PDMP TTAC

Prescription Drug Monitoring Program Training and Technical Assistance Center

2017 PDMP and Prescription Drug-Related Bills

(through May 24, 2017)

Legislation Passed

2017 PDMP and Prescription Drug Related Bills [through 5/24/2017]		
Bill No.	**Description**	**Status and Date of Last Action**
US HR 664	- Creates the STOP OD Act of 2017 - Provides that the Director of the CDC, in consultation with the Director of ONDCP, may make not more than $75,000,000 in grants to eligible grantees for expansion of educational efforts, promotion of treatment and recovery, and efforts to promote understanding of addiction - Provides that grants may be given to states, with grants first being awarded to those states that provide immunity from civil liability for first responders and health professionals who administer naloxone in the course of their duty; to local governments; non profit organizations; and organizations that have received grants under the Drug-Free Communities Act of 1997 with a $100,000 maximum for each fiscal year for this section - Appropriates $75,000,000 for fiscal years 2018 and 2019 - Grants may be made to eligible applicants to: make naloxone available to first responders; establish processes, protocols, and mechanisms for referral to treatment for opiate abuse; and provide rebates for testing of fentanyl in unintentional opiate overdoses and report the results to the CDC; includes a maximum of $200,000 each fiscal year for grantees under this section - Appropriates $150,000,000 for fiscal years 2018 and 2019 for this section	2/21/2017 – Referred to subcommittee on emerging threats and capabilities
US HR 993	- Creates the Opioid Abuse Prevention and Treatment Act of 2017 - Provides that the Secretary of Health and Human Services shall award grants to one or more states to carry out a 1-year pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns through a review of the state PDMP in the states receiving grants - Further provides that grantee states must make PDMP data available to state regulators and licensing boards with respect to those controlled substances for which a prescriber is required to be registered with the DEA and may make such information available to state regulators and licensing boards with regard to other substances for which a DEA registration is not required - Includes provision that the Secretary of HHS shall conduct a review of naloxone to consider whether it should be made available over-the-counter in order to increase access	2/10/2017 – Referred to subcommittee on health
US HR 1854	- Creates the Prescription Drug Monitoring Act of 2017 - Includes definition for “covered state,” which means a state receiving funds under the Harold Rogers grant or the controlled substance monitoring program under section 399O of the Public Health Service Act - Provides that, beginning two years after the effective date of the act, each covered state shall require: 1) A prescribing practitioner within a covered state or their designee, who shall be a licensed or registered healthcare professional, or other employees who report directly to the prescriber, to consult the PDMP of the covered state before initiating treatment with a Sch. II – IV controlled substance and every three months thereafter as long as the treatment continues;	4/24/2017 – Referred to subcommittee on crime, terrorism, homeland security, and investigations

	2) The PDMP of the covered state to provide notification to a practitioner when patterns indicative of controlled substance misuse are detected; 3) That each dispenser within a covered state report each prescription for a controlled substance not later than 24 hours after dispensing; 4) That the PDMP make a de-identified data set available quarterly as well as an annual report, available for public and private use; and 5) That the data contained in the PDMP of the covered state is made available to other states - Provides that failure to comply may result in funds being withheld by the Attorney General or Secretary of Health and Human Services - Further provides that, for the purpose of assisting states with sharing of data, the Attorney General in coordination with the Secretary of Health and Human Services, shall award a grant to an eligible entity to establish and maintain an interstate data-sharing single hub to facilitate the sharing of PDMP data among states and the accessing of such data by practitioners - Provides that the data sharing hub shall allow states to retain ownership of the data, provide a source of de-identified data, allow authorized users in states to access data from a PDMP of a covered state without requiring a fee, and conform with the standards of PMIX and may not distribute, in whole or in part, any PDMP data without express written consent of the PDMP state authority and limit, in whole or in part, distribution of PDMP data as approved by the PDMP state authority	
US SB 778	- Creates the Prescription Drug Monitoring Act of 2017 - Includes definition for "covered state," which means a state receiving funds under the Harold Rogers grant or the controlled substance monitoring program under section 399O of the Public Health Service Act - Provides that, beginning two years after the effective date of the act, each covered state shall require: 1) A prescribing practitioner within a covered state or their designee, who shall be a licensed or registered healthcare professional, or other employees who report directly to the prescriber, to consult the PDMP of the covered state before initiating treatment with a Sch. II – IV controlled substance and every three months thereafter as long as the treatment continues; 2) The PDMP of the covered state to provide notification to a practitioner when patterns indicative of controlled substance misuse are detected; 3) That each dispenser within a covered state report each prescription for a controlled substance not later than 24 hours after dispensing; 4) That the PDMP make a de-identified data set available quarterly as well as an annual report, available for public and private use; and 5) That the data contained in the PDMP of the covered state is made available to other states - Provides that failure to comply may result in funds being withheld by the Attorney General or Secretary of Health and Human Services - Further provides that, for the purpose of assisting states with sharing of data, the Attorney General in coordination with the Secretary of Health and Human Services, shall award a grant to an eligible entity to establish and maintain an interstate data-sharing single hub to facilitate the sharing of PDMP data	3/30/2017 – Read twice and referred to the committee on health, education, labor, and pensions

	among states and the accessing of such data by practitioners - Provides that the data sharing hub shall allow states to retain ownership of the data, provide a source of de-identified data, allow authorized users in states to access data from a PDMP of a covered state without requiring a fee, and conform with the standards of PMIX and may not distribute, in whole or in part, any PDMP data without express written consent of the PDMP state authority and limit, in whole or in part, distribution of PDMP data as approved by the PDMP state authority	
AL SB 150	Appropriates $543,536 for the PDMP	2/9/2017 – Read first time and referred to Senate committee on Finance and Taxation General Fund
AK HB 159	- Creates new section that provides that the 7-day supply limit for an initial opioid prescription may not be considered as a minimum length of time appropriate for an initial prescription and further provides that practitioners should use their professional judgment in each case and not interpret the 7-day limit as a direction to prescribe the full seven days - Creates new chapter related to voluntary non-opioid directives which provides that an individual over the age of 18 years or an emancipated minor or an individual's guardian or other person appointed by the individual or a court may execute a voluntary non-opioid directive which provides that the individual may not be administered or prescribed an opioid - Provides that regulations for the implementation of the directive shall include verification by a health care provider and comply with consent requirements; provide standard procedures for individuals to submit directive to a health care provider or hospital; include appropriate exemptions for emergency medical personnel; ensure confidentiality; and ensure exemptions for an opioid used for the treatment of substance abuse or opioid dependence - Provides that the individual may revoke the directive at any time and that it may be revoked by the individual's guardian, conservator, or other person appointed by the individual or a court to manage the person's health care - Creates §§ 08.36.355, 08.64.363, 08.68.705 to provide that a licensee may not issue an initial prescription for an opioid that exceeds a 7-day supply to an adult or minor patient for outpatient use with certain exceptions - Creates § 08.80.345 to provide that a pharmacist filling a prescription for a Sch. II or III opioid may, at the request of the patient, dispense the prescription in a lesser quantity than prescribed - Amends § 08.98.050 to provide that veterinarians with a federal DEA registration number must register with the PDMP - Amends exemptions to reporting requirements under § 17.30.200 - Amends data collection interval to daily - Amends access provisions to allow receipt of PDMP data by federal law enforcement authorities under search warrant or court order	5/22/2017 – Transmitted to Senate

	- Provides that failure to register with or review PDMP data as required is grounds for disciplinary sanctions - Adds Board of Veterinary Examiners to the list of boards the department shall notify when a practitioner registers with the database - Amends unsolicited reports provision to provide that the department may provide unsolicited information to a pharmacist, practitioner's licensing board, or practitioner and further provides that an unsolicited notification to a licensing board must also be provided to the practitioner, is confidential, may not disclose confidential information, and may be in summary form sufficient to provide notice of the basis for the unsolicited notification - Provides that the board shall update the database on a daily basis - Adds new subsection to provide that the board may issue a practitioner periodic unsolicited reports that detail and compare the practitioner's opioid prescribing practice with other practitioners of the same occupation and similar specialty - Provides that such reports shall only be issued to the practitioner and are confidential - Creates new subsection to provide that reporting is not required for controlled substances administered to a patient at a health care facility or a correctional facility or dispensed to a patient for an outpatient supply of 24 hours or less at a hospital inpatient pharmacy or emergency department	
AK HB 174	Extends the declaration of disaster emergency for the current opioid epidemic to February 14, 2018 which includes a statewide medical standing order allowing local and regional overdose response programs, health care officials, first responders, and the general public to have the ability to dispense and administer directly an opioid overdose drug	3/15/2017 – Referred to rules
AK SB 79	- Creates new section that provides that the 7-day supply limit for an initial opioid prescription may not be considered as a minimum length of time appropriate for an initial prescription and further provides that practitioners should use their professional judgment in each case and not interpret the 7-day limit as a direction to prescribe the full seven days - Creates new chapter related to voluntary non-opioid directives which provides that an individual over the age of 18 years or an emancipated minor or an individual's guardian or other person appointed by the individual or a court may execute a voluntary non-opioid directive which provides that the individual may not be administered or prescribed an opioid - Provides that regulations for the implementation of the directive shall include verification by a health care provider and comply with consent requirements; provide standard procedures for individuals to submit directive to a health care provider or hospital; include appropriate exemptions for emergency medical personnel; ensure confidentiality; and ensure exemptions for an opioid used for the treatment of substance abuse or opioid dependence - Provides that the individual may revoke the directive at any time and that it may be revoked by the individual's guardian, conservator, or other person appointed by the individual or a court to manage the person's health care - Creates §§ 08.36.355, 08.64.363, 08.68.705 to provide that a licensee may not issue an initial	5/18/2017 – First special session bill

