student of a health profession if a licensed practitioner or registered graduate of such profession may access the database | 2/16/2017 – Signed by Governor; effective July 1, 2017 |
| IL HB 313    | - Requires the collaborating physician for an advanced practice registered nurse to file notice of the delegation of prescriptive authority and termination of such delegation with the PMP  
- Authorizes an advanced practice registered nurse to prescribe benzodiazepines and Schedule II narcotic drugs only in a consultation relationship with a physician, which relationship must be recorded in the PMP | 7/24/2017 – Sent to Governor |
| IL HB 2708   | - Provides that DHS may release PDMP information to select representatives of DCFS through the indirect online request process  
- Further provides that access shall be established by an intergovernmental agreement between DCFS and DHS | 6/21/2017 – Sent to Governor |
| IL SB 892    | - Provides that DHS may release PDMP information to select representatives of DCFS through the indirect online request process  
- Further provides that access shall be established by an intergovernmental agreement between DCFS and DHS | 4/26/2017 – Referred to rules committee in House |
| IL SB 1607   | Makes technical change | 7/16/2017 – Referred to rules committee |

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<th>Bill</th>
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| IN HB 1271 | - Deletes references to PDMP database oversight committee  
- Deletes language regarding weekly and every three days data collection intervals | 1/10/2017 – First reading; referred to committee on select committee on government reduction |
| IN HB 1308 | - Adds ephedrine and pseudoephedrine to the list of substances monitored by the PDMP and where indicated in the PDMP statutes  
- Allows receipt of PDMP information by the state epidemiologist  
- Amends immunity provisions  
- Allows a delegate to query the PDMP on behalf of a practitioner  
- Allows a patient to access his or her own PDMP report included in the patient’s medical file  
- Deletes current exception report provisions  
- Amends provisions to provide that licensing boards may review and act upon unsolicited exception reports and may, upon receipt of an exception report, send such report to law enforcement for purposes of an investigation or send the report to the attorney general for purposes of an investigation and may also disseminate exception reports to prescribers and dispensers specific to recipients | 4/13/2017 – Signed by Governor |
| IN SB 151  | - Requires the PDMP to include an entry for a dispenser to indicate, when applicable, if a patient has entered into a pain management contract with a designated practitioner  
- Allows disclosure to the management performance hub so long as disclosure of the information is not prohibited by applicable federal law  
- Allows disclosure to the state epidemiologist under the state department of health  
- Establishes a workgroup to evaluate the feasibility of using the PDMP database to catalog each emergency administration of an overdose intervention drug by an EMS provider and catalog data related to law enforcement investigations involving both a CS that is not an opiate and one or more of the following occurrences: death, overdose, forgery, fraud, or theft and shall submit their recommendations no later than Dec. 1, 2017 | 4/25/2017 – Signed by the Governor |
| IN SB 157  | - Requires licensing board to establish a workgroup of EMTs, RNs, paramedics, pharmacists, physicians, and LE officers for the purpose of evaluating the cost and feasibility of cataloging: 1) each administration of an overdose intervention drug by an EMS provider and 2) data related to certain CS investigations by LE in the PDMP database  
- Requires the agency to provide statutory recommendations and a written report to the legislative council not later than Dec. 1, 2017 | 1/4/2017 – First reading; referred to committee on health and provider services |
| **IN SB 247** | Requires that practitioners who prescribe be registered with the PDMP | 1/9/2017 – First reading; referred to committee on corrections and criminal law |
| **IN SB 408** | - Creates new section that provides that, before Dec. 1, 2017, the board of pharmacy shall submit to the legislative council a report summarizing any grants or funding received and applied for by the state for integration of the PDMP with electronic health records  
- Urges the legislative council to assign to the appropriate interim study committee during the 2017 legislative interim the topic of potential improvements to the PDMP, including: 1) examining best practices from other state PDMPs; 2) the feasibility of the PDMP becoming interoperable with other similar registries; 3) the benefits and costs of establishing requirements that a practitioner obtain information from the PDMP for patients who are prescribed certain specified drugs; 4) a review concerning real time reporting to the PDMP, including an estimated cost to the state and pharmacies; 5) a review of other state PDMPs to: a) make an estimate on the cost and timeframe it would take for integration with the PDMP and electronic health records in all health care settings where prescribers are based in Indiana; and b) determine if health information exchanges are able to securely integrate PDMP data and prescribers’ electronic health records  
- If such topic is assigned to an interim study committee, the committee shall issue a final report to the legislative council containing the findings and recommendations, including any recommended legislation, no later than Nov. 1, 2017 | 4/27/2017 – Signed by Governor |
<p>| <strong>IA HF 322</strong> | Requires prescribers to register with the PDMP at the same time s/he applies to the board to register or renews registration to prescribe CS | 3/28/2017 – Withdrawn |
| <strong>IA HF 332</strong> | Allows the medical examiner to receive PDMP data as it relates to an investigation being conducted by the ME | 3/15/2017 – Withdrawn |
| <strong>IA HF 523</strong> | Amends law to allow provision of PDMP data to state and county medical examiners or medical examiner investigators recognized by the state medical examiner, when the information requested relates to an investigation being conducted by the investigator or examiner | 5/11/2017 – Signed by Governor |
| <strong>IA HF 524</strong> | - Amends interstate sharing provisions to provide that the PDMP may share data with any state with whom it enters into an agreement | 5/12/2017 – Signed by Governor |
| <strong>IA HF 532</strong> | Requires that prescribing practitioners register for the PDMP at the same time the practitioner applies to the board of pharmacy to register or renew registration to prescribe CS | 4/7/2017 – Placed on calendar under unfinished business |</p>
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| IA HSB 99   | - Amends law to allow state to share data with any other state with an agreement  
- Allows partial filling of opioid prescriptions by request of the patient or patient’s legal guardian and the pharmacist shall notify the prescriber of the actual amount dispensed within 7 days                                                                                       | 3/1/2017   | Subcommittee recommends amendment and passage |
| IA SSB 1073 | - Amends law to require that prescribing practitioners who furnish, dispense, or supply CS to a patient submit prescription information to the PDMP unless otherwise prohibited by federal or state law  
- Allows the provision of unsolicited reports to prescribing practitioners or pharmacists who have been involved in authorizing or dispensing CS to a patient who has been identified by the board, based on thresholds or criteria established by the board by rule, as an at-risk patient who may be abusing or misusing CS or who may be in jeopardy of overdose or addiction  
- Provides that the board shall keep a record of all unsolicited reports distributed  
- Allows interstate sharing with all states with an agreement  
- Requires the board and advisory council to jointly adopt rules that include the establishment of thresholds or other criteria or measures to be used in identifying at-risk patients and targeted distribution of unsolicited reports  
- Amends law to provide for the collection of data on all Sch. II – V CS except Sch. V CS dispensed by a pharmacist without a prescription  
- Adds reduction of overdoses and deaths as a result of prescription CS use and abuse to the list of goals for the PDMP  
- Provides sanctions for practitioners who knowingly fail to abide by the laws regarding PDMP data confidentiality or who delegate access to a person not allowed by law                                                                 | 2/8/2017   | In subcommittee                             |
| IA SSB 1134 | - Licensing boards for prescribers shall develop a process to integrate automatic registration for the PDMP as part of the board’s license application and renewal process  
- Amends law to allow interstate sharing with any state  
- Allows the partial filling of opioid prescriptions if requested by the patient or legal guardian of the patient and that the pharmacist shall notify the prescriber not more than 7 days following the partial dispensing                                                                                         | 2/28/2017  | Subcommittee recommends indefinite postponement |
| KS HB 2055  | Provides that the board may revoke, suspend, place in a probationary status, or deny an application or renewal of any license of any pharmacist if the pharmacist has violated any provisions of the PDMP act or any rule or regulation related to the PDMP                                                                                                                                                  | 4/12/2017  | Approved by Governor                        |
| KY HB 314   | - Amends § 218A.202 to provide that the cabinet shall establish and maintain an electronic system for monitoring Sch. II – V controlled substances  
- Amends data submission language to provide that every practitioner or pharmacy that dispenses a controlled substance to a person in Kentucky, or to a person at an address in KY, shall report dispensing data to the PDMP, which includes the reporting of any Sch. II substance dispensed at a facility licensed by the cabinet and a Sch. II – V substance regardless of when dispensed by an emergency department of a hospital to an emergency department patient | 3/27/2017  | Signed by Governor                          |
- Amends exceptions to reporting requirements to provide that reporting is not required for a Sch. III – V substance dispensed by a facility licensed by the cabinet provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours and is not dispensed in the emergency department of a hospital and deletes exception for controlled substances, other than Sch. II or Sch. III drugs containing hydrocodone, dispensed by a practitioner at a facility licensed by the cabinet
- Requires a Kentucky-licensed acute care hospital or critical access hospital to report to the cabinet all positive toxicology screens performed by the hospital’s emergency department to evaluate the patient’s suspected drug overdose
- Allows receipt of PDMP information by federal prosecutors
- Amends access by practitioners and pharmacists to provide that a practitioner may query the PDMP for the purpose of reviewing data on controlled substances that have been reported for the birth mother of an infant currently being treated by the practitioner for neonatal abstinence syndrome or has symptoms that suggest prenatal drug exposure
- Amends provisions to provide that any PDMP report included in a patient’s medical file shall be deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record
- Amends provisions regarding sanctions for failure to comply with reporting requirements and intentional disclosure of PDMP data
- Deletes provisions related to pilot project to study real-time submission of dispensing data

**KY HB 333**

- Amends § 218A.205 to provide that, in accordance with the CDC Guidelines for Prescribing Opioids for Chronic Pain, practitioners are prohibited from prescribing more than a 3-day supply of a Sch. II controlled substance if the prescription is intended to treat pain as an acute medical condition except:
  1) if the practitioner believes that more than a 3-day supply is medically necessary and the practitioner adequately documents the condition and lack of alternative medical treatment options
  2) the prescription is for the treatment of chronic pain
  3) the prescription is for the treatment of pain associated with a cancer diagnosis
  4) the prescription is to treat pain while the patient is receiving hospice or end-of-life treatment
  5) it is prescribed as part of a narcotic treatment program
  6) the prescription is to treat pain following major surgery or treatment of significant trauma or
  7) the substance is administered or dispensed directly to a patient in an inpatient setting
- Amends § 218A.202 to require the cabinet for health and family services, office of the inspector general, to conduct quarterly reviews to identify patterns of potential improper, inappropriate, or illegal prescribing or dispensing of a controlled substance
- Allows the office of the inspector general to independently investigate and submit findings and recommendations to the appropriate boards of licensure or other reporting agencies

4/10/2017 – Signed by Governor
| **KY SB 32** | - Before July 1, 2018, the Administrative Office of the Courts shall forward data regarding any felony or Class A misdemeanor conviction that involves the trafficking or possession of a controlled substance or other prohibited acts for the previous five calendar years to the cabinet for inclusion in the PDMP  
- On or after July 1, 2018, such data shall be forwarded to the cabinet on a continuing basis  
- Further provides that the cabinet shall incorporate the data into the system so that a query by patient name indicates any prior drug conviction | 3/27/2017 – Signed by Governor |
| **KY SB 55** | Requires physician assistants authorized to prescribe controlled substances to register with the PDMP | 1/7/2017 – In licensing, occupations, and administrative regulations |
| **KY SB 191** | Requires pharmacies to report opioid antagonist dispensing to the PDMP and establishes a penalty for non-compliance | 2/15/2017 – In health and welfare committee |
| **KY SB 192** | - Amends § 218A.202 to provide that the cabinet shall establish and maintain an electronic system for monitoring Sch. II – V controlled substances  
- Amends registration requirements to provide that practitioners or pharmacists who are authorized to administer controlled substances are required to register  
- Amends law to provide that every practitioner or pharmacist licensed, permitted, or otherwise authorized to administer or dispense a controlled substance to a patient in KY, or for delivery to a person at an address in KY, to report such information to the PMP  
- Amends exceptions to reporting requirements to provide that drugs administered to a patient receiving inpatient care in a hospital, a resident of a health care facility, or an individual in jail, correctional facility, or juvenile detention facility are not required to be reported  
- Deletes reporting exemption for drugs dispensed by a practitioner at certain facilities  
- Requires KY licensed acute care hospital or critical access hospital to report to the PDMP all positive toxicology screens performed by the hospital’s emergency department to evaluate a suspected drug overdose of a patient prior to the patient’s admission to the hospital  
- Allows federal prosecutors engaged in a bona fide specific investigation involving a designated person to receive PDMP data  
- Amends access provisions to allow practitioners, pharmacists, or their delegates to query the PDMP for the purpose of reviewing data on controlled substances that have been administered or dispensed to the birth mother of an infant who is currently being treated for neonatal abstinence syndrome or has symptoms that suggest prenatal exposure to drugs  
- Provides that a PDMP report that is included in a patient’s medical file shall be deemed a medical record and subject to the same disclosure provisions as an ordinary medical record  
- Amends sanctions for failure to comply with reporting requirements and intentional disclosure provisions | 2/15/2017 – In health and welfare committee |
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<tbody>
<tr>
<td>KY SB 193</td>
<td>Deletes provisions related to pilot project for real-time submission of data</td>
<td>2/15/2017</td>
<td>In health and welfare committee</td>
</tr>
<tr>
<td></td>
<td>Limits prescriptions for opioids written by a podiatrist, physician, dentist, and advanced practice registered nurse for the treatment of pain to a seven day supply</td>
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| LA HB 192    | - Amends statute to provide that a practitioner shall not issue an initial prescription for an opioid for outpatient use to an adult patient with an acute condition for more than a 7-day supply and shall not issue an opioid prescription to a minor for more than a 7-day supply at any time  
  - Restriction doesn’t apply if, in the professional medical judgment of a medical practitioner, more than a 7-day supply of an opioid is required to treat the adult or minor patient’s acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis, or for palliative care, the practitioner may issue the prescription for the quantity needed to treat the patient’s condition  
  - Further provides that the restrictions do not apply to prescriptions issued for the treatment of substance abuse or opioid dependence  
  - Provides that the pharmacist may, on request of the patient, fill the prescription for a lesser amount than indicated on the prescription; the patient may request that the pharmacist fill an additional amount, not to exceed the remaining prescribed quantity, at any time prior to the expiration of the prescription  
  - Provides that, if the amount dispensed is less than the amount prescribed, the pharmacist shall ensure that the actual amount dispensed is submitted to the PMP | 6/12/2017  | Signed by Governor; effective Aug. 1, 2017 |
| LA SB 55     | - Creates new provision that provides that, upon initial application or upon renewal of a controlled dangerous substance license from the Board of Pharmacy, a prescribing practitioner, excluding veterinarians, shall automatically and without further action be registered with the PMP  
  - Amends mandatory query requirements to provide that a prescriber or his delegate shall query the PMP prior to initially prescribing any opioid to a patient and at least every 90 days if the patient’s course of treatment continues for more than 90 days  
  - Provides that the query requirement does not apply if the drug is prescribed or administered to a hospice patient or to any other patient who has been diagnosed as terminally ill; the drug is prescribed or administered for the treatment of cancer-related chronic or intractable pain; the drug is ordered or administered to a patient being treated in a hospital; the PMP is inaccessible or not functioning; no more than a 7-day supply of the drug is prescribed or administered to the patient  
  - Further provides that the mandatory query provision will be enforced by the health profession licensing board that regulates the prescriber and each board shall promulgate rules and regulations to comply with the mandate; if the board becomes aware of a prescriber’s failure to comply, they shall treat the notification as a complaint against the licensee but shall not consider such notice a deviation from the standard of care | 6/12/2017  | Signed by Governor                         |
<table>
<thead>
<tr>
<th>Bill</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>LA SB 75</td>
<td>Moves the PMP advisory committee to the Department of Health</td>
<td>4/26/2017 – Received in House; read by title and referred to committee on health and welfare</td>
</tr>
</tbody>
</table>
| LA SB 96 | - Adds definition for “audit trail information,” which means information submitted or produced regarding requests for PMP information that the board or other individual uses to help monitor compliance with this law and other applicable statutes, rules, or regulations, provided however, that audit trail information shall not include information produced or requested by the Louisiana legislative auditor  
- Amends law to include audit trail information in the confidentiality provisions  
- Deletes educational course requirement for access to PMP information  
- Amends access provisions to allow receipt of PMP information by a medical examiner, coroner, or delegate; a licensed substance abuse addiction counselor providing services as part of a state licensed substance abuse addiction treatment program; and a probation or parole officer for the purpose of monitoring an offender’s compliance with participation in a drug diversion program or with other conditions of probation or parole related to monitored drugs  
- Amends law enforcement access provision to allow receipt of PMP information by judicially supervised specialty courts within the criminal justice system authorized by the LA Supreme Court  
- Further amends access provisions to provide that the following persons may receive PMP information in accordance with procedures established by rule: a patient; a parent, legal guardian, or legal health care agent for the purpose of reviewing the history of dispensed monitored drugs to a child or individual for whom the agent makes health care decisions; an executor of a will, or a court-appointed succession representative of an estate for the purpose of reviewing the PMP history of a deceased individual  
- Provides that the board may provide audit trail information to certain individuals, including patients, for use in an active investigation of an individual who submitted requests for PMP information  
- Amends immunity provisions  
- Amends education requirements to delete the orientation course and other individuals who are authorized to access the PMP but did not participate in the orientation course  
- Amends penalties | 6/14/2017 – Approved by Governor; effective on signing |
| ME LD 184 | Authorizes the release of information to a hospital’s chief medical officer, medical director, or administrative prescriber employed by a licensed hospital insofar as the information relates to prescriptions written by prescribers employed by the hospital | 5/26/2017 – Signed by Governor |
| **ME LD 273** | Amends law to provide the requirement to check the PDMP does not apply when a licensed or certified health care professional directly orders or administers a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, or a residential care facility, or when a licensed or certified health care professional directly orders, prescribes, or administers a benzodiazepine or opioid medication to a person suffering from pain associated with end-of-life or hospice care | 6/2/2017 – Signed by Governor |
| **ME LD 1031** | - Amends definition of “palliative care” to provide that palliative care does not always include a requirement for hospice care or attention to spiritual needs  
- Amends definition of “serious illness” to include chronic, unremitting or intractable pain such as neuropathic pain  
- Amends definition of “dispenser” to delete licensed health care professional with authority to dispense or administer prescription drugs  
- Amends reporting requirements to provide that, if a controlled substance is dispensed by a hospital emergency department to a person receiving care in the emergency department for use by that person during a period of 48 hours or less after the substance is dispensed, that dispenser is not required to report the dispensing to the PMP  
- Amends access provisions to provide that staff members of a licensed hospital may receive PDMP information on patients receiving care in the emergency department or receiving inpatient or surgical services from the hospital  
- Amends access provisions to allow staff members of a group practice of prescribers who are authorized by a designated group practice leader to access PMP information that relates to a patient receiving care from the group practice  
- Amends dispenser query requirements to delete requirement that the dispenser notify the PDMP if the dispenser has reason to believe the prescription is fraudulent or duplicative  
- Amends exceptions to query requirement to provide that query is not required if the health care provider directly orders or administers a benzodiazepine or opioid in connection with a surgical procedure  
- Repeals rulemaking provision in § 7253 | 6/16/2017 – Signed by Governor; effective on signing |
| **ME LD 1363** | Provides that final adoption of portions of the rules governing the PDMP and prescription of opioid medications that were submitted outside the legislative period of acceptance is authorized with certain provisos | 6/19/2017 – Signed by Governor; effective on signing |
| **ME LD 1429** | Amends 22 § 7250 to provide that the department shall provide to the legislature, on or before January 15th of each year, and at such other times as requested, data pertaining to the aggregate number of prescriptions of each drug required to be included in the PMP, the number of prescribers participating in the program categorized by specialty, any historical trends or patterns in prescribing practices within the state, any progress in the implementation of information sharing agreements and any other information | 6/19/2017 – Placed on special appropriations table pending passed to be
Entries in Italics have been enacted by the state legislature or adopted by state regulatory board

