



# 2016 Prescription Drug Monitoring Program Enacted Legislation and Regulations

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2016 PDMP Enacted Legislation and Regulations		
Bill No.	Description	Status and Date of Last Action
<a href="#">US S 483</a>	<ul style="list-style-type: none"> <li>- Creates the “Ensuring Patient Access and Effective Drug Enforcement Act of 2016”</li> <li>- Provides that, not later than one year after the date of enactment, the Secretary of Health and Human Services, in coordination with the Administrator of the Drug Enforcement Administrator and in consultation with the Secretary of Defense and Secretary of Veterans Affairs, shall submit a report to various House and Senate committees identifying beneficial enhancements to state PMPs, including enhancements to require prescriber input and to expand access to the programs for appropriate authorized users</li> </ul>	4/19/2016 – Signed by President; became Public Law 114-145
<a href="#">US S 524</a>	<ul style="list-style-type: none"> <li>- Creates the “Comprehensive Addiction and Recovery Act of 2016”</li> <li>- Reauthorizes NASPER; requires that 1) states have a plan to apply the latest advances in technology to incorporation PMP data into the workflow of prescribers and dispensers; 2) states have at least one HIT system such as EHR, HIE, or e-prescribing; 3) states provide information on how the PMP works with the state substance abuse authority to ensure information is used to inform the provision of substance abuse services to individuals in need; 4) states provide timelines for interoperability between the PMP and HIT systems, as allowable by state law</li> <li>- Provides that the Secretary will monitor state efforts to achieve interoperability</li> <li>- Requires states to report on the interoperability of the PMP with federal agencies, HIT systems, and whether the state provides automatic, up-to-date or daily PMP data to requestors</li> <li>- Appropriates \$10,000,000 for each of fiscal years 2017 – 2021</li> <li>- Creates the Comprehensive Opioid Abuse Grant Program which provides grants to states to develop, implement, or expand PMPs which provides for interoperability and data sharing with other states</li> <li>- Amends § 303(g)(2) of the CSA (21 USC 823) to provide that the Secretary of Health and Human Services must include in a report to Congress information regarding the use of PMPs by practitioners permitted to dispense narcotic drugs to individuals pursuant to a waiver</li> <li>- Creates new section that provides that states receiving grants under the new section shall establish a comprehensive plan to combat opioid abuse which may include education efforts around certain things, including use of the PMP; establishing, maintaining, or improving the state PMP and provides that priority consideration will be given to those states that ensure the capability of data sharing with other states, that the data are regularly updated, that the program notifies prescribers and dispensers of potential overuse or misuse of controlled</li> </ul>	7/22/2016 – Became Public Law

	<p>substances by a patient, and has statutes or implements policies that maximize the use of the PMP; treats counties or other local government units as states for purposes of this grant if the state in which the county or government unit is located does not have a statewide PMP</p> <ul style="list-style-type: none"> <li>- Requires the Secretary of Veterans Affairs to establish guidance that each VA health care provider conduct an assessment prior to initiating opioid therapy which includes information from the PMP; requires that the Secretary ensure access by health care providers to state PMPs and ensure that providers report dispensing information to PMPs</li> </ul>	
<a href="#">AL SB 93</a>	Amends § 20-2-213 to delete veterinarians from the list of dispensers who must report dispensing information to the PMP	5/3/2016 – Assigned Act No. 2016-315
<a href="#">AK SB 74</a>	<ul style="list-style-type: none"> <li>- Amends § 08.36.070 to provide that the dental board shall require dentists with a DEA registration number register with the PMP</li> <li>- Amends § 08.64.101 to provide that the medical board shall require physicians with a DEA registration number register with the PMP</li> <li>- Amends § 08.68.100 to provide that the nursing board shall require advanced nurse practitioners with a DEA registration number to register with the PMP</li> <li>- Amends § 08.72.060 to provide that the optometry board shall require a licensee with a DEA registration number register with the PMP</li> <li>- Amends § 08.80.030 to provide that the pharmacy board shall require pharmacists with a DEA registration number register with the PMP</li> <li>- Amends § 17.30.200 as follows: <ul style="list-style-type: none"> <li>- Deletes references to state Schedule IA – IVA controlled substances and references to federal Schedule V substances</li> <li>- Changes data collection interval to weekly</li> <li>- Provides that PMP data may not be shared with the federal government</li> <li>- Allows the use of practitioner and pharmacist delegates</li> <li>- Amends law enforcement access to provide that only state and local law enforcement may receive data with a search warrant or court order establishing probable cause</li> <li>- Allows access to PMP information by a medical assistance program</li> <li>- Allows access to PMP information by the state medical examiner</li> <li>- Allows the Dept. of Health and Social Services to receive de-identified data</li> <li>- Allows practitioners, pharmacists, or clinical staff employed by an Alaska tribal organization to have access</li> <li>- Provides that a pharmacist or practitioner who fails to register with the PMP is subject to disciplinary action</li> <li>- Deletes provision that nothing in this section requires or obligates a practitioner or</li> </ul> </li> </ul>	6/22/2016 – Signed by Governor; various effective dates

	<p>dispenser to access or check the database</p> <ul style="list-style-type: none"> <li>- Requires that the board draft regulations providing a procedure and timeframe for registration with the PMP</li> <li>- Requires that the board draft regulations requiring a practitioner to review PMP data before dispensing, prescribing, or administering a Sch. II or III CS with certain exceptions</li> <li>- Requires that performance measures be reported to the legislature and include information related to the security of the database and any reductions in the inappropriate use of CS resulting from the use of the database</li> <li>- Creates § 47.07.038, collaborative, hospital-based project to reduce use of emergency department services, which includes a requirement that the project include, to the extent consistent with federal law, a system for real-time electronic exchange of patient information, including data from the PMP</li> </ul>	
<p><a href="#">AZ SB 1283</a></p>	<ul style="list-style-type: none"> <li>- Amends § 36-2606 to provide that, beginning the later of October 1, 2017 or 60 days after the statewide health information exchange has integrated the PMP data into the exchange, practitioners, before prescribing an opioid analgesic or benzodiazepine listed in Sch. II – IV for a patient, shall obtain a PMP report at the beginning of each new course of treatment and at least quarterly while that CS remains part of the treatment; practitioners may be granted a one year waiver of this requirement for exceptional circumstances; includes exceptions to query requirement, which include: the patient is receiving hospice care; the patient is receiving care for cancer or cancer-related illness; a medical practitioner will administer the substance; the patient is receiving the substance during the course of inpatient or residential treatment in a hospital, nursing care facility, or mental health facility; the practitioner is a dentist and is prescribing the substance to a patient for no more than five days after oral surgery</li> <li>- Further provides that, if the practitioner uses electronic medical records that integrate data from the PMP, a review of the electronic medical records with the integrated data shall be deemed compliant with the mandatory access required</li> <li>- Provides that the board shall promote and enter into data sharing agreements for the purpose of integrating the PMP into EHR</li> <li>- Provides that practitioners are not subject to liability or disciplinary action arising from requesting or receiving, or failing to request or receive, data from the PMP; or acting or failing to act on the basis of the PMP data</li> <li>- Provides that the board shall conduct annual user satisfaction surveys</li> <li>- Amends § 36-2608 to remove owner of animal data submission requirement</li> <li>- Creates new provision that provides that the board of pharmacy shall contract with a third party to conduct an analysis of the PMP and report on effectiveness and how to improve use,</li> </ul>	<p>5/12/2016 – Signed by Governor; effective August 6, 2016</p>

	<p>which report shall be completed by Jan. 1, 2017</p> <ul style="list-style-type: none"> <li>- Creates new provision that provides that, beginning Oct. 1, 2016 and every quarter for the following four years, the board of pharmacy shall complete a quarterly report on the number and names of electronic health records companies that have integrated the PMP or are in the process of integrating and the number of practitioners who will have access through an EHR system</li> </ul>	
<p><a href="#">CA SB 482</a></p>	<ul style="list-style-type: none"> <li>- Amends H&amp;S § 11165 to provide that a health care practitioner can provide a patient with a copy of his/her PMP report as long as no additional CURES data is provided and may keep a copy of the report in the patient’s medical record</li> <li>- Further amends H&amp;S § 11165 to provide that licensing boards whose licensees do not prescribe, order, administer, furnish, or dispense CS shall not be authorized to receive PMP data</li> <li>- Amends H&amp;S § 11165.1 to provide that practitioner, pharmacists, and delegates are not subject to civil or administrative liability arising from submitting any false, incomplete, or inaccurate information to, or reported by, the PMP when acting with reasonable care and in good faith</li> <li>- Creates H&amp;S § 11165.4 which requires that practitioners authorized to prescribe, order, administer, or furnish CS consult the PMP before prescribing a Sch. II – IV CS to the patient for the first time and at least once every four months thereafter if the substance remains part of the patient’s treatment</li> <li>- Further requires a practitioner who is exempt under this statute from querying the PMP the first time he or she prescribes, orders, administers, or furnishes a CS to a patient, he or she shall consult the PMP prior to subsequently prescribing a Sch. II – IV CS to a patient and at least once every four months thereafter if the substance remains part of the patient’s treatment</li> <li>- Defines “first time” to mean the initial occurrence in which a practitioner intends to prescribe, order, administer, or furnish a Sch. II – IV CS and has not previously prescribed a CS to the patient</li> <li>- PMP report must be obtained no earlier than 24 hours or the previous business day before practitioner prescribes, administers, orders, or furnishes the CS</li> <li>- Exempts veterinarians and pharmacists from query requirement</li> <li>- Provides the following exemptions: if the CS is going to be prescribed, ordered, administered, or furnished to a patient in a licensed clinic, an outpatient setting, a health facility, or a county medical facility if for use while on the premises of the such facility; if prescribed, ordered, administered, or furnished to a patient in an emergency department and the quantity doesn’t exceed a non-refillable seven-day supply; for a surgical procedure and</li> </ul>	<p>9/27/2016 – Signed by Governor</p>

	<p>the quantity does not exceed a non-refillable five-day supply; for hospice care; if it is not reasonably possible for the practitioner to access the PMP in a timely manner, another health care practitioner or delegate isn't available to query the PMP, and the quantity does not exceed a non-refillable five-day supply</p> <ul style="list-style-type: none"> <li>- A practitioner who doesn't consult the database as required shall be referred to the appropriate state licensing board for administrative sanctions</li> </ul>	
<a href="#">CT HB 5053</a>	<ul style="list-style-type: none"> <li>- Amends § 21a-254 to provide that, on and after July 1, 2016, except as otherwise provided, dispensers shall report data to the PMP no later than the next business day</li> <li>- Requires veterinarians to report weekly</li> <li>- Removes requirement that delegate also be a licensed health care professional</li> <li>- Amends mandatory query requirements to provide that, prior to prescribing a controlled substance, other than a Schedule V non-narcotic substance, for the continuous or prolonged treatment of a patient, the prescriber or such prescriber's agent shall review the PMP not less than every 90 days</li> <li>- Further provides that, when prescribing a Schedule V non-narcotic controlled substance for the continuous or prolonged treatment of a patient, the prescriber or prescriber's agent shall review the PMP not less than annually</li> <li>- Provides that a prescribing practitioner may designate an authorized agent to review the PMP on his/her behalf and shall supervise such access and may be subject to disciplinary action for acts of the agent</li> <li>- Sets out requirements for designating an agent for prescribing practitioners who are employed by or provides professional services to a hospital</li> </ul>	5/16/2016 – Transmitted by Secretary of State to Governor; Public Act 16-43; PMP provisions effective July 1, 2016
<a href="#">FL HB 5003</a>	Amends § 893.055 to provide that, for fiscal year 2016-2017, the department may use state funds appropriated in the 2016-2017 general appropriations act to administer the PMP and provides for expiration of that section on July 1, 2017	3/17/2016 – Approved by Governor; effective July 1, 2016
<a href="#">FL SB 964</a>	<ul style="list-style-type: none"> <li>- Amends § 893.055 to include the dispensing or administration of a prescription by a rehabilitative hospital, assisted living facility, or nursing home dispensing a certain dosage of a controlled substance, as needed, to a patient as ordered by the patient's treating physician to the list of exemptions from reporting</li> <li>- Further amends § 893.055 to allow the use of pharmacy, prescriber, or dispenser delegates</li> <li>- Further allows access to PMP information by an impaired practitioner consultant who is retained by the department for the purpose of reviewing database information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and who has separately agreed in writing to the consultant's access to</li> </ul>	4/1/2016 – Approved by Governor; effective July 1, 2016