	prescription for an opioid that exceeds a 7-day supply to an adult or minor patient for outpatient use with certain exceptions - Creates § 08.80.345 to provide that a pharmacist filling a prescription for a Sch. II or III opioid may, at the request of the patient, dispense the prescription in a lesser quantity than prescribed - Amends § 08.98.050 to provide that veterinarians with a federal DEA registration number must register with the PDMP - Amends exemptions to reporting requirements under § 17.30.200 - Amends data collection interval to daily - Amends access provisions to allow receipt of PDMP data by federal law enforcement authorities under search warrant or court order - Provides that failure to register with or review PDMP data as required is grounds for disciplinary sanctions - Adds Board of Veterinary Examiners to the list of boards the department shall notify when a practitioner registers with the database - Amends unsolicited reports provision to provide that the department may provide unsolicited information to a pharmacist, practitioner's licensing board, or practitioner and further provides that an unsolicited notification to a licensing board must also be provided to the practitioner, is confidential, may not disclose confidential information, and may be in summary form sufficient to provide notice of the basis for the unsolicited notification - Provides that the board shall update the database on a daily basis - Adds new subsection to provide that the board may issue a practitioner periodic unsolicited reports that detail and compare the practitioner's opioid prescribing practice with other practitioners of the same occupation and similar specialty - Provides that such reports shall only be issued to the practitioner and are confidential - Creates new subsection to provide that reporting is not required for controlled substances administered to a patient at a health care facility or a correctional facility or dispensed to a patient for an outpatient supply of 24 hours or less at a hospital inpatient pharmacy or emergency department	
AK SB 91 	- Provides that the chief medical officer of the Department of Health and Social Services may issue a standing order, including a statewide standing order, for the prescription of an opioid overdose drug which must expire on or before June 30, 2021	3/22/2017 – Signed into law; effective on signing
AK SB 112	- Amends PDMP statute § 17.30.200 to provide that practitioners who prescribe a controlled substance subject to § 23.30.096 must report to the PDMP - Provides that data may be received by a licensed practitioner for the purpose of reporting to an insurer, self-insured employer, or the Alaska Workers' Compensation Board under § 23.30.096 - Creates § 23.30.096 which provides that, within two business days after prescribing or dispensing a supply of 30 or more days of a controlled substance to an employee for a compensable injury, a physician shall submit a report to the Board of Pharmacy as required by § 17.30.200 and request the employee's prescription information that is compiled and maintained in the PDMP	4/12/2017 – Referred to labor and commerce

	- Further provides that the physician shall report the results of the PDMP query to the employer and office of administrative hearings as soon as practicable, but not later than 30 days after the date of the inquiry and, thereafter, the employer or office of administrative hearings may, not more than once every two months, request that the physician make additional queries to the PDMP - Provides that if information obtained from the PDMP indicates that the employee is receiving a controlled substance from an undisclosed healthcare provider, the physician shall, within five business days after receiving the results, on a form prescribed by the board, report the results to the employer - Further provides that, if the patient resides out-of-state and receives treatment from an out-of-state physician, the employer is not liable for providing prescription medications that require reporting under this section if the physician fails to comply with the requirements of this section; if the other state has a PDMP, the physician shall query that PDMP and report to the employer and office of administrative hearings as required - Provides that the requirements do not apply to prescription medications administered to the employee while he or she is receiving inpatient hospital treatment - Provides that if a physician fails to comply with these requirements: 1) the employer is not liable for payment of the physician's services until the physician complies; and 2) the employer may request a change of physician after making written request to the physician to comply	
AZ HB 2307 	- Increases funding for PDMP to $500,000 - Amends § 32-3219 and § 36-2606 to provide that licensing boards shall notify practitioners who receive an initial or renewal license or who intend to apply for registration or has an active registration under the CSA of their responsibility to register with the PDMP - Provides that persons authorized to access the PDMP may only use their assigned identifier for such access and may not use the assigned identifier of another person - Amends § 36-2602 to provide that the PDMP shall be operated, monitored, maintained, and staffed by the board - Amends § 36-2604 to provide that the Arizona health care cost containment system administration shall receive PDMP information for persons receiving services for the purpose of an open investigation or complaint, for performing a drug utilization review for CS to help combat opioid overuse or abuse, or for ensuring continuity of care	3/24/2017 – Signed by Governor
AZ HB 2493 	- Amends law to allow pharmacists to dispense naloxone hydrochloride or any other opioid antagonist that is approved by the FDA on receipt of standing order and according to protocols adopted by the board - "Standing order" means a signed prescription order that authorizes the pharmacist to dispense naloxone hydrochloride or any other opioid antagonist for emergency purposes and that is issued by a medical practitioner licensed in AZ or a state or county health officer who is a medical practitioner licensed in this state - Creates new section that creates the drug overdose fatality review team and provides that the team shall develop a drug overdose fatalities data collection system; conduct an annual analysis on the	5/1/2017 – Signed by Governor

	incidence and causes of drug overdose fatalities in AZ during the fiscal year; encourage and assist in the development of local drug overdose fatality review teams; develop standards and protocols for local drug overdose fatality review teams and provide training and technical assistance to these teams; develop protocols for drug overdose investigations, including protocols for law enforcement agencies, prosecutors, medical examiners, health care facilities, and social service agencies; study the adequacy of statutes, ordinances, rules, training and services to determine what changes are needed to decrease the incidence of preventable drug overdose fatalities, and, as appropriate, take steps to implement those changes; educate the public regarding the incidence and causes of drug overdose fatalities as well as the public's role in preventing these deaths - Creates new section to provide that, on request of the chairperson of the drug overdose fatality review team, the chairperson shall be provided with access to information and records regarding a fatality that is being reviewed by the team or regarding the person who overdosed on drugs; provides that the team may request information from: a provider of medical, dental, or mental health care; this state or a political subdivision of this state that might assist the team in reviewing the fatality - Provides that a law enforcement agency may withhold information from the team investigative records that might interfere with a pending criminal investigation or prosecution - Further provides that the director of the department of health services or his/her designee may apply to the superior court for a subpoena as necessary to compel the production of books, records, documents, and other evidence related to the person who overdosed on drugs; provides that a law enforcement agency is not required to produce evidence if it would interfere with a pending criminal investigation or prosecution; further provides that the review team may not keep written reports or records containing identifying information - Provides that all information and documents acquired by the team are confidential and not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding except that such information that is otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence through those sources solely because they were presented to or reviewed by a team pursuant to this section - Further provides that members of a team, persons attending a team meeting, and persons who present information to a team may not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting - Provides that a member of a team may contact, interview, or obtain information by request or subpoena from a family member of a deceased person who overdosed on drugs - Further provides that meetings of the review team are closed to the public if the team is reviewing information on an individual who overdosed on drugs - Amends § 36-2266 to delete requirement that a physician, nurse practitioner, or other health care professional, before prescribing an opioid antagonist, may require the person receiving the prescription to provide in writing the factual basis for a reasonable conclusion that the person is able to receive an opioid antagonist	

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

	may represent misuse or abuse of CS based on prescribing criteria determined by the Director of the Department of Health upon consultation with the PDMP advisory committee - Provides that the prescribing criteria shall be posted on the department's website - Further provides that if the information appears to indicate misuse or abuse, the department shall notify the practitioners and dispensers who have prescribed and dispensed in the following manner: quarterly reports to the individual prescribers and dispensers and, if after 12 months of providing such reports, the information indicates the misuse or abuse may be continuing, the department shall send a report to the licensing boards of the practitioner or dispenser who prescribed or dispensed the prescription - Further provides that, on or before Jan. 1, 2019, the department shall contract with a vendor to make the PDMP interactive and provide same-day reporting in real-time, if funding and technology are available - Provides that practitioners who fail to query the PDMP as required are subject to disciplinary action	
AR SB 111 	Amends § 20-13-1804 to add an employee of the Arkansas State Crime Lab to the list of individuals to whom a healthcare professional may directly or by standing order prescribe and dispense an opioid antagonist	1/31/2017 – Notification that bill is now Act 70
AR SB 162 	- Amends § 17-92-101 to provide that a pharmacist may initiate therapy and administer or dispense, or both, naloxone pursuant to a statewide protocol - Further amends § 17-92-101 to provide that "statewide protocol" means a standardized procedure or protocol approved by the Board of Medicine and Board of Pharmacy authorizing a pharmacist to initiate therapy and administer or dispense, or both, a drug or device - Creates § 17-92-115 to provide that, when initiating therapy and administering or dispensing, or both, under a statewide protocol, a pharmacist shall notify the primary care provider of the patient of any drug or device furnished to the patient or enter the appropriate information in a patient record system shared with the primary care provider; provide the patient with a written record of the drugs or devices furnished; and make a standardized fact sheet available to the recipient of the drug or device, which shall include the indications and contraindications for the use of the drug or device, the appropriate method for use of the drug or device, the need for medical follow-up, and other appropriate information - Amends § 17-95-102 to include naloxone as an exemption to certain requirements for dispensing physicians regarding legend drugs	3/1/2017 – Notification that bill is now Act 284
AR SB 302	- Requires licensing boards who license practitioners with authority to prescribe Sch. II substances to adopt regulations requiring practitioners to check the PDMP at appropriate intervals as determined by the licensing board when a practitioner prescribes a Sch. II substance - Provides that such boards may adopt rules requiring prescribing practitioners to query the PDMP when prescribing Sch. III drugs or benzodiazepines and may place quantity limits on prescriptions for any CS - Provides that a practitioner who purposely fails to query the PDMP may be subject to disciplinary action	5/1/2017 – Died in Senate committee on Sine Die adjournment