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Summary</th>
<th>Enacted Date</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>ME LD 1619</td>
<td>Creates new section that provides that records relating to methadone treatment of a patient for the treatment of opioid dependency that have been entered into the PMP may be disclosed in an emergency setting only to the extent necessary to meet a bona fide medical emergency in which the patient’s informed consent cannot be obtained and only to the health care professionals involved in treating the patient.</td>
<td>6/21/2017 – Veto overridden; consent form provision effective 180 days after veto; all other provisions effective once the enhancement of the PDMP is implemented</td>
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</tr>
<tr>
<td>MD HB 1276</td>
<td>Creates new section that requires OTPs to establish treatment protocols including a requirement that providers who prescribe opioid medication for a patient periodically query the PDMP.</td>
<td>2/15/2017 – Hearing scheduled for 3/7</td>
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<tr>
<td>Bill Number</td>
<td>Description</td>
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<tr>
<td>MD HB 1516</td>
<td>- Creates new section that provides that, on or before January 1, 2019, there shall be established and implemented for use in a pilot program a health record and payment clearing house that, among other things, interacts with the PMP so that prescription drug data can be retrieved and entered through the health record and payment clearing house</td>
<td>3/18/2017 – Unfavorable report by committee; withdrawn</td>
<td></td>
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<tr>
<td>MD SB 750</td>
<td>- Creates new section that provides that, on or before January 1, 2019, there shall be established and implemented for use in a pilot program a health record and payment clearing house that, among other things, interacts with the PMP so that prescription drug data can be retrieved and entered through the health record and payment clearing house</td>
<td>2/7/2017 – Hearing scheduled for March 15</td>
<td></td>
</tr>
<tr>
<td>MA HB 1</td>
<td>Appropiates funds for the PDMP</td>
<td>4/10/2017 – Reported in part; see HB 3600</td>
<td></td>
</tr>
<tr>
<td>MA HB 1146</td>
<td>- Requires the department to promulgate regulations requiring OTPs to submit to the department information regarding each prescription or medical order dispensed and a requirement that each pharmacy collect and report, for each prescription or medical order dispensed, a customer identification number and other information associated with a customer identification number, as specified by the department - Information submitted by OTPs must be submitted at least once every 24 hours</td>
<td>1/23/2017 – Concurred in committee referral</td>
<td></td>
</tr>
<tr>
<td>MA HB 1216</td>
<td>Requires the board of medicine to promulgate regulations relative to participation in the PDMP which shall include sanctions for physicians who fail to comply with the requirements of law, such sanctions to include reprimand, censure, imposition of fines, requirement to perform public service, education or training requirement, or other discipline</td>
<td>1/23/2017 – Concurred in committee referral</td>
<td></td>
</tr>
<tr>
<td>MA HB 2453</td>
<td>- Creates the ePrescribing Implementation and Trust Fund Advisory Board charged with making recommendations to the commissioner of public health concerning, among other things, the establishment of evaluation criteria and recommendations for maximizing the interoperability of ePrescribing and the PMP</td>
<td>1/23/2017 – Senate concurred in committee referral</td>
<td></td>
</tr>
<tr>
<td>MA HB 2469</td>
<td>- Amends 94C § 24A to provide that the department may, on its own initiative, provide data from the PDMP to practitioners and providers may also access such data directly through a secure electronic medical record, health information exchange, or other similar software or information systems connected to the PDMP for the purposes of: 1) improving ease of access and utilization of such data for treatment, diagnosis, or healthcare operations; 2) supporting integration of such data within the EHR of a provider for purposes of treatment, diagnosis, or healthcare operations; or 3) allowing healthcare providers or their vendors to maintain such data for the purposes of compiling and visualizing such data within the EHR of a provider - Amends 55 § 1 to provide that the secretary of health and human services, in collaboration with the department of public health, shall conduct and provide for an examination of the prescription and treatment history of persons in the commonwealth who suffered fatal or non-fatal opiate overdoses in calendar years 2013 – 2020, inclusive - Provides that any reports or supplemental reports from the examination shall be provided in an</td>
<td>1/23/2017 – Senate concurred in committee referral</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>MA HB 3600</td>
<td>Appropriates funds for the PDMP</td>
<td>4/25/2017 – Published as amended; see HB 3601</td>
</tr>
<tr>
<td>MA HB 3601</td>
<td>Appropriates funds for the PDMP</td>
<td>7/7/2017 – Reported, in part, by HB 3800</td>
</tr>
<tr>
<td>MA SB 1213</td>
<td>Requires the department to establish, by rule or regulation, a process by which to include information about the administration of opioid maintenance treatment in the PDMP where the inclusion of such information does not conflict with state or federal law. Requires OTPs to present entering patients a consent form authorizing the release of information, through the PDMP, about the administration of opioid maintenance treatment at the facility and shall contain information notifying the patient that consent is not required but is encouraged and how the patient may submit the form to the facility or department if they elect to give consent and shall also be presented to the patient upon their discharge from the facility.</td>
<td>1/23/2017 – Concurred in committee referral</td>
</tr>
<tr>
<td>MA SB 1214</td>
<td>Amends 94C § 24A to provide that the department may, on its own initiative, provide data from the PDMP to practitioners and providers may also access such data directly through a secure electronic medical record, health information exchange, or other similar software or information systems connected to the PDMP for the purposes of: 1) improving ease of access and utilization of such data for treatment, diagnosis, or healthcare operations; 2) supporting integration of such data within the EHR of a provider for purposes of treatment, diagnosis, or healthcare operations; or 3) allowing healthcare providers or their vendors to maintain such data for the purposes of compiling and visualizing such data within the EHR of a provider. Amends 55 § 1 to provide that the secretary of health and human services, in collaboration with the department of public health, shall conduct and provide for an examination of the prescription and treatment history of persons in the commonwealth who suffered fatal or non-fatal opiate overdoses in calendar years 2013 – 2020, inclusive. Provides that any reports or supplemental reports from the examination shall be provided in an aggregate and de-identified format and that such report shall be publicly available and filed with the certain members of the legislature.</td>
<td>1/23/2017 – House concurred in committee referral</td>
</tr>
<tr>
<td>MA SB 1215</td>
<td>The department shall work with MassHealth to obtain access to aggregated prescription data by provider on an ongoing basis for the use of evidence-based outreach and education program.</td>
<td>1/23/2017 – Concurred in committee referral</td>
</tr>
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| **MI HB 4284** | Makes technical changes to language of PDMP statute, including changing “electronic system for monitoring” to “prescription drug monitoring system” and “data” to “information”  
- Amends language related to law enforcement access to PDMP information to include employees or agents whose duties include enforcing the laws related to prescription drug diversion and health care fraud  
- Allows the PDMP to share data with a PDMP in another jurisdiction with an agreement for the mutual exchange of information  
- Amends language to provide that PDMP data shall only be used for bona fide criminal, civil, or administrative investigatory or evidentiary purposes relating to drugs, prescription drug diversion, or health care fraud  
- Amends language to provide that a person receiving PDMP information or report that contains patient identifiers shall not provide such information to any other person except a state, federal, or municipal employee or agent whose duty it is to enforce the laws of the state or the US relating to drugs, prescription drug diversion, or health care fraud or by order of a court  
- Amends language regarding submission of prescription data to provide that reporting is mandatory for veterinarians, pharmacists, prescribers, and dispensing prescribers, as applicable and deletes waiver provisions  
- Creates new subsection that provides that the department shall include in the PDMP a system for monitoring CS prescribed in the state and sharing that information with PDMPs in other jurisdictions  
- Further provides that the department shall provide a format for prescribers to report information including patient identifiers, name of the CS, the date of prescribing, the quantity, and the name of the prescriber  
- Requires prescribers to transmit data before prescribing a CS for the first time for a patient, whether the patient is new or existing; unless a more frequent utilization is required, at least annually before prescribing a CS for a patient; at least once during every 12-week period before prescribing a CS for a patient if the prescriber is treating the patient for a period in excess of 12 weeks; before prescribing a CS for a patient regardless of other requirements if the patient exhibits behaviors of concern  
- Requires that a prescriber who believes or has reason to believe that a patient is abusing or diverting CS, based in part on whether the patient is exhibiting behaviors of concern, shall use sound clinical judgment to determine whether to prescribe a CS to a patient under the circumstances  
- “Behaviors of concern” include: 1) selling a prescription drug; 2) forging or altering a prescription form; 3) stealing or borrowing a CS; 4) increasing the dosage of a CS in an amount that exceeds the prescribed amount; 5) having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen; 6) having been arrested, convicted, or having received diversion or intervention instead of conviction for a drug-related offense while under the prescriber’s care; 7) receiving CS from multiple prescribers; 8) having a family member, friend, LE officer, or health care professional express concern related to the patient’s use of illegal drugs or CS; 9) having a known history of substance use disorder; 10) appearing impaired or overly sedated during an office visit or examination; 11) requesting CS by specific name, street name, color, or identifying marks; 12) | 3/1/2017 – Bill electronically reproduced |

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</table>
| **MI SB 47** | - Amends exceptions to reporting requirements to provide that the dispensing of a controlled substance in the following circumstances is exempt: 1) a hospital that administers a controlled substance to an inpatient; 2) except as otherwise provided, a health facility or agency licensed under law if the substance is dispensed by a dispensing prescriber in a quantity adequate to treat the patient for not more than 48 hours  
- Provides that a dispensing prescriber shall report dispensing data if the dispensing prescriber dispenses buprenorphine, or a drug containing buprenorphine or methadone, in a substance use disorder program and the patient provides consent in a manner consistent with state and federal law to having the data reported to the PDMP; the dispensing prescriber shall maintain the patient’s consent form and make it available to the department upon the department’s request  
- Amends confidentiality provisions to provide that data are not public records and not subject to disclosure under the state FOIA |
| **MI SB 166** | Beginning Jan. 1, 2020, before prescribing or dispensing a CS to a patient, a prescriber shall query the PDMP unless the dispensing occurs in a hospital and the substance is for the patient’s inpatient use |
| **MN HF 887** | - Creates new section that requires opioid treatment programs to develop and maintain policies and procedures that require the ongoing monitoring of PMP data  
- Further provides that if a medication used for the treatment of a substance use disorder is administered or dispensed to a client, the license holder shall be subject to the following requirements: 1) upon admission to a methadone clinic outpatient treatment program, a client must be notified in writing that the commissioner of human services and the medical director must monitor the PMP to review the prescribed controlled drugs a client received; 2) the medical director or his/her designee must review the PMP before the client is ordered any controlled substance, including medications used for the treatment of opioid addiction and a subsequent review every 90 days; 3) a copy of the PMP report must be included in the patient’s medical file; 4) when the PMP data contains a recent history of multiple prescribers or multiple prescriptions for controlled substances, the physician’s review of the data and subsequent actions must be documented in the client’s file within 72 hours and must contain the medical director’s determination of whether or not the prescriptions place the client at risk of harm and the actions to be taken in response to the PMP findings and must conduct subsequent reviews of the PMP on a monthly basis; 5) if the review indicates that the use of controlled substances places the client at the risk of harm, the program must seek the client’s consent to discuss the client’s opioid treatment with other prescribers and must seek consent to for the other prescriber to disclose to the opioid treatment program’s medical director the client’s condition that formed the basis of the other prescriptions  
- Provides that the commissioner shall collaborate with the board of pharmacy to develop and implement an electronic system for the commissioner to routinely access the PMP data to determine |

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whether any client enrolled in an opioid addiction treatment program was prescribed or dispensed a controlled substance in addition to that administered or dispensed by the OTP; when the commissioner determines that there have been multiple prescribers or multiple prescriptions of controlled substances for a client, the commissioner shall inform the medical director of the OTP only that the commissioner determined the existence of multiple prescribers or prescriptions and direct the medical director of the OTP to access the data directly, review the effect of multiple prescribers or prescriptions, and document the review

| MN HF 1014 | - Allows the board and its designees to access PDMP data for the purpose of identifying prescribers and dispensers engaged in patterns of unusual or excessive prescribing or dispensing of CS or other conduct affecting health and safety  
- Allows PDMP personnel or designees of DHS to access PDMP data for the purpose of identifying potential inappropriate prescribing or dispensing of CS, fraudulent billing of government programs, or other conduct affecting health and safety | 2/9/2017 – Introduction and first reading; referred to civil law and data practices policy |
| MN HF 1137 | - Requires a prescriber or dispenser to query the PDMP before prescribing or dispensing any CS to a patient or renewing a CS prescription and to document the review in the patient’s medical file  
- Duty to consult the PDMP does not apply: 1) when prescribing or dispensing to patients who are experiencing pain as the result of a malignant medical condition or receiving hospice care; 2) during an emergency or in an ambulance; 3) when administering in a hospital or LTCF if, within 12 hours of admission, the prescriber or dispenser reviews the PDMP record for the patient and a record of the review is noted in the medical file; 4) when the PDMP cannot be accessed due to technological failure | 2/23/2017 – Committee report to adopt as amended and refer to civil law and practices policy committee |
| MN HF 1219 | Provides that the board shall identify prescribers whose authority to prescribe CS is restricted and shall make information about any current restriction on a prescriber’s prescribing authority readily available to licensed dispensers, either by information included in the PDMP, or by otherwise providing periodic updates to licensees | 2/15/2017 – Introduction and first reading; referred to health and human services reform |
| MN SF 753 | - Requires a prescriber or dispenser to query the PDMP before prescribing or dispensing any CS to a patient or renewing a CS prescription and to document the review in the patient’s medical file  
- Duty to consult the PDMP does not apply: 1) when prescribing or dispensing to patients who are experiencing pain as the result of a malignant medical condition or receiving hospice care; 2) during an emergency or in an ambulance; 3) when administering in a hospital or LTCF if, within 12 hours of admission, the prescriber or dispenser reviews the PDMP record for the patient and a record of the review is noted in the medical file; 4) when the PDMP cannot be accessed due to technological failure | 2/9/2017 – Introduction and first reading; referred to health and human services finance and policy |
| MN SF 843 | Provides that the board shall identify prescribers whose authority to prescribe CS is restricted and shall make information about any current restriction on a prescriber’s prescribing authority readily available to licensed dispensers, either by information included in the PDMP, or by otherwise providing periodic updates to licensees | 2/9/2017 – Introduction and first reading; referred to health and human services reform |

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| **MN SF 991** | - Allows the board and its designees to access PDMP data for the purpose of identifying prescribers and dispensers engaged in patterns of unusual or excessive prescribing or dispensing of CS or other conduct affecting health and safety  
- Allows PDMP personnel or designees of DHS to access PDMP data for the purpose of identifying potential inappropriate prescribing or dispensing of CS, fraudulent billing of government programs, or other conduct affecting health and safety | 2/15/2017 – Referred to health and human services finance and policy |
| **MO Executive Order 17-18** | By Executive Order of the Governor of Missouri:  
- The Department of Health and Senior Services (DHSS) shall implement a multi-phase PDMP  
- For the first phase, DHSS shall enter into contracts with pharmacy benefit management organizations to analyze prescriber and pharmacy prescription and dispensing data for Schedule II – V controlled substances, which includes opioids  
- Provides that DHSS shall use the analyses for the purpose of identifying activity that indicates controlled substances are being inappropriately prescribed, dispensed, or obtained; investigating such activity; and making referrals regarding such activity to the appropriate government officials, including law enforcement and appropriate licensing boards  
- Provides that prescription information received by DHSS is confidential  
- In the second phase, DHSS shall promulgate a rule requiring dispensers to submit controlled substance prescription data and dispensing information to DHSS or its designee for the purpose of identifying activity indicating that controlled substances are being inappropriately prescribed, dispensed, or obtained; investigating such activity; and making referrals of such activity to the appropriate government officials, including law enforcement and licensing boards  
- In the final phase, DHSS is required to work with private companies, government entities, or others to purchase and utilize innovative technology and software to effectively and efficiently monitor controlled substance prescription information sent to DHSS under a PDMP | 7/17/2017 – Filed with Secretary of State |
| **MO HB 68** | - Establishes PDMP  
- Provides for the monitoring of Sch. II – IV CS by all professionals licensed to prescribe or dispense such substances in MO  
- Provides that data shall be submitted by dispensers within 24 hours  
- Provides that data shall be retained for five years and shall be confidential and not subject to public disclosure  
- Allows the department to notify LE or board and provide dispensing information if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred  
- Provides that PDMP data may be provided to: in-state and out-of-state prescribers and dispensers; patient; board of pharmacy; boards charged with regulating professionals with authority to prescribe or dispense CS; in-state and out-of-state local, state, and federal LE or prosecutorial officials under subpoena issued by a court of competent jurisdiction; MO HealthNet; judge or other judicial authority | 2/14/2017 – HCS voted do pass |

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under subpoena; and personnel of the department for the administration and enforcement of the PDMP laws
- Allows the provision of de-identified data for statistical, research, or educational purposes
- Provides that no PDMP information shall be used by any local, state, or federal authority to prevent an individual from owning or obtaining a firearm
- Provides that there is no requirement to access PDMP data and provides immunity
- Allows any person harmed or damaged by a violation of the law to bring a civil action for damages
- Provides sanctions for failure to submit dispensing information or for submitting false information
- Provides sanctions for unlawfully or knowingly accessing or disclosing or wrongfully using PDMP information
- Requires the board to create and implement certain educational courses related to the PDMP
- Provides that the department shall, if appropriate, work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and follow-up and encourage patients who are identified and who have become addicted to CS to receive addiction treatment

MO HB 90
- Establishes PDMP called the Narcotics Control Act
- Provides for the monitoring of Sch. II – IV CS by all professionals licensed to prescribe or dispense such substances in MO
- Requires dispensers to report dispensing information within 24 hours and, beginning January 1, 2019, the department shall begin phasing in a requirement that dispensers report dispensing data in real time with all report data to be submitted in real time by January 1, 2020
- Provides waivers for dispensers who are unable to submit dispensation information by electronic means and extensions to dispensers who are temporarily unable to electronically submit information
- Requires prescribers to query the PMP prior to prescribing any Sch. II – IV controlled substance except: 1) during a medical emergency that, in the opinion of the medical professional, is likely to result in harm to the patient; 2) when it is not reasonably possible to utilize the PMP due to circumstances beyond the prescriber’s control; 3) when the patient has a terminal illness or resides in a licensed facility; 4) when the patient is under the care of a hospital or an ambulatory surgical center that dispenses controlled substances for the purposes of inpatient care or issues prescriptions for CS at the time of discharge from the facility in which the prescription does not exceed a 5-day supply, provided that such prescriber utilizes the program or ensures that the program has been utilized since the patient’s admission; 5) when the CS is administered directly to a patient in an emergency room setting; or 6) when there is a previously established prescriber-patient relationship and a non-opioid CS, other than a benzodiazepine, is being prescribed
- Provides that data shall be confidential and not subject to public disclosure
- Allows the department to notify LE or board and provide dispensing information if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred
- Provides that PDMP data may be provided to: in-state and out-of-state prescribers and dispensers; patient; board of pharmacy; boards charged with regulating professionals with authority to prescribe or dispense CS; in-state or out-of-state local, state, and federal LE and prosecutorial officials under