	<p>and review of such information</p> <ul style="list-style-type: none"> <li>- Amends § 893.0551 to allow the use of pharmacy, prescriber, and dispenser delegates</li> <li>- Further amends § 893.0551 to allow access to PMP information by an impaired practitioner consultant who has been authorized in writing by a participant in, or a referral to, the impaired practitioner program</li> </ul>	
<p><a href="#">GA HB 900</a></p>	<ul style="list-style-type: none"> <li>- Amends § 16-13-59 to provide that information in the PMP shall be retained for two years</li> <li>- Amends § 16-13-60 to provide that nothing shall prohibit the agency from accessing the PMP as part of an investigation into suspected or reported abuses or regarding illegal access of the database and allows the use of such information in the prosecution of an offender who has illegally obtained prescription information</li> <li>- Further amends § 16-13-60 to allow the use of prescriber and dispenser delegates so long as the delegate is a member of the prescriber's or dispenser's staff, and such delegates are licensed, registered, or certified by the state regulatory board governing the delegating prescriber or dispenser and the delegating prescriber or dispenser shall be held responsible for the actions of the delegate</li> <li>- Amends law enforcement provisions to provide that state or local law enforcement must have a search warrant from an appropriate court or official in the county in which the office of such law enforcement or prosecutorial officials are located or to federal law enforcement or prosecutorial officials pursuant to a search warrant issued pursuant to 21 USC or a grand jury subpoena</li> <li>- Further amends § 16-13-60 to provide access to PMP information to other state regulatory boards governing prescriber or dispensers in Georgia pursuant to the issuance of a subpoena</li> <li>- Allows access to the Dept. of Community Health for purposes of the state Medicaid program pursuant to the issuance of a subpoena</li> <li>- Allows access to the federal Centers for Medicare and Medicaid Services pursuant to the issuance of a federal subpoena</li> <li>- Allows persons authorized to access PMP information to communicate concerns regarding a patient to other prescribers and dispensers involved in the patient's care, report potential violations to the agency for review and inspection and, following such review, the agency may refer instances of a patient's possible misuse or abuse of controlled substances to the patient's primary prescriber to allow for potential intervention and impairment treatment; refer probable violations of controlled substances being acquired for illegal distribution to the appropriate authorities; or refer probable regulatory violations by prescribers or dispensers to the appropriate regulatory board</li> <li>- Amends provisions regarding de-identified data</li> <li>- Amends § 16-13-63 to provide that a prescriber or dispenser acting in good faith shall not</li> </ul>	<p>4/26/2016 – Signed by Governor; effective July 1, 2016</p>



	be held civilly liable for damages to any person in any civil or criminal action for receiving or using PMP information	
<a href="#">HI HB 2448</a>	Amends § 329-101 to change the name of the PMP from “controlled substance electronic accountability prescription system” to “controlled substance electronic prescription accountability system”	6/8/2016 – Signed by Governor; effective July 1, 2016
<a href="#">HI SB 2915</a>	<ul style="list-style-type: none"> <li>- Amends § 329-1 to add definitions for “pharmacy delegate” and “practitioner delegate”</li> <li>- “Pharmacy delegate” means an individual employed by the pharmacy and selected by the pharmacist to act as that pharmacist’s agent and to whom the pharmacist has delegated the task of accessing the PMP and that the pharmacist takes full responsibility for the actions of that delegate</li> <li>- “Practitioner delegate” means an agent or employee of a practitioner to whom the practitioner has delegated the task of accessing the PMP and that the practitioner takes full responsibility for the actions of that delegate</li> <li>- Further amends § 329-1, definition of “dispense,” to provide that dispense includes the administering of a practitioner’s controlled substances</li> <li>- Amends § 329-101 to provide that all practitioners, except veterinarians, and pharmacies shall be registered with the PMP</li> <li>- Amends § 329-104 to allow provision of PMP information to delegates, regulatory agencies, the chief medical examiner or licensed physician designee who requests information and certifies the request is for the purpose of investigating a death, qualified personnel for the purpose of research or education so long as the information is de-identified and provided that release of the information may only be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance, and to other entities or individuals authorized by the administrator to assist the program with projects that enhance the PMP</li> </ul>	7/8/2016 – Signed by Governor; effective
<a href="#">ID HB 337</a>	Amends § 37-2726 to provide that the PMP shall release information to a medical examiner or coroner for determining a cause of death or for performing other duties authorized by law	3/17/2016 – Signed by Governor; effective July 1, 2016
<a href="#">ID HB 374</a>	<ul style="list-style-type: none"> <li>- Amends § 37-2726 to allow the use of practitioner and pharmacist delegates under the supervision of the practitioner or pharmacist</li> <li>- Provides that the board shall limit to four the number of delegates a practitioner or pharmacist may have</li> </ul>	3/17/2016 – Signed by Governor; effective July 1,



	<ul style="list-style-type: none"> <li>- Further provides that a delegate means a nurse, medical or office assistant, or registered pharmacy technician designated by a supervising practitioner or pharmacist to access the database and who must register with the board of pharmacy for such access</li> </ul>	2016
<a href="#">IL SB 10</a>	<ul style="list-style-type: none"> <li>- Amends 410 § 130/60 to provide that, upon approval of the registration and issuance of a medical marijuana registry card, the Department of Public Health shall electronically forward the patient's identification information to the PMP and certify that the individual is permitted to engage in the medical use of cannabis; the PMP shall make a notation in the patient's record which shall be removed if the person no longer holds a valid registry card</li> </ul>	6/30/2016 – Signed by Governor
<a href="#">IN HB 1278</a>	<ul style="list-style-type: none"> <li>- Creates § 25-14-1-23.5 to provide that a dentist may include an INSPECT report in a patient's medical file and any release of a patient's medical file must be in compliance with § 35-48-7-11.1</li> <li>- Creates § 25-22.5-13-7 to provide that a physician may include an INSPECT report in a patient's medical file and any disclosure of a patient's medical file shall be in compliance with § 35-48-7-11.1</li> <li>- Creates § 25-23-1-19.9 to provide that an advanced practice registered nurse may include an INSPECT report in a patient's medical file and any release of the patient's medical file shall be in compliance with § 35-48-7-11.1</li> <li>- Creates § 25-27.5-5-4.5 to provide that a physician assistant may include an INSPECT report in a patient's medical file and any release of the patient's medical file shall be in compliance with § 35-48-7-11.1</li> <li>- Creates § 25-29-1-17 to provide that a podiatrist may include an INSPECT report in a patient's medical file and any release of the medical file shall be in compliance with § 35-48-7-11.1</li> <li>- Amends § 35-48-7-11.1 to allow receipt of INSPECT data by an individual with a temporary fellowship permit</li> <li>- Further amends § 35-48-7-11.1 to allow receipt of INSPECT data to a county coroner conducting an investigation of cause of death beginning July 1, 2016</li> <li>- Further amends § 35-48-7-11.1 to amend immunity provisions to provide that a practitioner who checks the INSPECT program for a patient is immune from civil liability for seeking information from the INSPECT program and in good faith using the information for the treatment of a patient</li> <li>- Also provides that a practitioner's agent may act as a delegate and check the INSPECT program reports on behalf of a practitioner</li> <li>- Further provides that a patient may access a report from the INSPECT program that has been included in the patient's medical file</li> <li>- Amends § 35-48-7-11.5 to provide that boards shall establish prescribing norms that, if</li> </ul>	3/21/2016 – Signed by Governor; effective July 1, 2016

	<p>exceeded, justify the sending of exception reports not later than December 1, 2016</p> <ul style="list-style-type: none"> <li>- Further provides that the board designee may forward an exception report to a law enforcement agency or to the attorney general for purposes of an investigation</li> </ul>	
<a href="#">IN SB 161</a>	<p>Amends §§ 35-48-7-8.1, 35-48-7-10.1, 35-48-7-11.1, 35-48-7-12.1 to require that ephedrine and pseudoephedrine be reported to the PMP</p>	<p>3/21/2016 – Signed by Governor; effective July 1, 2016</p>
<a href="#">IN SB 297</a>	<ul style="list-style-type: none"> <li>- Creates § 12-23-18-5.3 to provide that, consistent with federal law and standard medical practices in opioid treatment for substance abuse, the division shall adopt rules concerning opioid treatment by an opioid provider, including a requirement that a provider who prescribes opioid medication for a patient periodically review INSPECT for the patient</li> <li>- Amends § 12-23-18-8 to provide that an opioid treatment program shall provide to the department an annual submission of the program’s policy concerning the use of the INSPECT program; the protocol for addressing patients who are found, using INSPECT data, to have prescriptions for a controlled substance, including benzodiazepines or other opiate medications; and the protocol for addressing patients who have illicit urine drug screens indicating the use of another controlled substance</li> </ul>	<p>3/21/2016 – Signed by Governor; effective July 1, 2016</p>
<a href="#">IA SF 2102</a>	<ul style="list-style-type: none"> <li>- Creates § 124.550, definitions, to add definitions of “pharmacist” and “prescribing practitioner”</li> <li>- “Pharmacist” means a practicing pharmacist who is actively engaged in and responsible for the pharmaceutical care of a patient</li> <li>- “Prescribing practitioner” means a practitioner who has prescribed or is contemplating prescribing for the patient about whom information is requested</li> <li>- Amends § 124.551 to delete the definitions of “prescribing practitioner” and “pharmacist”</li> <li>- Further amends § 124.551 to require the board to implement technological improvements to facilitate secure access to the program through electronic health and pharmacy information systems</li> <li>- Amends § 124.553 to allow access to the PMP by an institutional user established by the board to facilitate secure access of a prescribing practitioner or pharmacist to the program through electronic health and pharmacy information systems</li> <li>- Further amends § 124.553 to allow the provision of de-identified data for statistical, public research, public policy, or educational purposes</li> </ul>	<p>4/6/2016 – Signed by Governor</p>

<a href="#">LA SB 56</a>	Amends § 40:1006 to provide that the board shall establish by rulemaking standards for the retention, archiving, and destruction of PMP information	5/26/2016 – Signed by Governor; effective August 1, 2016
<a href="#">LA SB 189</a>	Amends § 40:978 to provide that a pharmacist may dispense more than a 10-day supply of an opioid derivative Schedule II or Schedule III substance for a prescription written by a prescriber not licensed in LA if the prescriber includes on the prescription a diagnosis of cancer or terminal illness	5/26/2016 – Signed by Governor; effective on signing
<a href="#">LA SB 271</a>	Amends § 40:1046 to change language from prescribing to recommending or dispensing	5/19/2016 – Signed by Governor; effective on signing
<a href="#">ME SP 671</a>	<ul style="list-style-type: none"> <li>- Amends 22 § 7246, definitions, to include definitions for “acute pain,” “administer,” and “chronic pain”</li> <li>- “Acute pain” means pain that is a normal, predicted physiological response, typically associated with invasive procedures, trauma, and disease, and is usually time limited</li> <li>- “Chronic pain” means pain that persists beyond the usual course of an acute disease or healing of an injury and may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years</li> <li>- Amends 22 § 7246 to include veterinarians in the definition of “prescriber”</li> <li>- Amends 22 § 7249 to include prescribers in the immunity provision</li> <li>- Amends 22 § 7250 to allow provision of PMP data to another state or a Canadian province</li> <li>- Further amends 22 § 7250 to allow provision of data to staff members of a licensed hospital who are authorized by the chief medical officer of the hospital and to staff members of a pharmacist who are authorized by the pharmacist</li> <li>- Amends 22 § 7251 to provide that a dispenser who fails to submit dispensing data commits a civil violation for which there is a fine of \$250 per incident, not to exceed \$5,000 per year</li> <li>- Creates 22 § 7253 which requires prescribers, on or after January 1, 2017, to check the PMP upon initial prescription of a benzodiazepine or opioid medication and every 90 days as long as the prescription is renewed</li> <li>- Further requires dispenses, on or after January 1, 2017, to check the PMP prior to dispensing a benzodiazepine or opioid to a patient if: 1) the patient is not a resident of Maine; 2) the prescription is from a prescriber outside Maine; 3) the person is paying cash</li> </ul>	4/19/2016 – Signed by Governor; effective July 29, 2016

	<p>when the person has prescription insurance on file; or 4) according to the pharmacy record, the person has not had a benzodiazepine or opioid medication in the previous 12 months; the dispenser shall notify the program and withhold the prescription until s/he is able to contact the prescriber if the dispenser has reason to believe the prescription is fraudulent or duplicative</p> <ul style="list-style-type: none"> <li>- Further provides that if a health care professional directly orders or administers a benzodiazepine or opioid to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, or a residential care facility, the query requirements do not apply</li> <li>- Further provides that a person who violates these provisions commits a civil violation for which there is a fine of \$250 per incident, not to exceed \$5,000 in a calendar year</li> <li>- Bill requires that the Department of Health and Human Services amend its rules regarding the PMP, no later than January 1, 2017, to require pharmacists and veterinarians to register as data requesters</li> <li>- Bill further requires that the Department include in its request for proposals the following enhancements to the PMP: 1) a mechanism or calculator for converting dosages to and from MMEs; 2) a mechanism to automatically transmit de-identified peer data to prescribers of opioids on at least an annual basis; 3) allowance for broader authorization for staff members of prescribers to access the program including a single annual authorization for staff members at a hospital and pharmacy; 4) improvements in communication regarding the ability of a prescriber or pharmacist to authorize staff members to access the PMP on their behalf; 5) improvements in the speed of the program for submission of and querying data, and the ability of prescribers and pharmacists to tailor the functions of the program to fit into their workflow; 6) establishment of a data modifier for information received from veterinarians to distinguish it from opioids received by humans</li> <li>- Requires that, no later than January 31, 2018, the Department shall make a report to the joint standing committees of the legislature including information on the following: 1) registration of prescribers and dispensers; 2) data regarding the querying of PMP data; 3) data from professional boards regarding implementation of continuing education for prescribers of opioids; 4) effects on prescriber workforce; 5) improvements to the PMP</li> </ul>	
<p><a href="#">MD HB 437</a></p>	<ul style="list-style-type: none"> <li>- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision</li> <li>- Amends Health General Law § 21-2A-01 to amend the definition of “dispenser” to provide that a dispenser does not include an opioid treatment services program</li> </ul>	<p>4/26/2016 – Approved by Governor; effective October 1, 2016; mandatory</p>

<ul style="list-style-type: none"> <li>- Further amends Health General Law § 21-2A-01 to add definitions of “pharmacist,” “pharmacist delegate,” “prescriber delegate,” “registered,” and “terminal illness”</li> <li>- “Pharmacist delegate” means an individual authorized by a pharmacist to request PMP data who is employed by or under contract with the same professional practice as the pharmacist</li> <li>- “Prescriber delegate” means an individual authorized by a prescriber to request PMP data who is employed by or under contract with the same professional practice as the prescriber</li> <li>- Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers</li> <li>- Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program</li> <li>- Amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify that the information be submitted by dispensers once every 24 hours</li> <li>- Further amends Health General Law § 21-2A-04 to remove provision regarding a prescriber or dispenser not being obligated to check the PMP</li> <li>- Further amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the process for the program’s review of PMP data and reporting of possible misuse and abuse of a monitored prescription drug or a possible violation of law or breach of professional standards</li> <li>- Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner</li> <li>- Further provides that pharmacists shall be registered with the program by July 1, 2017</li> <li>- Provides that, prior to registering with the program, prescribers and pharmacists shall complete a course of instruction and training developed by the Department, including effective use of the program</li> <li>- Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber: 1) shall request at least the prior 4 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient’s course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine</li> </ul>	<p>registration and mandatory query provisions contingent on certain determinations by the Secretary of Health and Mental Hygiene</p>
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- Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed

- Provides that a prescriber is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual: 1) is in an amount not to exceed 3 days; 2) is for the treatment of cancer or cancer-related pain; 3) who is a patient receiving treatment in an inpatient unit of a hospital, a patient in a general care hospice program, or any other patient diagnosed with a terminal illness; 4) who is a patient who resides in an assisted living facility, a long-term care facility, a comprehensive care facility, or a developmental disabilities facility; or 5) to treat or prevent acute pain for a period of not more than 14 days following: a) a surgical procedure in which general anesthesia is used; b) a fracture; c) significant trauma; or d) childbirth

- Includes certain other exceptions for when a prescriber may not be required to check the PMP; provides that if a prescriber does not access PMP data for any of the given reasons, he or she must enter the reason why in the patient's medical chart

- Further provides that if a pharmacist or pharmacist delegate has a reasonable belief that a patient may be seeking a monitored prescription drug for any purpose other than the treatment of an existing medical condition, before dispensing, the pharmacist or pharmacist delegate shall query the PMP

- Creates Health General Law § 21-2A-04.3 which provides that a prescriber or pharmacist may authorize a delegate to request PMP data if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the prescriber or pharmacist remains responsible for: a) ensuring access by delegates is limited to purposes authorized by law; b) protecting data confidentiality; and c) any breach of confidentiality by the delegate; and 3) the decision whether to prescribe or dispense a monitored prescription drug for the patient remains with the prescriber or dispenser and is reasonably informed by the data obtained from the program

- Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program

- Amends Health General Law § 21-2A-06 to provide that, prior to reporting possible misuse or abuse of a monitored prescription drug to a prescriber or pharmacist, the program may (rather than shall) obtain guidance and interpretation from the technical advisory committee

- Further amends Health General Law § 21-2A-06 to provide that the program may review PMP data for indications of a possible violation of law or a possible breach of professional standards by a prescriber or dispenser and may notify the prescriber or dispenser of the

	<p>possible violation or breach and provide education to the prescriber or dispenser</p> <ul style="list-style-type: none"><li>- Further provides that, prior to notifying the prescriber or dispenser of a possible violation or breach, the program shall obtain guidance and interpretation of PMP data from the technical advisory committee</li><li>- Further provides that, prior to disclosing PMP information to certain requestors, the program may (rather than shall) request that the technical advisory committee take certain actions and, further, that the program, in consultation with the board, shall consider policies and procedures for determining the circumstances in which review of requests by the technical advisory committee is desirable and feasible</li><li>- Amends Health General Law § 21-2A-07 to provide that the purpose of the technical advisory committee includes providing guidance and interpretation of PMP data regarding possible violations of law or breaches of professional standards and provides a list of the technical advisory committee members</li><li>- Amends Health General Law § 21-2A-08 to include delegates in immunity provision</li><li>- Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates</li><li>- Further provides that a prescriber or pharmacist who violates § 21-2A-04.1 is subject to disciplinary action by the appropriate licensing board</li><li>- Bill requires the Department of Health and Mental Hygiene to report to the legislature: 1) on or before December 1, 2016, the technical capacity of the program to analyze data for possible violations and breaches and an analysis of the possibility of reporting possible violations and breaches to law enforcement agencies, licensing entities, or the department; and 2) on or before September 1, 2017, in consultation with the advisory board on prescription drug monitoring, the status of implementation of providing education and notice of possible violations or breaches to prescribers and dispensers and a recommendation on whether the authority of the program to report possible violations or breaches shall be expanded</li><li>- Bill further requires that, on or before November 1, 2016, the department shall report to the legislature on the feasibility and desirability of analyzing PMP data through the regular and ongoing use of statistical and advanced analytical techniques for the purpose of understanding patterns, detecting possible high risk behavior, improving detection, and facilitating the sharing of information</li><li>- Bill further requires that the Department develop and implement a plan to conduct outreach to and education of prescribers and pharmacists about the process for registering with the PMP</li></ul>	
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<a href="#">MD SB 506</a>	<p>Makes technical corrections to PMP statutes</p>	<p>3/14/2016 – Approved by Governor; effective on passage</p>
<a href="#">MA HB 4056</a>	<ul style="list-style-type: none"> <li>- Creates 94C § 18B which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the person’s electronic health record and in the PMP</li> <li>- Amends 94C § 24A to provide that the department shall promulgate rules and regulations relative to the use of the PMP by registered participants which shall include the requirement that prior to issuance, participants shall use the PMP each time a prescription for a narcotic drug that is contained in Schedule II or III is issued</li> <li>- Further amends 94C § 24A to remove requirement that de-identified information provide be in the aggregate</li> <li>- Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department</li> <li>- Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner’s standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board</li> <li>- Bill requires the creation of a special commission to study the incorporation of safe and effective pain treatment and prescribing practices into the professional training of students that may prescribe controlled substances, which commission shall develop recommendations to ensure future prescribers have an understanding of several subjects, including the effective use of the PMP</li> </ul>	<p>3/14/2016 – Signed by Governor; various effective dates</p>
<a href="#">MN SF 1440</a>	<ul style="list-style-type: none"> <li>- Amends § 152.126, definitions, to delete tramadol from the list of controlled substances and add gabapentin</li> <li>- Amends § 152.126, PMP advisory task force, to provide that the task force shall not expire, notwithstanding any other law to the contrary</li> <li>- Amends § 152.126, use of data by board, to delete provision that PMP data may not be used to substantiate a disciplinary action against a prescriber</li> <li>- Further deletes provision that data older than 24 months must be de-identified and that the board shall not retain data for longer than four years after received</li> </ul>	<p>5/31/2016 – Signed by Governor; effective August 1, 2016</p>

	<ul style="list-style-type: none"> <li>- Provides that data reported during the period January 1, 2015 to December 31, 2018 may be retained through December 31, 2019 in an identifiable manner and, effective January 1, 2020, data older than 24 months must be destroyed and data reported on or after January 1, 2020 must be destroyed no later than 12 months after received</li> <li>- Amends § 152.126, access to data, to provide that a prescriber may receive data on a patient to the extent that the prescriber is providing care and the prescriber has reason to believe the patient may be abusing a controlled substance and, further, may receive data on a patient to whom the prescriber is providing other medical treatment for which access may be necessary for a clinically valid purpose</li> <li>- Further provides that pharmacists may receive data on patients if the pharmacist is consulted by the prescriber</li> <li>- Provides that personnel or designees of a health-related licensing board or of the Emergency Medical Services Regulatory Board may receive data on a specific licensee for investigation of a bona fide complaint that a licensee is impaired by use of a drug for which data is collected, has engaged in criminal activity, or has engaged in other prohibited behavior</li> <li>- Further provides that personnel or designees of a health-related licensing board may receive data on a licensee related to an investigation into a complaint that a licensee is inappropriately prescribing controlled substances</li> <li>- Requires that all practitioners with a DEA registration number and all pharmacists shall register and maintain a user account with the PMP by July 1, 2017</li> <li>- Deletes requirement that the board report to the legislature by January 5, 2016</li> </ul>	
<a href="#">MS HB 462</a>	<ul style="list-style-type: none"> <li>- Amends § 73-21-103 to provide that the board may impose a monetary penalty for any person who obtains prescription information and who knowingly discloses the information for misuse or purposely alters the reporting information, or uses the PMP in any manner other than for which it was intended, of not more than \$50,000 per violation</li> <li>- Amends § 73-21-127 to provide that the submission and reporting of dispensing information is mandatory for any entity dispensing controlled substances in or into Mississippi, except for the dispensing of controlled substances by a veterinarian</li> <li>- Further amends § 73-21-127 to delete the reference to the DEA schedules of controlled substances and include specified noncontrolled substances identified by the Board of Pharmacy as substances to be reported</li> <li>- Further amends § 73-21-127 to provide that the board may also provide statistical data for research or educational purposes if the board determines the use of the data to be of significant benefit to public health and safety; the board maintains the right to refuse any request for PMP data</li> </ul>	<p>4/20/2016 – Approved by Governor; effective July 1, 2016</p>

	<ul style="list-style-type: none"> <li>- Requires that pharmacists licensed by the Mississippi Board of Pharmacy must be registered user of the PMP and provides that failure to register is grounds for disciplinary action by the board</li> <li>- Further provides that the PMP, through the Board of Pharmacy, may: 1) establish the cost of administration, maintenance, and operation of the program and charge to like agencies a fee based on a formula to be determined by the board with collaboration and input from participating agencies; and 2) assess charges for information and/or statistical data provided to agencies, institutions, and individuals; provides that the amount of fees shall be set by the Executive Director of the board based on the recommendation of the PMP director and all such fees shall be deposited into the special fund of the state board of pharmacy and used to support the operations of the PMP</li> <li>- Provides immunity to the board and PMP from civil liability arising from any inaccuracy of any of the information submitted to the program</li> <li>- Deletes repeal provision</li> </ul>	
<a href="#">NE LB 471</a>	<ul style="list-style-type: none"> <li>- Amends § 71-2454 to provide that a PMP shall be established for the purposes of preventing the misuse of controlled substances and allowing prescribers and dispensers to monitor care and treatment of patients</li> <li>- Further provides that, beginning January 1, 2017, all dispensed controlled substances prescriptions shall be reported to the PMP and, beginning January 1, 2018, all prescription information shall be reported</li> <li>- Further provides that the PMP shall including provisions including: 1) that patients shall not be allowed to opt-out of the system; 2) that require all prescriptions dispensed in Nebraska or to an address in Nebraska be reported to the PMP daily by the dispenser or his/her designee; 3) that allow all prescribers and dispensers to access the system; 4) ensure that the PMP includes information relating to all payors, including, but not limited to, the medical assistance program</li> <li>- Includes the data elements required to be reported</li> <li>- Provides that, beginning January 1, 2018, veterinarians that dispense a Schedule II – IV substance shall be required to report that information to the PMP</li> <li>- Provides that all data submitted, all data contained within the PMP, and any report obtained from data contained in the PMP are not public records</li> <li>- Provides that a designee is any licensed or registered health care professional designated by the dispenser to act as an agent of the dispenser for purposes of submitting or accessing data in the PMP and who is directly supervised by such dispenser</li> <li>- Bill creates the Veterinary PMP Task Force which is tasked with conducting a study to develop recommendations of which controlled substances shall be reported by vets to the</li> </ul>	<p>2/25/2016 – Approved by Governor; effective on passage</p>

	PMP when dispensing drugs from a vet's office or animal shelter and shall report their findings and recommendations to the Health and Human Services committee on or before December 1, 2016	
<a href="#">NH SB 523</a>	- Amends § 318-B:31, definitions, to include naturopaths in the definition of "practitioner" and further provides that "practitioner" includes practitioners with a federal license to prescribe or administer a controlled substance	6/22/2016 – Signed by Governor; various effective dates
<a href="#">NH SB 576</a>	<ul style="list-style-type: none"> <li>- Amends § 318-B:32 to provide that any costs incurred for implementation and operation of the PMP may (rather than shall) be funded through grants, gifts, or user contributions – Further amends § 318-B:32 to delete provision prohibiting the use of appropriations to implement or operate the PMP</li> <li>- Amends § 318-B:33 to provide that only registered prescribers, dispensers, their designees, and federal health prescribers and dispensers working in federal facilities located in NH, MA, ME, and VT are eligible to access the program</li> <li>- Amends § 318-B:33 to change the data collection interval from weekly to daily and to require veterinarians to submit data every seven days</li> <li>- Amends § 318-B:35 to allow access to the office of the chief medical examiner for the purpose of investigating the death of an individual</li> <li>- Creates § 318-B:39 which provides that prescribers are required to check the PMP for a patient's initial prescription when prescribing Schedule II – IV opioids for the management or treatment of pain and then periodically, at least twice per year, except when: 1) controlled medications are being administered to patients in a health care setting; 2) treating acute pain associated with serious traumatic injury, post-operatively, or with an acute medical condition, with clear objective findings by the practitioner, for no more than 30 days</li> <li>- Creates § 318-B:40 which provides that prescribers required to registered with the PMP shall complete 3 hours of CME or pass an online examination in the area of pain management and addiction disorder or a combination as a condition for initial licensure and license renewal</li> </ul>	1/26/2016 – Signed by Governor; effective January 21, 2016; data collection interval and mandatory access provisions effective September 1, 2016 only if moneys are appropriated or otherwise acquired for technology upgrades to the PMP