AR SB 339 	- Amends § 20-7-604 to provide that prescribers shall query when prescribing: 1) an opioid from Sch. II or III for every time prescribing the medication to a patient; and 2) a benzodiazepine for the first time prescribing - Provides that licensing boards shall adopt regulations requiring prescribers to query the PDMP under the conditions listed above - Includes exceptions to the query requirement for practitioners administering a CS immediately before or during surgery; during recovery from a surgery while in a healthcare facility; in a healthcare facility; or necessary to treat the patient in an emergency situation at the scene of an emergency, in a licensed ambulance or air ambulance, or in the intensive care unit of a licensed hospital - Includes exceptions to the query requirement for practitioners administering a CS to a patient receiving palliative or hospice care, a resident in a nursing home facility, or situations in which the PDMP is not accessible - Requires a licensed oncologist to query the PDMP when prescribing to a patient on an initial malignant episodic diagnosis and every three months when following the diagnosis while continuing treatment - Amends § 20-7-607 to provide that the Department of Health shall review PDMP information to identify information that appears to indicate whether a person is obtaining prescriptions in a manner that may represent misuse or abuse of CS based on prescribing criteria determined by the Director of the Department of Health upon consultation with the PDMP advisory committee - Provides that the prescribing criteria shall be posted on the department's website - Further provides that if the information appears to indicate misuse or abuse, the department shall notify the practitioners and dispensers who have prescribed and dispensed in the following manner: quarterly reports to the individual prescribers and dispensers and, if after 12 months of providing such reports, the information indicates the misuse or abuse may be continuing, the department shall send a report to the licensing boards of the practitioner or dispenser who prescribed or dispensed the prescription - Further provides that, on or before Jan. 1, 2019, the department shall contract with a vendor to make the PDMP interactive and provide same-day reporting in real-time, if funding and technology are available - Provides that practitioners who fail to query the PDMP as required are subject to disciplinary action	4/4/2017 – Signed by Governor
AR SB 420 	- Amends § 20-7-607 to provide that the department may provide patient, prescriber, or dispenser information to public or private entities for statistical, research, or educational purposes after encrypting or removing any patient, prescriber, or dispenser information - Further amends § 20-7-607 to provide that the department may provide PDMP information to insurance carriers for the purpose of verifying prescriber or dispenser registration for individual's that are part of the plan's network of providers	3/28/2017 – Signed by Governor

CA AB 40	Amends Health and Safety Code § 11165.1 to provide that a health information technology system shall, at the time of a health care practitioner's query of the PMP system, submit the following information to the PMP: 1) the date of the query; 2) the time of the query; 3) the first and last name of the patient queried; 4) the date of birth of the patient queried; and 5) the identification of the user for whom the system is making the query	5/17/2017 – In committee; set, first hearing; referred to appropriations suspense file
CA SB 641	Provides that law enforcement may receive PMP information pursuant to a valid search warrant pursuant to an active criminal investigation	5/19/2017 – Set for hearing May 25
CO HB 1350	- A pharmacist may dispense a Schedule II opioid in a lesser amount than the amount prescribed if requested to do so by the patient or prescribing practitioner and the total quantity of the dispensed Schedule II opioid in all partial fillings does not exceed the total quantity prescribed - Provides that the remaining portion of a partially filled prescription for a Schedule II opioid drug may be filled no later than 30 days after the date on which the prescription was written and may not be filled sooner than 24 hours after the initial portion of the prescription is filled - Further provides that the pharmacist shall record in the PMP the amount of Schedule II opioid that was dispensed initially under the prescription and the amount subsequently dispensed, if any and notify the prescribing practitioner, through the PMP or other electronic means, that the prescription was partially filled by the pharmacist	5/4/2017 – Senate committee on state, veterans, and military affairs, postpone indefinitely
CO SB 32	Amends § 12-42.5-404 to provide that law enforcement and regulatory boards may receive PDMP information on a patient with a court order or warrant issued by a neutral magistrate or judge following a showing of probable cause	2/1/2017 – Senate committee on judiciary – postpone indefinitely
CO SB 146 	- Allows health care provider or their designee to query the PDMP for a current patient regardless of whether s/he is prescribing or considering prescribing a CS to that patient - Allows a veterinarian to query the PDMP to the extent the query relates to a current patient or to a client and if the vet suspects that the client has committed drug abuse or mistreated an animal - Allows a pharmacist or designee to query the PDMP for a current patient to whom the pharmacist is dispensing or considering dispensing a CS or prescription drug or a patient to whom the pharmacist is currently providing clinical patient care services	4/6/2017 – Signed by Governor
CT HB 5167	Prohibits primary care physicians from prescribing opioids	1/4/2017 – Referred to joint committee on public health
CT HB 5170	Prohibits the dispensing of opioids to any person under 18 years of age unless the dispensing occurs in a hospital	1/4/2017 – Referred to joint committee on public health

CT HB 5666	Provides that patients who have been prescribed an opioid antagonist and are recovering from addiction to opiates maintain wellness check-ins with their prescribing practitioner as part of their treatment for addiction for a minimum of one year from the date of the prescription	2/3/2017 – Public hearing 2/10
CT HB 5741	Requires that sober living houses with at least one resident diagnosed with opioid use disorder maintain a supply of opioid antagonists on the premises and provide training on the administration of opioid antagonists to all of its residents	4/13/2017 – Favorable report, tabled for the calendar
CT HB 5755	Amends law to clarify the minimum number of first responders that must be trained and equipped to administer an opioid antagonist	3/22/2017 – Favorable report, tabled for calendar in the House
CT HB 6013	Allows patients to request that their medical records or chart reflect that they choose not to receive opioids unless a health care provider determines that there is an emergency that warrants the administration of opioids	1/19/2017 – Referred to joint committee on public health
CT HB 6014	Establishes an opioid drug testing pilot program as part of the PDMP	1/19/2017 – Referred to joint committee on public health
CT HB 6018	Seeks to amend title 21a to increase oversight of the PDMP	1/19/2017 – Referred to joint committee on public health
CT HB 6019	Prohibits a prescribing practitioner from issuing a prescription for more than a 3-day supply of an opioid drug	1/19/2017 – Referred to joint committee on public health
CT HB 6027	Requires any person who was administered an opioid antagonist by an emergency medical services provider make an appointment with a health care provider for follow-up treatment	1/19/2017 – Referred to joint committee on public health
CT HB 6697	Amends § 21a-254 to require that a pharmacist query the PDMP prior to dispensing an opioid medication to a patient in accordance with the patient's prescription	2/3/2017 – Public hearing set for 2/10
CT HB 7052	- Amends § 21a-254 to provide that PMP information may be provided to other state agencies, pursuant to an agreement between the commissioner and the head of such agency, provided the information is obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances - Creates new section that provides that the Department of Public Health, in consultation with the Departments of Consumer Protection and Mental Health and Addiction Services, shall establish a voluntary nonopioid directive form and publish the form on its website for public use	4/11/2017 – Tabled for the calendar

	- Provides that any person who does not wish to be issued a prescription or medication order for an opioid drug may file such form with a prescribing practitioner, which shall be documented in the patient's medical file - The form shall allow a patient to appoint a duly authorized guardian or health care proxy to override a previously recorded voluntary nonopioid directive form, which may be revoked by the patient, the guardian, or health care proxy at any time - Provides that a prescribing practitioner acting with reasonable care shall not be liable for damages in a civil action or subject to criminal prosecution or be deemed to have violated the standard of care for such practitioner for refusing to issue a prescription or medication order pursuant to a voluntary nonopioid directive but may be subject to disciplinary action for failing to comply with a directive - Amends § 20-14o to provide that a practitioner shall not prescribe more than a 7-day supply of an opioid drug to an adult patient the first time for outpatient use - Further provides that a practitioner shall not issue a prescription for more than a 7-day supply of an opioid drug at any time to a minor patient - Provides that the practitioner may prescribe more than a 7-day supply of an opioid to an adult or minor patient if, in the professional medical judgment of the practitioner, more than a 7-day supply is required to treat the patient's acute medical condition or is necessary for the treatment of chronic pain, pain associated with a cancer diagnosis or for palliative care	
CT SB 331	Requires that any person who tests positive for an opioid antagonist or who a physician attests has used an opioid antagonist enter a drug rehabilitation	1/19/2017 – Referred to joint committee on public health
CT SB 552	- Creates new section that allows a prescribing practitioner to prescribe, by standing order issued to a pharmacist, an opioid antagonist that is administered by intranasal application or auto-injection, approved by the FDA, and dispensed by a pharmacist to any person at risk of overdose, or to a family member, friend, or other person in a position to assist a person at risk of an opioid overdose and provides that a physician who so prescribes and a pharmacist who so dispenses shall not be in violation of the standard of care for patients - Amends § 20-633c to provide that pharmacists may dispense an opioid antagonist pursuant to a standing order and shall provide appropriate training regarding the administration of such opioid antagonist to the person to whom it is dispensed and maintain a record of such dispensing - Further provides that the pharmacist may only dispense such an opioid antagonist if s/he has been trained and certified by a program approved by the commissioner of consumer protection - Also provides that the pharmacist cannot delegate the dispensing of the opioid antagonist to another person	4/13/2017 – Favorable report, tabled for calendar
DE HB 91	- Amends 16 § 4798 to provide that, if there is reasonable cause to believe a breach of professional standards may have occurred, the PMP advisory committee shall notify the professional licensure, certification, or regulatory agency or entity shall provide prescription information required for an	5/18/2017 – Passed by Senate

	investigation - Provides that, in order to determine whether reasonable cause exists, the Office of Controlled Substances shall regularly examine the data generated by the PMP, seek input from the PMP advisory committee with respect to any cases that meet objective thresholds set by the advisory committee and provides that agencies receiving such referrals shall notify the Office of Controlled Substances of the disposition of any referral and the reason for that disposition - Amends access provisions to allow receipt of PMP information by a law enforcement or regulatory agencies in connection with any referral by the advisory committee - Further amends access provisions to allow receipt of PMP information by the PMP advisory committee - Establishes the PMP advisory committee and provides that the committee shall provide input, advice, and guidance to the Office of Controlled Substances regarding the PMP and it shall have the duty to develop specific criteria for use by the Office of Controlled Substances in referring PMP data to the advisory committee for consideration of notification of law enforcement or professional licensing agencies; discussion of referrals; recommending improvements to the operation of the PMP, including interoperability with other state PMPs and electronic health information systems and improvements of dispenser and prescriber access to the PMP - Provides that the advisory committee shall only receive de-identified information; if the advisory committee determines that a referral should be made, the Office of Controlled Substances shall make the appropriate referral using unredacted information	
DE SB 44	- Amends mandatory registration requirements to provide that a prescriber who holds a controlled substance registration must be registered with the PMP and must register within 90 days of initial registration - Provides sanctions for failure to comply - Amendment provides that the provider's NPI number shall be included in the PMP to allow the Office of Controlled Substances to aggregate prescriber and pharmacy data accurately	5/3/2017 – Reported out of committee in House
FL HB 249	- Requires that the basic life support service or advanced life support service which treats and releases, or transports to a medical facility, in response to an emergency call for a suspected or actual overdose shall report such incident within 120 hours to the department using an appropriate method - Data collected shall be made available to law enforcement, public health, fire rescue, and emergency medical service agencies in each county within 120 hours - The overdose report shall include the date and time of the overdose, the approximate address where patient picked up or where OD took place, whether an emergency opioid antagonist was administered, whether the OD was fatal or non-fatal - It shall also include, if the reporting mechanism permits, the gender and approximate age of the person receiving attention or treatment and the suspected controlled substance involved in the overdose - Provides that the department shall produce quarterly reports to the Statewide Drug Policy Advisory Council, DCF, and the FL FUSION Center summarizing the raw data and shall be made immediately	5/18/2017 – Signed by officers and presented to Governor