5/12/2017 – Voted do pass
<table>
<thead>
<tr>
<th><strong>MO HB 716</strong></th>
<th><strong>4/5/2017 – Referred to rules – legislative oversight</strong></th>
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<tbody>
<tr>
<td>- Establishes a prescription abuse registry</td>
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<tr>
<td>- Provides that anyone 18 years of age or older who meets one of the following criteria shall be included in the registry: an individual who has been found guilty under federal or state law of a crime involving possession of a CS; anyone who requests to be included; any individual reported to the department by a relative of the first degree of consanguinity of such individual who has reason to believe that such individual has illicitly used or abused CS; any individual reported to the department by a health care provider who has a reasonable suspicion that such person has illicitly used or abused CS, but shall not report an individual who has contacted the provider for rehabilitation services only unless such individual gives written consent; any individual reported to the department by an employee of a rehabilitation facility if the employee has obtained the informed written consent of the individual</td>
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<td>- The registry shall include the individual’s name, DOB, SSN, and the method by which and the date on which the individual was reported to the department</td>
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<td>- Provides that an individual shall be notified by certified mail if s/he has been reported to the department for inclusion in the registry and shall notify such person of the right to appeal inclusion; if such individual appeals inclusion, his or her name will not be listed in the registry until the conclusion of the administration appeals process</td>
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<tr>
<td>- Provides that information in the registry is confidential and not subject to public disclosure</td>
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<tr>
<td>- Provides that the department shall establish procedures to enable health care providers to access the registry for the sole purpose of determining whether an individual is listed in the registry and shall not</td>
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| MO HB 1023 | - Establishes prescription drug abuse registry  
- Requires all health care providers to report all prescriptions for CS prescribed by the provider and the number of patients seen annually to the department; any information regarding the prescription that could be used to identify the patient who received the prescription shall be removed and provides sanctions for those who violate this provision  
- Provides that one year after the effective date of this section and annually thereafter, the department shall compile the total number of prescriptions for CS submitted by health care providers  
- Further provides that the department may monitor the number or amount of CS prescribed by health care providers  
- Allows the bureau of narcotics and dangerous drugs to have access to the information and further allows the bureau to conduct an investigation if abuse is suspected; upon a finding of abuse, the bureau shall notify the board of registration for the healing arts  
- Provides that the board of registration for the healing arts shall conduct an investigation of any health care provider who provides more than an average of three CS prescriptions per patient per year and provides sanctions | 3/29/2017 – Referred to insurance policy committee |

| MO HB 1102 | - Establishes PDMP to monitor the prescribing and dispensing of Sch. II – IV CS by all professionals licensed to prescribe or dispense such substances in MO  
- Provides that the data shall use an existing data aggregation platform to establish and maintain a program to monitor the prescribing and dispensing of Sch. II – IV CS which aggregated information shall be segregated from any other data source and shall not be commingled with data from any other source and shall not be entered into any other database outside the control of the department and shall not be entered into any national PDMP database  
- Requires that prescribers who hold themselves out to be a pain management specialist and who is prescribing a Sch. II CS shall, prior to prescribing a CS to a patient, query the PDMP and the “national PDMP database network” to determine if the patient has been prescribed a CS within the last 180 days  
- Dispensers shall, if the information is not otherwise transmitted to a third party payor, report prescription data to the PDMP within 7 days  
- Reporting requirements do not apply to patients under the age of 18  
- Provides that data is confidential and not subject to public disclosure  
- Allows receipt of PDMP information by the following: a patient or bureau of narcotics and dangerous drugs registrant who requests his or her own prescription or dispensing information; board of pharmacy, board of registration for healing arts, board of nursing, dental board, and board of podiatric medicine for use in an investigation based on a complaint; in-state and out-of-state local, state, and federal law enforcement or prosecutorial officials with a court-issued subpoena or court order; medical examiners or | 5/12/2017 – Referred to select committee on local, state, federal relations and miscellaneous business |
Entries in Italics have been enacted by the state legislature or adopted by state regulatory board.
Entries in Italics have been enacted by the state legislature or adopted by state regulatory board

| MO SB 74 | Established PDMP to monitor Sch. II – IV CS by all professionals licensed to prescribe or dispense.
- Provides that aggregated data from each prescriber and dispenser shall remain segregated from any other data source and shall not be commingled with data from any other source; data shall not be entered into any database outside the control of the department nor into any national PDMP.
- Provides that dispensers shall report dispensation information within 7 days if such information is not otherwise transmitted to a third party payor.
- Further provides that prescribers may – and all prescribers who hold themselves out to the public as specialist in pain management and who are prescribing Sch. II CS shall – submit prescribing information to the PDMP.
- Prohibits the collection of prescription data on patients under 18yo.
- Provides that the department may provide data to the following: 1) patients or bureau of narcotics and dangerous drugs registrants who request his or her own prescription or dispensing information; 2) board of pharmacy, board of registration of the healing arts, board of nursing, dental board, and board of podiatric medicine when investigating a complaint; 3) in-state or out-of-state local, state, and federal LE or prosecutorial officials under court order or subpoena; 4) MEs or coroners for investigating cause of death; 5) family support division within the department of social services regarding MO HealthNet program recipients; 6) judge or other judicial authority under subpoena or court order; 7) personnel of the bureau of narcotics and dangerous drugs; and 8) dispensers and prescribers under specific circumstances, but dispensers and prescribers shall not have access to data included in the PDMP.
- Allows the provision of de-identified data for statistical, research, or educational purposes.
- Provides that PDMP data shall only be retained for 180 days.
- Provides that dispensers and prescribers must include a sign prominently posted notifying customers of the reporting of prescription information to the PDMP.
- Provides that a prescriber or dispenser will receive a response from the department regarding whether any concern is detected after submitting prescription information to the PDMP; if no concern is detected, s/he may prescribe or dispense as usual; if concern is detected, s/he may or may not prescribe or dispense according to his or her professional judgment, appropriate to the concern communicated.
- Provides that when a prescriber or dispenser contacts the PDMP, the department shall electronically screen the database and any national database to determine if the prescription may be properly dispensed and if a similar prescription has been dispensed within the allowable day’s supply limits set by the department; if a concern is detected, the department shall automatically issue a communication to the dispenser that the concern is detected and shall state the nature of the concern.
- Further provides that the bureau of narcotics and dangerous drugs shall review PDMP data and, if there is reasonable cause to believe a violation of law or breach of professional standards has occurred, the bureau shall refer the matter to the appropriate LE or professional licensing agency and provide the information required for an investigation.
- Provides that nothing in the PDMP shall be the sole basis for the issuance of an arrest or search warrant. | 4/19/2017 – Referred to insurance policy committee in House |
Entries in Italics have been enacted by the state legislature or adopted by state regulatory board

| Bill Number | Description | Date
|-------------|-------------|---|
| MO SB 231  | - Establishes PDMP for Sch. II – IV CS by all professionals licensed to prescribe or dispense  
- Provides that dispensers shall submit data within 24 hours of dispensing and data shall be confidential and not subject to public disclosure  
- Provides that the department shall review PDMP information and, if there is cause to believe a violation of law or breach of professional standards may have occurred, the department shall notify the appropriate LE or professional licensing agency and provide any information necessary for an investigation  
- Further provides that the department shall provide PDMP information to: 1) both in-state and out-of-state prescribers and dispensers; 2) patients; 3) board of pharmacy; 4) any state board charged with regulating professionals with the authority to prescribe CS; 5) in-state and out-of-state local, state, and federal LE under subpoena or court order; 6) MO HealthNet; 7) judge or other judicial authority under subpoena or court order  
- Allows the provision of de-identified data for statistical, research, or educational purposes  
- Provides that nothing in the PDMP shall be used to prevent an individual from owning or obtaining a firearm  
- Provides sanctions for failure to submit data or for knowingly submitting incorrect data and for knowingly and unlawfully accessing and disclosing data |
| 1/25/2017 – Hearing conducted |
| MO SB 314 | - Establishes PDMP for monitoring Sch. II – IV by all professionals licensed to prescribe or dispense  
- Requires dispensers to report dispensing data within 24 hours; data is confidential and not subject to public disclosure  
- Provides that the department shall review the data and, if there is reasonable cause to believe a violation of law or breach of professional responsibility has occurred, the department shall notify the appropriate LE or professional licensing agency and provide data necessary for an investigation  
- Provides that PDMP data may be provided to: 1) in-state and out-of-state prescribers and dispensers; 2) patients; 3) board of pharmacy; 4) any state board charged with regulating professionals with the authority to prescribe or dispense CS; 5) in-state and out-of-state local, state, and federal LE under subpoena or court order; 6) MO HealthNet; 7) judge or other judicial authority under subpoena or court order |
<p>| 5/12/2017 – Informal calendar for perfection |</p>
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<tr>
<th>Bill</th>
<th>Description</th>
<th>Date/Action</th>
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<tr>
<td>MO SB 340</td>
<td>Establishes PDMP for monitoring Sch. II – IV by all professionals licensed to prescribe or dispense</td>
<td>2/9/2017 – Bill combined with SB 314 and SB 340</td>
</tr>
<tr>
<td>MS HB 49</td>
<td>Amends law to provide that PDMP data is not subject to civil subpoena and shall not be discoverable, disclosed, or compelled to be produced in any civil proceeding and shall not be deemed admissible as evidence in any civil proceeding for any reason</td>
<td>1/31/2017 – Died in committee</td>
</tr>
<tr>
<td>MS HB 178</td>
<td>Allows a municipality, county, or political subdivision to authorize its law enforcement agency or department to administer naloxone or a similar product for the purpose of reversing a drug overdose</td>
<td>1/31/2017 – Died in committee</td>
</tr>
<tr>
<td>MS HB 1032</td>
<td>Requires all licensed practitioners with an active DEA number to register as users with the PDMP</td>
<td>3/13/2017 – Approved by Governor</td>
</tr>
<tr>
<td>MS HB 1201</td>
<td>Amends law to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe CS who knowingly fails to obtain PDMP data shall be subject to disciplinary action</td>
<td>1/31/2017 – Died in committee</td>
</tr>
<tr>
<td>MS SB 2361</td>
<td>Amends law to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe CS who knowingly fails to obtain PDMP data shall be subject to disciplinary action</td>
<td>1/31/2017 – Died in committee</td>
</tr>
<tr>
<td>MS SB 2767</td>
<td>Amends law to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe CS who knowingly fails to obtain PDMP data shall be subject to disciplinary action</td>
<td>1/31/2017 – Died in committee</td>
</tr>
<tr>
<td>MT SB 56</td>
<td>Changes termination date to June 30, 2019</td>
<td>2/13/2017 – Signed by Governor</td>
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**NE LB 223**  - Amends law to provide that PDMP data shall be made available to the designated statewide health information exchange for access by participants if such access is in compliance with HIPAA and state law
  - Provides that, beginning July 1, 2018, veterinarians shall report dispensing information on Sch. II – IV CS to the PMP and shall indicate on each prescription that the prescription is for an animal and shall include the first and last name and address, including city, state, and zip code, of the individual to whom the drug is dispensed pursuant to a valid veterinarian-client-patient relationship; reporting status; the first and last name of the prescribing veterinarian and his or her DEA number; the name of the drug dispensed and the prescription number; the date the prescription is written and the date filled; the number of refills authorized, if any; and the quantity of the drug dispensed and the number of days’ supply
  - Provides that no patient-identifying data shall be disclosed, made public, or released to any public or private entity except to a statewide health information exchange and its participants and to prescribers and dispensers
  - Further provides that all other data is for the confidential use of the department and the statewide HIE and its participants but may release such information as Class I, Class II, or Class IV data to the private or public persons or entities that the department determines may view such records
  - Requires that users undergo training on proper usage of the PDMP prior to accessing the system to be administered by the HIE
  - Defines “participant” to mean an individual or entity that has entered into a participation agreement with the statewide HIE which requires the individual or entity to comply with the privacy and security protections set forth in HIPAA and state law

**NE LB 583**  - Amends § 71-2454 to remove requirement for veterinarians to report dispensing information to the PMP

**NE LB 586**  - Amends law to include definition of “designee,” which means, for purposes of a dispenser, a licensed or registered professional designated by the dispenser; and for purposes of a medical director, a licensed health care professional designated by the medical director to act as the director’s agent
  - Includes definitions of “dispenser,” “managed care organization,” “medical director,” “medical order,” and “prescriber”
  - Makes certain technical changes
  - Includes provision related to requirements for medical director to participate in the PDMP, including that the director shall be actively practicing medicine in NE, have a minimum of three years’ experience providing clinical services, shall devote a minimum of 40 hours per week to the operations of the managed care organization, be board-certified in his or her specialty, and shall be actively involved in the major clinical, utilization management, and quality management decisions of the organization