<a href="#">NM SB 263</a>	<ul style="list-style-type: none"> <li>- Creates new section that requires practitioners, excluding veterinarians and pharmacists, to obtain and review a PMP report prior to prescribing or dispensing an opioid for the first time to a patient and a report from an adjacent state if the practitioner has access to such system and shall review said reports no less than once every three months when the practitioner continuously prescribes or dispenses opioids</li> <li>- Does not apply to the prescribing or dispensing of an opioid for a supply of four days or less</li> <li>- No requirement to access PMP when prescribing an opioid to a patient in a nursing facility or in hospice care</li> </ul>	<p>3/4/2016 – Signed by Governor; effective January 1, 2017</p>
<a href="#">OH HB 523</a>	<ul style="list-style-type: none"> <li>- Creates § 3796.08 which requires that an application for registration to use medical marijuana must include a statement from the physician certifying that the physician or physician delegate has queried the PMP for the 12-month period immediately preceding the date of the report</li> <li>- Creates § 3796.20 which requires that licensed retail dispensaries report to the PMP as required by § 4729.771</li> <li>- Amends § 4729.75 to add medical marijuana to the list of substances which shall be monitored by the PMP</li> <li>- Creates § 4729.771 which requires that each retail marijuana dispensary shall submit certain specific information regarding medical marijuana dispensed to a patient to the PMP</li> <li>- Amends § 4729.80 to allow the provision of PMP data to a delegate from a retail marijuana dispensary provided that the report shall only contain information pertaining to the patient’s use of medical marijuana and: 1) the delegate certifies that it is for the purpose of dispensing medical marijuana; and 2) the dispensary or delegate has not been denied access to the PMP by the board</li> <li>- Further amends § 4729.80 to provide that the board may provide records of an individual’s requests for database information to regulatory or licensing boards involved in an active criminal or disciplinary investigation</li> <li>- Further amends de-identified provisions of § 4729.80 to provide that information may not identify any person, including any licensee or registrant</li> <li>- Amends § 4729.84 to add retail dispensaries to the list of entities about which the board shall adopt rules regarding each retail dispensary about which information is entered into the PMP, requirements for transmission of information, submission of waivers, requests for extension of time to submit data, and the data required to be submitted by retail dispensaries</li> <li>- Amends § 4729.85 to provide that information in the report to the legislature shall include information from retail marijuana dispensaries and include an aggregate of the information submitted to the board regarding medical marijuana</li> </ul>	<p>6/8/2016 – Signed by Governor; effective September 8, 2016</p>

	<ul style="list-style-type: none"> <li>- Amends § 4729.86 to include retail marijuana dispensaries</li> <li>- Creates § 4731.30 to provide that a physician may recommend the use of medical marijuana for a patient as long as certain conditions are met, including that the physician or delegate has requested and reviewed the patient's PMP report</li> </ul>	
<a href="#">OK HB 3201</a>	Amends 63 § 2-309D to provide that designated legal, communications, and analytical employees of the Bureau shall have access to PMP information	4/26/2016 – Approved by Governor; effective on approval
<a href="#">OR HB 4124</a>	<ul style="list-style-type: none"> <li>- Amends § 431A.865 to provide that the PMP may disclose data to a practitioner or pharmacist, or the practitioner or pharmacist's staff, through a health information technology system to access information about a patient if: the practitioner, pharmacist, or member of staff is authorized to access the information in the HIT system; the information is not permanently retained in the HIT; the HIT system meets any privacy and security requirements and other criteria, including criteria required by HIPAA</li> <li>- Further provides that the PMP may disclose data to the state medical examiner or delegate of the medical examiner, for the purpose of conducting a medicolegal investigation or autopsy</li> </ul>	4/4/2016 – Signed by Governor; on passage
<a href="#">PA HB 1699</a>	Requires that a prescribing health care practitioner query the PMP to determine whether a patient may be under treatment with an opioid drug product by another health care practitioner; does not apply to any medication provided to a patient while undergoing care in an emergency department	11/2/2016 – Signed by Governor
<a href="#">PA SB 3</a>	<ul style="list-style-type: none"> <li>- Creates new chapter regarding medical marijuana which requires that practitioners consult the PMP prior to issuing a certification for the use of medical marijuana to determine the controlled substance history of a patient and prior to recommending a change of amount or form of medical marijuana</li> <li>- Provides that a practitioner may consult the PMP to: 1) determine whether a patient may be under treatment with a controlled substance by another physician or other person; 2) allow the practitioner to review the patient's controlled substance history; or 3) provide to the patient, or the caregiver on behalf of the patient, a copy of the patient's controlled substance history</li> <li>- Requires that the department review the PMP relating to the caregiver and shall deny the application of a caregiver if he or she has a history of drug abuse or diverting controlled substances or illegal drugs</li> </ul>	4/17/2016 – Approved by Governor; effective May 17, 2016

<a href="#">RI HB 7847</a>	<p>Amends § 21-28-3.32 to allow disclosure to any vendor, agent, contractor, or designee who operates an electronic health record or clinical management system for the purpose of sharing data with practitioners, pharmacists, or licensed health care facilities or designees</p>	<p>6/28/2016 – Signed by Governor; effective on passage</p>
<a href="#">RI HB 8224</a>	<ul style="list-style-type: none"> <li>- Amends § 21-28-3.02 to provide that, as a condition of the initial registration or renewal of a practitioner’s authority to prescribe controlled substances, all such practitioners shall be automatically registered with the PMP</li> <li>- Amends § 21-28-3.18 to require that pharmacies transmit prescription information to the PMP within one business day of dispensing an opioid prescription</li> <li>- Amends § 21-28-3.20 to provide that, prior to starting any opioid, the PMP shall be reviewed and, further, that the prescriber or designee shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump and shall review the PMP every three months for patients maintained on continuous opioid therapy for three months or longer</li> <li>- Amends § 21-28-3.32 to provide that, prior to starting any opioid, the PMP shall be reviewed and, further, that the prescriber or designee shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump and shall review the PMP every three months for patients maintained on continuous opioid therapy for three months or longer</li> </ul>	<p>6/28/2016 – Signed by Governor; effective on passage</p>
<a href="#">RI HB 8326</a>	<ul style="list-style-type: none"> <li>- Amends § 21-28-3.32 to provide that PMP data may be disclosed to any vendor or contractor with whom the department has contracted pursuant to state purchasing law and regulations in the contracting of vendors</li> <li>- Further provides that the department shall improve the usefulness of the PMP by increasing the analytical functionality, timeliness, and scope by: 1) utilizing data from other sources as permitted by law; 2) analyzing data submitted to the PMP to identify unusual or aberrant patterns of prescribing, dispensing, or receiving controlled substances and generating alerts; 3) developing regulations to ensure that PMP analyses are updated and disseminated regularly and that summary reports are provided to the legislature by February 1 every year; in the development of the regulations, the department may include: a) consolidation of PMP data into a single view of all prescriptions filled for a given patient; b) identification of unusual or aberrant patterns of prescribing or dispensing and generate automatic alerts; c) identification of aberrant patterns of receipt of prescriptions by patients and generate automatic alerts; d) identification and visual display of linkages between prescribers, patients, and dispensers that can be used to detect any collusive behaviors</li> </ul>	<p>6/28/2016 – Signed by Governor; effective on passage</p>



<a href="#">RI SB 2823</a>	<ul style="list-style-type: none"> <li>- Amends § 21-28-3.02 to provide that, as a condition of the initial registration or renewal of a practitioner’s authority to prescribe controlled substances, all such practitioners shall be automatically registered with the PMP</li> <li>- Amends § 21-28-3.18 to require that pharmacies transmit prescription information to the PMP within one business day of dispensing an opioid prescription</li> <li>- Amends § 21-28-3.20 to provide that, prior to starting any opioid, the PMP shall be reviewed and, further, that the prescriber or designee shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump and shall review the PMP every three months for patients maintained on continuous opioid therapy for three months or longer</li> <li>- Amends § 21-28-3.32 to provide that, prior to starting any opioid, the PMP shall be reviewed and, further, that the prescriber or designee shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump and shall review the PMP every three months for patients maintained on continuous opioid therapy for three months or longer</li> </ul>	6/28/2016 – Signed by Governor; effective on passage
<a href="#">RI SB 2897</a>	Amends § 21-28-3.32 to allow disclosure to any vendor, agent, contractor, or designee who operates an electronic health record or clinical management system for the purpose of sharing data with practitioners, pharmacists, or licensed health care facilities or designees	7/11/2016 – Signed by Governor
<a href="#">RI SB 2946</a>	<ul style="list-style-type: none"> <li>- Amends § 21-28-3.32 to provide that PMP data may be disclosed to any vendor or contractor with whom the department has contracted pursuant to state purchasing law and regulations in the contracting of vendors</li> <li>- Further provides that the department shall improve the usefulness of the PMP by increasing the analytical functionality, timeliness, and scope by: 1) utilizing data from other sources as permitted by law; 2) analyzing data submitted to the PMP to identify unusual or aberrant patterns of prescribing, dispensing, or receiving controlled substances and generating alerts; 3) developing regulations to ensure that PMP analyses are updated and disseminated regularly and that summary reports are provided to the legislature by February 1 every year; in the development of the regulations, the department may include: a) consolidation of PMP data into a single view of all prescriptions filled for a given patient; b) identification of unusual or aberrant patterns of prescribing or dispensing and generate automatic alerts; c) identification of aberrant patterns of receipt of prescriptions by patients and generate automatic alerts; d) identification and visual display of linkages between prescribers, patients, and dispensers that can be used to detect any collusive behaviors</li> </ul>	7/6/2016 – Signed by Governor
<a href="#">SC SB 1035</a>	Creates § 40-47-37 which, among other things, requires that a licensee who establishes a physician-patient relationship solely via telemedicine shall comply with all relevant federal and state laws, including participation in the PMP	6/3/2016 – Signed by Governor; effective June 3, 2016

<a href="#">TN SB 1850</a>	<ul style="list-style-type: none"> <li>- Creates new section that requires that, upon receiving notification from the office of vital records of the death of an individual from a possible overdose of prescription opiates, the committee must investigate and, if possible, identify from the PMP those prescribers who may be associated with an individual’s death and shall refer the names of those prescribers to the appropriate regulatory board to investigate whether: 1) the prescriber acted in good faith and in accordance with the applicable community standards of practice; 2) a pattern of over-prescribing exists that warrants corrective action</li> <li>- Amends § 68-3-502 to provide that the office of vital records shall provide a copy of a death certificate for an individual whose cause of death is identified as an overdose of opiates for which a prescription is required under state or federal law to the PMP advisory committee</li> </ul>	<p>4/27/2016 – Signed by Governor; effective on signing</p>
<a href="#">TN SB 2123</a>	<p>Amends § 53-11-309 to change “advanced practice nurse with a certificate of fitness” to “advanced practice nurse with a license” wherever it appears in the statute</p>	<p>4/27/2016 – Signed by Governor; effective July 1, 2016</p>
<a href="#">TN SB 2552</a>	<ul style="list-style-type: none"> <li>- Amends § 53-10-301 to change the name of the act to the “Tennessee Prescription Safety Act of 2016”</li> <li>- Changes “prescribers” and “dispensers” to “healthcare practitioners” throughout Act</li> <li>- Changes “healthcare practitioner extender” to “healthcare practitioner delegate” throughout Act</li> <li>- Amends § 53-10-302, definitions, to add new definition for “director” which means the director of the controlled substance database, who shall be a Tennessee licensed pharmacist designated by the commissioner, to administer, maintain, and direct the operation and function of the PMP</li> <li>- Amends § 53-10-302, definitions, to amend the definition of “healthcare practitioner” to mean a person licensed, registered, or otherwise permitted to prescribe, distribute, or dispense a controlled substance; a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, or dispense, or administer a controlled substance; or a certified registered nurse anesthetist</li> <li>- Amends § 53-10-302, definitions, to delete definition of “healthcare practitioner extender” and replace it with “healthcare practitioner delegate,” which means any person authorized to practice under Title 63, and up to two unlicensed persons per healthcare practitioner and who have the ability to check the PMP as directed by a healthcare practitioner; the healthcare practitioner is responsible for actions taken by their delegates</li> <li>- Amends § 53-10-302, definitions, to amend the definition of “law enforcement personnel”</li> </ul>	<p>4/27/2016 – Signed by Governor; effective on signing</p>

to delete federal law enforcement officers and include drug enforcement administration agents

- Amends § 53-10-302, definitions, to add definition for “operations committee” which means the committee created to consult with and confirm or deny decisions made by the commissioner
- Amends § 53-10-302, definitions, to amend definition of “wholesaler” and include within that definition a definition of “wholesale distributor” which means a person primarily engaged in the wholesale distribution of drugs or devices and does not include licensed third-party logistics providers
- Amends § 53-10-303 to remove provision that the executive director of the board of pharmacy shall serve as database manager and delete the executive director of the board of pharmacy, director of the department of health’s division of health-related boards, and executive director of the board of medical examiners as board members
- Further amends § 53-10-303 to delete references to board investigators’ duties, but provides that if an investigator in the service of a health-related board has reason to believe during an investigation that a healthcare practitioner is in violation of a criminal law, the investigator is authorized to report the conduct to the appropriate law enforcement personnel
- Amends § 53-10-304 to provide that the director of the database shall be responsible for determining staffing
- Amends § 53-10-304 to provide as an additional purpose of the database to increase the quality of patient care by equipping healthcare practitioners with accurate, timely information that practitioners can use to determine if a patient may require counseling or intervention for substance abuse
- Amends § 53-10-304 to provide that reporting is not required for drug samples or complimentary drugs dispersed to patients adequate to treat the patient for a maximum of 48 hours or samples of Schedule IV or V substances in quantities limited to treat the patient for a maximum of 72 hours or a sample of a non-narcotic Schedule V substance adequate to treat the patient for a maximum of 14 days
- Amends § 53-10-304 to provide that drugs dispensed by a veterinarian need not be reported as long as the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of five days
- Amends § 53-10-305 to provide that veterinarians shall submit dispensing information every 14 days
- Amends § 53-10-305 to provide that information regarding who has accessed the PMP, and the information they obtained from the PMP, is retained for at least one year
- Amends § 53-10-306 regarding access by healthcare practitioners, delegates, pharmacists,

medical examiners, including the purposes for which they may request information

- Amends § 53-10-306 to allow receipt of aggregate PMP information by personnel of the bureau of TennCare
- Amends § 53-10-306 regarding access by law enforcement personnel and to include DEA agents and special agents in charge in the list of law enforcement personnel entitled to access or to whom access must be reported
- Amends § 53-10-306 provide that any information used in a criminal or administrative action shall be placed under seal or have patient names and all other personally identifying information of patients redacted
- Amends § 53-10-306 to remove reference to pilot program in subsection related to provision of PMP information to drug court judge
- Amends § 53-10-307 to delete board of pharmacy rulemaking authority
- Amends § 53-10-308 to delete consultation requirement, petition requirement, and review requirement
- Amends § 53-10-308 to provide that the committee or commissioner may release PMP data regarding healthcare practitioners, delegates, or patients to department personnel or law enforcement
- Amends § 53-10-308 to provide that any data released pursuant to this section or § 53-10-306, other than de-identified aggregate data or data released to personnel of the department or a health-related board, is limited to reports of drugs prescribed to specific patients or prescribed by specific providers
- Amends § 53-10-309 to delete requirement that report include data on prescribing and dispensing patterns and to change date of report to March 1, 2017 and every March 1 thereafter
- Amends § 53-10-310 regarding duties of healthcare practitioners to query the PMP prior to prescribing or dispensing a specified controlled substance at the beginning of each new episode of treatment and annually thereafter when that substance remains part of the treatment and provides that a delegate may query the PMP on behalf of the practitioner
- Amends § 53-10-310 to provide that a new episode of treatment means a prescription that has not been prescribed by that healthcare practitioner within the previous 12 months
- Amends § 53-10-310 to include prescribers in the requirement to check the PMP if the prescriber or dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance for fraudulent, illegal, or medically inappropriate purposes
- Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions prescribed or dispensed as non-refillable prescriptions for surgical procedures
- Amends § 53-10-310 to delete exemption from mandatory query requirement for