	available to certain county-level agencies	
FL HB 477	- Amends § 381.887 to provide that emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians, and crime laboratory personnel for the statewide criminal analysis laboratory system including, but not limited to, analysts, evidence intake personnel, and their supervisors, may possess, store, and administer emergency opioid antagonists	5/5/2017 – Ordered enrolled
FL HB 557	- Changes data collection interval to one business day effective Jan. 1, 2018 - Requires that the dispenser submit dispensing information via a department-approved electronic system and deletes alternative methods of submission, including by disc and regular mail - Amends exemption for dispensing or administering to a patient in a rehabilitative hospital, assisted living facility, or nursing home to require that the patient be present and receiving care in the facility - Amends provisions regarding access to provide that an employee of the VA who provides services pursuant to such employment and is authorized to prescribe CS may access the PDMP for persons who are patients of the employee for the limited purpose of reviewing the patient's CS history	5/5/2017 – Ordered engrossed then enrolled
FL HB 5203	Amends § 893.055 to provide that funding for the PMP may come from state funds appropriated in the General Appropriations Act and deletes provision that the PDMP and implementation thereof is contingent on receipt of nonstate funds	5/8/2017 – Ordered engrossed then enrolled
FL HB 7097	Amends § 893.055 to provide that the PMP is repealed Oct. 1, 2027	5/2/2017 – Ordered enrolled
FL SB 150	- Amends § 381.887 to provide that emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians, and crime laboratory personnel for the statewide criminal analysis laboratory system including, but not limited to, analysts, evidence intake personnel, and their supervisors, may possess, store, and administer emergency opioid antagonists	5/2/2017 – Substituted by HB 477
FL SB 588	- Creates § 401.253 to provide that a basic life support service or advanced life support service that treats and releases, or transports to a medical facility, a person in response to an emergency call for a suspected or actual overdose of a controlled substance may report such incidents to the department - Provides that reports must be made using the Emergency Medical Services Tracking and Reporting System or other appropriate method with secure access - Provides that if such reports are made, the service shall use its best efforts to make the report within 120 hours - Further provides that the data collected shall be made available within 120 hours to law enforcement, public health, fire rescue, and emergency medical service agencies in each county - A report of an overdose of a controlled substance under this section must include the date and time of the overdose, the approximate address of where the person was picked up or where the overdose took place, whether an emergency opioid antagonist was administered, and whether the overdose was fatal or non-fatal - Provides that the report must also include, if the reporting mechanism permits, the gender and approximate age of the person receiving attention or treatment and the suspected controlled substance involved in the overdose	5/2/2017 – Substituted by HB 249

	- Provides that the department shall produce a quarterly report to the Statewide Drug Policy Advisory Council, the Department of Children and Families, and the Florida Fusion Center summarizing the raw data received pursuant to this section and such reports shall also be made immediately available to the county-level agencies	
FL SB 840	- Changes data collection interval to one business day effective Jan. 1, 2018 - Amends reporting requirements to provide that dispensers must report dispensing information via the internet and deletes the alternate methods listed including by disc or regular mail - Amends exemption for dispensing or administering to a patient in a rehabilitative hospital, assisted living facility, or nursing home to require that the patient be present and receiving care in the facility - Amends provisions regarding access to provide that an employee of the VA who provides services pursuant to such employment and is authorized to prescribe CS may access the PDMP for persons who are patients of the employee for the limited purpose of reviewing the patient's CS history	4/28/2017 – Read second time; substituted HB 557; laid on table
FL SB 7006	- Amends provisions regarding the direct support organization to provide that the contract between the organization and the department must provide for the collecting, expanding, and providing of funds for the administration and operation of the PDMP and deletes language regarding the development and implementation of the program - Deletes repeal provision	5/1/2017 – Substituted by HB 7097
GA HB 249	- Changes language from "electronic data prescription information" to "electronic PDMP prescription information" and adds health oversight purposes and to gather data for epidemiological research to program purpose - Changes administrative agency to the department of public health - Requires that all prescribers with a DEA registration number enroll in the PDMP no later than January 1, 2018 or within 30 days of attaining DEA registration if such registration occurs subsequent to that date and provides for administrative sanctions for failure to so register - Provides that, between Jan. 1, 2018 and May 31, 2018, the department shall randomly test the PDMP to determine if it is accessible and operational 99.5% of the time and, if so, then between June 1, 2018 and June 20, 2018, the department shall certify to each board that licenses prescribers that it is operational; each board shall publish such information on its website - Changes data collection interval to 24 hours - Provides that the department may retain prescription information that has been deidentified for more than two years, but shall ensure any identifying information that is two years or older is deleted or destroyed on an ongoing basis - Deletes current delegate provisions and adds new provisions to allow access by: 1) not more than two individuals who are members of the prescriber's or dispenser's staff or employed at the health care facility in which the prescriber is practicing provided that such individuals are either licensed or registered with the state for the purposes of providing medical care to a specific patient or informing the prescriber or dispenser of a patient's potential use, misuse, abuse, or underutilization of prescribed medication; 2) to not more than two individuals, per shift or rotation, who are employed or contracted	4/7/2017 – Sent to Governor

	by the health care facility in which the prescriber is practicing so long as the medical director of the facility has authorized the individuals for access; or 3) in any hospital which provides emergency services, each prescriber may designate two individuals, per shift or rotation, who are employed or contracted by such hospital so long as the medical director of such hospital has authorized the particular individuals for access - Allows authorized recipients to include PDMP prescription information in a patient's electronic health or medical record - Amends de-identified data provisions - Amends advisory committee provisions to include a pharmacist from the board of pharmacy and a representative from the department of public health as members - Amends no requirement to access provision to delete references to prescribers and to provide that dispensers are encouraged to check the PDMP while keeping in mind that the purpose of the PDMP includes reducing duplicative prescribing and overprescribing of CS - Beginning July 1, 2018, requires prescribers who are prescribing certain CS or benzodiazepines to query the PDMP the first time s/he issues such prescription to a patient and at least once every 90 days thereafter unless: 1) the prescription is for less than a 3-day supply and less than 26 pills; 2) the individual is a patient in a hospital or health care facility including, but not limited to, a nursing home, intermediate care home, personal care home, or hospice program and prescriptions are to be administered and used by the patient on the facility premises; 3) the patient has had outpatient surgery at a hospital or ambulatory surgical center and the prescription is for no more than a 10-day supply of such substance and no more than 40 pills; 4) the patient is terminally ill or under the supervised care of an outpatient hospice program; or 4) the patient is receiving treatment for cancer - Provides that the mandatory query requirement shall not become effective until the PDMP is declared operational under provisions listed above - Provides that prescribers who violate this requirement shall be held administratively accountable by their licensing board but are immune from civil liability for damages to any person in any civil or administrative action and from criminal liability for injury, death, or loss to a person or property on the basis that such prescriber did or did not seek or obtain information from the PDMP when prescribing such substance - Requires prescribers to note the date and time such query was completed in the patient's medical record and the name of the person making the request and review; provides that if the PDMP does not allow access to such individual, that shall be noted in the patient's medical file - Provides that the query requirement only applies to those substances listed in paragraphs (1) and (2) of § 16-13-26 or benzodiazepines - Except as otherwise provided, a person who is injured by reason of a violation of the query requirement shall have a cause of action for the actual damages sustained and, when appropriate, punitive damages and may recover attorney's fees, costs of investigation and litigation reasonably incurred - Includes exceptions to requirement that naloxone may only be dispensed by prescription when used for	

	drug overdose prevention - Requires that prescribers who issue a prescription for an opioid provide the patient information on the addictive risks and options on safely disposing of unused opioids - Authorizes state health officer to issue a standing order to prescribe an opioid antagonist on a state-wide basis and requires pharmacies to retain a copy of such standing order	
GA HB 400	- Creates new section that prohibits prescribers from issuing a prescription for an opioid without first attempting a non-opioid prescription to alleviate pain - Does not apply to patients in hospice care - Provides that prescribers shall not issue a prescription for an opioid for more than a 7-day supply with no refills - Allows patients to return unused opioids to the prescriber for disposal - Provides that prescribers who issue any prescriptions for opioids to annually report to the Department of Public Health aggregate non-identifying data on the prescriptions issued by such prescriber for opioids; provides that DPH shall be authorized to establish requirements, including forms and timelines, for the submission of data pursuant to this provision	2/21/2017 – House second readers
GA SB 81	- Amends § 26-4-116.2 to authorize the state health officer to issue a standing order permitting certain persons and entities, or categories of persons or entities, to obtain opioid antagonists under such conditions as the state health officer may impose and such standing order shall have statewide effect - Further amends § 26-4-116.2 to add the state health officer to immunity provisions - Further amends section to provide that pharmacies shall keep a copy of the standing order and shall keep a record of every opioid antagonist dispensed pursuant to the standing order which shall include the name of the purchaser and his/her personal information - Provides that pharmacies shall not be required to report such information to the PDMP - Amends § 16-13-29 to add naloxone to the list of exempt Sch. V substances which shall require rulemaking by the board and which rule shall require that naloxone only be sold in pharmacies - Amends § 16-13-71 to delete naloxone from the definition of "dangerous drugs" - Creates § 16-13-57.1 which requires that, beginning July 1, 2018, the PDMP shall meet or exceed industry standards and shall be accessible and operating 99.5% of the time or such other operational schedule as may meet industry standards - Amends § 16-13-59 to change data collection interval to 24 hours - Amends the delegate provisions of § 16-13-60 to provide that dispensers may have no more than two delegates per shift or rotation per dispenser; delegates must be licensed or registered by law - Further provides that prescriber delegates may be any member of the prescriber's staff or health care facility staff in which the prescriber is practicing and shall have no more than two delegates per shift or rotation per prescriber - Amends § 16-13-63 to provide that practitioners who prescribe Sch. II – V CS must register with the PDMP beginning Jan. 1, 2018 and no later than July 1, 2018 - Further provides that, beginning July 1, 2018, prescribers or their delegates shall query the PDMP	3/6/2017 – House second readers