**NE LB 642**  - Amends requirements for veterinarian submission of PDMP data to begin January 1, 2019

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| NV AB 474 | - Amends § 453.162 to provide that the PMP must include, for each prescription of a Sch. II – IV controlled substance, the fewest number of days necessary to consume the quantity of the CS dispensed to the patient if the patient consumes the maximum dose of the CS by the prescribing practitioner; each state in which the patient to whom the CS was prescribed has previously resided or filled a prescription for a CS; and the diagnosis code  
- Amends § 453.163 to limit submission of dispensing information to controlled substances dispensed for human consumption  
- Amends § 453.164 to provide that access to the PMP shall be given to occupational licensing boards that license any practitioner authorized to write prescriptions for human consumption and may access the database to investigate a complaint, report or other information that indicates fraudulent, illegal, unauthorized, or otherwise inappropriate activity related to the prescribing, dispensing, or use of a CS  
- Provides that the board and division must have access to the PMP to identify any suspected fraudulent, illegal, or unauthorized or otherwise inappropriate activity related to the prescribing, dispensing, or use of CS  
- Further provides that, except as otherwise provided, the board or the division shall report any activity is reasonably suspects may indicate fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing, or use of a CS to the appropriate law enforcement agency or occupational licensing board  
- Provides that the board or division may withhold any report if the board determines that doing so is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing, or use of a CS  
- Amends § 453.226 to provide that individuals must preset proof of registration with the PMP before the board may issue or renew a registration to dispense CS in the state  
- Creates new sections that provide that the executive director of the board or his or her designee shall review and evaluate any complaint or information received from the investigative division of the department of public safety or state board of pharmacy, including, without limitation, information provided by the PMP, or from a law enforcement agency, professional licensing board, or any other source indicating that 1) a licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a CS listed in Sch. II – IV; 2) a pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described above; or 3) a patient or licensee has acquired, used, or possessed a CS listed in Sch. II – IV in a fraudulent, illegal, or unauthorized or otherwise inappropriate manner  
- Further provides that if the executive director of the board or his or her designee receives information concerning a licensee, he or she must notify the licensee as soon as practicable after receiving the information  
- Provides that the review and evaluation must include, without limitation, a review of relevant PMP information, a requirement that the licensee attest that he or she has been compliant with state law |
<p>| 6/16/2017 – Approved by Governor; effective June 16, 2017 for purposes of adopting regulations and performing any other administrative functions and on Jan. 1, 2018 for all other purposes |
| <strong>NV SB 59</strong> | - Requires a LE officer who, in the regular course of an investigation: 1) encounters a situation in which the LE officer has probable cause to believe that a violation involving a prescription for a controlled substance is occurring or has occurred; or 2) who receives a report of a stolen prescription for CS to report: 1) the name of the person who is believed to have violated a controlled substance law, who died as the result of using a prescribed controlled substance, or who filed the report of the stolen prescription; 2) the name of the person to whom the controlled substance involved in such event listed in 1 – 2 above is or was prescribed; 3) if the prescription container for the controlled substance is found in the vicinity of the location of an event listed in 1 – 2 above or if a prescription is reported stolen, the name of the prescribing practitioner, the prescription number, and the name of the controlled substance as it appears on the prescription container or order to his or her employer; the employer shall upload such information to the PDMP as soon as practicable after receiving the information unless the employer determines that uploading the information will interfere with an active criminal investigation, in which case the information shall be uploaded after the conclusion of the investigation. - Provides that a coroner, medical examiner, or deputy thereof who, as a result of an investigation into the cause of death determines that a person died as the result of using a prescribed CS shall: 1) if the coroner, ME, or deputy has access to the PMP, upload the information required above or 2) if the coroner, ME, or deputy does not have access to the PMP, report the information to a coroner, ME or deputy who has such access. - Provides that only individuals authorized to access the PMP shall upload information to the PMP. - Provides immunity for LE officers who make a good faith effort to comply with this mandate. - Amends law to provide that coroners and MEs shall be allowed to access the PMP if they have completed a required training course. - Further provides that a deputy of a coroner or ME shall be authorized to access the PMP if the deputy has completed the required training and the coroner or ME who employs the deputy has submitted the certification required. - Provides that a coroner, ME, or deputy may access the database only to investigate the death of a person or upload information required above. - Amends PMP statute to provide that law enforcement shall have access to the database to investigate a crime related to prescription drugs or to upload information pursuant to law. - Amends mandatory access provisions to provide that a practitioner shall also query the PMP prior to prescribing an opioid that is a controlled substance listed in Sch. V. | 5/30/2017 – Approved by Governor; effective July 1, 2017 |
| <strong>NH HB 291</strong> | Excludes veterinarians from the requirement to query the PMP | 6/19/2017 – Signed by Governor; effective August 15, 2017 |</p>
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<tr>
<th>Bill Number</th>
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| NJ AB 3     | - Provides that a practitioner shall not issue an initial prescription for an opioid in a quantity exceeding a 5-day supply for treatment of acute pain and any prescription for acute pain shall be for the lowest effective dose of immediate-release opioid drug  
- Provides that, prior to issuing a prescription for a Sch. II controlled substance or any other opioid drug in a course of treatment for acute or chronic pain, the practitioner shall query the PMP  
- Provides that, no less than four days after issuing the initial prescription, the practitioner may issue a subsequent prescription in any quantity provided that the subsequent prescription would not be considered an initial prescription, the prescription is necessary and appropriate to the patient’s treatment needs, and the practitioner determines that the subsequent prescription does not present an undue risk of abuse, addiction, or diversion  
- If a third prescription is issued, the practitioner shall enter into a pain management agreement with the patient  
- Provides that if a Sch. II controlled substance or any other opioid drug is continuously prescribed for three months or more for chronic pain, the practitioner shall query the PMP  
- Does not apply to patients receiving treatment for cancer, hospice care, or resident of a long-term care facility or to any medications being used in the treatment of substance abuse or opioid dependence | 2/5/2017  | Substituted by SB3                         |
| NJ AB 3519  | - Amends law to provide that the division shall establish a process by which a patient may request that the patient’s PDMP information include an indication that the patient should not be prescribed opioid drugs or other controlled substances with a significant potential for abuse or addiction  
- Provides that the division shall provide a process for removing the indication at the patient’s request  
- Further provides that the division shall establish a method to communicate the patient’s preference in the event the person is incapacitated or otherwise unable to communicate this preference prior to or while receiving health care services  
- Also provides that the division shall develop an education and outreach program for health care providers concerning the provisions of this section | 4/4/2016  | Introduced and referred to health and senior services committee |
| NJ AB 3984  | - Creates new section which provides for the creation of a system for monitoring the administration of an opioid antagonist by a hospital, emergency medical service provider, or law enforcement agency which shall be cross-referenced with the PDMP and shall, at a minimum, be made available to any practitioner, pharmacist, or other person who accesses the PDMP when prescribing or dispensing a Sch. II CS to a patient with acute or chronic pain  
- Amends mandatory query requirements for practitioners to include accessing any linked opioid antidote administration information  
- Amends mandatory query requirements for pharmacists to include accessing any linked opioid antidote administration information if the pharmacist has a reasonable belief that the person may be seeking the substance for any purpose other than the treatment of an existing medical condition  
- Amends law to require the adoption of a regulation to expand the PDMP to include information about each prescription dispensed for an opioid antidote | 6/20/2016 | Introduced and referred to assembly health and senior services committee |
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<tr>
<td><strong>NJ AB 4169</strong></td>
<td>Requires practitioners to submit information to the division regarding the existence or termination of pain management agreements which would be included in an electronic system to monitor the status of pain agreements in association with the dispensation of Sch. II CS. Provides that the pain management agreement monitoring system would be cross-referenced with the PDMP and would provide, at a minimum, the name, DOB, the types of medications authorized under the agreement, any limits on the patient’s acceptance of prescriptions from other practitioners, status of agreement, and would be made available to any practitioner, pharmacist, or other person accessing the PDMP when prescribing or dispensing a Sch. II CS to a patient with chronic pain. Requires the practitioner or delegate to query the PDMP and review PDMP and pain management data prior to prescribing a Sch. II CS to a patient with chronic pain the first time and at least quarterly while patient is continuing to receive treatment for chronic pain with a Sch. II CS. Prohibits a pharmacist from dispensing a Sch. II CS to any person for the treatment of chronic pain without first querying the pain management agreement monitoring system linked to the PDMP to determine if the person is subject to, and acting in compliance with, a pain management agreement, or was previously subject to a pain management agreement that has been terminated on the basis of the patient’s misrepresentation of facts or failure to adequately comply with the medication regimen, if the pharmacist has a reasonable belief that the patient may be seeking the CS for any purpose other than the treatment of chronic pain.</td>
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<td><strong>9/19/2016</strong></td>
<td>Introduced; referred to health and senior services committee</td>
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<tr>
<td><strong>NJ AB 4302</strong></td>
<td>Provides that medical expense benefits shall not include coverage of opioids unless the prescribing practitioner provides documentation of certain actions, including that the practitioner queried the PMP. Includes managed care plans and the State Medicaid and NJ FamilyCare programs.</td>
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<td><strong>10/27/2016</strong></td>
<td>Introduced and referred to financial institutions and insurance committee</td>
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<tr>
<td><strong>NJ AB 4440</strong></td>
<td>Allows access to PDMP data to health insurance carriers that provide coverage for prescription drugs and any third-party administrator or pharmacy benefit manager, and to the Director of the Division of Medical Assistance and Health Services and the Commissioner of Human Services for the purpose of identifying whether a Medicaid, NJ FamilyCare program recipient, or any other person, as applicable, is obtaining prescriptions in a manner that may be indicative of misuse, abuse, or diversion or of a violation of a law or regulation or breach of an applicable standard of practice.</td>
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<td><strong>1/10/2017</strong></td>
<td>Introduced; referred to health and senior services committee</td>
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<tr>
<td><strong>NJ AB 4741</strong></td>
<td>Amends law to provide that a practitioner must also query the PMP any time the practitioner or other person prescribes a Sch. II substance to a patient receiving care or treatment in the emergency department of a general hospital.</td>
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<tr>
<td><strong>3/20/2017</strong></td>
<td>Introduced; referred to health and senior services committee</td>
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<td>Bill</td>
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<tr>
<td><strong>NJ SB 3</strong></td>
<td>- Provides that a practitioner shall not issue an initial prescription for an opioid in a quantity exceeding a 5-day supply for treatment of acute pain and any prescription for acute pain shall be for the lowest effective dose of immediate-release opioid drug&lt;br&gt;- Provides that, prior to issuing a prescription for a Sch. II controlled substance or any other opioid drug in a course of treatment for acute or chronic pain, the practitioner shall query the PMP&lt;br&gt;- Provides that, no less than four days after issuing the initial prescription, the practitioner may issue a subsequent prescription in any quantity provided that the subsequent prescription would not be considered an initial prescription, the prescription is necessary and appropriate to the patient’s treatment needs, and the practitioner determines that the subsequent prescription does not present an undue risk of abuse, addiction, or diversion&lt;br&gt;- If a third prescription is issued, the practitioner shall enter into a pain management agreement with the patient&lt;br&gt;- Provides that if a Sch. II controlled substance or any other opioid drug is continuously prescribed for three months or more for chronic pain, the practitioner shall query the PMP&lt;br&gt;- Does not apply to patients receiving treatment for cancer, hospice care, or resident of a long-term care facility or to any medications being used in the treatment of substance abuse or opioid dependence</td>
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<td>2/15/2017 – Approved P.L. 2017, c. 28</td>
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<tr>
<td><strong>NJ SB 2428</strong></td>
<td>- Creates new section which provides for the creation of a system for monitoring the administration of an opioid antagonist by a hospital, emergency medical service provider, or law enforcement agency which shall be cross-referenced with the PDMP and shall, at a minimum, be made available to any practitioner, pharmacist, or other person who accesses the PDMP when prescribing or dispensing a Sch. II CS to a patient with acute or chronic pain&lt;br&gt;- Amends mandatory query requirements for practitioners to include accessing any linked opioid antidote administration information&lt;br&gt;- Amends mandatory query requirements for pharmacists to include accessing any linked opioid antidote administration information if the pharmacist has a reasonable belief that the person may be seeking the substance for any purpose other than the treatment of an existing medical condition&lt;br&gt;- Amends law to require the adoption of a regulation to expand the PDMP to include information about each prescription dispensed for an opioid antidote</td>
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<td>6/27/2016 – Introduced and referred to senate health, human services and senior citizens committee</td>
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<tr>
<td><strong>NJ SB 2703</strong></td>
<td>- Provides that medical expense benefits shall not include coverage of opioids unless the prescribing practitioner provides documentation of certain actions, including that the practitioner queried the PMP&lt;br&gt;- Includes managed care plans and the State Medicaid and NJ FamilyCare programs</td>
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<tr>
<td>11/3/2016 – Introduced and referred to commerce committee</td>
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<tr>
<td><strong>NJ SB 2795</strong></td>
<td>- Allows access to PDMP data to health insurance carriers that provide coverage for prescription drugs and any third-party administrator or pharmacy benefit manager, and to the Director of the Division of Medical Assistance and Health Services and the Commissioner of Human Services for the purpose of identifying whether a Medicaid, NJ FamilyCare program recipient, or any other person, as applicable, is obtaining prescriptions in a manner that may be indicative of misuse, abuse, or diversion or of a</td>
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<tr>
<td>6/26/2017 – Received in Assembly; referred to health and senior services</td>
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<th>Bill Number</th>
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<tbody>
<tr>
<td>NJ SB 3118</td>
<td>Amends law to provide that a practitioner must also query the PMP any time</td>
<td>6/22/2017 – Received in Assembly;</td>
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<td>the practitioner or other person prescribes a Sch. II substance to a patient</td>
<td>referred to health and senior</td>
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<td>receiving care or treatment in the emergency department of a general hospital</td>
<td>services committee</td>
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<tr>
<td>NM HB 170</td>
<td>Exempts patients experiencing pain caused by cancer or the treatment of</td>
<td>2/8/2017 – Do pass committee</td>
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<td>cancer from the PMP query requirement for practitioners</td>
<td>report adopted</td>
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<tr>
<td>NM SB 90</td>
<td>Requires the board to promulgate regulations to carry out the provisions of</td>
<td>Pocket veto</td>
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<td>the PMP insofar as the program applies to prescribing psychologists by</td>
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<td>January 1, 2018</td>
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<tr>
<td>NY AB 1043</td>
<td>Requires that hospital and emergency room physicians query the PDMP and</td>
<td>1/10/2017 – Referred to health</td>
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<td>notify a patient’s prescribing practitioner that such patient is being</td>
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<td>treated for a CS overdose</td>
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<tr>
<td>NY AB 2810</td>
<td>Provides that, no later than January 1, 2019, the department shall include</td>
<td>1/23/2017 – Referred to health</td>
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<td>the PMP information for each person to whom naloxone or other overdose</td>
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<td>reversal agent has been dispensed to assist physicians and other</td>
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<td>prescribers identify patients who have overdosed on an opioid or heroin</td>
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<td>Requires that any person who administers naloxone or other overdose reversal</td>
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<td>agent to a patient shall report the administration to the PMP within 72</td>
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<td>hours of administration which shall contain the name of the patient, the</td>
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<td>address of the patient, DOB, time and place of the administration, and the</td>
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<td>identity of the person who administered the naloxone</td>
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<tr>
<td>NY SB 2639</td>
<td>Requires that hospital and emergency room physicians query the PDMP and</td>
<td>4/24/2017 – Referred to health</td>
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<td>notify a patient’s prescribing practitioner that such patient is being</td>
<td>committee in Assembly</td>
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<td>treated for a CS overdose</td>
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<td><strong>NY SB 4374</strong></td>
<td>Requires that the PDMP include information for each patient to whom naloxone or another opioid overdose reversal agent has been dispensed to assist physicians and other prescribers in identifying patients who have overdosed on an opioid or heroin. Requires that any person, including first responders or medical practitioners, who administer naloxone or another overdose reversal agent to a patient report the administration of the agent to the PDMP within 72 hours of administration.</td>
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<tr>
<td><strong>NC HB 243</strong></td>
<td>Allows a practitioner to directly or by standing order prescribe an opioid antagonist to any governmental or non-governmental organization for the purpose of distributing, through its agents, the opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose and gives authority to those organizations to dispense an opioid antagonist. Requires practitioners to electronically prescribe all targeted controlled substances unless the prescription is issued by any of the following: 1) the practitioner, other than a pharmacist, dispenses directly to the ultimate user; 2) a practitioner who orders a controlled substance to be administered in a hospital, nursing home, hospice facility, outpatient dialysis facility, or residential care facility; 3) a practitioner who experiences temporary technological or electrical failure or other extenuating circumstances that prevents the prescription from being transmitted electronically; 4) a practitioner who writes a prescription to be dispensed by a pharmacy located on federal property; 5) veterinarians. Prohibits a practitioner from prescribing more than a 5-day supply of any targeted controlled substance upon the initial consultation and treatment of a patient for acute pain, unless the prescription is for post-operative pain for use immediately following a surgical procedure and, in that case, shall not prescribe more than a 7-day supply. Provides that any subsequent prescription may be for any appropriate amount. Provides that the prescription limitation does not apply to prescriptions for controlled substances issued to patients to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility. Amends data collection interval to require reporting by the close of the next business day after the prescription is delivered, but dispensers are encouraged to report within 24 hours. Provides that the department shall assess a fine against any pharmacy that employs dispensers found to have failed to report information in a manner required by law; $100 for first offense, $250 for second, and $500 for each subsequent violation, up to a maximum of $5,000 per calendar year; each day of a continuing violation shall constitute a separate violation. Allows the department to review PDMP data and, upon review, notify practitioners and their respective licensing boards of prescribing behavior that increases risk of diversion of CS, increases risk of harm to the patient, or is an outlier among other practitioner behavior. Amends access provisions to provide that the administrator of a hospital emergency department or hospital acute care facility shall provide the department with a list of prescribers who are authorized to prescribe controlled substances and a list of delegates who are authorized to receive data on behalf of the providers listed; within one week of receiving the list, the department shall establish all of the...</td>
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2/10/2017 – Referred to health

6/29/2017 – Signed by Governor; various effective dates
delegate accounts necessary to enable each delegate listed to receive data on behalf of the providers
- Requires pharmacists to register with the PDMP within 30 days of obtaining an initial or renewal license to practice pharmacy and provides that the failure to register may be cause for revocation or suspension of the license
- Requires prescribers to query the PDMP for a patient prior to initially prescribing a targeted controlled substance for that patient and every three months thereafter when such substance remains part of the patient’s treatment
- Requires that the queries be documented in the patient’s medical file and, if query is not performed, that the reason for not querying the PDMP is documented
- Provides other instances when a prescriber may, but is not required to, query the PDMP, including: 1) when the CS is administered to a patient in a health care setting, hospital, nursing home, or residential care facility; 2) the CS is prescribed for the treatment of cancer or another condition associated with cancer; 3) the CS is prescribed to a patient in hospice or palliative care
- Provides that the department shall conduct periodic audits and shall report to the appropriate licensing board any prescribers found to be in violation of the query requirements
- Requires that dispensers query the PDMP prior to dispensing a targeted controlled substance: 1) if the dispenser has a reasonable belief that the patient may be seeking the substance for any reason other than treatment of the patient’s medical condition; 2) the prescriber is located outside the usual geographic area served by the dispenser; 3) the patient resides outside the usual geographic area served by the dispenser; 4) the patient pays with cash when s/he has insurance on file; 5) the patient demonstrates potential misuse of a CS by over-utilization, requests for early refills, multiple prescribers, appearance of being overly sedated or intoxicated upon presenting a prescription, and/or a request by an unfamiliar patient for an opioid drug by a specific name, street name, color, or identifying marks
- Creates the Controlled Substances Reporting System Fund to be used for the operation of the system
- Requires that, beginning on February 1, 2019 and annually in every February thereafter, the department report certain information to the legislature, including the total number of prescriptions issued broken down by Schedule, demographics about the patients to whom prescriptions were dispensed, statistics regarding the number of pills dispensed per prescription, the number of patients who were prescribed a controlled substance by two or more practitioners, the number of patients to whom a prescription was dispensed in more than one county, the categories of practitioners prescribing controlled substances and the number of prescriptions authorized in each category, and any other data deemed appropriate and requested by the legislature
- Provides that the department shall continue to work toward establishing interstate connectivity and appropriates funds to be used for that purpose
- Allows a practitioner to directly or by standing order prescribe an opioid antagonist to any governmental or non-governmental organization for the purpose of distributing, through its agents, the opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose and gives authority to those organizations to dispense an opioid antagonist
- Prohibits a practitioner from prescribing more than a 5-day supply of any targeted controlled substance upon the initial consultation and treatment of a patient for acute pain, unless the prescription is for post-operative pain for use immediately following a surgical procedure and, in that case, shall not prescribe more than a 7-day supply
- Provides that any subsequent prescription may be for any appropriate amount
- Amends data collection interval to delete requirement that dispensing data be reported by the next business day or within 24 hours to provide that it must be reported within 24 hours
- Provides that the department shall assess a fine against any pharmacy that employs dispensers found to have failed to report information in a manner required by law
- Allows the department to review PDMP data and, upon review, notify practitioners of prescribing behavior that increases risk of diversion of CS, increases risk of harm to the patient, or is an outlier among other practitioner behavior
- Requires the release of PDMP information to any third-party payer or pharmacy benefits manager as agent of a third-party payer for the purposes of 1) claimant case management; 2) detection of inappropriate prescribing of a CS to a claimant; 3) detection of misuse or diversion of a CS by a claimant
- Requires dispensers to register for the PDMP within 30 days after obtaining an initial or renewal license to practice pharmacy and includes sanctions for failure to do so
- Requires prescribers to query the PDMP when prescribing a Sch. II – V CS prior to the initial prescription and then every three months thereafter
- Requires that the queries be documented in the patient’s medical file and, if query is not performed, that the reason for not querying the PDMP is documented
- Provides other instances when a prescriber may, but is not required to, query the PDMP, including: 1) when the CS is administered to a patient in a health care setting, hospital, nursing home, or residential care facility; 2) the CS is prescribed for the treatment of cancer or another condition associated with cancer; 3) the CS is prescribed to a patient in hospice or palliative care; 4) the CS is prescribed in an amount indicated for a period not to exceed five days and does not allow a refill, or for a period not to exceed seven days if the prescription indicates the CS is for immediate post-operative pain
- Requires dispensers to query the PDMP whenever dispensing a Sch. II – V substance: 1) if the dispenser has a reasonable belief that the ultimate user may be seeking the substance for any reason other than treatment of the patient’s medical condition; 2) the prescriber is located outside the usual geographic area served by the dispenser; 3) the patient resides outside the usual geographic area served by the dispenser; 4) the patient pays with cash when s/he has insurance on file; 5) the patient demonstrates potential misuse of a CS by over-utilization, requests for early refills, multiple prescribers,
Entries in Italics have been enacted by the state legislature or adopted by state regulatory board

| **ND HB 1099** | Amends definitions to provide that “controlled substance” includes non-scheduled substances containing gabapentin | 3/3/2017 – Signed by Governor |
| **OH HB 167** | - Amends § 4715.302 to delete exception to query requirement for dentists that provides that dentists aren’t required to query the PMP if the drug is prescribed or personally furnished to the patient in an amount intended to treat the patient for a period not to exceed 7 days  
- Creates new § 4715.303 which provides that the board of dentistry shall determine, for purposes of this section, what constitutes the practice of general dentistry and further provides that a dentist whose practice is general dentistry shall not prescribe or personally furnish an opioid analgesic if either of the following is the case: 1) the morphine equivalent daily dose for the drug exceeds 50mg or 2) the drug is prescribed or furnished in an amount indicated for a period that exceeds three days  
- Further provides that a dentist whose practice is general dentistry may prescribe or personally furnish an opioid analgesic in an amount indicated for a period that exceeds three days but not more than seven days if all of the following conditions are met: 1) the dentist has completed at least 8 hours of training relating to opioids and addiction; 2) the dentist uses an electronic medical records system that provides direct access to the PMP; 3) the dentist annually completes at least two hours of continued education related to prescribing opioids; 4) the dentist is able to refer patients to treatment for opioid addiction or dependence  
- Further provides that the dental board may establish limits on the amount or morphine equivalent daily dose of an opioid analgesic that may be prescribed or personally furnished by a dentist whose practice is primarily in a specialty other than general dentistry | 5/1/2017 – Referred to health committee |
- Amends § 4729.75 to include naltrexone in the list of things that the PMP shall be used to monitor
- Amends § 4729.77 to provide that pharmacies shall include the morphine equivalent daily dose of the drug dispensed, if applicable
- Amends § 4729.79 to provide that practitioners shall report information on naltrexone to the PMP and, if applicable, the morphine equivalent daily dose of the drug dispensed
- Amends § 4731.052 to provide that, in order to be authorized to treat chronic pain with a controlled substance or a product containing tramadol, a physician must: 1) complete at least 8 hours of training relating to addiction; 2) utilize an electronic medical records system that provides direct access to the PMP; and 3) annually complete at least two hours of continuing education relating to prescribing controlled substances
- Further provides that a physician shall not prescribe, furnish, or administer a controlled substance or product containing tramadol for treatment of chronic pain if its morphine equivalent daily dose exceeds 50mg
- Amends § 4731.055 to delete exclusion from mandatory query requirement for physicians related to drugs prescribed or personally furnished in an amount indicated for a period not to exceed 7 days
- Creates new § 4731.059 to provide that the state medical board shall determine, for purposes of this section, what constitutes a primary care specialty and further provides that a physician whose practice is primarily in a primary care specialty shall not prescribe or personally furnish an opioid analgesic if either of the following is the case: 1) the morphine equivalent daily dose for the drug exceeds 50mg, or 2) the drug is prescribed or furnished in an amount indicated for a period that exceeds three days; however, a physician may prescribe or personally furnish an opioid analgesic in amount that exceeds three days but not more than seven days if all of the following conditions are met: 1) the physician has completed at least 8 hours of training related to opioids and addiction; 2) the physician utilizes an electronic medical records system that provides direct access to the PMP; 3) the physician annually completes at least two hours of continuing education relating to prescribing opioids; and 4) the physician is able to provide treatment for opioid dependence or addiction
- Provides certain situations where the restriction doesn’t apply, including for the treatment of cancer or another condition associated with cancer, to a hospice patient or to any other patient who is terminally ill, to an inpatient for administration in a hospital, to a resident in a nursing home or residential care facility for administration in the home or facility, to treat chronic pain
- Further provides that the medical board may establish limits on the amount or morphine equivalent daily dose of an opioid analgesic that may be prescribed or personally furnished by a physician whose practice is primarily in a specialty other than primary care

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<th>OH SB 119</th>
<th>4/26/2017 – Referred to health, human services, and Medicaid committee</th>
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Entries in Italics have been enacted by the state legislature or adopted by state regulatory board
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- Further provides that a dentist whose practice is general dentistry may prescribe or personally furnish an opioid analgesic in an amount indicated for a period that exceeds three days but not more than seven days if all of the following conditions are met: 1) the dentist has completed at least 8 hours of training relating to opioids and addiction; 2) the dentist uses an electronic medical records system that provides direct access to the PMP; 3) the dentist annually completes at least two hours of continued education related to prescribing opioids; 4) the dentist is able to refer patients to treatment for opioid addiction or dependence.