	<p>prescriptions to be administered directly to a patient during the course of inpatient treatment at a mental health hospital</p> <ul style="list-style-type: none"> <li>- Amends § 53-10-311 to create the operations committee, set out the members of the committee, and outline the duties of the committee, which include approving all rules, agreements, and policies concerning access to the PMP, dissemination of data and control over that data, and the control, sharing, and dissemination of data with other states or other entities acting on behalf of a state and provides that, notwithstanding anything in this part to the contrary, the commissioner may enter into agreements with the federal CDC, other states, and other entities acting on behalf of a state for the purposes of sharing and dissemination of data</li> <li>- Bill deletes automatic repeal of changes made to PMP statutes under Chapter 880 of the Public Acts of 2012, which provides for expiration of the changed provisions on June 30, 2016</li> <li>- Bill deletes expiration provision of June 30, 2016 in Chapter 791 of the Public Acts of 2014</li> </ul>	
<a href="#">UT HB 114</a>	<ul style="list-style-type: none"> <li>- Amends § 58-37f-201 to provide that the purpose of the database is to contain, in addition to prescription information, data reported regarding poisoning or overdose, data regarding convictions for driving under the influence of a prescribed controlled substance or impaired driving, and data reported regarding certain violations of the controlled substances act</li> <li>- Further provides that the information in the database shall be used to identify, in addition to other factors already listed, individuals admitted to a general acute hospital for poisoning or overdose involving a prescribed controlled substance, and individuals convicted for driving under the influence of a controlled substance, driving while impaired, in whole or in part, by a controlled substance, or certain violations of the controlled substances act</li> <li>- Amends § 58-37f-703 to provide that, when the division receives a report from a court relating to conviction of driving under the influence of, or while impaired by, a prescribed controlled substance, the division shall enter information supplied in the report into the database, including the date on which the person was convicted</li> <li>- Creates § 58-37f-704 which provides that, beginning October 1, 2016, if the division receives a report regarding certain violations of the controlled substances act, the division shall enter the information supplied in the report into the database daily</li> </ul>	<p>3/21/2016 – Signed by Governor; effective May 10, 2016</p>
<a href="#">UT HB 149</a>	<ul style="list-style-type: none"> <li>- Creates § 26-4-10.5 which provides that, if a medical examiner determines that the cause of death for an individual aged 12 or older is the result of a poisoning or overdose from a prescribed controlled substance, the medical examiner shall send a written report to the Division of Occupational and Professional Licensing within three business days that includes the name of the decedent, each drug or other substance found in the decedent’s system that may have contributed to the poisoning or overdose, and the name of each person the medical</li> </ul>	<p>3/21/2016 – Signed by Governor; effective October 31, 2016</p>

	<p>examiner has reason to believe may have prescribed a controlled substance to the decedent</p> <ul style="list-style-type: none"> <li>- Amends § 58-37f-301 to provide that the following law enforcement officers may have non-identifying information, limited to gender, year of birth, and ZIP code, regarding individuals for whom a controlled substance has been prescribed or to whom a controlled substance has been dispensed: a law enforcement officer engaged in a joint investigation with the division and a law enforcement officer to whom the division has referred a suspected criminal violation of controlled substance law</li> <li>- Further amends § 58-37f-301 to allow receipt of PMP data by a parole or probation officer</li> <li>- Amends § 58-37f-702 to provide that the division shall take certain actions if it receives a report from a medical examiner pursuant to § 26-4-10.5</li> </ul>	
<a href="#">UT HB 150</a>	<ul style="list-style-type: none"> <li>- Amends § 58-37f-301 to allow an individual to request that the division provide PMP information to a third party designated by the individual each time a controlled substance prescription for the individual is dispensed; information provided shall only be the fact that a controlled substance was dispensed, without identifying the substance, and the date the substance was dispensed</li> <li>- Further provides that the individual may direct the division discontinue providing information to the third party and the division shall notify the third party that the individual has so directed and shall discontinue providing such information</li> </ul>	3/23/2016 – Signed by Governor; effective May 10, 2016
<a href="#">UT HB 239</a>	<ul style="list-style-type: none"> <li>- Creates § 58-37f-303 which provides that, no later than January 1, 2017, the division shall make opioid prescription information in the PMP available to an electronic data system user via the user’s electronic data system</li> <li>- Electronic data system means a software product or an electronic service used by a prescriber to manage electronic health records or a pharmacist to manage the dispensing of prescription drugs</li> <li>- Amends § 58-37f-601 to add information in the database accessed under § 58-37f-303 to the list of actions that might give rise to criminal or civil liability</li> </ul>	3/21/2016 – Signed by Governor; effective May 10, 2016
<a href="#">UT HB 375</a>	<ul style="list-style-type: none"> <li>- Creates § 58-37f-303 which provides that a prescriber or dispenser of an opioid for outpatient usage shall diligently access and review the database</li> <li>- Further provides that the division, in collaboration with prescriber and dispenser licensing boards, shall develop a system that gathers and reports to prescribers and dispensers the progress and results of their individual access and review of the database and reduce or waive the division’s continuing education requirements regarding opioid prescriptions for prescribers and dispensers whose utilization of the system contribute to life-saving and public safety purposes</li> <li>- Further provides that if a dispenser’s review of the system indicates that a patient seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally</li> </ul>	3/25/2016 – Signed by Governor; effective May 10, 2016

	<p>recognized standards, the dispenser shall attempt to contact the prescriber to obtain the prescriber's informed, current, and professional opinion as to whether the prescribed opioid is medically justified</p> <ul style="list-style-type: none"> <li>- Amends § 58-37f-701, immunity, to provide that an individual who has accessed and reviewed PMP information may not be held civilly liable for such actions, or lack of action, which are protected and not subject to civil discovery</li> </ul>	
<a href="#">UT SB 58</a>	<ul style="list-style-type: none"> <li>- Creates § 58-31b-803 which provides that an advanced practice registered nurse may prescribe or administer a Schedule II controlled substance without a consultation or referral plan if, among other requirements, prior to the first time prescribing or administering a Schedule III substance for chronic pain or a Schedule II controlled substance, unless treating the patient in a licensed general acute hospital, checks information about the patient in the PMP and periodically thereafter checks information about the patient in the PMP</li> </ul>	3/21/2016 – Signed by Governor; effective May 10, 2016
<a href="#">UT SB 136</a>	<ul style="list-style-type: none"> <li>- Amends § 58-37f-301 to allow provision of PMP information to a board member if: a) the board member is assigned to monitor a licensee on probation; b) the board member is limited to obtaining information from the database regarding the specific licensee on probation</li> <li>- Further allows provision of information to a member of a diversion committee if: a) the diversion committee member is limited to obtaining information from the database regarding the person whose conduct is subject to the committee's consideration, and b) the conduct that is the subject of the committee's consideration includes a violation or a potential violation of the controlled substances act or another relevant violation or potential violation under this title</li> <li>- Further allows provision of information to employees of the Department of Health in the medical examiner's office</li> </ul>	3/23/2016 – Signed by Governor; effective May 10, 2016
<a href="#">VT SB 243</a>	<ul style="list-style-type: none"> <li>- Amends 18 § 4284(g) and (h) to provide that consultation shall be with the Controlled Substances and Pain Management Advisory Council</li> <li>- Amends 18 § 4289(a) to include treatment of acute pain in the list of conditions for which evidence-based standards must be developed and further provides that licensing authorities shall submit their standards to the Commissioner of Health, who shall review for consistency across health care providers and notify the applicable licensing authority of any inconsistencies identified</li> <li>- Deletes original requirement in 18 § 4289(c) that dispensers register with the PMP and requirement in Amdmt. #1 that dispensers query the PMP</li> <li>- New 18 § 4289(c) requires that health care providers query the PMP in certain circumstances except in the event of electronic or technological failure</li> <li>- New 18 § 4289(d) requires dispensers who dispense Schedule II – IV controlled substances to register with PMP and further provides that, except in the event of electronic or</li> </ul>	6/8/2016 – Signed by Governor; various effective dates



	<p>technological failure, dispensers shall query the PMP in accordance with rules adopted by the Commissioner of Health</p> <ul style="list-style-type: none"><li>- Further provides that dispensers shall report dispensing information to the PMP within 24 hours or one business day after dispensing</li><li>- Amends 18 § 4289(e) to provide that the Commissioner of Health shall consult with the Controlled Substances Pain Management Advisory Council to adopt rules regarding mandatory queries, including whether providers should be required to query the PMP prior to writing a prescription for an opioid in Schedule II – IV</li><li>- Deletes 18 § 4289(f) regarding the requirement that licensing entities for dispensers adopt standards regarding mandatory queries and reporting to the PMP</li><li>- Bill requires that the Commissioner of Health, after consultation with the Board of Pharmacy, retail pharmacists, and the Controlled Substances and Pain Management Advisory Council, adopt rules regarding the circumstances in which dispensers shall query the PMP, which shall include: 1) prior to dispensing a prescription for a Schedule II – IV opioid to a patient who is new to the pharmacy; 2) when an individual pays cash for a Schedule II – IV opioid prescription when the individual has prescription drug coverage on file; 3) when a patient requests an early refill of a Schedule II – IV opioid prescription; 4) when the dispenser is aware that the patient is being prescribed a Schedule II – IV opioid by more than one prescriber; and 5) an exception for a hospital-based dispenser dispensing a quantity of a Schedule II – IV opioid that is sufficient to treat a patient for 48 hours or fewer</li><li>- Bill requires that all physicians, osteopathic physicians, dentists, pharmacists, advanced practice registered nurses, optometrists, and naturopathic physicians with a DEA registration number, with a pending application for a DEA registration number, or who dispense controlled substances complete at least two hours of continuing education for each licensing period beginning on or after July 1, 2016 on several topics, including the appropriate use of the PMP</li><li>- Amends 33 § 2004 to change the fee from 0.5 percent to 1.5 percent and adds to the list of programs funded by such fees</li><li>- Amends 33 § 2004a to add to the list of programs funded by fees</li><li>- Creates 18 § 4255, Controlled Substances and Pain Management Advisory Council, including the list of members, and provide the duties of the council, including providing advice to the Commissioner concerning the appropriate use of the PMP</li></ul>	
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<a href="#">VA HB 293</a>	<ul style="list-style-type: none"> <li>- Amends § 54.1-2522.1 to provide that a prescriber or his or her delegate shall, at the time of initiating a new course of treatment to a patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than 14 days, request PMP information</li> <li>- Removes requirement that the Secretary of Health and Human Resources identify and publish a list of benzodiazepines and opiates that have a low potential for abuse</li> <li>- Provides that the query requirement does not apply for prescriptions for: patients receiving hospice or palliative care; patients as part of treatment for a surgical or invasive procedure and such prescription is not refillable; patients during an inpatient hospital admission or at discharge; nursing home patients or patients in an assisted living facility that uses a sole source pharmacy; the PMP is not operational or available; the prescriber is not able to access the PMP due to emergency or disaster and documents that in the patient's chart</li> <li>- Amends § 54.1-2522.2 to provide that prescribers and dispensers may delegate access authority to individuals who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser and are licensed, registered, or certified by a health regulatory board or have routine access to confidential patient data and have signed a patient data confidentiality agreement</li> </ul>	<p>3/11/2016 – Signed by Governor; effective July 1, 2016</p>
<a href="#">VA HB 657</a>	<ul style="list-style-type: none"> <li>- Amends § 54.1-2523.1 to provide that the director shall develop, in consultation with an advisory panel, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method for analysis of data collected by the PMP using the criteria for indicators of misuse to identify unusual patterns of prescribing and dispensing of covered substances by individual prescribers or dispensers or potential misuse of a covered substance by a recipient</li> <li>- Further provides that, in cases in which analysis of data collected by the PMP using criteria for indicators of misuse indicates an unusual pattern of prescribing or dispensing of a covered substance by a prescriber or dispenser or potential misuse by a recipient, the director may: 1) disclose information about the unusual prescribing or dispensing by a prescriber or dispenser to a) the enforcement division of the Department of Health Professions or 2) disclose information about a recipient to a) the prescriber or prescribers who have prescribed a covered substance to the recipient for the purpose of intervention to prevent such misuse or b) an agent who has completed the VA state police drug diversion school</li> </ul>	<p>3/1/2016 – Approved by Governor; effective July 1, 2016</p>