	whenever s/he is prescribing benzodiazepines, opiates, opioids, opioid analgesics, or opioid derivatives to a patient the first time and at least every 90 days thereafter if the substance continues to be a part of the patient's treatment - Exemptions for: 1) patients who are terminally ill or under the supervised care of a hospice program; 2) patient is in an LTCF that has dedicated or institutional pharmacies or are dispensed by a hospital pharmacy; 3) patient is undergoing addiction treatment in a program that is administering methadone or buprenorphine; 4) the prescription is for a supply of three days or less with no refills; 5) the PDMP is non-operational - Prescribers are prohibited from prescribing more than a 5-day supply of a benzodiazepine, opiate, opioid, opioid analgesic, or opioid derivative the first time to a patient, except that a prescriber may prescribe more than a 5-day supply if the prescriber determines that it is medically necessary for palliative care or to treat a patient's acute medical condition, chronic pain, or pain associated with a cancer diagnosis; such condition shall be documented in the patient's medical record and the prescriber shall indicate that an alternative treatment was not medically appropriate	
GA SB 121 	- Adds exemptions for prescription of naloxone when used for drug overdose prescription and when supplied by a dispenser as follows: 1) nasal adaptor rescue kits; 2) prepackaged nasal spray rescue kits; 3) muscle rescue kits; 4) prepackaged kits of two muscle autoinjectors - Allows the state medical officer to issue a standing order prescribing an opioid antagonist on a statewide basis - Requires pharmacies to keep a copy of the standing order	4/18/2017 – Signed by Governor
GA SB 241	- Adds definitions for "de-identified" and "Department" - Moves the administration of the PDMP to the department of public health - Adds health oversight purposes and gathering data for epidemiological research to the list of purposes for which the program shall be used - Deletes data collection interval requirement in statute and provides that dispensers shall submit prescription information in accordance with frequency requirements established by the department - Provides that, following an investigation or review of potential violations, the department shall, rather than may, take certain actions	3/9/2017 – House second readers
HI HB 666	Provides that initial prescriptions for opioids and benzodiazepines shall not be for longer than seven days	1/25/2017 – Referred to committee

HI HB 667	- Provides that a provider shall execute an opioid therapy informed consent process agreement which shall include a statement that advises the patient that initial prescriptions for opioids and benzodiazepines shall be limited to a maximum of seven days - Shall also include a statement that the prescriber has discussed with the patient the possibility of overdose, the availability of co-prescribing naloxone, and has provided education about how and when to use the prescribed opioids and naloxone - Amends § 329-38 regarding prescriptions to provide that initial prescriptions for opioids and benzodiazepines shall not be for more than seven consecutive days except for pain associated with cancer diagnosis or pain experienced by a patient who is in palliative or hospice care provided that the prescriber shall document the reason for the prescribing in the patient's medical chart	2/17/2017 – Passed second reading as amended and referred to committee
HI HB 1132	- Excludes naloxone from the list of narcotic drugs - Amends prescription requirements for detoxification or maintenance treatment to provide that such prescriptions may be written for substances approved by the FDA for such use - Amends funding provisions for the PDMP to provide that penalties collected for controlled substances violations shall be deposited into the controlled substance registration revolving fund	2/10/2017 – Passed second reading as amended and referred to committee
HI HB 1164	- The state agency shall determine the mean and median quantity and volume of prescriptions for opiates contained in Sch. II and III which shall be determined by categories of prescribers of a similar specialty or practice type, as determined by the department - Provides that a practitioner's standing shall be determined as a percentile ranking within the practitioner's category and prescribers who exceed the mean and median quantities shall be notified of their ranking - Provides that the ranking is confidential and not to be used in civil or criminal proceedings - The state agency shall coordinate with licensing boards to make resources available to prescribers regarding prescribing practices and incorporating alternative pain management options into the prescriber's practice	1/30/2017 – Referred to committee
HI HB 1181	- Provides that a work comp provider shall execute an opioid therapy informed consent process agreement with an injured patient which shall include a statement that advises the patient that initial prescriptions for opioids and benzodiazepines shall be limited to a maximum of seven days - Shall also include a statement that the prescriber has discussed with the patient the possibility of overdose, the availability of co-prescribing naloxone, and has provided education about how and when to use the prescribed opioids and naloxone - Provides that reimbursement for any Sch. II drug that is dispensed directly by a physician to an injured employee shall be limited to reimbursement for an initial 7-day supply, commencing upon the first visit with that physician	3/22/2017 – Report adopted; passed second reading as amended
HI HB 1406	Provides that pharmacists shall be authorized to furnish an opioid antagonist if s/he has received appropriate training	2/10/2017 – Passed second reading as amended and referred to committee

HI SB 504	Provides that initial prescriptions for opioids and benzodiazepines shall not be for longer than seven days	1/31/2017 – Referred to committee
HI SB 505	- Beginning July 1, 2018, any provider authorized to prescribe opioids shall adopt and maintain written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescriber and qualifying opioid therapy patient - "Qualifying opioid therapy patient" means a patient requiring opioid treatment for more than three months, a patient who is prescribed benzodiazepines and opioids together, or a patient who is prescribed a dose of opioids that exceeds 90 MME - Amends § 329-38 regarding prescriptions to provide that initial concurrent prescriptions for opioids and benzodiazepines shall not be for more than seven consecutive days unless determined necessary for treatment of pain experienced while the patient is in post-operative care, chronic pain and pain management, substance abuse or opioid or opiate dependence, cancer, pain experienced while the patient is in palliative care, or pain experienced while the patient is in hospice care provided that the practitioner shall document the condition in the patient's medical file and that an alternative to the opioid and benzodiazepine was not appropriate treatment for the condition - Further provides that, after the initial concurrent prescription, the prescriber may authorized subsequent prescriptions through telephone consultation with the patient when the prescriber deems such action to be medically necessary for post-operative and pain management patients; provided that the prescriber shall consult with the patient at least once every 90 days for the duration during which the practitioner prescribes opioids and benzodiazepines to the patient	5/5/2017 – Enrolled to Governor
HI SB 746	- Provides that a provider shall execute chronic pain medication agreement whenever the patient is determined to have chronic pain and is prescribed a narcotic drug for use as pain medication for three months or longer - Provides that the agreement shall include a statement that advises the patient that the recommended initial prescriptions for opioids and benzodiazepines is seven days or less - Shall also include a statement that encourages a prescriber to promote co-prescriptions of naloxone whenever a patient is prescribed opioid analgesics - Provides that these provisions shall not apply to emergency room or urgent care providers or hospice, palliative care, or terminally ill patients and their providers	1/27/2017 – Re-referred to committee
HI SB 983	- Provides that a work comp provider shall execute an opioid therapy informed consent process agreement with an injured patient which shall include a statement that advises the patient that initial prescriptions for opioids and benzodiazepines shall be limited to a maximum of seven days - Shall also include a statement that the prescriber has discussed with the patient the possibility of overdose, the availability of co-prescribing naloxone, and has provided education about how and when to use the prescribed opioids and naloxone - Provides that reimbursement for any Sch. II drug that is dispensed directly by a physician to an injured employee shall be limited to reimbursement for an initial 7-day supply, commencing upon the first visit with that physician	2/16/2017 – Report adopted; passed second reading as amended and referred to committee

ID HB 5 	- PDMP information shall be retained for five years - Requires pharmacists to register with the PDMP - Amends definition of delegate to include a current student of a health profession if a licensed practitioner or registered graduate of such profession may access the database	2/16/2017 – Signed by Governor; effective July 1, 2017
IL HB 2708	- Provides that DHS may release PDMP information to select representatives of DCFS through the indirect online request process - Further provides that access shall be established by an intergovernmental agreement between DCFS and DHS	5/12/2017 – Placed on calendar order of third reading
IL SB 892	- Provides that DHS may release PDMP information to select representatives of DCFS through the indirect online request process - Further provides that access shall be established by an intergovernmental agreement between DCFS and DHS	4/26/2017 – Referred to rules committee in House
IL SB 1607	Makes technical change	5/5/2017 – Placed on calendar order of third reading
IL SB 1815	- Amends immunity provisions for health care professionals who dispense or prescribe an opioid antagonist to include the EMS Medical Director - Further amends immunity provisions to provide that persons who administer an opioid antagonist shall not be subject to civil liability, except for willful and wanton misconduct	3/17/2017 – Senate committee amendment; re-referred to assignments
IL SB 1890	Creates new section to provide that voluntary firefighters and emergency services personnel who provide emergency care, including the administration of an opioid antagonist, are immune from civil liability if acting in good faith	5/5/2017 – Referred to assignments
IL SB 2011	- Allows partial filling of opioid prescriptions if requested by the patient and the pharmacist shall notify the prescriber within seven days either by a notation in the patient's electronic health record or via fax, electronic transmission, or by making a notation in the patient's pharmacy record	4/26/2017 – Placed on calendar order of third reading April 27, 2017
IN HB 1271	- Deletes references to PDMP database oversight committee - Deletes language regarding weekly and every three days data collection intervals	1/10/2017 – First reading; referred to committee on select committee on government reduction
IN HB 1308 	- Adds ephedrine and pseudoephedrine to the list of substances monitored by the PDMP and where indicated in the PDMP statutes - Allows receipt of PDMP information by the state epidemiologist - Amends immunity provisions - Allows a delegate to query the PDMP on behalf of a practitioner - Allows a patient to access his or her own PDMP report included in the patient's medical file - Deletes current exception report provisions	4/13/2017 – Signed by Governor