- Further provides that the dental board may establish limits on the amount or morphine equivalent daily dose of an opioid analgesic that may be prescribed or personally furnished by a dentist whose practice is primarily in a specialty other than general dentistry.

- Amends § 4729.75 to include naltrexone in the list of things that the PMP shall be used to monitor.

- Amends § 4729.77 to provide that pharmacies shall include the morphine equivalent daily dose of the drug dispensed, if applicable.

- Amends § 4729.79 to provide that practitioners shall report information on naltrexone to the PMP and, if applicable, the morphine equivalent daily dose of the drug dispensed.

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- Further provides that a physician shall not prescribe, furnish, or administer a controlled substance or product containing tramadol for treatment of chronic pain if its morphine equivalent daily dose exceeds 50mg.

- Amends § 4731.055 to delete exclusion from mandatory query requirement for physicians related to drugs prescribed or personally furnished in an amount indicated for a period not to exceed 7 days.

- Creates new § 4731.059 to provide that the state medical board shall determine, for purposes of this section, what constitutes a primary care specialty and further provides that a physician whose practice is primarily in a primary care specialty shall not prescribe or personally furnish an opioid analgesic if either of the following is the case: 1) the morphine equivalent daily dose for the drug exceeds 50mg, or 2) the drug is prescribed or furnished in an amount indicated for a period that exceeds three days; however, a physician may prescribe or personally furnish an opioid analgesic in amount that exceeds three days but not more than seven days if all of the following conditions are met: 1) the physician has completed at least 8 hours of training related to opioids and addiction; 2) the physician utilizes an electronic medical records system that provides direct access to the PMP; 3) the physician annually completes at least two hours of continuing education relating to prescribing opioids; and 4) the physician is able to provide treatment for opioid dependence or addiction.

- Provides certain situations where the restriction doesn’t apply, including for the treatment of cancer or...
| **Entries in Italics** have been enacted by the state legislature or adopted by state regulatory board |

| **OK SB 800** | Allows designated agents or employees of the Bureau of Narcotics and Dangerous Drugs Control to access PDMP data where such use is appropriate to the proper performance of his/her official duties, including the prevention of the misuse and abuse of CS | 3/20/2017 – General Order, considered and deferred |

| **OR HB 2517** | Provides that the director may enter into agreements regarding the sharing of PDMP information with regulatory authorities of other states. Further provides that such agreements must adhere to the disclosure limitations provided in Oregon law, except that a practitioner or pharmacist licensed to practice in another state is not required to certify the purpose for which the information is being requested. Further provides that the agreement may provide for the direct transmission of information between electronic systems and may provide for the establishment of a single electronic system through which the authority and other regulatory authorities may access the information and may provide for the direct transmission of information to practitioners and pharmacists licensed to practice in another state. | 7/7/2017 – In committee upon adjournment |

| **OR HB 2518** | Amends definition of “practitioner” to delete provision that practitioner includes an individual licensed to practice in California, Idaho, or Washington and provides that a practitioner includes an individual licensed to practice in another state. Includes definitions of “medical director,” which means a physician employed by a hospital, health care clinic, or system of hospitals or health care clinics for the purpose of overseeing operations; “pharmacist,” which includes individuals licensed to practice pharmacy in another state, and “pharmacy director,” which means a pharmacist employed by a pharmacy or system of pharmacies for the purpose of overseeing operations. Amends § 431A.855 to provide that the PMP is to be established and maintained for the purpose of monitoring and reporting prescriptions drugs dispensed by pharmacies licensed by the state board of pharmacy. Provides that the PDMP is also for monitoring and reporting prescribed naloxone dispensed by pharmacies. Amends reporting requirements to include certain additional criteria. Allows receipt of PDMP data by medical director or pharmacy director or, if authorized by the medical director or pharmacy director, to a member of their staff. Allows receipt of PDMP data by practitioners, pharmacists, medical directors, pharmacy directors, and their delegates through a health information technology system if the individual is authorized to access the information in the HIE. | 7/7/2017 – In committee upon adjournment |
- Amends de-identified data provision to provide that de-identified data may be also be provided to educate practitioners about the prescribing of opioids and other controlled substances and to a health professional regulatory board.
- Amends interstate sharing provision.
- Requires prescriber and dispenser licensing boards to report licensing information to the PDMP for purposes of qualifying licensees to report certain information to, or receive information from, the PDMP.
- Creates new section that provides that the authority may require a person requesting de-identified data enter into a data use agreement under which the person describes the proposed use for the information; agrees to any terms and conditions imposed on transferring the information; agrees to any limitations imposed on using the information; agrees to any terms and conditions imposed on keeping the information; and agrees to destroy the information after completing the proposed use for the information.
- Creates new section that provides that, not less than once per year, the authority, in consultation with the PMP advisory committee and PMP prescribing practices review subcommittee, to develop, through the use of PMP information, criteria by which a practitioner may be required to receive education or training on the prescription of opioids or opiates.
- Provides that criteria developed under this section must include prescribing a high volume of opioids or opiates classified in Sch. II and III; prescribing an above-average amount of doses of opioids or opiates classified in Sch. II and III to a high number of patients; and simultaneously prescribing opioids or opiates classified in Sch. II and III with other Sch. II or III drugs.
- After reviewing such information, the subcommittee may direct the authority to provide a practitioner who meets the criteria educational information about prescribing opioids and opiates.
- Creates new section that creates the PMP prescribing practices review subcommittee as a subcommittee of the PMP advisory committee for the purpose of advising the authority and the commission on interpreting prescription information, understanding the clinical aspects of prescribing practices, and evaluating prescribing practices.
- Provides that the director may enter into agreements regarding the sharing of PDMP information with regulatory authorities of other states.
- Further provides that such agreements must adhere to the disclosure limitations provided in Oregon law.
- Further provides that the agreement may provide for the direct transmission of information between electronic systems and may provide for the establishment of a single electronic system through which the authority and other regulatory authorities may access the information and may provide for the direct transmission of information to practitioners and pharmacists licensed to practice in another state.

**OR HB 2519**

- Includes definitions of “medical director,” which means a physician employed by a hospital, health care clinic, or system of hospitals or health care clinics for the purpose of overseeing operations, and “pharmacy director,” which means a pharmacist employed by a pharmacy or system of pharmacies for the purpose of overseeing operations.
- Provides that the PDMP is also for monitoring and reporting prescribed naloxone dispensed by pharmacies.

7/7/2017 – In committee upon adjournment
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<th>Bill Number</th>
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<tr>
<td>OR HB 3363</td>
<td>Clarifies that PDMP requirements apply to osteopaths as well</td>
<td>6/20/2017 – Signed by Governor; effective January 1, 2018</td>
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<td>OR HB 3440</td>
<td>Requires that the Oregon Health Authority, through the use of prescription monitoring information, adopt rules setting forth guidelines for prescribing opioids and opiates and determine annually whether each practitioner prescribing opioids and opiates is in compliance with rules adopted by the authority regarding prescribing opioids and opiates.</td>
<td>7/18/2017 – Signed by Speaker and President</td>
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<td>PA HB 396</td>
<td>Amends query requirement to provide that prescribers shall query the PMP for each patient every time the patient is prescribed a controlled substance by the prescriber.</td>
<td>5/24/2017 – Laid on the table</td>
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<td>PA HB 598</td>
<td>Prohibits a practitioner from prescribing, administering, or dispensing a controlled substance without first querying the PMP.</td>
<td>2/24/2017 – Referred to health</td>
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| PA HB 1043  | - Creates new sections related to pain management clinics  
- Provides that a physician shall access the PMP prior to prescribing a controlled substance for a patient receiving treatment in a pain management clinic | 5/15/2017 | Referred to Senate health and human services committee |
| PA HB 1532  | - Amends access provisions to allow receipt of PMP information by a Medicaid managed care organization that is a party to a Medicaid managed care contract with the Department of Human Services  
- Provides that the Medicaid managed care organization may query the system to review the requested dispensing or prescribing of a controlled substance to an individual for whom the organization provides services and shall notify the Department of Human Services and the office of the attorney general if the organization has reason to believe that a controlled substance prescribed or dispensed to an enrollee is fraudulent | 7/14/2017 | Referred to health and human services committee in Senate |
| PA HB 1679  | - Amends law to provide that the board shall have the power and duty, when in the process of making routine technological updates to the PMP system, to integrate the system with prescriber and dispenser electronic health information systems  
- Further amends law to provide that the board shall have the power and duty, when in the process of making routine technological updates to the PMP system, to develop an automated process within the system to monitor information entered by prescribers and dispensers to detect potential abuse and to establish internal and real-time audits of patients and patient data  
- Provides that the advisory committee shall establish the criteria to properly identify and define irregular or potentially abusive patient behavior | 7/22/2017 | Referred to health services committee |
| RI HB 5469  | - Adds definitions for “certified law enforcement prescription drug diversion investigator,” which means a certified law enforcement officer assigned to investigate prescription drug diversion, and “qualified law enforcement agency,” which means the FDA, DEA, FBI, Office of the Inspector General of the US Department of Health and Human Services, or the Medicaid Fraud and Patient Abuse Unit in the Office of the Attorney General  
- Amends access provisions to provide that PDMP data may be disclosed by a department employee to a certified law enforcement prescription drug diversion investigator of a qualified law enforcement agency for use in an investigation | 7/19/2017 | Signed by Governor; effective January 1, 2018 |
- Provides that a certified law enforcement prescription drug diversion investigator shall provide the following information in order to receive PDMP data: identification credentials, and case number of the investigation
- Provides that a qualified law enforcement agency shall submit quarterly reports to the department of the data received by all certified law enforcement prescription drug diversion investigators in the agency, including, without limitation: 1) written verification that the inquiries were part of a lawful investigation, and 2) a brief description of each case closed during that quarter for which the agency used information from the database, and 3) the disposition of the investigation
- Provides that the department shall create a verification form and make it available annually to the qualified law enforcement agency and said verification form shall be submitted to the department within 30 days of receipt
- Failure to submit a verification form shall result in the immediate suspension of disclosure of information from the database by the department to the agency until a determination is made by the department to allow continued disclosure
- Beginning January 1, 2018, and annually thereafter, the director shall review disclosure of information pursuant to this section and, thereafter, the disclosure of information pursuant to this section shall automatically renew for another year unless the director provides written notice to the qualified law enforcement agencies and the speaker of the house and president of the senate at least 60 days in advance of the term’s end that the department wishes to discontinue providing information from the database pursuant to this section and may reinstitute disclosure by providing written notice to the same parties

RI SB 656
- Adds definitions for “certified law enforcement prescription drug diversion investigator,” which means a certified law enforcement officer assigned to investigate prescription drug diversion, and “qualified law enforcement agency,” which means the FDA, DEA, FBI, Office of the Inspector General of the US Department of Health and Human Services, or the Medicaid Fraud and Patient Abuse Unit in the Office of the Attorney General
- Amends access provisions to provide that PDMP data may be disclosed by a department employee to a certified law enforcement prescription drug diversion investigator of a qualified law enforcement agency for use in an investigation
- Provides that a certified law enforcement prescription drug diversion investigator shall provide the following information in order to receive PDMP data: identification credentials, and case number of the investigation
- Provides that a qualified law enforcement agency shall submit quarterly reports to the department of the data received by all certified law enforcement prescription drug diversion investigators in the agency, including, without limitation: 1) written verification that the inquiries were part of a lawful investigation, and 2) a brief description of each case closed during that quarter for which the agency used information from the database, and 3) the disposition of the investigation
- Provides that the department shall create a verification form and make it available annually to the qualified law enforcement agency and said verification form shall be submitted to the department within 30 days of receipt
- Failure to submit a verification form shall result in the immediate suspension of disclosure of information from the database by the department to the agency until a determination is made by the department to allow continued disclosure
- Beginning January 1, 2018, and annually thereafter, the director shall review disclosure of information pursuant to this section and, thereafter, the disclosure of information pursuant to this section shall automatically renew for another year unless the director provides written notice to the qualified law enforcement agencies and the speaker of the house and president of the senate at least 60 days in advance of the term’s end that the department wishes to discontinue providing information from the database pursuant to this section and may reinstitute disclosure by providing written notice to the same parties

7/19/2017 – Signed by Governor; effective January 1, 2018
<p>| <strong>SC HB 3824</strong> | - Creates § 44-53-1645 which requires a practitioner or practitioner’s delegate to query the PMP for a patient before issuing a prescription for a Sch. II substance unless: 1) the prescription is issued for a patient receiving hospice care; 2) the prescription does not exceed a 5-day supply; 3) the prescription is for a Sch. II substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must query the PMP at least every three months; 4) the practitioner has approved the administration by a licensed healthcare provider; 5) the prescription is issued for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility in which medications are provided and monitored by staff; - Provides that the practitioner is deemed to be in compliance if the practitioner utilizes technology that automatically displays the patient’s prescription history from the PMP in the practitioner’s electronic medical record system - Provides that a practitioner who fails to query the PMP as required must be reported to his or her board for disciplinary action | 5/19/2017 – Signed by Governor |
| <strong>SC HB 3825</strong> | - Creates § 44-53-1655 to provide that the department shall develop and maintain as part of the PDMP a system to provide prescription report cards to prescribers to inform the practitioner about certain prescribing trends - Further provides that the report cards must contain, at a minimum: 1) a prescribing comparison by therapeutic class code or specific substances to peer averages by specialty; 2) comparison of the prescriber’s number of mg per month by therapeutic class code or by specific substances to peer averages by specialty throughout the state; 3) total number of patients receiving 90 MMEs or more per month; 4) number of patients receiving opioids for 30 days or more; 5) number of patients receiving opioids and benzodiazepines at the same time; 6) number of patients receiving more than one CS prescription from the practitioner or practitioners; 7) number of patients issued prescriptions from three or more practitioners; 8) number of patients filling prescriptions at three or more pharmacies; 9) number of patients with CS prescriptions whose dispensing dates overlap; 10) number of patients obtaining refills on their prescriptions more than one week early; 11) total number of PDMP queries made by the prescriber and a ratio of the queries to the number of patients or prescriptions issued | 2/22/2017 – Referred to committee on medical, military, public and municipal affairs |</p>
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<th>Bill</th>
<th>Description</th>
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<th>Action Notes</th>
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| **SD SB 1** | - Amends definitions to include definition of “integration,” which means the linking of the PMP into electronic health records to allow health systems, pharmacies, or health information exchanges to seamlessly access data  
- Updates submission requirement to provide that data shall be submitted via ASAP version 4.2  
- Amends data collection interval to 24 hours  
- Provides that data may be provided to prescribers or dispensers for the purpose of furthering the purposes of the PMP including integration with electronic health records  
- Creates new section which requires that any person with a controlled drug or substance registration to prescribe or dispense any controlled substance must register with the PMP, except veterinarians | 3/9/2017 – Signed by Governor | |
| **SD SB 2** | Requires practitioners to query the PDMP prior to issuing a prescription for a controlled substance, unless the patient is receiving hospice care, the prescription is for an amount intended to last the patient for three days and is non-refillable, the monitored drug is lawfully administered to the patient, or due to emergency, the practitioner is unable to review the patient’s records prior to issuing the prescription | 1/18/2017 – Health and human services tabled; passed | |
| **SD SB 4** | Requires the board to annually report to the Senate and House health and human services committees on the monitoring and use of prescription opioids and any changes or advances made to the PDMP | 2/9/2017 – Signed by Governor | |
| **TN HB 1192** | Amends law to require that licensees have 15 days to register with the PDMP after receiving a federal DEA registration number | 2/15/2017 – Assigned to criminal justice subcommittee | |
| **TN HB 1207** | - Amends law to provide that, in addition to identifying high volume prescribers, beginning July 1, 2017 and annually thereafter, the department of health shall identify the prescribers who are in the top 20% of prescribers of opioids for the prior year and, further, that the department shall use the PMP to make the identification  
- Provides that if a prescriber is so identified, the department shall submit the prescriber’s name to the staff of the board the licenses the prescriber  
- The board shall notify the prescriber and shall require the prescriber to take certain actions and comply with certain requirements for a period of one year | 6/6/2017 – Signed by Governor; effective on signing | |
| **TN HB 1325** | Amends query requirement to provide that prescribers must query the PDMP prior to each prescription for a listed CS | 4/5/2017 – Action deferred in health subcommittee to first calendar of 2018 | |
| **TN SB 871** | Amends law to require that licensees have 15 days to register with the PDMP after receiving a federal DEA registration number | 3/7/2017 – Assigned to general subcommittee of senate judiciary committee |
| **TN SB 1041** | - Amends law to provide that, in addition to identifying high volume prescribers, beginning July 1, 2017 and annually thereafter, the department of health shall identify the prescribers who are in the top 20% of prescribers of opioids for the prior year and, further, that the department shall use the PMP to make the identification  
- Provides that if a prescriber is so identified, the department shall submit the prescriber’s name to the staff of the board the licenses the prescriber  
- The board shall notify the prescriber and shall require the prescriber to take certain actions and comply with certain requirements for a period of one year | 6/14/2017 – Companion bill became Pub. Ch. 483 |
| **TN SB 1425** | Amends query requirement to provide that prescribers must query the PDMP prior to each prescription for a listed CS | 3/7/2017 – Referred to health and welfare committee |
| **TX HB 2561** | - Amends data collection interval to the next business day after the prescription is completely filled  
- Amends access provisions to provide that the board, the medical board, board of podiatry, dental board, veterinary board, board of nursing, or optometry board may receive PDMP information for the purpose of investigating a specific license-holder or monitoring for potentially harmful prescribing or dispensing patterns or practices  
- Further amends access provisions to include paragraph stating that certain individuals may access PDMP information provided that accessing the information is authorized under HIPAA  
- Provides that the board, in consultation with the department and listed regulatory agencies, shall identify prescribing practices that may be potentially harmful and patient prescription patterns that may suggest drug diversion or abuse and shall develop indicators for levels of prescriber or patient activity that suggests a potentially harmful prescribing pattern or practice may be occurring or drug diversion or abuse may be occurring; based on those indicators, the board may send an electronic notification to a dispenser or prescriber if the information submitted indicates a potentially harmful prescribing practice or pattern or drug diversion or abuse may be occurring; provides that if the board sends such notification to a prescriber, the board shall immediately also send notification to the appropriate regulatory agency  
- Further provides that the board may promulgate rules to develop guidelines identifying behavior suggesting a patient is obtaining controlled substances that indicate diversion or abuse  
- Requires a pharmacy to query the PDMP if s/he observes behavior by a patient indicating possible drug diversion or abuse based on the guidelines developed by the board | 6/9/2017 – Signed by Governor; effective Sept. 1, 2017 |
- Requires a regulatory agency that issues a license, certification, or registration to a prescriber to periodically query the PDMP to determine whether a prescriber is engaged in potentially harmful prescribing patterns or practices and provides that if such evidence is found, the agency may notify the prescriber or open a complaint against the prescriber
- Provides that a regulatory agency that issues a license, certification, or registration to a prescriber or dispenser shall provide all information necessary to the board to register the prescriber or dispenser with the PDMP
- Requires practitioners, other than veterinarians, to query the PDMP before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol with certain exceptions
- Provides that veterinarians authorized to access PDMP information may only access information for prescriptions dispensed to the animals of the owner and may not consider the personal prescription history of the owner
- Requires wholesale distributors to report the same information to the PDMP that they report to ARCOS and in the same format and with the same frequency as it is submitted to ARCOS

| TX HB 2859 | - Changes data collection interval to the next business day
- Requires prescribers to report prescribing information to the board by the next business day after the prescription is issued
- Provides that the PMP must be capable of distinguishing reports by prescribers and dispensers in order to prevent duplicate entries
- Requires prescribers and dispensers to query the PDMP prior to prescribing or dispensing a CS to a patient and provides sanctions for failure to do so | 4/25/2017 – Left pending in committee |
| TX HB 3189 | - Requires that judges who require, as a part of community supervision, that a defendant serve a term of confinement and treatment in a substance abuse felony punishment facility or participate in substance abuse treatment services in a program or facility approved or licensed by the department of state health services to receive treatment for prescription drug abuse report the defendant’s name and date of birth and the name of the substance or substances abused by the defendant to the board of pharmacy if the defendant consents to the release of the information
- Provides that a defendant cannot be required, as a condition of community supervision, to consent to the release of the information and, further, cannot be excluded from a substance abuse treatment facility or program for failure to consent to release of the information
- Requires that a judge who requires a defendant to receive treatment for prescription drug abuse as a condition of participation in a specialty court to submit the defendant’s name and date of birth, the name of the specialty court in which the defendant is participating, the date the defendant began participating in the court, and, if the defendant consents, the name of the substance or substances abused by the defendant
- Provides that a defendant may not be required, as a condition of participation in the specialty court, to consent to the release of information or excluded from participation based on failure to consent
- Requires a judge who enters an order for court-ordered treatment for prescription drug abuse to report | 5/9/2017 – Referred to criminal justice |