<a href="#">VA HB 829</a>	<ul style="list-style-type: none"> <li>- Amends § 54.1-2523 to provide that the PMP may provide information to the board of medicine about prescribers who meet a certain threshold for prescribing covered substances for the purpose of requiring relevant education, which threshold shall be determined by the board of medicine in consultation with the program</li> <li>- Amends § 54.1-2912.1 to provide that the board shall require prescribers identified pursuant to § 54.1-2523 to complete two hours of CE in each biennium on topics related to pain management, responsible prescribing of covered substances, and the diagnosis and management of addiction</li> </ul>	<p>3/11/2016 – Signed by Governor; effective July 1, 2016</p>
<a href="#">VA HB 1044</a>	<ul style="list-style-type: none"> <li>- Amends § 54.1-2520 to provide that the advisory committee shall provide guidance to the director regarding information disclosed about a Medicaid recipient</li> <li>- Amends § 54.1-2523 to provide for disclosure of PMP information regarding a Medicaid recipient to a physician or pharmacist licensed in Virginia who is employed by the VA Medicaid managed care program which information shall only be used to determine eligibility for and to manage the care of a specific recipient in a Patient Utilization Management Safety or similar program and notice shall be provided to recipients that information may be requested</li> </ul>	<p>3/11/2016 – Signed by Governor; effective July 1, 2016</p>
<a href="#">VA SB 287</a>	<ul style="list-style-type: none"> <li>- Amends § 54.1-2521 to provide that dispensing information shall be submitted to the department within 24 hours or the dispenser’s next business day, whichever comes later</li> <li>- Amends § 54.1-2523 to provide that the director may disclose PMP data to a prescriber for the establishing the treatment history of a recipient when such recipient is either under the care and treatment by the prescriber or the prescriber is consulting on or initiating treatment of such recipient</li> <li>- Further provides that the director may disclose PMP data to a dispenser for the purpose of establishing the prescription history to assist the dispenser in: 1) determining the validity of a prescription or 2) when providing clinical consultation on the care and treatment of the recipient</li> <li>- Amends § 54.1-2525 to provide that nothing shall prohibit a person who prescribes or dispenses a reported substance from redisclosing information obtained from the PMP to another prescriber or dispenser who has prescribed or dispensed a covered substance to a recipient or a person who prescribes a covered substance from placing information obtained from the PMP in the recipient’s medical record</li> </ul>	<p>3/7/2016 – Approved by Governor; changes to data collection interval effective January 1, 2017</p>

<a href="#">VA SB 491</a>	<ul style="list-style-type: none"> <li>- Amends § 54.1-2520 to provide that the advisory committee shall provide guidance to the director regarding information disclosed about a Medicaid recipient</li> <li>- Amends § 54.1-2523 to provide for disclosure of PMP information regarding a Medicaid recipient to a physician or pharmacist licensed in Virginia who is employed by the VA Medicaid managed care program which information shall only be used to determine eligibility for and to manage the care of a specific recipient in a Patient Utilization Management Safety or similar program and notice shall be provided to recipients that information may be requested</li> </ul>	<p>3/29/2016 – Signed by Governor; effective July 1, 2016</p>
<a href="#">VA SB 513</a>	<ul style="list-style-type: none"> <li>- Amends § 54.1-2522.1 to provide that a prescriber or his or her delegate shall, at the time of initiating a new course of treatment to a patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than 14 days, request PMP information</li> <li>- Provides that the requirement does not apply for prescriptions for: patients receiving hospice or palliative care; patients as part of treatment for a surgical or invasive procedure and such prescription is not refillable; patients during an inpatient hospital admission or at discharge; nursing home patients or patients in an assisted living facility that uses a sole source pharmacy</li> <li>- Amends § 54.1-2522.2 to provide that prescribers and dispensers may delegate access authority to individuals who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser and are licensed, registered, or certified by a health regulatory board or have routine access to confidential patient data and have signed a patient data confidentiality agreement</li> </ul>	<p>3/1/2016 – Approved by Governor; effective July 1, 2016</p>
<a href="#">WA HB 2730</a>	<ul style="list-style-type: none"> <li>- Amends § 70.225.040 to provide that the department may provide PMP data to persons authorized to prescribe or dispense controlled substances and legend drugs</li> <li>- Further amends § 70.225.040 to provide that the department may provide PMP data to a health care facility or entity for the purpose of providing medical or pharmaceutical care to the patients of the facility or entity if: 1) the facility or entity is licensed by the department; and 2) the facility or entity is a trading partner with the state’s health information exchange</li> <li>- Further provides that the department may provide PMP data to a health care provider group of five or more providers for purposes of providing medical or pharmaceutical care to the patients of the group if: 1) all the providers in the provider group are licensed by the department; and 2) the provider group is a trading partner with the state’s health information exchange</li> </ul>	<p>3/31/2016 – Signed by Governor; effective June 9, 2016</p>

<p><a href="#">WV SB 454</a></p>	<ul style="list-style-type: none"> <li>- Amends § 16-1-4 to delete requirement that the board develop policies and procedures that will allow physician treating patients through an opioid treatment program to access the PMP</li> <li>- Creates § 16-5Y-5 which requires that, prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient’s physical examination</li> <li>- Amends § 60A-9-4 to require the reporting of opioid antagonists to the PMP</li> <li>- Amends § 60A-9-5 to change “prescriber” to “practitioner”</li> <li>- Deletes provision that all practitioners who prescribe or dispense Schedule II – IV controlled substances shall have online access to the PMP</li> <li>- Amends § 60A-9-5a to require all practitioners who prescribe or dispense Schedule II – IV controlled substances to register with the PMP and obtain and maintain online access to the PMP</li> <li>- Provides that practitioners must register within 30 days of obtaining a new license and prohibits a licensing board from renewing a practitioner’s license without proof of the practitioner’s registration</li> <li>- Changes “prescriber” to “practitioner”</li> <li>- Amends § 60A-9-7 to amend penalty provisions, including penalties for willfully disclosing PMP information, unauthorized access or use of PMP information, failure of a practitioner to register with the PMP, and failure to query the PMP when required</li> <li>- Amends funding provisions of § 60A-9-8</li> </ul>	<p>3/15/2016 – Approved by Governor; effective June 12, 2016</p>
<p><a href="#">WI AB 364</a></p>	<ul style="list-style-type: none"> <li>- Amends § 961.385 to amend the definitions of “administer,” “patient,” and “prescription order” and to add definitions for “agent,” “business day,” “deliver or delivery,” and “dispense”</li> <li>- “Administer” means the direct application of a monitored prescription drug to the body of a patient by: 1) a practitioner or his/her agent; 2) a patient at the direction of a practitioner; or 3) a pharmacist</li> <li>- “Patient” is amended to include animal</li> <li>- “Prescription order” is amended to include prescriptions written by veterinarians</li> <li>- Changes data collection interval to daily</li> <li>- Amends disclosure provisions to provide that the board shall establish rules to permit the board to disclose records generated to relevant licensing boards and agencies, relevant agencies of other states, relevant law enforcement agencies, and relevant prosecutorial agencies if the circumstances indicate suspicious or critically dangerous conduct</li> </ul>	<p>3/17/2016 – Signed by Governor; effective March 19, 2016</p>

- Amends disclosure provisions to provide that the board shall establish rules to permit the board to provide PMP data to a practitioner, pharmacist, registered nurse, substance abuse counselor, or individual authorized to treat alcohol or substance dependency or abuse as a specialty if the individual is directly treating or rendering assistance to a patient or the individual is being consulted regarding the health of the patient by an individual who is directly treating or rendering assistance to the patient
- Amends disclosure provisions to provide that the board shall establish rules to permit the provision of PMP data to a person who medically coordinates, directs, or supervises, or establishes standard operating procedures for, a practitioner, pharmacist, registered nurse, substance abuse counselor, or individual authorized to treat alcohol or substance dependency or abuse as a specialty if the person is evaluating the job performance of an individual specified above or is performing quality assessment and improvement activities, including outcomes evaluation or development of clinical guidelines, and if the disclosure does not include personally identifiable information and is limited to only those records regarding the individual the person medically coordinates, directs, or supervises, or for whom the person establishes standard operating procedures
- Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit with a written request and the individual is engaged in an active and specific investigation and the record being requested is reasonably related to that investigation or prosecution
- Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit upon written request for the record and is monitoring the patient as part of a drug court
- Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to an agent of a practitioner or pharmacist
- Amends provisions to provide that the board shall establish rules requiring a practitioner to review a patient's record prior to issuing a prescription, which provision shall expire 3 years after the effective date of this subdivision
- Further provides that the requirement does not apply if the patient is receiving hospice care, the prescription is for a number of doses that is intended to last the patient three days or less and is not subject to refill, the substance is directly administered to the patient, emergency circumstances prevent practitioner from reviewing prior to issuing a prescription
- Amends provision stating that pharmacies, pharmacists, and practitioners are not required to obtain PMP data to delete practitioners

<p><a href="#">WI AB 365</a></p>	<ul style="list-style-type: none"> <li>- Creates § 961.37 to require that law enforcement officers report to his or her employer if the officer does any of the following: 1) encounters a situation where s/he reasonably suspects that a violation involving a monitored prescription drug is occurring or has occurred; 2) encounters an individual who the officer believes is undergoing or has immediately prior experienced an opioid-related drug overdose or a deceased individual who the officer believes died as a result of using a narcotic drug; or 3) receives a report of a stolen controlled substance prescription</li> <li>- The officer must report the following information: 1) the name and date of birth of all of the following – a) individual suspected of the violation; b) individual who experienced an opioid-related drug overdose; c) individual who died as a result of using a narcotic drug; d) individual who filed the stolen prescription report; e) individual for whom a prescription drug related to the foregoing was prescribed; 2) name of the prescribing practitioner, the prescription number, and the name of the drug as it appears on the prescription order or container</li> <li>- The law enforcement agency receiving the report shall submit notice of the suspected violation, opioid related overdose, death as the result of using a narcotic drug, or the report of the stolen controlled substance prescription to the PMP</li> <li>- Amends § 961.385 to provide that the PMP may disclose information provided to the PMP by a law enforcement agency pursuant to § 961.37 to relevant pharmacists, practitioners, and others to whom the board may make disclosures</li> </ul>	<p>3/17/2016 – Signed by Governor; effective March 19, 2016</p>
<p><a href="#">WI AB 766</a></p>	<ul style="list-style-type: none"> <li>- Amends § 961.385 to provide that, beginning in 2017 and no later than October 1 of each year until October 2020, the board shall conduct a review of the PMP to evaluate the actual outcomes of the PMP compared with projected outcomes, as determined by the board, and said review shall include an evaluation of all of the following: 1) satisfaction with the program of pharmacists, pharmacies, practitioners, and other users of the program; 2) the program’s impact on referrals of pharmacists, pharmacies, and practitioners to licensing or regulatory boards for discipline and to law enforcement agencies for investigation and possible prosecution</li> <li>- Further amends § 961.385 to provide that, beginning in 2017, no later than November 1 of each year, the board shall provide a report to the department of safety and professional services for the previous fiscal year that includes all of the following: 1) the results of the board’s review outlined above; 2) an assessment of the trends and changes in the use of monitored prescription drugs in this state; 3) the number of practitioners, by profession, and pharmacies submitting records to the board under the program; 4) the description of the number, frequency, and nature of submissions by law enforcement agencies; 5) a description of the number, frequency, and nature of requests for disclosure of records generated under</li> </ul>	<p>3/17/2016 – Signed by Governor; effective March 19, 2016</p>

	the program; 6) the number of individuals receiving prescription orders from 5 or more practitioners or having monitored prescription drugs dispensed by 5 or more pharmacies within the same 90-day period; 7) the number of individuals receiving daily morphine milligram equivalents of 1 to 19 mg, 20 to 49 mg, 50 to 99 mg, and 100 or more mg; 8) the number of individuals to whom both opioids and benzodiazepines were dispensed within the same 90-day period	
<b>Reg. No.</b>	<b>Description</b>	<b>Status and Date of Last Action</b>
<a href="#">42 CFR § 8.615</a>	Requires that, in order to qualify as a practice setting for the purposes of increasing patient limit for prescribing or dispensing covered substances to 275, the practitioner must be registered with his or her state PMP where operational; for federal employees, participation in the state PMP is not required if such participation is prohibited by state law	7/8/2016 – Final rule
<a href="#">42 CFR Part 414</a> <a href="#">42 CFR Part 495</a>	- Makes changes to the Improvement Activities Inventory chart related to the Merit Based Incentive Payment System and Alternative Payment Model related to Medicare program participants - Medium weight – annual registration by eligible clinicians or groups in the state PMP and must participate for a minimum of six months - High weight – clinicians must attest for 60% of patients for the first year and 75% of the second year, they consulted the PMP prior to issuing a Sch. II opioid prescription lasting longer than three days	11/4/2016 – Final rule
<a href="#">AL 408686 (ADC 540-X-19-.05)</a>	Requires that the medical director of a pain management clinic have a current registration with the PMP	12/31/2015 – Certified adopted rules; effective February 1, 2016
<a href="#">AR 401919 (ADC 060.00.1-2)</a>	- Requires that prescribers check the PMP at least once every six months for patients with chronic, non-malignant pain - Requires that prescribers found to be in violation of a rule or law involving prescription drugs shall be required to register with the PMP and access prescription information prior to writing a prescription for an opioid	12/21/2015 – Adopted regulations; effective December 14, 2015
<a href="#">AR 401922 (ADC 060.00.1-19)</a>	- Requires physicians operating a pain management program to check the prescriptive history of a patient at least every six months when that patient is being treated with controlled substances for chronic, non-malignant pain - Requires that prescribers who have been found to be in violation of a law or rule involving prescription drugs to register with the PMP and access patient information prior to writing a prescription for an opioid	12/21/2015 – Adopted regulations; effective December 14, 2015