	- Amends provisions to provide that licensing boards may review and act upon unsolicited exception reports and may, upon receipt of an exception report, send such report to law enforcement for purposes of an investigation or send the report to the attorney general for purposes of an investigation and may also disseminate exception reports to prescribers and dispensers specific to recipients	
IN SB 74	- Requires a coroner to perform a drugs of abuse panel for all decedents 13 years and older to detect the presence of Sch. I or II drugs that may have been present in the body at the time of death and may have contributed to the cause of death and to forward the test results to the health department - Further requires the coroner's training board to provide instruction to coroners and deputy coroners regarding investigation and reporting of drug overdose deaths	1/23/2017 – Committee report to pass as amended; assigned to committee on appropriations
IN SB 151 	- Requires the PDMP to include an entry for a dispenser to indicate, when applicable, if a patient has entered into a pain management contract with a designated practitioner - Allows disclosure to the management performance hub so long as disclosure of the information is not prohibited by applicable federal law - Allows disclosure to the state epidemiologist under the state department of health - Establishes a workgroup to evaluate the feasibility of using the PDMP database to catalog each emergency administration of an overdose intervention drug by an EMS provider and catalog data related to law enforcement investigations involving both a CS that is not an opiate and one or more of the following occurrences: death, overdose, forgery, fraud, or theft and shall submit their recommendations no later than Dec. 1, 2017	4/25/2017 – Signed by the Governor
IN SB 157	- Requires licensing board to establish a workgroup of EMTs, RNs, paramedics, pharmacists, physicians, and LE officers for the purpose of evaluating the cost and feasibility of cataloging: 1) each administration of an overdose intervention drug by an EMS provider and 2) data related to certain CS investigations by LE in the PDMP database - Requires the agency to provide statutory recommendations and a written report to the legislative council not later than Dec. 1, 2017	1/4/2017 – First reading; referred to committee on health and provider services
IN SB 226 	- Provides that a prescriber may issue a prescription for an opioid only if the following limitations are met: 1) initial prescription may not exceed a 7-day supply for an adult being prescribed an opioid for the first time; 2) if the prescription is for a child who is less than 18yo, the prescription may not exceed a 7-day supply - Provides exceptions to the prescription limits if: 1) the prescriber is issuing the prescription for the treatment of cancer, palliative care, medication-assisted treatment for a substance use disorder, a condition adopted by rule by the medical board to be necessary to be exempted; 2) if, in the opinion of the prescriber, a patient requires more than the prescribed limit - Allows the patient or guardian to request a lesser amount than the prescriber intended to prescribe and provides that the prescriber shall indicate the lesser amount and the request in the patient's medical record - Allows a pharmacist to partially fill a prescription for an opioid upon request of the patient, guardian, or legal representative of the patient	4/26/2017 – Signed by Governor

IN SB 247	Requires that practitioners who prescribe be registered with the PDMP	1/9/2017 – First reading; referred to committee on corrections and criminal law
IN SB 408 	- Creates new section that provides that, before Dec. 1, 2017, the board of pharmacy shall submit to the legislative council a report summarizing any grants or funding received and applied for by the state for integration of the PDMP with electronic health records - Urges the legislative council to assign to the appropriate interim study committee during the 2017 legislative interim the topic of potential improvements to the PDMP, including: 1) examining best practices from other state PDMPs; 2) the feasibility of the PDMP becoming interoperable with other similar registries; 3) the benefits and costs of establishing requirements that a practitioner obtain information from the PDMP for patients who are prescribed certain specified drugs; 4) a review concerning real time reporting to the PDMP, including an estimated cost to the state and pharmacies; 5) a review of other state PDMPs to: a) make an estimate on the cost and timeframe it would take for integration with the PDMP and electronic health records in all health care settings where prescribers are based in Indiana; and b) determine if health information exchanges are able to securely integrate PDMP data and prescribers' electronic health records - If such topic is assigned to an interim study committee, the committee shall issue a final report to the legislative council containing the findings and recommendations, including any recommended legislation, no later than Nov. 1, 2017	4/27/2017 – Signed by Governor
IA HF 115	- Allows a licensed health care professional to directly or by standing order prescribe an opioid antagonist to a person in a position to assist, a service program, law enforcement agency, or fire department - Provides that a person in a position to assist, a service program, law enforcement agency, or fire department may possess, with or without a prescription, an opioid antagonist - Amends immunity provisions related to opioid antagonists	1/25/2017 – Introduced; referred to public safety
IA HF 322	Requires prescribers to register with the PDMP at the same time s/he applies to the board to register or renews registration to prescribe CS	3/28/2017 – Withdrawn
IA HF 332	Allows the medical examiner to receive PDMP data as it relates to an investigation being conducted by the ME	3/15/2017 – Withdrawn
IA HF 523 	Amends law to allow provision of PDMP data to state and county medical examiners or medical examiner investigators recognized by the state medical examiner, when the information requested relates to an investigation being conducted by the investigator or examiner	5/11/2017 – Signed by Governor
IA HF 524 	- Amends interstate sharing provisions to provide that the PDMP may share data with any state with whom it enters into an agreement	5/12/2017 – Signed by Governor

IA HF 532	Requires that prescribing practitioners register for the PDMP at the same time the practitioner applies to the board of pharmacy to register or renew registration to prescribe CS	4/7/2017 – Placed on calendar under unfinished business
IA HSB 99	- Amends law to allow state to share data with any other state with an agreement - Allows partial filling of opioid prescriptions by request of the patient or patient's legal guardian and the pharmacist shall notify the prescriber of the actual amount dispensed within 7 days	3/1/2017 – Subcommittee recommends amendment and passage
IA SSB 1073	- Amends law to require that prescribing practitioners who furnish, dispense, or supply CS to a patient submit prescription information to the PDMP unless otherwise prohibited by federal or state law - Allows the provision of unsolicited reports to prescribing practitioners or pharmacists who have been involved in authorizing or dispensing CS to a patient who has been identified by the board, based on thresholds or criteria established by the board by rule, as an at-risk patient who may be abusing or misusing CS or who may be in jeopardy of overdose or addiction - Provides that the board shall keep a record of all unsolicited reports distributed - Allows interstate sharing with all states with an agreement - Requires the board and advisory council to jointly adopt rules that include the establishment of thresholds or other criteria or measures to be used in identifying at-risk patients and targeted distribution of unsolicited reports - Amends law to provide for the collection of data on all Sch. II – V CS except Sch. V CS dispensed by a pharmacist without a prescription - Adds reduction of overdoses and deaths as a result of prescription CS use and abuse to the list of goals for the PDMP - Provides sanctions for practitioners who knowingly fail to abide by the laws regarding PDMP data confidentiality or who delegate access to a person not allowed by law	2/8/2017 – In subcommittee
IA SSB 1134	- Licensing boards for prescribers shall develop a process to integrate automatic registration for the PDMP as part of the board's license application and renewal process - Amends law to allow interstate sharing with any state - Allows the partial filling of opioid prescriptions if requested by the patient or legal guardian of the patient and that the pharmacist shall notify the prescriber not more than 7 days following the partial dispensing	2/28/2017 – Subcommittee recommends indefinite postponement
KS HB 2055 	Provides that the board may revoke, suspend, place in a probationary status, or deny an application or renewal of any license of any pharmacist if the pharmacist has violated any provisions of the PDMP act or any rule or regulation related to the PDMP	4/12/2017 – Approved by Governor
KY HB 193	- Provides that a practitioner shall not issue a prescription for a narcotic drug to an adult patient for the first time for more than a 7-day supply - Further provides that a practitioner shall not issue a prescription for a narcotic drug to a minor patient for more than a 7-day supply at any time - Provides that if, in the medical judgment of the practitioner, more than a 7-day supply is required to	2/9/2017 – In health and family services committee

	treat an acute medical condition, or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat the patient - Such condition must be documented in the patient's medical record and the practitioner shall indicate that a non-narcotic drug alternative was not appropriate - Provides that the limitations do not apply to medications designed for the treatment of substance abuse or opioid dependence	
KY HB 314 	- Amends § 218A.202 to provide that the cabinet shall establish and maintain an electronic system for monitoring Sch. II – V controlled substances - Amends data submission language to provide that every practitioner or pharmacy that dispenses a controlled substance to a person in Kentucky, or to a person at an address in KY, shall report dispensing data to the PDMP, which includes the reporting of any Sch. II substance dispensed at a facility licensed by the cabinet and a Sch. II – V substance regardless of when dispensed by an emergency department of a hospital to an emergency department patient - Amends exceptions to reporting requirements to provide that reporting is not required for a Sch. III – V substance dispensed by a facility licensed by the cabinet provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours and is not dispensed in the emergency department of a hospital and deletes exception for controlled substances, other than Sch. II or Sch. III drugs containing hydrocodone, dispensed by a practitioner at a facility licensed by the cabinet - Requires a Kentucky-licensed acute care hospital or critical access hospital to report to the cabinet all positive toxicology screens performed by the hospital's emergency department to evaluate the patient's suspected drug overdose - Allows receipt of PDMP information by federal prosecutors - Amends access by practitioners and pharmacists to provide that a practitioner may query the PDMP for the purpose of reviewing data on controlled substances that have been reported for the birth mother of an infant currently being treated by the practitioner for neonatal abstinence syndrome or has symptoms that suggest prenatal drug exposure - Amends provisions to provide that any PDMP report included in a patient's medical file shall be deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record - Amends provisions regarding sanctions for failure to comply with reporting requirements and intentional disclosure of PDMP data - Deletes provisions related to pilot project to study real-time submission of dispensing data	3/27/2017 – Signed by Governor
KY HB 333 	- Amends § 218A.205 to provide that, in accordance with the CDC Guidelines for Prescribing Opioids for Chronic Pain, practitioners are prohibited from prescribing more than a 3-day supply of a Sch. II controlled substance if the prescription is intended to treat pain as an acute medical condition except: 1) if the practitioner believes that more than a 3-day supply is medically necessary and the practitioner adequately documents the condition and lack of alternative medical treatment options	4/10/2017 – Signed by Governor