Entries in Italics have been enacted by the state legislature or adopted by state regulatory board
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| TX HB 3208 | - Changes data collection interval to the next business day  
- Requires veterinarians who hold a registration to dispense Sch. II – V controlled substances to submit dispensing information to the PMP  
- Amends access provisions to provide that data may be received by the board, the medical board, board of podiatric medicine, board of dental examiners, board of veterinary medical examiners, board of nursing, or optometry board for the purpose of investigating a specific license holder or monitoring for potentially harmful prescribing or dispensing patterns  
- Amends provisions to provide that information from the PMP may be used for the prescribing and dispensing of controlled substances  
- Provides that the board, in consultation with the department and listed regulatory agencies, shall identify prescribing practices that may be potentially harmful and patient prescription patterns that may suggest drug diversion or abuse and shall develop indicators for levels of prescriber or patient activity that suggests a potentially harmful prescribing pattern or practice may be occurring or drug diversion or abuse may be occurring; based on those indicators, the board may send an electronic notification to a dispenser or prescriber if the information submitted indicates a potentially harmful prescribing practice or pattern or drug diversion or abuse  
- Further provides that the board may promulgate rules to develop guidelines identifying behavior suggesting a patient is obtaining controlled substances that indicate diversion or abuse  
- Requires that regulatory boards that issue a license, certification, or registration to a prescriber and the board of veterinary medicine periodically access the PMP to determine whether a prescriber or veterinarian is engaging in potentially harmful prescribing practices or patterns  
- Sets out the circumstances a board must consider to determine whether a potentially harmful prescribing or dispensing pattern or practice is occurring, including the number of times a prescriber prescribes or veterinarian dispenses opioids, benzodiazepines, barbiturates, or carisoprodol and patterns of prescribing or dispensing combinations of those drugs and other dangerous combinations of drugs identified by the board  
- The regulatory board may notify the prescriber and/or open a complaint against the prescriber if the board finds evidence of potentially harmful prescribing patterns or practices  
- Requires that prescribers and dispensers query the PDMP prior to prescribing or dispensing opioids, including opioids  |

3/30/2017 – Referred to public health
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<tr>
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<tr>
<td>TX SB 316</td>
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<tr>
<td>- Changes data collection interval to the next business day</td>
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<tr>
<td>- Amends access provisions to provide that data may be received by the board, the medical board, board of podiatric medicine, board of dental examiners, board of veterinary medical examiners, board of nursing, or optometry board for the purpose of investigating a specific license holder or monitoring for potentially harmful prescribing or dispensing patterns</td>
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<tr>
<td>- Amends provisions to provide that information from the PMP may be used for the prescribing and dispensing of controlled substances by a pharmacy, pharmacy technician, physicians, dentists, veterinarians, podiatrists, optometrists, and advanced practice nurses</td>
</tr>
<tr>
<td>- Provides that the board, in consultation with the department and listed regulatory agencies, shall identify prescribing practices that may be potentially harmful and patient prescription patterns that may suggest drug diversion or abuse and shall develop indicators for levels of prescriber or patient activity that suggests a potentially harmful prescribing pattern or practice may be occurring or drug diversion or abuse may be occurring; based on those indicators, the board may send an electronic notification to a dispenser or prescriber if the information submitted indicates a potentially harmful prescribing practice or pattern or drug diversion or abuse</td>
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<tr>
<td>- Further provides that the board may promulgate rules to develop guidelines identifying behavior suggesting a patient is obtaining controlled substances that indicate diversion or abuse and may send electronic notification to a prescriber or dispenser if there is reason to believe that a particular patient is engaging in drug abuse or diversion</td>
</tr>
<tr>
<td>- Provides that the board may, by rule, develop guidelines identifying additional behavior that would suggest that drug diversion or abuse is occurring and further provides that a pharmacist, pharmacy technician, physician, dentist, veterinarian, podiatrist, optometrist, or advanced practice nurse who observes such behavior must query the PMP</td>
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<tr>
<td>- Requires that regulatory boards that issue a license, certification, or registration to a prescriber periodically access the PMP to determine whether a prescriber is engaging in potentially harmful prescribing practices or patterns</td>
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<td>- Provides that if the board sends an electronic notification to a prescriber regarding a patient, it shall simultaneously send notification to the prescriber’s regulatory agency</td>
</tr>
<tr>
<td>- Sets out the circumstances a board must consider to determine whether a potentially harmful prescribing or dispensing pattern or practice is occurring, including the number of times a prescriber prescribes or veterinarian dispenses opioids, benzodiazepines, barbiturates, or carisoprodol and patterns of prescribing or dispensing combinations of those drugs and other dangerous combinations of drugs identified by the board</td>
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<tr>
<td>- The regulatory board may notify the prescriber and/or open a complaint against the prescriber if the</td>
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<td>5/21/2017 – Committee report sent to calendars</td>
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board finds evidence of potentially harmful prescribing patterns or practices
- Requires that a regulatory agency that issues a license, certification, or registration to a prescriber or dispenser provide the board with any necessary information for each prescriber or dispenser, including contact information for electronic notifications, to register the prescriber or dispenser with the PMP
- Requires that prescribers and dispensers, excluding veterinarians, query the PDMP prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol unless the patient has been diagnosed with cancer or the patient is receiving hospice care and the prescriber records such information in the medical record
- Provides that veterinarians authorized to access the PMP may access information for prescriptions dispensed only for the animals of an owner and may not consider the personal prescription history of the owner

| TX SB 1284 | - Changes data collection interval to the next business day
- Requires prescribers to report prescribing information to the board by the next business day after the prescription is issued
- Provides that the PMP must be capable of distinguishing reports by prescribers and dispensers in order to prevent duplicate entries
- Requires the board, in consultation with the department and listed regulatory agencies, to identify potentially harmful prescribing or dispensing patterns or practices that may suggest diversion or abuse and to develop indicators for levels of prescriber or patient activity that suggest that a potentially harmful prescribing or dispensing pattern or practice may be occurring or that drug diversion or drug abuse may be occurring and may send a prescriber or dispenser an electronic notification if the indicators point to a potentially harmful pattern
- Requires that prescribers and dispensers query the PDMP prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol unless the patient has been diagnosed with cancer or the patient is receiving hospice care and the prescriber records such information in the medical record |
| --- | --- |
| TX SB 1412 | - Requires persons authorized to access PDMP data to query the PDMP prior to prescribing or dispensing an opioid, benzodiazepine, barbiturates, or carisoprodol
- Allows regulatory agencies with jurisdiction over such persons to monitor the prescribing or dispensing actions of such person |
| UT HB 50 | - Provides that a prescription for a Sch. II or Sch. III opiate issued for an acute condition shall not exceed a 7-day supply unless the prescription is issued for a surgery when the practitioner determines that a quantity exceeding 7 days is needed, in which case it shall not exceed a 30-day supply with a partial refill
- Provides that prescription restriction does not apply to prescriptions issued for complex or chronic conditions when documented in the medical record
- Amends access provisions to provide that a practitioner may designate one or more employees to access PMP information
- Provides that the department shall review and adjust the database programming which automatically |
| 3/13/2017 – Referred to health and human services |
| 3/20/2017 – Left pending in committee |
| 3/22/2017 – Governor signed |
logs off an individual granted access to the PMP to maximize the following objectives: 1) to protect patient privacy; 2) to reduce inappropriate access; and 3) to make the database more useful and helpful to the person accessing the information, especially in high usages areas like an emergency department
- Amends query requirements to provide that a prescriber shall query the PMP prior to the first time the prescriber prescribes a Sch. II or III opioid for a patient unless: 1) the prescription is for 3 days or less; 2) the prescriber has prior knowledge of the patient’s prescription history based on the prescriber’s review of the patient’s health record; or 3) the prescription is post-surgical and the total duration of opioid is for 30 days or less
- Provides that if the prescriber is repeatedly prescribing a Sch. II or III opioid to a patient, the prescriber shall periodically query the PMP or other similar records of controlled substances the patient has filled
- Provides that the prescriber may delegate the query requirement to one or more employees

| VA HB 1885 | Amends exception to query requirement to provide that a prescriber is not required to query the PMP if the opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days | 2/24/2017 – Signed by Governor; effective 7/1/2017 |
| VA HB 2164 | Adds gabapentin to list of drugs of concern to be reported to PDMP | 2/23/2017 – Approved by Governor; effective on passage |
| VA HB 2167 | Requires the boards of dentistry and medicine to adopt regulations that relate to the prescribing of opioids which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days’ supply of drugs prescribed and a requirement that prescribers request and review information in the PMP as well as guidelines for the treatment of chronic pain and referral of patients to whom opioids are prescribed for substance abuse counseling or treatment as appropriate
- Requires the board to adopt regulations related to the prescribing of opioids and buprenorphine which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days’ supply of drugs prescribed and a requirement that prescribers request and review PMP information and the treatment of chronic pain and the use of buprenorphine in the treatment of addiction, including a requirement for referral to or consultation with a provider of substance abuse counseling in conjunction with treatment of opioid dependency with products containing buprenorphine
- Requires the PMP to provide a report to the legislature annually on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient | 3/3/2017 – Signed by Governor; effective on passage |
<table>
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<tr>
<th>Bill Number</th>
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<th>Date Signed/Effective</th>
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<tr>
<td>VA HB 2209</td>
<td>Creates new section that provides for the creation of the Emergency Department Care Coordination Program to provide a single, statewide technology solution that connects all hospital emergency departments to facilitate real-time communication and collaboration among physicians, other health care providers, and clinical and care management personnel for patients receiving services in hospital emergency departments and further provides that the Commissioner shall ensure that the Program is integrated with the PMP to enable automated query and automatic delivery of relevant information from the PMP into the existing work flow of health care providers in the emergency department</td>
<td>3/16/2017 – Signed by Governor</td>
</tr>
<tr>
<td>VA SB 1180</td>
<td>Requires the boards of dentistry and medicine to adopt regulations that relate to the prescribing of opioids which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days’ supply of drugs prescribed and a requirement that prescribers request and review information in the PMP as well as guidelines for the treatment of chronic pain and referral of patients to whom opioids are prescribed for substance abuse counseling or treatment as appropriate. Requires the board to adopt regulations related to the prescribing of opioids and buprenorphine which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days’ supply of drugs prescribed and a requirement that prescribers request and review PMP information and the treatment of chronic pain and the use of buprenorphine in the treatment of addiction, including a requirement for referral to or consultation with a provider of substance abuse counseling in conjunction with treatment of opioid dependency with products containing buprenorphine. Requires the PMP to provide a report to the legislature annually on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient</td>
<td>3/20/2017 – Signed by Governor; effective on passage</td>
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<tr>
<td>VA SB 1232</td>
<td>Amends exception to query requirement to provide that a prescriber is not required to query the PMP if the opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days</td>
<td>2/24/2017 – Signed by Governor; effective 7/1/2017</td>
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<tr>
<td>VA SB 1484</td>
<td>Amends Medicaid access provisions to allow receipt of PDMP data by clinical designees who hold multistate licensure privileges to practice nursing or hold a license issued by a health regulatory board within the Department of Health Professions and is employed by a Virginia Medicaid managed program</td>
<td>2/23/2017 – Approved by Governor; effective 7/1/2017</td>
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<tr>
<td>VA SB 1561</td>
<td>Creates new section that provides for the creation of the Emergency Department Care Coordination Program to provide a single, statewide technology solution that connects all hospital emergency departments to facilitate real-time communication and collaboration among physicians, other health care providers, and clinical and care management personnel for patients receiving services in hospital emergency departments and further provides that the Commissioner shall ensure that the Program is integrated with the PMP to enable automated query and automatic delivery of relevant information from the PMP into the existing work flow of health care providers in the emergency department</td>
<td>3/13/2017 – Approved by Governor</td>
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<tr>
<td>VA SJ 285</td>
<td>Directs the Joint Commission on Health Care to study the sustainability of the PDMP and identify potential funding sources for its future operation</td>
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</table>
| WA HB 1426 | - Amends law to provide that the director of his/her designee within the health care authority regarding Medicaid clients may receive PDMP information and further provides that the information may not be used for contracting or value-based purchasing decisions  
- Further amends access provisions to provide that personnel of the department shall have access to PDMP information for the purposes of assessing prescribing practices, including CS related mortality and morbidity, providing quality improvement feedback to providers, including comparison of a provider’s respective data to aggregate data for providers with the same type of license and same specialty  
- Further amends access provisions to amend access by health care facilities or entities for quality improvement purposes to allow also access if the facility or entity is licensed or certified under law or an entity is deemed, pursuant to law, to meet minimum standards as a result of accreditation by a recognized behavioral health accrediting body or operated by the federal government or federally recognized tribe  
- Further amends access provisions to amend access by health care provider groups to provide access if the provider group is operated by the federal government or a federally recognized tribe  
- Amends access provisions to allow access by local health officers of a local health jurisdiction for the purpose of patient follow-up and care coordination following a CS overdose event  
- Allows access by the coordinated care electronic tracking program, commonly referred to as the seven best practices in emergency medicine, for purposes of providing PDMP data to emergency department personnel when the patient registers with the ED and notice to providers, appropriate care coordination staff, and prescribers listed in the patient’s PDMP record that the patient has experienced a CS overdose event  
- Provides that the department shall provide certain facilities or entities or provider groups with facility, entity, or individual prescriber information if the facility, entity, or provider group: 1) uses the information only for the purposes of internal quality improvement and individual prescriber quality improvement feedback; 2) does not use the information as the sole basis for any medical staff sanction or adverse employment action; 3) provides the department with a standardized list of the facility, entity, or provider group’s current prescribers  
- Further provides that the department, in consultation with certain other entities, shall determine the specific facility, entity and individual prescriber information that the department must provide and any requirements related to the standardized list of prescribers that a facility, entity, or provider group must provide to the department and further provides that such information shall be provided on at least a quarterly basis, subject to available funds  
- Provides that the department may provide dispenser or prescriber data and data that includes indirect patient identifiers to the WA state hospital association for use solely in connection with its coordinated quality improvement program maintained under law; provides that the department and association must enter into a written agreement prior to receiving such information | 2/21/2017 – House; left in rules |
| | 6/21/2017 – By resolution, reintroduced and retained in present status |
- Amends immunity provisions
- Creates new section that provides that, beginning Nov. 15, 2017 and annually thereafter, the department shall report to the legislature on the number of facilities, entities, or provider groups that have integrated their electronic health records with the PMP utilizing the state health information exchange

**WA HB 1427**

- Creates new section to provide that more needs to be done to ensure proper prescribing and use of opioids and access to treatment which shall include allowing receipt of PMP information by local health officers in order to provide patient follow-up and care coordination, including directing care to opioid treatment programs as appropriate to the patient following an overdose event
- Further provides that the legislature intends to streamline its system of tracking and treating opioid abuse by ensuring ease of access for prescribers, including those prescribers who provide services in opioid treatment programs, to the PMP; by allowing facilities and practitioners to use the information received from the PMP for the purpose of providing individual provider feedback
- Amends § 70.225.040 to provide that the department may provide PMP information to the director or the director’s designee within the health care authority regarding Medicaid clients for the purposes of quality improvement, patient safety, and care coordination and may not be used for contracting or value-based purchasing decisions
- Further allows receipt of PMP information by personnel of the department for the purposes of assessing prescribing practices, including controlled substances related to morbidity and mortality and providing quality improvement feedback to providers, including comparison of their respective data to aggregate data for providers with the same type of license and same specialty
- Amends access by health care facilities or entities and health care provider groups to provide that such facility or entity or group may also be operated by the federal government or a federally recognized Indian tribe and may also access such information for quality improvement purposes
- Provides that the local health officer of a local health jurisdiction may receive PMP information for purposes of patient follow-up and care coordination following a controlled substance overdose event
- Allows access by the coordinated care electronic tracking program, commonly referred to as the seven best practices in emergency medicine, for purposes of providing PDMP data to emergency department personnel when the patient registers with the ED and notice to providers, appropriate care coordination staff, and prescribers listed in the patient’s PDMP record that the patient has experienced a CS overdose event
- Provides that the department shall provide certain facilities or entities or provider groups with facility, entity, or individual prescriber information if the facility, entity, or provider group: 1) uses the information only for the purposes of internal quality improvement and individual prescriber quality improvement feedback; 2) does not use the information as the sole basis for any medical staff sanction or adverse employment action; 3) provides the department with a standardized list of the facility, entity, or provider group’s current prescribers
- Provides that the department may provider dispenser and prescriber data and data that includes indirect patient identifiers to the Washington state hospital association for use solely in connection with

5/16/2017 – Signed by Governor; effective July 23, 2017

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| **WA SB 5248** | - Amends law to provide that the director of his/her designee within the health care authority regarding Medicaid clients may receive PDMP information and further provides that the information may not be used for contracting or value-based purchasing decisions  
- Further amends access provisions to provide that personnel of the department shall have access to PDMP information for the purposes of assessing prescribing practices, including CS related mortality and morbidity, providing quality improvement feedback to providers, including comparison of a provider’s respective data to aggregate data for providers with the same type of license and same specialty  
- Further amends access provisions to amend access by health care facilities or entities for quality improvement purposes to allow also access if the facility or entity is licensed or certified under law or an entity is deemed, pursuant to law, to meet minimum standards as a result of accreditation by a recognized behavioral health accrediting body or operated by the federal government or federally recognized tribe  
- Further amends access provisions to amend access by health care provider groups to provide access if the provider group is operated by the federal government or a federally recognized tribe  
- Amends access provisions to allow access by local health officers of a local health jurisdiction for the purpose of patient follow-up and care coordination following a CS overdose event  
- Allows access by the coordinated care electronic tracking program, commonly referred to as the seven best practices in emergency medicine, for purposes of providing PDMP data to emergency department personnel when the patient registers with the ED and notice to providers, appropriate care coordination staff, and prescribers listed in the patient’s PDMP record that the patient has experienced a CS overdose event  
- Provides that the department shall provide certain facilities or entities or provider groups with facility, entity, or individual prescriber information if the facility, entity, or provider group: 1) uses the information only for the purposes of internal quality improvement and individual prescriber quality improvement feedback; 2) does not use the information as the sole basis for any medical staff sanction or adverse employment action; 3) provides the department with a standardized list of the facility, entity, or provider group’s current prescribers  
- Further provides that the department, in consultation with certain other entities, shall determine the specific facility, entity and individual prescriber information that the department must provide and any requirements related to the standardized list of prescribers that a facility, entity, or provider group must provide to the department and further provides that such information shall be provided on at least a quarterly basis, subject to available funds  
- Provides that the department may provide dispenser or prescriber data and data that includes indirect dispensing and  