<a href="#">AR 409927</a> <a href="#">(ADC 007.07.4-III, -IV, -VI, -VII)</a>	<ul style="list-style-type: none"> <li>- III – Adds definitions for “certified law enforcement prescription drug diversion investigator,” “delegate,” “opioid,” and “qualified law enforcement agency”</li> <li>- IV – Sets out the requirements for law enforcement access to PMP information</li> <li>- VI – Adds certified law enforcement prescription drug diversion investigator, and the Department of Human Services or the Crimes Against Children Division of the Department of Arkansas State Police to the list of entities allowed receipt of PMP information</li> <li>- VII – Adds provisions related to unsolicited reports</li> </ul>	2/19/2016 – Adopted regulations; effective March 1, 2016
<a href="#">AR 412297</a> <a href="#">(ADC 069.00.1-V-IX1)</a>	Requires an optometrist who has been found to be in violation of a rule or law involving prescription drugs to register with the PMP and access prescription information prior to prescribing an opioid	2/19/2016 – Adopted regulations; effective February 6, 2016
<a href="#">AR 415764</a> <a href="#">(ADC 007.07.4-III, -IV, VI, -VII)</a>	<ul style="list-style-type: none"> <li>- III – Adds definitions for “certified law enforcement prescription drug diversion investigator,” “delegate,” “opioid,” and “qualified law enforcement agency”</li> <li>- IV – Sets out the requirements for law enforcement access to PMP information</li> <li>- VI – Adds certified law enforcement prescription drug diversion investigator, and the Department of Human Services or the Crimes Against Children Division of the Department of Arkansas State Police to the list of entities allowed receipt of PMP information</li> <li>- VII – Adds provisions related to unsolicited reports</li> </ul>	2/19/2016 – Adopted regulations; effective March 1, 2016
<a href="#">AR 415764</a> <a href="#">(ADC 067.00.4-VIII, -XII)</a>	<ul style="list-style-type: none"> <li>- Allows APRNs to delegate access to the PMP for running requested reports to no more than two licensed nurses under his or her supervision or employment at each practice location</li> <li>- APRNs who have been found guilty by the board of a violation of a law or rule involving prescription drugs shall review a current PMP report prior to prescribing an opioid which shall be documented in the patient’s medical record</li> <li>- Requires that the PMP be queried at least every six months when patient is being treated for chronic, non-malignant pain</li> </ul>	4/22/2016 – Adopted regulations; effective March 26, 2016
<a href="#">CO 412723 (3 ADC 709-1:IX)</a>	Provides that all dentists with a current DEA registration are required to register and maintain a user account with the PMP	2/25/2016 – Final regulations; effective March 16, 2016
<a href="#">CO 420610 (3 ADC 709-1:IX)</a>	Provides that all dentists with a current DEA registration are required to register and maintain a user account with the PMP and failure to do so is a violation of law	5/25/2016 – Final regulations; effective June 30, 2016

<a href="#">DC 402819 (17 ADC 10300 – 10316, 10399)</a>	<ul style="list-style-type: none"> <li>- Creates Chapter 103 of the DC Code of Regulations to implement the provisions of the PMP</li> <li>- Sec. 10300 provides there is no requirement to access the PMP and includes immunity provisions</li> <li>- Sec. 10301 provides for daily reporting of dispensing information, requires nonresident pharmacies to report, and exceptions to reporting requirements</li> <li>- Sec. 10302 includes cyclobenzaprine and products containing butalbital as covered substances</li> <li>- Sec. 10303 - 10305 provide standards and format for reporting and zero reporting and waiver of reporting requirements</li> <li>- Sec. 10306 sets out the requirements for prescribers, dispensers, and delegates to access PMP data and sets out the requirements for delegate use of the PMP</li> <li>- Sec. 10307 provides for mandatory disclosure to law enforcement and regulatory purposes upon request</li> <li>- Sec. 10308 sets out discretionary disclosures to patients, parent or legal guardian of a patient, regulatory authorities, Medicaid, medical examiner, de-identified data</li> <li>- Sec. 10309 provides for interstate sharing</li> <li>- Sec. 10310 provides for notice to consumers of prescriber or dispenser’s intent to access PMP data</li> <li>- Sec. 10311 contains the confidentiality provisions</li> <li>- Sec. 10312 provides for corrections to PMP data</li> <li>- Sec. 10313 – 10315 are reserved</li> <li>- Sec. 10316 creates the advisory committee</li> <li>- Sec. 10399 contains definitions</li> </ul>	<p>12/11/2015 – Final rulemakings</p>
<a href="#">FL 398937 (ADC 64B16-27.831)</a>	<ul style="list-style-type: none"> <li>- Provides that, if a pharmacist has doubts or concerns about the validity of a prescription, he or she may attempt to resolve concerns by accessing the PMP in lieu of either initiating communication with the patient or the patient’s representative to acquire information about the validity of the prescription or initiating communication with the prescriber or prescriber’s agent</li> <li>- Further provides that all pharmacists shall complete a board-approved 2-hour continuing education course, which course shall include, among other topics, use of the PMP</li> </ul>	<p>12/8/2015 – Effective rules; effective December 24, 2015</p>
<a href="#">FL 400022 (ADC 64K-1.003, 004, 005)</a>	<p>Department will develop rules establishing procedures for acquiring both direct and indirect access to the database, procedures for revoking access, standards for denial of requests for access, as well as any other measures related to access, database operation or database management identified during the rulemaking process</p>	<p>2/2/2016 – Effective rules; effective February 17, 2016</p>

<a href="#">IL 408920 (77 ADC 2080.100)</a>	Changes data collection interval from weekly to daily	3/11/2016 – Adopted rules; effective February 29, 2016
<a href="#">LA 403922 (ADC 46:XLV:7717)</a>	Requires that physicians check the PMP prior to issuing any written request or recommendation for marijuana	12/20/2015 – Rules; effective December 20, 2015
<a href="#">ME 446745 (ADC 14-118)</a>	<ul style="list-style-type: none"> <li>- Sec. 2 amended to provide that the rules also implement requirements for the prescription of opioid medications</li> <li>- Sec. 3, definitions, adds definitions of “acute pain,” “benzodiazepine,” “chronic pain,” “emergency department,” “hospital,” “inpatient status,” “long term care facility,” “opioid medication,” “palliative care,” “residential care facility,” and “serious illness”</li> <li>- Sec. 3, definitions, amends definition of “days’ supply” to mean the drug’s intended duration, as defined by the prescriber, or the estimated number of days a prescription will last</li> <li>- Sec. 3, definitions, amends definition of “patient address” to include the address listed on a valid state or federal ID</li> <li>- Sec. 3, definitions, amends definition of “patient date of birth” to include the date of birth of the owner or keeper of an animal for whom a drug is issued or dispensed</li> <li>- Sec. 3, definitions, amends definition of “prescriber” to include veterinarians</li> <li>- Sec. 3, definitions, amends definition of “valid photographic identification” to include another valid state or federal ID that contains a photograph of the holder, is tamper resistant, and identifies the date of birth</li> <li>- Sec. 4, formerly “Waivers,” now “General Requirements for Prescribing and Dispensing”</li> <li>- Provisions related to requirements for prescriptions with certain additional requirements for opioid prescriptions and prescriptions which cause the patient to exceed the 100 MME daily limit, and includes exemptions for prescribers going over the 100 MME daily limit; also includes requirements for dispensers</li> <li>- Sec. 5, formerly “Requirements for Dispensers,” now “Prescription Monitoring Program Requirements”</li> <li>- Requires all prescribers, dispensers, and veterinarians to register with the PMP</li> <li>- Requires that dispensers report prescription data daily and includes list of data elements to be reported and includes waiver provisions</li> <li>- Requires that prescribers query the PMP and specifically review the aggregate MME for</li> </ul>	12/30/2016 – Emergency rule

	<p>the patient, the number of prescribers for the patient, and the number of pharmacies</p> <ul style="list-style-type: none"><li>- Requires that dispensers query the PMP and review the same information as prescribers</li><li>- Further provides that dispensers shall notify the PMP coordinator and decline to fill a prescription until the dispenser is able to contact the prescriber if the dispenser has reason to believe that the prescription is fraudulent or deceptive</li><li>- Requires veterinarians to query the PMP and specifically check the records relating to the individual seeking care for the animal and, if deemed appropriate, the records for the owner of the animal, in the even the owner is not the one seeking care for the animal</li><li>- Further provides that if the vet identifies any concerns, the vet must contact the PMP coordinator</li><li>- Provides that a vet is not required to query the PMP if directly ordering or administering a benzodiazepine or opioid to an animal in an emergency setting</li><li>- Sec. 6, formerly “Requirements for Prescribers,” now “Limits on Opioid Medications Prescribing and Exceptions to Limits”</li><li>- Sec. 7, access to PMP data, is amended to allow staff members authorized by a dispenser to access PMP data</li><li>- Further provides that dispensers must review their list of delegates annually</li><li>- Further provides that any staff member of a licensed hospital who is authorized by the chief medical officer of the hospital may access PMP data and provides that prescribers may obtain PMP information on patients, patients receiving care in hospital emergency department, or receiving inpatient hospital services</li><li>- Further provides that prescribers must review their list of delegates annually</li><li>- Adds provision related to access to other states and Canadian provinces which provides that the department may provide PMP data to those entities with PMP provisions consistent with Maine’s and has entered into a PMP data sharing agreement</li><li>- Sec. 10, penalties and sanctions, is amended to include civil penalties for prescribers for failure to check the PMP</li><li>- Includes civil penalties for dispensers who fail to submit PMP data and fail to query the PMP as required</li><li>- Amends administrative sanctions for prescribers and dispensers</li><li>- Creates Sec. 11, “Immunity from Liability,” which provides that prescribers and dispensers are immune from liability for disclosing information if disclosed pursuant to law and provides for a rebuttable presumption of good faith</li><li>- Creates Sec. 12, “Audit,” which provides that the department has the authority to verify and/or audit prescriber and dispenser compliance with the rules</li></ul>	
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<a href="#">ME 418174</a> <a href="#">(ADC 02-373</a> <a href="#">Ch. 2, § 5)</a>	<p>Requires a primary supervising physician to perform a review of a physician assistant's scheduled drug prescribing every three months for the first year of the PA's delegation and every six months thereafter, which shall include a review of the PMP</p>	<p>7/18/2016 – Final rule</p>
<a href="#">MD 409514</a> <a href="#">(COMAR</a> <a href="#">10.47.07.05)</a>	<p>Provides that the PMP shall disclose information to the following case review entities for the purpose of furthering an existing bona fide individual case review: State Child Fatality Review Team or local child fatality review team; local drug overdose fatality review team; the Maternal Mortality Review Program; a medical review committee</p>	<p>2/19/2016 – Final action on regulations; effective February 29, 2016</p>
<a href="#">MS 413650</a> <a href="#">(ADC 30-20-</a> <a href="#">3001:IV)</a>  <a href="#">MS 413650</a> <a href="#">(ADC 30-20-</a> <a href="#">3001:V)</a>	<p>Requires all licensed pharmacists to register with PMP and adds action against pharmacists for failure to register</p>	<p>1/31/2016 – Final action on rules; effective January 15, 2016</p>
<a href="#">MS 416827</a> <a href="#">(ADC 30-20-</a> <a href="#">3001:XLIII)</a>	<ul style="list-style-type: none"> <li>- Amends regulation to provide that reporting of Schedule II – V dispensing information shall be every 24 hours or the next business day</li> <li>- Exempts substances dispensed directly by a veterinarian, direct administration of a controlled substance to a patient, and any quantity of a drug dispensed that is limited to an amount adequate to treat the patient for 48 hours or less</li> <li>- Requires that prescriptions dispensed to patients in nursing facilities, ICFMRs, and assisted living facilities are required to be reported</li> <li>- Provides that PMP information shall be provided to: pharmacists; practitioners; local, state, and federal law enforcement officials; regulatory and licensing boards; division of Medicaid; judicial authorities under grand jury subpoena; the patient; and PMPs in other states</li> <li>- Further provides that the Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the PMP for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing, or administering of controlled substances</li> <li>- Provides for the provision of de-identified information for research and educational purposes</li> <li>- Requires that pharmacists register with the PMP</li> <li>- Provides certain penalties for knowing disclosure of PMP information, or for purposely misusing or altering PMP information</li> </ul>	<p>2/29/2016 – Final action on rules; effective February 10, 2016</p>

<a href="#">NV 396490</a> <a href="#">(NAC 639.926)</a>	Requires pharmacies to submit dispensing information within one business day	4/5/2016 – Adopted regulations; effective April 4, 2016
<a href="#">NH 425514</a> <a href="#">(ADC Den</a> <a href="#">503.06)</a>	Licensees who are required to register with the PMP per statute, or their delegate, must query the PMP prior to prescribing an initial Sch. II – IV opioid for management or treatment of patient’s pain and then periodically, at least twice per year, thereafter except if CS are administered to patient in health care setting or when treating acute pain associated with traumatic injury, post-operatively, or with an acute medical condition, with clear, objective findings by the practitioner, for no more than 30 days	6/29/2016 – Final rule
<a href="#">NH 422342</a> <a href="#">(ADC Nur</a> <a href="#">502.06)</a>	Licensees who are required to register with the PMP per statute, or their delegate, must query the PMP prior to prescribing an initial Sch. II – IV opioid for management or treatment of patient’s pain and then periodically, at least twice per year, thereafter except if CS are administered to patient in health care setting or when treating acute pain associated with traumatic injury, post-operatively, or with an acute medical condition, with clear, objective findings by the practitioner, for no more than 30 days	6/9/2016 – Final rule
<a href="#">NJ 408992</a> <a href="#">(NJAC 13:45A-</a> <a href="#">35.1 – 35.11)</a>	<ul style="list-style-type: none"> <li>- Creates regulations applicable to the PMP</li> <li>- 35.1 – purpose and scope of rules – rules are applicable to pharmacies; out-of-state pharmacies that ship, mail, distribute, or deliver controlled substances into NJ in an outpatient setting; authorized recipients of PMP data; pharmacists; practitioners with a state CS registration; delegates; medical residents; dental residents; certified medical assistants; and registered dental assistants</li> <li>- Includes exceptions to reporting requirements for direct administration of CS to a patient, administration of CS, or prescriptions dispensed to an inpatient at a hospital, long term care, or other facility in which the patient is provided with 24-hour nursing care</li> <li>- 35.2 – definitions for regulations</li> <li>- 35.3 – pharmacy reporting requirements – sets out the data elements required to be reported</li> <li>- 35.4 – requests for exemption or waiver from reporting requirements</li> <li>- 35.5 – frequency of reporting – requires data to be submitted daily</li> <li>- 35.6 – access to PMP information; retention of data – provides that the division shall provide online access to PMP data to: pharmacists; practitioners; practitioner delegates; medical residents; dental residents; designated representatives of the State Board of Medical Examiners, New Jersey Board of Dentistry, New Jersey Board of Nursing, New Jersey State Board of Optometrists, New Jersey State Board of Pharmacy, State Board of Veterinary Examiners, or any other board in NJ or another state that regulates prescribers or dispensers;</li> </ul>	11/7/2016 – Rule adoptions; effective November 7, 2016