	2) the prescription is for the treatment of chronic pain 3) the prescription is for the treatment of pain associated with a cancer diagnosis 4) the prescription is to treat pain while the patient is receiving hospice or end-of-life treatment 5) it is prescribed as part of a narcotic treatment program 6) the prescription is to treat pain following major surgery or treatment of significant trauma or 7) the substance is administered or dispensed directly to a patient in an inpatient setting - Amends § 218A.202 to require the cabinet for health and family services, office of the inspector general, to conduct quarterly reviews to identify patterns of potential improper, inappropriate, or illegal prescribing or dispensing of a controlled substance - Allows the office of the inspector general to independently investigate and submit findings and recommendations to the appropriate boards of licensure or other reporting agencies	
KY HB 381	- Limits prescriptions for opioids written by podiatrists, physicians licensed to practice medicine or osteopathy, dentists, and advanced practice registered nurses to a 3-day supply except when prescribed as part of cancer care, palliative care, hospice care, or other end-of-life care or, at the discretion of the practitioner, for serious pain management - Provides that, in the case of discretionary prescribing for serious pain management, the prescriber shall regularly evaluate the patient for signs of substance use disorder and shall account for appropriate use of the prescription prior to ordering any refill	2/16/2017 – In health and family services committee
KY SB 32 	- Before July 1, 2018, the Administrative Office of the Courts shall forward data regarding any felony or Class A misdemeanor conviction that involves the trafficking or possession of a controlled substance or other prohibited acts for the previous five calendar years to the cabinet for inclusion in the PDMP - On or after July 1, 2018, such data shall be forwarded to the cabinet on a continuing basis - Further provides that the cabinet shall incorporate the data into the system so that a query by patient name indicates any prior drug conviction	3/27/2017 – Signed by Governor
KY SB 55	Requires physician assistants authorized to prescribe controlled substances to register with the PDMP	1/7/2017 – In licensing, occupations, and administrative regulations
KY SB 191	Requires pharmacies to report opioid antagonist dispensing to the PDMP and establishes a penalty for non-compliance	2/15/2017 – In health and welfare committee
KY SB 192	- Amends § 218A.202 to provide that the cabinet shall establish and maintain an electronic system for monitoring Sch. II – V controlled substances - Amends registration requirements to provide that practitioners or pharmacists who are authorized to administer controlled substances are required to register - Amends law to provide that every practitioner or pharmacist licensed, permitted, or otherwise authorized to administer or dispense a controlled substance to a patient in KY, or for delivery to a person at an address in KY, to report such information to the PMP	2/15/2017 – In health and welfare committee

	- Amends exceptions to reporting requirements to provide that drugs administered to a patient receiving inpatient care in a hospital, a resident of a health care facility, or an individual in jail, correctional facility, or juvenile detention facility are not required to be reported - Deletes reporting exemption for drugs dispensed by a practitioner at certain facilities - Requires KY licensed acute care hospital or critical access hospital to report to the PDMP all positive toxicology screens performed by the hospital's emergency department to evaluate a suspected drug overdose of a patient prior to the patient's admission to the hospital - Allows federal prosecutors engaged in a bona fide specific investigation involving a designated person to receive PDMP data - Amends access provisions to allow practitioners, pharmacists, or their delegates to query the PDMP for the purpose of reviewing data on controlled substances that have been administered or dispensed to the birth mother of an infant who is currently being treated for neonatal abstinence syndrome or has symptoms that suggest prenatal exposure to drugs - Provides that a PDMP report that is included in a patient's medical file shall be deemed a medical record and subject to the same disclosure provisions as an ordinary medical record - Amends sanctions for failure to comply with reporting requirements and intentional disclosure provisions - Deletes provisions related to pilot project for real-time submission of data	
KY SB 193	Limits prescriptions for opioids written by a podiatrist, physician, dentist, and advanced practice registered nurse for the treatment of pain to a seven day supply	2/15/2017 – In health and welfare committee
LA HB 192	- Amends statute to provide that a practitioner shall not issue an initial prescription for an opioid for outpatient use to an adult patient with an acute condition for more than a 7-day supply and shall not issue an opioid prescription to a minor for more than a 7-day supply at any time - Restriction doesn't apply if, in the professional medical judgment of a medical practitioner, more than a 7-day supply of an opioid is required to treat the adult or minor patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis, or for palliative care, the practitioner may issue the prescription for the quantity needed to treat the patient's condition - Further provides that the restrictions do not apply to prescriptions issued for the treatment of substance abuse or opioid dependence - Provides that the pharmacist may, on request of the patient, fill the prescription for a lesser amount than indicated on the prescription; the patient may request that the pharmacist fill an additional amount, not to exceed the remaining prescribed quantity, at any time prior to the expiration of the prescription - Provides that, if the amount dispensed is less than the amount prescribed, the pharmacist shall ensure that the actual amount dispensed is submitted to the PMP	5/22/2017 – Reported with legislative bureau amendments which were read and adopted; read by title and passed to third reading and final passage

LA SB 55	- Creates new provision that provides that, upon initial application or upon renewal of a controlled dangerous substance license from the Board of Pharmacy, a prescribing practitioner, excluding veterinarians, shall automatically and without further action be registered with the PMP - Amends mandatory query requirements to provide that a prescriber or his delegate shall query the PMP prior to initially prescribing any opioid to a patient and at least every 90 days if the patient's course of treatment continues for more than 90 days - Provides that the query requirement does not apply if the drug is prescribed or administered to a hospice patient or to any other patient who has been diagnosed as terminally ill; the drug is prescribed or administered for the treatment of cancer-related chronic or intractable pain; the drug is ordered or administered to a patient being treated in a hospital; the PMP is inaccessible or not functioning; no more than a 7-day supply of the drug is prescribed or administered to the patient - Further provides that the mandatory query provision will be enforced by the health profession licensing board that regulates the prescriber and each board shall promulgate rules and regulations to comply with the mandate; if the board becomes aware of a prescriber's failure to comply, they shall treat the notification as a complaint against the licensee but shall not consider such notice a deviation from the standard of care	4/25/2017 – Received in House; read by title and referred to committee on health and welfare
LA SB 75	Moves the PMP advisory committee to the Department of Health	4/26/2017 – Received in House; read by title and referred to committee on health and welfare
LA SB 96	- Adds definition for "audit trail information," which means information submitted or produced regarding requests for PMP information that the board or other individual uses to help monitor compliance with this law and other applicable statutes, rules, or regulations, provided however, that audit trail information shall not include information produced or requested by the Louisiana legislative auditor - Amends law to include audit trail information in the confidentiality provisions - Deletes educational course requirement for access to PMP information - Amends access provisions to allow receipt of PMP information by a medical examiner, coroner, or delegate; a licensed substance abuse addiction counselor providing services as part of a state licensed substance abuse addiction treatment program; and a probation or parole officer for the purpose of monitoring an offender's compliance with participation in a drug diversion program or with other conditions of probation or parole related to monitored drugs - Amends law enforcement access provision to allow receipt of PMP information by judicially supervised specialty courts within the criminal justice system authorized by the LA Supreme Court - Further amends access provisions to provide that the following persons may receive PMP information in accordance with procedures established by rule: a patient; a parent, legal guardian, or legal health care agent for the purpose of reviewing the history of dispensed monitored drugs to a child or individual for	5/18/2017 – Read by title, amended, recommitted to the committee on house and governmental affairs

	whom the agent makes health care decisions; an executor of a will, or a court-appointed succession representative of an estate for the purpose of reviewing the PMP history of a deceased individual - Provides that the board may provide audit trail information to certain individuals, including patients, for use in an active investigation of an individual who submitted requests for PMP information - Amends immunity provisions - Amends education requirements to delete the orientation course and other individuals who are authorized to access the PMP but did not participate in the orientation course - Amends penalties	
ME LD 184	Authorizes the release of information to a hospital's chief medical officer, medical director, or administrative prescriber employed by a licensed hospital insofar as the information relates to prescriptions written by prescribers employed by the hospital	5/17/2017 – Report read and accepted in concurrence; committee amendment read and adopted in concurrence; read second time and passed to be engrossed
ME LD 273	Amends law to provide the requirement to check the PDMP does not apply when a licensed or certified health care professional directly orders or administers a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, or a residential care facility, or when a licensed or certified health care professional directly orders, prescribes, or administers a benzodiazepine or opioid medication to a person suffering from pain associated with end-of-life or hospice care	5/23/2017 – Consent calendar; passed to be engrossed as amended; sent for concurrence
ME LD 324	Allows regional or county jails, correctional facilities and corrections officers to administer naloxone	5/23/2017 – Last engrossed by Senate
ME LD 475	Proposes to require a LE officer who has administered naloxone to a person to provide the name and contact information for that person to the nearest publicly funded mental health treatment provider and requires the treatment provider receiving that information to contact the person to inform them of available options regarding addiction treatment	5/2/2017 – Placed in legislative files (dead)
ME LD 1031	- Amends law to provide that a prescriber may prescribe, based on medical necessity, opioid medication in an amount greater than the MME set out in law and shall document such necessity in the patient's records, shall confirm that an appropriate pain history and physical examination have been completed and documented, and shall confirm the failure of alternative treatments - Further provides that the prescriber shall confirm that a taper trial resulted in significant loss of function and that larger doses are necessary, confirm the use of an opioid risk assessment tool and document the management of opioid risk - Amends law to provide additional exceptions to opioid prescribing limits to include for post-operative or new-onset acute pain when the patient has an existing opioid prescription for chronic pain, pursuing an active taper of opioid medications, with a maximum taper period of six months, who is pregnant and has a preexisting prescription for opioids in excess of the limit for the duration of the pregnancy, or that	3/14/2017 – Referred to committee on Health and Human Services; in concurrence; ordered sent forthwith