6/21/2017 – By resolution, reintroduced and retained in present status

By its quality improvement program
- Creates new section that provide that beginning Nov. 15, 2017 and annually thereafter, the department shall submit an annual report to the Governor and appropriate committees of the legislature on the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records with the PMP using the state health information exchange

- Provides that the department shall submit an annual report to the Governor and appropriate committees of the legislature on the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records with the PMP using the state health information exchange.
patient identifiers to the WA state hospital association for use solely in connection with its coordinated quality improvement program maintained under law; provides that the department and association must enter into a written agreement prior to receiving such information
- Amends immunity provisions
- Creates new section that provides that, beginning Nov. 15, 2017 and annually thereafter, the department shall report to the legislature on the number of facilities, entities, or provider groups that have integrated their electronic health records with the PMP utilizing the state health information exchange
- Creates new sections that require the adoption of rules by various boards by Jan. 1, 2019 regarding the prescribing of opioids

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<thead>
<tr>
<th>Bill</th>
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<tr>
<td>WV HB 2277</td>
<td>Authorizes the Board of Pharmacy to promulgate a legislative rule related to the PDMP</td>
<td>3/22/2017 – Reported in committee substitute for HB 2219</td>
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<tr>
<td>WV HB 3009</td>
<td>Amends PMP access provisions to allow receipt of PMP information by duly authorized agents of the Office of Health Facility Licensure and Certification for use in certification, licensure, and regulation of health facilities</td>
<td>3/24/2017 – Referred to Senate committee on health and human resources</td>
</tr>
<tr>
<td>WV SB 143</td>
<td>Authorizes the Board of Pharmacy to promulgate a legislative rule related to the PDMP</td>
<td>2/8/2017 – To judiciary</td>
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| WV SB 333 | - Amends statute regarding information to be submitted regarding the person picking up the prescription if that person is not the patient  
- Further amends law to provide that a medical services provider who treats a patient for an overdose that has occurred as the result of illicit or prescribed medication, the provider shall report the name, address, and birth date of the individual being treated, including any known ancillary evidence of the overdose to the board of pharmacy and further provides that the board shall coordinate with the division of justice and community services and the office of drug control policy regarding the collection of overdose data  
- Amends access provisions to provide that duly authorized agents of the Office of Health Facility Licensure and Certification for use in certification, licensure and regulation of health facilities  
- Further amends access provisions to provide that a dean of any medical school or his or her designee located in this state to access prescriber level data to monitor prescribing activities of faculty members, prescribers, and residents enrolled in a degree program at the school where he or she serves as dean  
- Amends access provisions to allow access by a physician reviewer designated by an employer of medical providers to monitor prescriber level data information of prescribing physicians, advance practice registered nurses, or physician assistants in their employ | 4/26/2017 – Approved by Governor; effective July 7, 2017 |
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<th>Bill Number</th>
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<th>Action Dates</th>
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</table>
| WV SB 339  | - Creates the coalition for responsible chronic pain management  
- Provides that the coalition shall review the statutory provisions of the PDMP to ascertain if there is a more effective manner for prescribers to access the database which would provide sufficient regulation over the prescription of chronic pain medication while still allowing access to patients with established chronic pain conditions  
- Requires the coalition to report to the legislature by Dec. 31, 2017, and annually thereafter | 4/24/2017 – Approved by Governor; effective July 6, 2017 |
| WV SB 386  | - Creates new section that provides that a practitioner shall query the PMP prior to issuing a certification for the use of medical cannabis and prior to recommending a change of amount or form of medical cannabis  
- Provides that a practitioner may query the PMP to determine whether a patient may be under treatment with a controlled substance by another physician or person, allow the practitioner to review the patient’s controlled substance history as deemed necessary by the practitioner, or to provide to the patient or caregiver on behalf of the patient a copy of the patient’s PMP report  
- Creates new section that provides that the bureau shall review a caregiver’s PMP information as part of the criminal history check of the individual prior to being approved as caregiver for a patient | 4/19/2017 – Approved by Governor; effective July 5, 2017 |
| WV SB 418  | - Creates new section that provides that the State Health Officer shall conduct or provide for an examination of the prescribing and treatment history, including court-ordered treatment or treatment within the criminal justice system, of persons within the state who suffered a fatal or non-fatal opiate overdose in calendar years 2013-2015 inclusive and any report or supplemental report shall provide any data in aggregate or de-identified format  
- Further provides that, to facilitate the examination, information may be provided from the PMP  
- Provides that not later than one year from the effective date of the section, the State Health Officer shall publish a report on the findings of the examination  
- Creates new section that provides that the State Health Officer, in conjunction with the Office of Drug Control Policy, may develop guidelines for prescribing opioids for acute pain  
- Amends PMP statutes to change housing authority from the board of pharmacy to the Office of Drug Control Policy and to amend access provisions to allow access to PMP information by the board of pharmacy | 2/23/2017 – Referred to health and human resources |
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<tr>
<th>Reg. No.</th>
<th>Description</th>
<th>Status and Date of Last Action</th>
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<tr>
<td>82 FR 16283</td>
<td>Executive Order establishing a commission to combat drug addiction and the opioid crisis providing that the commission shall identify and report on the best practices for the use and effectiveness of state PMPs</td>
<td>3/29/2017 – Executive Order 13784</td>
</tr>
</tbody>
</table>
| AL 439138 (ADC 540-X-4-.09) | - Creates new rule for risk and abuse mitigation strategies by prescribing physicians  
- Provides that examples of risk and abuse mitigation strategies include checks of the PMP  
- Sets forth requirements for use of the PMP, including the following: 1) when prescribing a patient a controlled substance of more than 30 MME per day, physicians shall query the PMP for that patient at least two times per year; 2) physicians shall query the PMP every time a prescription for more than 90 MME per day is written on the same day the prescription is written; 3) for controlled substances totaling 30 MME or less, physicians are expected to use the PMP in a manner consistent with good clinical practice  
- Provides exemptions for query requirements including when writing prescriptions for nursing home patients; hospice patients, where the prescription indicates hospice on the physical prescription; when treating a patient for active, malignant pain; or, intra-operative patient care  
- Provides that a violation of this rule is grounds for suspension, restriction, or revocation of a physician’s AL controlled substance certificate or license to practice medicine                                                                 | 1/31/2017 – Certified adopted rules |
| AR 457977 (ADC 099.00.1-099.41) | - Provides that prior to prescribing opioid medications for a worker’s compensation patient, physicians should check the PMP                                                                                                                                                                                                                           | 5/22/2017 – Proposed regulations |
| AR 463493 (ADC 060.00.1-2) | Amends rule to provide that if a physician or physician assistant prescribes opioids that exceed the CDC guidelines, the physician or physician assistant must document that he or she queried the PDMP prior to writing the prescription                                                                                                                                                                           | 7/20/2017 – Proposed regulations |
| AR 463495 (ADC 060.00.1-41) | - Creates new rule that requires a healthcare provider to query the PDMP when prescribing: 1) an opioid from Schedule II or Schedule III for every time prescribing the medication to a patient; and 2) a benzodiazepine medication for the first time prescribing the medication to a patient  
- Provides that it does not apply to: 1) a healthcare provider administering a controlled substance immediately before or during surgery, during recovery from surgery while in a healthcare facility, in a healthcare facility, or necessary to treat a patient in an emergency situation at the scene of an emergency, in a licensed ground or air ambulance, or in the intensive care unit of a licensed hospital; 2) a healthcare provider prescribing or administering a controlled substance to a palliative care or hospice patient or a resident in a licensed nursing home facility; or 3) situations in which the PDMP is not accessible due to technological or electrical failure  
- Further provides that a licensed oncologist shall query the PDMP when prescribing to a patient on an initial malignant episodic diagnosis and every three months following the diagnosis while continuing treatment  
- Provides that a provider who fails to query the PDMP as required is subject to disciplinary action                                                                                                                                   | 7/20/2017 – Proposed regulations |
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<th>Action Notes</th>
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| CO 462466 (7 ADC 1101-3:16, 18) | - Amends mandatory query requirements to provide that an authorized treating physician for a worker’s compensation patient shall query the PDMP when prescribing opioids and opioid refills  
- Further provides that the authorized treating physician shall query the PDMP in determining the prescribed levels of medication | 7/10/2017 | Notices of proposed rulemaking |
| DE 423935 (24 CSA 9.0) | - Provides that, if, in the medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat a patient’s acute medical condition, the practitioner shall query the PMP  
- Further provides that after the first time outpatient prescription, or after the patient has been issued outpatient prescriptions totaling up to a 7-day supply, prior to issuing a subsequent prescription for an opioid analgesic for acute pain, the practitioner must query the PMP and, for any subsequent prescriptions, shall query the PMP at his/her discretion  
- Provides that, for chronic pain patients, practitioners must query the PMP at least every six months, more frequently if indicated, or whenever the patient is also being prescribed a benzodiazepine  
- Further provides that the practitioner query the PMP whenever the patient is assessed to potentially be at risk for substance abuse or misuse or demonstrates such things as loss of prescriptions, requests for early refills, or similar behavior | 1/1/2017 | Final regulations; effective 4/1/2017 |
| FL 425483 (ADC 64K-1.003) | - Adds definitions of “designee,” which means a person, preferably a licensed or certified health care professional, appointed to act as the agent of a prescriber or dispenser; and “impaired practitioner consultant”  
- Allows prescribers and dispensers to access the PMP using a secure web service associated with his or her electronic health record  
- Provides that a designee may directly access the PMP by registering with the program and after the designating prescriber or dispenser affirmatively accepts responsibility for the designee  
- Designees that do not access the PMP for a period in excess of six months will be deactivated  
- Provides that impaired practitioner consultants shall not have direct access to the PMP but may request and review PMP information by having the medical director or executive director of the impaired practitioner program execute a user agreement; upon approval, the director may appoint up to three authorized users who are employees of the impaired practitioner consultant to request and receive information on his/her behalf  
- Provides that impaired practitioner consultants may only query information relating to the referred or participating person who has given authorization to access the information, and not to any prescriber or dispenser | 1/31/2017 | Effective rules |
| ID 427051 (ADC 19.01.01.050) | Requires dentists to complete one credit of continuing education related to the PMP in each biennial renewal period | 5/3/2017 | Omnibus rulemaking notice of final legislative action on pending and temporary rules |
| ID: ID 427053 (ADC 27.01.01.204) | - Changes data collection interval to the end of the next business day  
- Amends reporting requirements to change language from “pharmacies holding a DEA retail pharmacy registration” to “entities”  
- Allows the use of delegates | 5/3/2017 – Omnibus rulemaking notice of final legislative action on pending and temporary rules |
| IL 451115 (77 ADC 2080.20, 190, 210, 230, 320, 325) | - Amends definitions to include “PMP Administrator,” which means the same as “clinical director” and provides that the clinical director may be assisted by a PMP assistant administrator  
- Adds definitions of “EHR,” “electronic integration,” which means the process by which an entity with EHRs applies to have its EHRs integrated with the PMP, “NCPDP protocol,” “PMIX based protocol,” “PMP assistant administrator,” “RESTful based web service,” and “SOAP based web service”  
- Amends provisions related to access to the prescription information library (PIL) to include a process by which an entity can undergo electronic integration and provides that the PMP automated connection supports two connectivity options, a SOAP based web service that uses a PMIX based protocol or a RESTful based web service that uses the NCPDP based protocol; provides for electronic integration testing; provides that the entity must maintain both electronic and physical security of the information; provides that only the following licensed healthcare professionals shall serve as an authorized designee for a prescriber or dispenser for office or pharmacy practice sites: registered nurse, licensed practical nurse, pharmacy technician, student pharmacist, or certified medical assistant; provides that a prescriber or dispenser may only have three designees  
- Amends provisions to provide that other selected drugs may be required to be reported to the PMP including those medications that may contribute to clinical reviews of scheduled medications and the dispensing of Naloxone for opioid overdose prevention  
- Creates the PMP advisory committee and provides that the advisory committee shall: evaluate and recommend changes to the IL CSA; evaluate and recommend changes to the rules regarding the PMP; recommend inclusions of training materials for prescribers and dispensers regarding CME and CE programs; at least on a quarterly basis, review the contents of the PMP website to ensure that the contents are current; at least on a quarterly basis, review opportunities for federal grants and other forms of funding to support projects to increase the number of EHRs integrating seamlessly with the PMP; and, at least on a quarterly basis, review and prepare any communication to be sent to all registered users of the PMP related to prescribing and dispensing of CS  
- Creates a peer review subcommittee whose duties shall be to advise the PMP on matters relating to the advisory committee’s field of competence, establish a formal peer review of professional performance of prescribers and dispensers, and develop communications to transmit to prescribers and dispensers  
- Provides that the subcommittee shall periodically review the data in the PMP to identify those prescribers and dispensers who may be prescribing or dispensing outside the currently accepted standards in the course of their professional practice, and if a prescriber or dispenser is so identified, the subcommittee shall send the individual a request for information regarding his or her prescribing or... | 6/9/2017 – Second notices received; scheduled for review on June 13 |
dispensing practices and said individual shall have 30 days to respond to the request for information
- Provides that the subcommittee shall refer a prescriber or dispenser to the Dept. of Financial and Professional Regulation if: the prescriber or dispenser does not respond to three successive requests for information; there’s no satisfactory explanation for the identified practices; the prescriber or dispenser does not adequately rectify the identified practices
- Further provides that the subcommittee shall, starting July 1, 2017, prepare an annual report which shall include the number of the times the committee was convened, the number of prescribers and dispensers reviewed, the number of requests for information sent out, and the number of prescribers and dispensers referred to the Dept. of Financial and Professional Regulation

IA 447658
(ADC 657-37.3 – 37.9)

- Creates new definitions for “electronic health record system,” “electronic pharmacy information system,” “electronic system,” and “health information exchange”
- Amends definitions of “health care professional,” “PMP administrator,” and “practitioner’s agent”
- Requires that dispensers shall submit dispensing data or a zero report, unless exempted
- Amends exemptions to provide that nonresident pharmacies that don’t distribute controlled substances to patients in Iowa, licensed pharmacies that don’t handle controlled substances and that is not registered to handle controlled substances with the federal DEA are not required to report
- Amends delegate provisions to provide that a practitioner’s agent shall be licensed, registered, certified, or otherwise credentialed as a health care professional
- Provides that a practitioner shall register via a secure website
- Deletes provision regarding access to PMP information without an internet connection
- Provides that a practitioner and practitioner’s agent may not provide a copy of a patient’s PMP report to the patient, but that the patient may receive a report of the patient’s own prescription history
- Requires that, prior to accepting and processing a request for PMP information from the director or director’s designee of a licensing board or other authorized regulatory agency, the director or designee shall complete and submit a hard copy registration form
- Allows the board to charge a fee for preparation and release of PMP information to regulatory agencies and boards, law enforcement agencies, under court orders and subpoenas, and preparation of statistical data
- Amends law enforcement access provisions to provide that the officer must complete a hard copy registration form that requires the signatures of both the officer and his/her supervisor and the PMP administrator shall take reasonable steps to verify the identity of the officer and his/her supervisor prior to providing the officer with a secure login and initial password
- Amends deidentified data provisions to provide that the PMP administrator or his/her designee may provide deidentified data to public or private entities for statistical, public research, public policy, or educational purposes
- Creates provision for electronic health and pharmacy information systems to securely integrate into those systems access to patient prescription histories and other PMP information available to authorized practitioners and their agents