	<p>Medicaid; State or county medical examiner, deputy or assistant medical examiner, or qualified assistant thereof</p> <ul style="list-style-type: none"> <li>- Further provides that PMP data will be provided to: grand jury with a subpoena; authorized personnel for establishing and maintaining the PMP; state, federal, or municipal law enforcement officers pursuant to a court order; PMP of another state with an interoperability agreement or which participates with the division in a system that facilitates the secure sharing of data</li> <li>- Provides that delegates may only share PMP data with their supervising practitioner</li> <li>- Allows the provision of de-identified data for statistical, research, or educational purposes</li> <li>- Allows the provision of unsolicited reports to pharmacists, practitioners, and other licensed health care professionals</li> <li>- Provides that data shall be retained for a minimum of 7 years</li> <li>- 35.7 – registration – requires all persons authorized to have online access to the PMP to register with the division, which includes completion of an online tutorial</li> <li>- Further provides that practitioners shall be registered by the division upon issuance or renewal of the practitioner’s CS registration</li> <li>- 35.8 – delegates – sets out the requirements for delegates, including any licensure, certification, and employment requirements</li> <li>- Requires that practitioners audit the delegate’s use of the PMP at least every six months to monitor for potential misuse</li> <li>- 35.9 – mandatory queries – provides that a practitioner or delegate query the PMP for a new or existing patient: the first time the patient is prescribed a Sch. II CS for acute or chronic pain; on a quarterly basis if the patient continues to receive the medication</li> <li>- Provides that a pharmacist shall query the PMP if the pharmacist has a reasonable belief that the person may be seeking CS for any purpose other than the treatment of an existing medical condition</li> <li>- Exempts veterinarians from the query requirement</li> <li>- Provides exceptions for: administering methadone for a patient awaiting admission to an OTP; administering a CS to a patient; prescribing a CS dispensed by an institutional pharmacy; prescribing a CS in the ED of a hospital provided that the quantity does not exceed a 5-day supply; for hospice care; in an emergency situation and the quantity does not exceed a 5-day supply; PMP is not operational and the quantity does not exceed a 5-day supply; practitioner who is prescribing less than a 30-day supply to a patient immediately, but no more than 24 hours, after the patient has undergone an operation, procedure, or treatment for acute trauma</li> <li>- 35.10 – recordkeeping - requires that individuals who designate a delegate shall establish,</li> </ul>	
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	<p>retain, and follow written procedures to document, as part of the patient record, the PMP look-up as required and any PMP information accessed for that patient</p> <ul style="list-style-type: none"> <li>- 35.11 – professional misconduct - sets out actions which may be deemed professional misconduct, including noncompliance with the rules, and further provides that certain actions, including knowing disclosure of PMP information, shall refer the violator to law enforcement</li> </ul>	
<a href="#">NY 402536 (14 ADC 820.7)</a>	<ul style="list-style-type: none"> <li>- Creates new regulations related to residential services for treatment of individuals with substance use disorders</li> <li>- Requires that programs check the PMP prior to admitting a patient to determine any and all medications which may be prescribed to a patient or prospective patient</li> </ul>	12/9/2015 – Notices of adoption; effective December 9, 2015
<a href="#">NY 402537 (14 ADC 822.8)</a>	<ul style="list-style-type: none"> <li>- Repeals former Section 822 and enacts new regulations regarding standards for chemical dependence outpatient and opioid treatment programs</li> <li>- Requires programs to check the PMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient</li> <li>- Requires that patients admitted to opioid medical maintenance have verified stability in the PMP and that checks of the PMP be performed as clinically indicated</li> </ul>	12/9/2015 – Notices of adoption; effective November 20, 2015
<a href="#">ND 411868 (ADC 54-05-03.1-10)</a>	Requires that advanced practice nurses with prescriptive authority query the PMP for new or unestablished patients requiring a CS prescription, every six months during treatment with a CS, client requests for early refills or engages in a pattern of taking more than the prescribed dosage, and upon suspicion or known drug overuse, diversion, or abuse by a client and may query the PMP in long-term care settings, controlled settings in which CS are locked and administered to clients, treatment of a client with a terminal illness, cancer, or cancer-related disorders, and hospice or palliative care settings	10/1/2016 – Final rule
<a href="#">OH 404161 (ADC 4731-11-11)</a>	<ul style="list-style-type: none"> <li>- Repeals and replaces prior version</li> <li>- Defines “delegate,” “OARRS,” “OARRS report,” “personally furnish,” and “reported drugs”</li> <li>- Sets out the standards of care for physicians: 1) when prescribing or personally furnishing a reported drug; 2) in considering whether the prescribing or personally furnishing of a reported drug is appropriate for a patient, the physician shall review a PMP (OARRS) report; 3) requires that a physician obtain and review a PMP report to help determine if it is appropriate to prescribe or personally furnish an opioid analgesic, benzodiazepine, or reported drug to a patient, unless an exception applies, but shall obtain a report if the patient’s course of treatment with a reported drug other than an opioid analgesic or benzodiazepine has lasted more than 90 days, unless an exception applies</li> </ul>	12/10/2015 – Final filings; effective December 31, 2015



	<ul style="list-style-type: none"> <li>- Provides a list of red flags that require the physician to obtain and review a PMP report</li> <li>- Requires 1) that a physician obtain and review a PMP report at least every 90 days for patients whose treatment with an opioid analgesic or benzodiazepine lasts more than 90 days; 2) that a physician obtain and review a PMP report at least annually for patients whose treatment with a reported drug other than an opioid analgesic or benzodiazepine lasts more than 90 days</li> <li>- Requires that if the physician practices primarily in a county that adjoins another state, the physician shall also request a report from the other state</li> <li>- Lists exceptions to review requirements</li> </ul>	
<a href="#">OH 406668</a> <a href="#">(ADC 4723-9-12)</a>	<ul style="list-style-type: none"> <li>- Repeals and replaces prior version</li> <li>- Defines “APRN,” “delegate,” “OARRS,” “OARRS report,” and “reported drugs”</li> <li>- Sets out the standard of care for APRNs, which includes that an APRN consider obtaining and reviewing a PMP (OARRS) report when considering whether to prescribe or personally furnish a reported drug</li> <li>- Provides that an APRN shall obtain and review a PMP report if any red flags as set out in the regulation are noted</li> <li>- Requires an APRN to obtain and review a PMP report before initially prescribing a reported drug that is an opioid analgesic or benzodiazepine and shall obtain a report every 90 days if the patient continues to receive such prescriptions for more than 90 days</li> <li>- Requires an APRN to obtain and review a PMP report following a course of treatment for a period of more than 90 days if the treatment includes the prescribing or personally furnishing of reported drugs that are not opioid analgesics or benzodiazepines and at least annually thereafter as long as the course of treatment continues</li> <li>- Provides that if the APRN practices in a county that adjoins another state, the APRN shall also request a report from that state, if available</li> </ul>	12/30/2015 – Final filings; effective February 1, 2016
<a href="#">OH 407088</a> <a href="#">(ADC 4729-37-07)</a>	Amends regulation to require pharmacies to notify the board electronically if it is not open seven days per week and to notify the board electronically or in writing if the pharmacy stops dispensing controlled substances	12/29/2015 – Final filings; effective January 15, 2016
<a href="#">OK 417711</a> <a href="#">(ADC 475:45-1-2)</a>	Adds recipient’s phone number to the list of reported information to the PMP	9/11/2016 – Final rule
<a href="#">OR 411105</a> <a href="#">(ADC 410-121-4010, et seq.)</a>	Proposing to permanently amend regulation to renumber it to OAR 333-023-0810 to revise the reporting requirements, as well as revise and renumber rules in OAR Chapter 410, division 121, pertaining to the PMP, to Chapter 333, division 23, since the public health division is responsible for the administration of the program	2/1/2016 – Administrative rules; effective February 1, 2016

<a href="#">TX 412429 (22 TAC 315.1 – 315.14)</a>	<p>New rules proposed to give effect to SB 195 which transfers the PMP to the Board of Pharmacy</p>	<p>3/4/2016 – Adopted; effective March 10, 2016</p>
<a href="#">UT 410908 (ADC R156-37f)</a>	<ul style="list-style-type: none"> <li>- Add definition for “ORI,” which means originating agency identifying number</li> <li>- Changes ASAP reporting to version 4.2</li> <li>- Amends mandatory data reporting elements to require: identification number of person picking up the prescription, five-digit zip code of patient, and date sold (point of sale)</li> <li>- Amends preferred data reporting elements to remove customer identification number and add: method of payment and dispensing pharmacist state license number</li> <li>- Amends data submission method requirements</li> <li>- Deletes paper method of submitting data</li> <li>- Change data collection interval to daily either in real time or daily batch file reporting</li> <li>- Amends zero reporting requirements and waiver provisions</li> <li>- Amends access provisions to provide that the Division Director may designate (rather than shall designate) certain Database staff who may (rather than shall) have access to database information</li> <li>- Provides that law enforcement may receive PMP data with a search warrant provided in person, by email, by fax, or by U.S. Mail and must contain the subject’s name and DOB</li> <li>- Further provides that a probation or parole officer may receive PMP data without a search warrant if certain conditions are met, including submission of a security agreement signed by the officer</li> <li>- Amends provisions to provide that an individual may receive an accounting of the persons or entities who have requested their PMP data and provides information regarding how the accounting may be requested and what information the accounting will contain</li> <li>- Amends practitioner delegate provisions to provide that, in addition to the other information to be provided to the division, the written designation must be manually signed by both the practitioner and designated employee</li> <li>- Adds provision for individual to request release of CS prescription dispensing information to a third party which provides that such request must be in writing and signed and dated by the requesting individual and include certain information regarding both the requesting party and third party</li> <li>- Adds provision for receipt of database information by a licensed pharmacy technician or pharmacy intern and provides the required information to be submitted for such access</li> <li>- Deletes pilot program provision</li> <li>- Adds R156-37f-302, other restrictions on database access, which prohibits any individual</li> </ul>	<p>12/22/2016 – Enacted</p>

	<p>or organization with lawful access to PMP data from being compelled to testify with regard to the data, including deposition testimony</p> <ul style="list-style-type: none"> <li>- Adds R156-37f-303, access to opioid prescription information via an electronic data system, which sets out the requirements for accessing PMP data with an EDS</li> </ul>	
<a href="#">VT 410730</a> <a href="#">(ADC 12-5-53:6.0, 7.0)</a>	<ul style="list-style-type: none"> <li>- Requires that physicians prescribing or dispensing buprenorphine from an office based opioid treatment setting shall register with the PMP and comply with the rule regarding system queries</li> <li>- Further requires that each MAT physician shall develop clinical practices to reduce the risk of diversion which shall include querying the PMP</li> </ul> <p>Requires that opioid treatment programs query the PMP as required by the Vermont Prescription Monitoring System Rule</p>	<p>4/19/2016 – Adopted rules; effective April 1, 2016</p>
<a href="#">WA 387037</a> <a href="#">(ADC 246-470-030, 040, 050, 060, 090)</a>	<ul style="list-style-type: none"> <li>- Changes data collection interval to daily</li> <li>- Includes additional data elements to be reported including: species code, partial fill information, NPI and DEA numbers, prescriber and dispenser business phone numbers</li> <li>- Amends access provisions to include legal guardians of minor children</li> <li>- Allows the use of pharmacist delegates</li> <li>- Allows receipt of PMP data by federally recognized tribes</li> <li>- Provides that PMP information that has been disclosed to a health care provider is health care information and protected under state and federal law and may be retained with the patient’s health care records</li> </ul>	<p>8/8/2016 – Final rule</p>
<a href="#">WI 389879</a> <a href="#">(ADC Phar. 18.01 – 18.14)</a>	<p>Requires that the name of the person as verified by checking an identification card or as known to the pharmacist or other person dispensing or delivering controlled substance to person be transmitted to the PMP</p>	<p>4/25/2016 – Rules published in the WI Administrative Register and Final Regulatory Flexibility Analyses; effective May 1, 2016</p>

<p><a href="#">WI 403847</a> <a href="#">(ADC CSB 4.02, 4.03, 4.10, 4.11, 4.15)</a></p>	<ul style="list-style-type: none"><li>- Amends CSB 4.02 to change the definition of board to mean the Controlled Substances Board</li><li>- Repeals CSB 4.03(3) listing Tramadol as a drug of concern</li><li>- Amends CSB 4.10 to change “dispenser” and “dispenser delegate” to “pharmacist” and “pharmacist delegate”</li><li>- Amends CSB 4.11 to change “PDMP information” to “dispensing data”</li><li>- Creates CSB 4.15 to provide that the board may review PDMP information to determine whether circumstances indicate suspicious or critically dangerous conduct or practices of a practitioner, pharmacist, pharmacy, or patient and lists a number of factors to use make that determination and provides that upon making that determination the board may release PDMP information to the patient, the pharmacist or practitioner, a state board or agency, an agency of another state, or a law enforcement agency</li></ul>	<p>6/27/2016 – Rules published in the Wisconsin Administrative Register; effective July 1, 2016</p>
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