



Prescription Drug Monitoring Program

Summary of Selected 2024 Bills and Regulations

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General Summary

The year 2024 saw the introduction of at least 57 bills related to prescription drug monitoring programs (PDMPs) and the proposal of at least 60 regulations related to PDMPs. In addition, some bills and regulations that were introduced in 2023 became effective in 2024. In 2024, approximately 16 state bills were enacted, 1 U.S. territory bill was enacted, 54 state regulations were adopted, and 1 federal regulation was adopted. The primary topics of the enacted bills or adopted regulations included advisory board composition, authorized access, creation of a PDMP, data reporting, mandatory queries, mandatory registration, medical marijuana/cannabis, narcotic treatment programs, overdose reporting, penalties and sanctions, and telehealth. Included in this summary is a selection of bills and regulations highlighting what may be considered significant actions related to PDMPs.

Significant Federal Action

In February 2024, the U.S. Department of Health and Human Services (HHS) released a final rule modifying the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 Code of Federal Regulations (CFR) Part 2. The rule applies to federally assisted SUD treatment programs and aims to protect patient privacy by limiting the use and disclosure of patient records while allowing necessary information sharing under specific conditions.

Key provisions of the rule include the following:

- **Patient Consent:** The rule allows a patient to provide a single consent stating that it is for all future uses and disclosures of SUD records for treatment, payment, and health care operations (TPO). When disclosure is made with patient consent, a copy of the consent or a clear explanation of the scope of consent must be included with the disclosure.
- **Legal Proceedings:** The rule restricts the use of records and testimony in civil, criminal, or administrative, and legislative proceedings against patients, unless there is patient consent or a court order.
- **Counseling Notes:** The rule also newly defines “SUD counseling notes” (counseling session notes maintained separately from the rest of a patient’s SUD treatment and medical records) and indicates that the broad TPO consent does not apply to such records and requires a separate consent for use and disclosure.
- **Segregation of SUD Records:** The rule clarifies that segregating or segmenting 42 CFR Part 2 records is not required.

- **Health Insurance Portability and Accountability Act (HIPAA)-Compliant Redisclosure of SUD Records:** The rule also allows for HIPAA-covered entities and businesses that receive records under this consent to redisclose the records in accordance with HIPAA regulations.

For a thorough analysis of the rule, see the HHS Fact Sheet: <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html>.

Significant State Actions by Topic

Authorized Access

Virginia passed a bill requiring the director of the state’s Department of Health Professions to release information from the prescription monitoring program to drug court administrators and behavioral health docket administrators. (See Virginia Senate Bill 74.)

Creation of a PDMP

The **U.S. Virgin Islands** passed a bill creating the U.S. Virgin Islands PDMP. This bill requires the U.S. Virgin Islands Department of Health to establish and administer the U.S. Virgin Islands PDMP, which includes the development of an electronic prescription drug monitoring database to collect and store controlled substance dispensing information. The bill requires a dispenser to submit information to the PDMP regarding each controlled substance dispensed to a patient and requires a practitioner, unless exempted, to consult the PDMP when prescribing, dispensing, or administering an opioid from Schedule II or Schedule III or a benzodiazepine medication to a patient and to make a notation of the inquiry in the patient’s medical record. The bill encourages a practitioner to access or check the PDMP before prescribing, dispensing, or administering medications. The bill allows the Department of Health to provide prescription monitoring information to federal PDMPs or other states’ PDMPs. This bill is effective 180 days after enactment, and regulations for the PDMP must be promulgated no later than 18 months after enactment. (See 2024 Virgin Islands Bill No. 35-0295.)

Narcotic Treatment Programs

Arizona passed a bill allowing a pharmacist to dispense naloxone hydrochloride or any other opioid antagonist approved by the U.S. Food and Drug Administration without a signed prescription and removed the requirement to report naloxone to the PDMP. (See 2024 Arizona Senate Bill 1211.)

Overdose Reporting

Oregon passed a bill providing that the Oregon Health Authority, or a third party with whom the authority has contracted, may use the health information technology system to notify a practitioner when the practitioner's patient has experienced a fatal or nonfatal overdose within 1 year from the date on which a drug prescribed by the practitioner was dispensed to the patient. (See 2024 Oregon House Bill 4150.)

Telehealth

The **District of Columbia** passed a bill relating to telehealth. The bill requires that a health professional providing telehealth services who is authorized to prescribe medications must comply with the PDMP Act. (See 2024 District of Columbia Legislative Bill 545.)

Resources

Additional information regarding all legislation and regulations introduced and enacted in 2024 can be found at <https://www.pdmpassist.org/Policies/Legislative>. PDMP issue-specific maps and charts can be found on the PDMP Training and Technical Assistance website located at <https://www.pdmpassist.org/Policies/Maps>.