6/7/2017 – Filed
| **KY 443514 (201 KAR 20:215)** | Requires advanced practice registered nurses with a collaborative agreement for advanced practice registered nurses prescriptive authority for controlled substances shall earn at least 1.5 contact hours related to the use of the PMP, pain management, or addiction disorders | 4/1/2017 – Regulation effective dates; effective March 3, 2017 |
| **LA 448266 (LAC 46:LIII 2440 – 2459)** | - Provides that no pharmacist, pharmacy intern, or certified pharmacy technician may practice in a marijuana pharmacy in the absence of a professional credential, an active TM designation, as well as access privileges to the state PMP  
- Provides that every pharmacist practicing in the marijuana pharmacy shall possess a LA pharmacist license in active status, a therapeutic marijuana designation, and access privileges to the state PMP  
- Provides that, prior to dispensing any marijuana product to a patient, the pharmacist shall review that patient’s records in the state PMP  
- Further provides that the pharmacy shall comply with the reporting requirements for the PMP | 6/26/2017 – Public hearing |
| **LA 452912 (46:XLV.4506)** | Requires a physician assistant who has been delegated controlled substance prescriptive authority shall enroll in and periodically access the PMP | 6/20/2017 – Rules; effective June 20, 2017 |
| **ME 446745 (14-118 Ch. 11, Sec. 1 – 10)** | - Adds definitions for “acute pain,” “benzodiazepine,” “chronic pain,” “hospital,” “inpatient status,” “opioid medication,” “serious illness,” and includes veterinarians in the definition of “prescribers”  
- Requires prescribers, dispensers, and veterinarians to register as data requestors with the PMP  
- Requires that dispensers report information to the PMP by electronic means and indicates the statutory waivers of such  
- Requires prescribers, dispensers, and veterinarians to query the PMP  
- Indicates the statutory limits on opioid medication prescribing and provides exemptions to those limits  
- Authorizes the department to provide and receive PMP data from another state or Canadian province that has entered into a data sharing agreement with the department  
- Establishes civil violations and administrative sanctions for prescribers and dispensers  
- Provides standards for immunity from liability for disclosure of information  
- Establishes standards for immunity from liability for pharmacists which might result from dispensing medication in excess of the limit, if such dispensing was done in accordance with a prescription  
- Authorizes the department to verify and audit prescriber and dispenser compliance with the rules | 1/4/2017 – Emergencies; effective Jan. 4, 2017 |
| **ME 455766 (ADC 10-144, Ch. 101, Ch. II, Sec. 93)** | - Provides that all prescriptions for buprenorphine, buprenorphine derivatives, and naltrexone for substance use disorder must be reported to the PMP and further provides that, because reporting to the PMP may only be done by a pharmacist, buprenorphine, buprenorphine derivatives, and naltrexone may only be directly administered in an office setting if there is a dispensing pharmacist on site who is able to submit the required information to the PMP, otherwise a prescription must be issued  
- This requirement applies to opioid home health medication assisted treatment providers | 4/19/2017 – Emergencies; effective April 11, 2017 |
<p>| <strong>ME 455769 (ADC 10-144,</strong> | 4/19/2017 – Proposals |</p>
<table>
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<th>Entry</th>
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<tr>
<td>Ch. 101, Ch. II, Sec. 80</td>
<td>Periodically during opioid therapy for pain, prescribers must review the PMP to verify that no concomitant narcotic use by the member is occurring. This requirement applies to opioid home health medication assisted treatment providers.</td>
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<td>ME 455770 (ADC 10-144, Ch. 101, Ch. II, Sec. 93)</td>
<td>Provides that all prescriptions for buprenorphine, buprenorphine derivatives, and naltrexone for substance use disorder must be reported to the PMP and further provides that, because reporting to the PMP may only be done by a pharmacist, buprenorphine, buprenorphine derivatives, and naltrexone may only be directly administered in an office setting if there is a dispensing pharmacist on site who is able to submit the required information to the PMP, otherwise a prescription must be issued. This requirement applies to opioid home health medication assisted treatment providers.</td>
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<tr>
<td>ME 456729 (ADC 02-373, 02-380, 02-383, 02-396)</td>
<td>Revises requirements regarding mandatory queries for physicians, nurses, osteopaths, and podiatrists.</td>
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<tr>
<td>ME 448614 (14-118 Ch. 11, Sec. 1 – 10)</td>
<td>Adds definitions for “acute pain,” “benzodiazepine,” “chronic pain,” “hospital,” “inpatient status,” “opioid medication,” “serious illness,” and includes veterinarians in the definition of “prescribers.” Requires prescribers, dispensers, and veterinarians to query the PMP to verify and audit prescriber and dispenser compliance with the rules. Additional minor technical edits.</td>
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| MA 431109  | - Amends query requirements to provide that, effective Oct. 15, 2016, a practitioner must query the PMP each time he or she issues a prescription for any narcotic drug in Sch. II or III  
- Amends exceptions to delete exception for practitioners treating patients in an emergency department who does not prescribe more than a 5-day supply of a controlled substance | 5/5/2017 – Permanent regulations; effective May 5, 2017 |
| MI 437695  | - Provides that, in order to receive reimbursement for opioid treatment of a work comp patient beyond 90 days, the physician seeking reimbursement shall submit a written report to the payor not later than 90 days after the initial opioid prescription fill for chronic pain and every 90 days thereafter that includes a review of data received from the PMP for identification of past history of narcotic use and any concurrent prescriptions  
- Further provides that work comp providers may bill $25 for accessing the PMP | 2/1/2017 – Administrative rules filed with the Secretary of State; effective Jan. 13, 2017 |
| MS 460968  | - Amends rule regarding unprofessional conduct of pharmacists to provide that failure of a pharmacist licensed by the board of pharmacy to register with the PDMP is unprofessional conduct  
- Further provides that the unlawful disclosure of PDMP information or using information obtained from the PDMP for unlawful or unethical purposes is unprofessional conduct | 7/21/2017 – Final action on rules; effective August 1, 2017 |
| NH 431844  | Requires nurses who are required to register with the PMP, or their delegates, shall query the PMP prior to prescribing an initial Sch. II – IV opioid for the management or treatment of the patient’s pain and then periodically and at least twice per year, except when controlled medications are to be administered to patients in a health care setting, the program is inaccessible or not functioning properly, or an emergency department is experiencing a higher than normal patient volume such that querying the PMP would materially delay care | 1/12/2017 – Notices of adopted rules; effective Jan. 1, 2017 |
| NH 432801  | Requires dentists who are required to register with the PMP, or their delegates, shall query the PMP prior to prescribing an initial Sch. II – IV opioid for the management or treatment of the patient’s pain and then periodically and at least twice per year, except when controlled medications are to be administered to patients in a health care setting, the program is inaccessible or not functioning properly, or an emergency department is experiencing a higher than normal patient volume such that querying the PMP would materially delay care | 1/12/2017 – Notices of adopted rules; effective Jan. 1, 2017 |
| NJ 452254  | - Provides that, when prescribing, dispensing, or administering controlled substances, practitioners (defined to mean physicians, podiatrists, physician assistants, and certified nurse midwives) shall query the PMP as required under statute  
- Provides that when controlled substances are continuously prescribed for management of chronic pain, practitioners shall query the PMP as required by statute | 6/5/2017 – Rule adoptions; effective June 5, 2017 |
| NJ 452255  | - Provides that, when prescribing, dispensing, or administering controlled substances, certified advanced practice nurses shall access the PMP as required under statute  
- Provides that when controlled substances are continuously prescribed for management of chronic pain, certified advanced practice nurses shall access relevant information in the PMP as required by statute | 6/5/2017 – Rule adoptions; effective June 5, 2017 |
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| NJ 452256 (ADC 13:38-2.5) | - Provides that, when prescribing, dispensing, or administering controlled substances, optometrists shall access the PMP as required under statute  
- Provides that when controlled substances are continuously prescribed for management of chronic pain, optometrists shall access relevant information in the PMP as required by statute | 6/5/2017 – Rule adoptions; effective June 5, 2017 |
| NJ 452267 (ADC 13:30-8.18) | - Provides that, when prescribing, dispensing, or administering controlled substances, a licensed dentist shall query the PMP as required under statute and shall, when continuously prescribing controlled substance for a patient for management of chronic pain, access the PMP as required under statute | 6/5/2017 – Rule adoptions; effective June 5, 2017 |
| NM 444851 (ADC 16.5.57.10) | - Completely revises regulation to provide that the intent of the NM dental board in requiring participation in the PMP is to assist dentists in balancing the safe use of controlled substances with the need to impede harmful and illegal activities involving those substances  
- Requires all dentists who hold a DEA registration and a NM controlled substance registration to register with the PMP  
- Provides that dentists may authorize delegates to access the PMP but dentists are solely responsible for reviewing the PMP report and documenting the receipt and review of the report in the patient’s medical record  
- Requires a dentist to query the PMP prior to prescribing or dispensing a Sch. II – V controlled substance to a patient for a period greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more and shall review PMP reports for adjacent states when available  
- Provides that a PMP report shall be reviewed a minimum of once every three months during the continuous use of a controlled substance  
- Provides exceptions to the query requirement – if prescribing, ordering, or dispensing for a period of less than four days; to a patient in a nursing facility; or to a patient in hospice care  
- Further provides that upon recognizing specific listed conditions, the dentist shall refer to the guidelines regarding treatment of patients with pain | 2/28/2017 – Adopted rules and regulations; effective March 15, 2017 |
| NM 445996 (ADC 16.16.15.10) | - Completely revises regulation to provide that the intent of the NM board of optometry in requiring participation in the PMP is to assist optometrists in balancing the safe use of controlled substances with the need to impede harmful and illegal activities involving those substances  
- Requires all optometrists who hold a DEA registration and a NM controlled substance registration to register with the PMP  
- Provides that optometrists may authorize delegates to access the PMP  
- Requires an optometrist to query the PMP prior to prescribing or dispensing a Sch. II – IV controlled substance for the first time to a patient for a period of greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more  
- Provides that a PMP report shall be reviewed a minimum of once every three months during the continuous use of a controlled substance  
- Provides exceptions to the query requirement for prescribing, ordering, or dispensing for a period of... | 2/28/2017 – Adopted rules and regulations; effective March 10, 2017 |
| entries in italics have been enacted by the state legislature or adopted by state regulatory board |

<p>| OH 452805 (ADC 5122-40-07, -08) | Provides that methadone programs shall have policies and procedures in place for accessing the PDMP. Each methadone treatment program shall query the PMP. Program physicians shall review patient PDMP information: 1) at the patient’s intake; 2) at the initiation of treatment; 3) after the initial 30 days of treatment; 4) prior to any take-home medication being granted excluding take-home medication for program closure and federal holidays; 5) when the number of take-home doses is increased; 6) every 90 days; 7) when a patient refuses to participate in a drug screen; and, 8) after any positive drug test indicating any drug screen inconsistent with the patient’s treatment plan. Provides that every person admitted to a methadone program shall receive a program orientation within two weeks of admission which shall include an explanation about obtaining reports from the PDMP, how the reports are used to treat and monitor the patient, and the requirement that reports be maintained in the patient file. | 5/22/2017 – Final filings; effective June 1, 2017 |
| OR 443589 (OAR 333-023-0805, -0820, -0830) | Modifies the PMP to allow authorized practitioners or pharmacists and their delegates to access PMP information through HIEs. | 2/1/2017 – Administrative rules |
| PA 458830 (28 ADC 1181.21 - .32) | Requires practitioners to query the PMP prior to issuing or modifying a patient certification for medical marijuana. Provides that practitioners may access the PMP to determine whether a patient may be under treatment with a controlled substance by another physician or other person; allow the practitioner to review the patient’s controlled substance history as deemed necessary by the practitioner; and provide to the patient, or caregiver if authorized by the patient, a copy of the patient’s PMP report. | 6/3/2017 – Temporary rules; effective June 2, 2017 |
| RI 447644 (ADC 31-2-6:1.0 – 8.0) | Requires a practitioner to review the PDMP prior to initiating an opioid. | 3/3/2017 – Final rules |
| RI 444982 (ADC 31-2-6:1.0 – 8.0) | Requires a practitioner to review the PDMP prior to initiating an opioid. | 12/22/2016 – Proposed rules |
| RI 451614 (ADC 31-2-7:3.3) | Requires that a practitioner query the PMP prior to issuing a written certification for medical marijuana and make a judgment about the potential for drug interaction, adverse events, or untoward clinical outcome from adding medical marijuana. | 3/2/2017 – Final rules; effective Jan. 3, 2017 |</p>
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<tr>
<td>TN 430234</td>
<td>Nonresidential office-based opiate treatment facilities shall query the PMP upon every visit of the patient with a program physician</td>
<td>1/13/2017 – Filed rules; effective Jan. 12, 2017</td>
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<tr>
<td>TN 458241</td>
<td>Requires medical director of pain management clinic to query the PMP at a minimum upon each new admission and once every six months thereafter</td>
<td>5/27/2017 – Emergency rules; effective May 27, 2017</td>
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| TN 459114  | - Deletes requirement that the medical director of a pain management clinic query the PMP  
- Requires the medical director to ensure that each health care provider employed by or working at a certified pain management clinic to maintain complete and accurate records which include a notation indicating whether the PMP has been accessed for a particular patient | 6/6/2017 – Rulemaking hearing notices |
| TX 435079 (22 TAC 111.2) | Requires dentists who are permitted to prescribe controlled substances to annually conduct a minimum of one self-query through the PMP | 12/16/2016 – Adopted |
| TX 452330 (22 TAC 281.65) | Provides penalties for pharmacists who access PMP information in violation of law | 6/2/2017 – Adopted; effective June 11, 2017 |
| UT 442057 (ADC R156-37f) | - Amends rule to provide that any individual or organization with lawful access to PMP data is prohibited from being compelled to testify with regard to the data, including giving deposition testimony  
- Creates new subdivision that provides that, in order to access opioid prescription information in the PMP, an electronic data system must interface with the database through the Appriss PMP Gateway system and comply with all restrictions on database access  
- Sets out criteria for electronic data systems users’ access to the PMP through an electronic data system | 1/15/2017 – Notices of rule effective dates; effective Dec. 22, 2016 |
| VT 439602 (ADC 12-5-21:1.0 – 10.0) | - Adds required queries for pharmacists  
- Requires prescribers to query the PMP prior to writing a Sch. II – IV opioid to treat pain | 1/11/2017 – Adopted rules; effective July 1, 2017 |
| VA 449254 (12 ADC 30-130-5050) | Provides that opioid treatment program risk management shall be clearly and adequately documented in each patient’s record and shall include a check of the PMP | 2/6/2017 – Fast track regulations; effective April 1, 2017 |
| VA 453678 (18 ADC 85-21-30; 85-21-60; 85-21-90; 85-21-100; 85-21-140; | - Provides that, prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall query the PMP and conduct an assessment of the patient’s history and risk of substance abuse as part of the initial evaluation  
- Further provides that a practitioner shall query the PMP when evaluating a patient with chronic pain  
- Provides that practitioners shall enter into a signed treatment agreement with a patient when treating | 4/3/2017 – Emergency regulations; effective March 15, 2017 |

Entries in Italics have been enacted by the state legislature or adopted by state regulatory board
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| 85-21-150 | for chronic pain which includes notice that the practitioner will query and receive reports from the PMP  
- When treating patients with opioid therapy for chronic pain, practitioners shall query the PMP at least every three months after the initiation of treatment  
- Provides that, when treating patients with substance use disorder, patients shall query the PMP as part of an initial assessment  
- Prior to starting medication assisted treatment, practitioners shall query the PMP | |
| VA 457380 (18 ADC 60-21-102; 60-21-103) | - Provides that, prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the dentist shall query the PMP and conduct an assessment of the patient’s history and risk of substance abuse as part of the initial evaluation  
- Further provides that if another prescription for an opioid is to be written beyond seven days, the dentist shall query the PMP | 5/15/2017 – Emergency regulations; effective April 24, 2017 |
| VA 458385 (18 ADC 90-30-220; 90-40-150; 90-40-180; 90-40-210; 90-40-260; 90-40-270) | - Provides that the board of nursing may sanction a nurse practitioner who has engaged in unauthorized use or disclosure of confidential information received from the PMP  
- Provides that, prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall query the PMP and conduct an assessment of the patient’s history and risk of substance abuse as part of the initial evaluation  
- Further provides that a nurse practitioner shall query the PMP when evaluating a patient with chronic pain  
- Provides that practitioners shall enter into a signed treatment agreement with a patient when treating for chronic pain which includes notice that the practitioner will query and receive reports from the PMP  
- When treating patients with opioid therapy for chronic pain, practitioners shall query the PMP at least every three months after the initiation of treatment  
- When treating patients with substance use disorder, practitioners shall query the PMP as part of an initial assessment  
- Further provides that, prior to starting medication assisted treatment, practitioners shall query the PMP | 5/29/2017 – Emergency regulations; effective May 8, 2017 |
| WA 433689 (ADC 246-470-010, 050, 052) | Amends regulations to provide medical test sites with the authority to access PDMP data | 6/7/2017 – Proposed rules |
| WV 430249 (ADC 15-6-4) | Requires mail order pharmacies and non-resident pharmacies to comply with the reporting requirements of the PMP | 5/5/2017 – Notices of final filing and adoption of a legislative rule; effective April 28, 2017 |

Entries in Italics have been enacted by the state legislature or adopted by state regulatory board
<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Effective Date</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>WV 430250 (ADC 15-8-1 to -7)</td>
<td>5/5/2017 – Notices of final filing and adoption</td>
<td>Amends definitions to include definition of “date filled,” which means, for purposes of the PMP only, the date the prescription is delivered to the patient or the patient’s caregiver or agent on behalf of the patient; provided that, for prescriptions delivered by mail or other common carrier, it is the date placed in the mail or for delivery</td>
</tr>
<tr>
<td>WV 430992 (ADC 69-11-17; 69-11-20; 69-11-21; 69-11-23)</td>
<td>5/26/2017 – Notices of final filing and adoption of a legislative rule; effective June 1, 2017</td>
<td>Requires opioid treatment programs to query the PMP upon admission of the patient, at least quarterly to determine if controlled substances other than those prescribed medication assisted treatment medications are being prescribed for the patient, and at each patient’s physical assessment</td>
</tr>
<tr>
<td>WV 430993 (ADC 69-12-19; 69-12-20; 69-12-22; 69-12-26)</td>
<td>5/26/2017 – Notices of final filing and adoption of a legislative rule; effective June 1, 2017</td>
<td>Provides that each office-based medication assisted treatment program shall include results obtained from the PMP and documentation from the PMP or an out-of-state equivalent that the OBMAT program made a good faith effort to review whether the patient is enrolled in any other OBMAT program in the patient’s medical record</td>
</tr>
<tr>
<td>WV 435502 (ADC 69-12-19; 69-12-20; 69-12-22; 69-12-26)</td>
<td>1/27/2017 – Notice of amendment to emergency rule; effective Sept. 14,</td>
<td>Provides that each office-based medication assisted treatment program shall include results obtained from the PMP and documentation from the PMP or an out-of-state equivalent that the OBMAT program made a good faith effort to review whether the patient is enrolled in any other OBMAT program in the patient’s medical record</td>
</tr>
</tbody>
</table>

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- Provides that OBMAT program practitioners shall query the PMP in order to ensure that the patient is not seeking prescription medications from multiple sources
- Further provides that program practitioners shall conduct a post-admission assessment that includes a query of the PMP

| WV 460244 (ADC 15-8-1 to -7) | - Adds definition of “drugs of concern” which includes gabapentin
- Requires that drugs of concern be reported to the PDMP
- Amends requirements for inclusion of identifying information for the individual picking up the prescription if the dispensed prescription is picked up by someone other than the patient
- Amends access provisions to allow receipt of PDMP information by authorized agents of the West Virginia Bureau for Medical Services; authorized agents of the WV Office of Health Facility Licensure and Certification for use in certification, licensure, and regulation of health facilities; a dean of any medical school located in WV to access prescriber level data to monitor prescribing practices of faculty, prescribers, and residents enrolled in a degree program at the school where he or she serves as dean; a physician reviewer designated by an employer of medical providers to monitor prescriber level data of prescribing practices of physicians, APRNs, or physician assistants in their employ; a chief medical officer of a hospital, or a physician designated by the chief executive officer of a hospital which does not have a chief medical officer, to monitor prescriber level information of prescribing practices of prescribers who have admitting privileges at the hospital | 6/16/2017 – Notices of emergency regulations; effective July 27, 2017 |

| WV 460257 (ADC 15-8-1 to -7) | - Adds definition of “drugs of concern” which includes gabapentin
- Requires that drugs of concern be reported to the PDMP
- Amends requirements for inclusion of identifying information for the individual picking up the prescription if the dispensed prescription is picked up by someone other than the patient
- Amends access provisions to allow receipt of PDMP information by authorized agents of the West Virginia Bureau for Medical Services; authorized agents of the WV Office of Health Facility Licensure and Certification for use in certification, licensure, and regulation of health facilities; a dean of any medical school located in WV to access prescriber level data to monitor prescribing practices of faculty, prescribers, and residents enrolled in a degree program at the school where he or she serves as dean; a physician reviewer designated by an employer of medical providers to monitor prescriber level data of prescribing practices of physicians, APRNs, or physician assistants in their employ; a chief medical officer of a hospital, or a physician designated by the chief executive officer of a hospital which does not have a chief medical officer, to monitor prescriber level information of prescribing practices of prescribers who have admitting privileges at the hospital | 6/16/2017 – Notices of comment period |

| WI 424608 (ADC CSB 4.01 – 4.15) | - Amends definitions of “access,” “managing pharmacist,” “PDMP data,” “pharmacist,” “pharmacist delegate,” “pharmacy,” “practitioner,” “practitioner delegate”
- “Pharmacist” is amended to state that, for purposes of the PDMP, the board recognizes a pharmacist licensed in another state that engages in the practice of pharmacy within the contiguous borders of this state or who practices at a pharmacy licensed as an out-of-state pharmacy as a person authorized to engage in the practice of pharmacy | 4/17/2017 – Rule-making notices |
- “Practitioner” is amended to state that, for purposes of the PDMP, the board recognizes as a practitioner licensed by another state that engages in the practice of their credentialed profession with the contiguous borders of this state as a person authorized to prescribe and administer drugs
- Amends criteria required to be reported to PDMP
- Provides that the board may refer a dispenser or dispenser delegate who fails to compile dispensing data as required to the appropriate licensing or regulatory board for discipline or appropriate law enforcement agency for investigation and possible prosecution
- Amends data collection interval to within one business day after the monitored drug is dispensed
- Requires the submission of zero reports within one business day
- Amends emergency waiver provisions
- Allows the board to refer a dispenser or dispenser delegate who fails to submit dispensing data or a zero report as required or who submits false information to the appropriate licensing or regulatory board for discipline or the appropriate law enforcement agency for investigation and possible prosecution
- Amends provisions to allow a dispenser, healthcare professional, pharmacist delegate, practitioner delegate, or medical coordinator to request that the board review certain board actions against the dispenser, healthcare professional, delegate, or medical coordinator
- Amends provisions regarding methods of obtaining PDMP data, including receipt by patients, de-identified data, and law enforcement agencies and prosecutorial units
- Amends confidentiality provisions

| WI 455236 (ADC CSB 4.01 – 4.15) | 3/27/2017 – Emergency rule making activity |

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| WY 451914 (ADC AI PDSC Ch. 8, Sec. 1 – 9) | Sets out reporting requirements, solicited patient profile request procedures, unsolicited patient profile request procedures, maintenance of a register for patient profile requests, generation of statistical profiles, and reporting of non-controlled substances | 5/25/2017 – Current rules; effective May 16, 2017 |

- Amends provisions to allow a dispenser, healthcare professional, pharmacist delegate, practitioner delegate, or medical coordinator to request that the board review certain board actions against the dispenser, healthcare professional, delegate, or medical coordinator
- Amends provisions regarding methods of obtaining PDMP data, including receipt by patients, de-identified data, and law enforcement agencies and prosecutorial units
- Amends confidentiality provisions