	is medically necessary and the prescriber has documented that medical necessity	
ME LD 1363	Provides that final adoption of portions of the rules governing the PMP and prescription of opioid medications that were submitted outside the legislative period of acceptance is authorized	4/11/2017 – Report read and accepted, in concurrence
ME LD 1429	Amends 22 § 7250 to provide that the department shall provide to the legislature, on or before January 15th of each year, and at such other times as requested, data pertaining to the aggregate number of prescriptions of each drug required to be included in the PMP, the number of prescribers participating in the program categorized by specialty, any historical trends or patterns in prescribing practices within the state, any progress in the implementation of information sharing agreements and any other information pertaining to the work of the PMP as requested by the legislature that is reasonably available to the department, as long as the information reasonably likely to reveal the patient or the prescriber or other person who is the subject of the information has been removed	5/11/2017 – Report read and accepted in concurrence; referred to the committee on criminal justice and public safety in concurrence
MD HB 791	- Amends law to provide that the statute may not be construed to prohibit a licensed physician or APN with prescribing authority from prescribing or dispensing naloxone to an individual who is not certificate holder, a licensed pharmacist from dispensing naloxone to an individual who is not a certificate holder, or an individual who has a prescription but is not a certificate holder from receiving, possessing, or administering naloxone to an individual experiencing, or believed to be experiencing, an opioid overdose - Further provides that a licensed physician or APN may prescribe and dispense naloxone to an individual who has not completed required training - Allows a licensed physician or APN who is employed by a local health department to prescribe and dispense naloxone to an individual who has not completed required training - Provides that a licensed physician or APN who issues a standing order may delegate to a licensed RN who is employed by a local health department the authority to dispense naloxone to an individual who has not completed the required training - Further provides that any licensed health care provider who has dispensing authority may dispense naloxone to an individual who has not completed the required training in accordance with a standing order issued by a licensed physician	2/8/2017 – Hearing scheduled for Feb. 21
MD HB 856	- Creates new section that includes definitions for "co-prescribing," which means, with respect to an opioid overdose reversal drug, the practice of prescribing the drug in conjunction with: an opioid prescription for a patient at an elevated risk of overdose or an opioid agonist approved by law for the treatment of an opioid use disorder; and "patient at an elevated risk of overdose," which means a patient who is identified as at risk of an opioid overdose, has a known history of IV drug use or misuse of prescription opioids, receives high-dose opioids or receives opioids chronically, has been hospitalized for an opioid overdose, uses opioids with antidepressants, benzodiazepines, alcohol, or other drugs, uses opioids and has a history of major organ dysfunction, uses opioids and has a history of mental illness, or is receiving treatment for a substance use disorder - Creates new section that requires the secretary to establish guidelines for the co-prescribing of opioid	2/8/2017 – Hearing scheduled for Feb. 21

	overdose reversal drugs that are applicable to all health care providers who are authorized to prescribe a monitored prescription drug - Further provides that the guidelines shall address the co-prescribing of opioid overdose reversal drugs for patients who are at an elevated risk of overdose and receiving opioid therapy for chronic pain, receiving a prescription for benzodiazepines, or being treated for opioid use disorders	
MD HB 1211	Creates new section that provides that a health care provider may not write a prescription for more than a 7-day supply of an opioid if the opioid is being prescribed to a minor or an adult who has not previously been prescribed an opioid for outpatient use	3/14/2017 – Unfavorable report by committee; withdrawn
MD HB 1276	Creates new section that requires OTPs to establish treatment protocols including a requirement that providers who prescribe opioid medication for a patient periodically query the PDMP	2/15/2017 – Hearing scheduled for 3/7
MD HB 1379	- Creates new section that provides that a health care provider, defined to mean an individual who is authorized to prescribe, dispense, or administer an opioid antagonist, who acted with reasonable care, is not civilly or criminally liable for prescribing, dispensing, or administering an opioid antagonist or any adverse effect arising from the use of the opioid antagonist - Further provides that an individual who is not a health care provider is not civilly or criminally liable for any adverse effect arising from the administration of an opioid antagonist if the individual believed in good faith that the individual to whom the opioid antagonist was administered was experiencing an opioid-related overdose and acted with reasonable care	3/15/2017 – Unfavorable report by Judiciary
MD HB 1432	- Creates new section that provides that, on treatment for pain, the health care provider shall prescribe the lowest effective dose of an opioid and a quantity that is no greater than the expected duration of pain severe enough to require an opioid unless it is being used to treat a substance-related disorder, pain associated with a cancer diagnosis, pain experienced while the patient is receiving end-of-life, hospice, or palliative care services, or chronic pain - Further provides that the dosage, quantity, and duration of the prescription shall be based on an evidence-based clinical guideline for prescribing that is appropriate for the health care setting for the patient, the type of health care services required by the patient, and the age and health status of the patient	4/10/2017 – Returned from Senate passed
MD HB 1516	- Creates new section that provides that, on or before January 1, 2019, there shall be established and implemented for use in a pilot program a health record and payment clearing house that, among other things, interacts with the PMP so that prescription drug data can be retrieved and entered through the health record and payment clearing house	3/18/2017 – Unfavorable report by committee; withdrawn
MD SB 693	- Creates new section that includes definitions for "co-prescribing," which means, with respect to an opioid overdose reversal drug, the practice of prescribing the drug in conjunction with: an opioid prescription for a patient at an elevated risk of overdose or an opioid agonist approved by law for the treatment of an opioid use disorder; and "patient at an elevated risk of overdose," which means a patient who is identified as at risk of an opioid overdose, has a known history of IV drug use or misuse of prescription opioids, receives high-dose opioids or receives opioids chronically, has been hospitalized for an opioid overdose, uses opioids with antidepressants, benzodiazepines, alcohol, or other drugs, uses	2/3/2017 – First reading; referred to Finance; hearing scheduled for March 1

	opioids and has a history of major organ dysfunction, uses opioids and has a history of mental illness, or is receiving treatment for a substance use disorder - Creates new section that requires the secretary to establish guidelines for the co-prescribing of opioid overdose reversal drugs that are applicable to all health care providers who are authorized to prescribe a monitored prescription drug - Further provides that the guidelines shall address the co-prescribing of opioid overdose reversal drugs for patients who are at an elevated risk of overdose and receiving opioid therapy for chronic pain, receiving a prescription for benzodiazepines, or being treated for opioid use disorders	
MD SB 750	- Creates new section that provides that, on or before January 1, 2019, there shall be established and implemented for use in a pilot program a health record and payment clearing house that, among other things, interacts with the PMP so that prescription drug data can be retrieved and entered through the health record and payment clearing house	2/7/2017 – Hearing scheduled for March 15
MD SB 868	- Amends law to provide that the statute may not be construed to prohibit a licensed physician or APN with prescribing authority from prescribing or dispensing naloxone to an individual who is not certificate holder, a licensed pharmacist from dispensing naloxone to an individual who is not a certificate holder, or an individual who has a prescription but is not a certificate holder from receiving, possessing, or administering naloxone to an individual experiencing, or believed to be experiencing, an opioid overdose - Further provides that a licensed physician or APN may prescribe and dispense naloxone to an individual who has not completed required training - Allows a licensed physician or APN who is employed by a local health department to prescribe and dispense naloxone to an individual who has not completed required training - Provides that a licensed physician or APN who issues a standing order may delegate to a licensed RN who is employed by a local health department the authority to dispense naloxone to an individual who has not completed the required training - Further provides that any licensed health care provider who has dispensing authority may dispense naloxone to an individual who has not completed the required training in accordance with a standing order issued by a licensed physician	2/8/2017 – Hearing scheduled for March 16
MD SB 1129	- Creates new section which requires that each emergency department to implement a policy of providing a naloxone kit to each patient who has been admitted for an opioid overdose and training each patient in the proper way of administering the naloxone before the patient is released - Further requires that each local health department that provides substance use disorder treatment to provide a naloxone kit to each patient during the initial diagnostic evaluation after confirming a diagnosis of an opioid use disorder and train each patient in the proper way of administering the naloxone - Further requires the department of public safety and correctional services to require each state and county correctional department to provide a naloxone kit to each inmate with a history of opioid use disorder before releasing the inmate and train such inmate in the proper administration	3/1/2017 – Hearing scheduled March 1

MA HB 1	Appropriates funds for the PDMP	4/10/2017 – Reported in part; see HB 3600
MA HB 1146	- Requires the department to promulgate regulations requiring OTPs to submit to the department information regarding each prescription or medical order dispensed and a requirement that each pharmacy collect and report, for each prescription or medical order dispensed, a customer identification number and other information associated with a customer identification number, as specified by the department - Information submitted by OTPs must be submitted at least once every 24 hours	1/23/2017 – Concurred in committee referral
MA HB 1216	Requires the board of medicine to promulgate regulations relative to participation in the PDMP which shall include sanctions for physicians who fail to comply with the requirements of law, such sanctions to include reprimand, censure, imposition of fines, requirement to perform public service, education or training requirement, or other discipline	1/23/2017 – Concurred in committee referral
MA HB 2180	Allows a pharmacist to dispense, on request of the patient, a lesser amount of a Sch. II opioid than prescribed and requires the pharmacist to notify the prescriber of the lesser amount dispensed within 7 days	1/23/2017 – Senate concurred in committee referral
MA HB 2396	Provides that, if a person has received a substance evaluation and returns to an acute care hospital or emergency satellite facility within 7 days of such evaluation suffering from an opioid-related overdose or has recently been administered naloxone, the attending physician may authorize the restraint of such person and apply for the treatment of such person for a 3-day period at a facility authorized for such purposes	5/11/2017 – Hearing canceled; new hearing to be determined
MA HB 2397	Creates a special commission to study the alternatives and develop recommendations to broaden the availability of naloxone without a prescription, including, but not limited to, recommendations on the standing order process and/or legislative recommendations and requires the submission of its recommendations no later than May 1, 2018	5/2/2017 – Hearing scheduled for May 8
MA HB 2453	- Creates the ePrescribing Implementation and Trust Fund Advisory Board charged with making recommendations to the commissioner of public health concerning, among other things, the establishment of evaluation criteria and recommendations for maximizing the interoperability of ePrescribing and the PMP	1/23/2017 – Senate concurred in committee referral
MA HB 2469	- Amends 94C § 24A to provide that the department may, on its own initiative, provide data from the PDMP to practitioners and providers may also access such data directly through a secure electronic medical record, health information exchange, or other similar software or information systems connected to the PDMP for the purposes of: 1) improving ease of access and utilization of such data for treatment, diagnosis, or healthcare operations; 2) supporting integration of such data within the EHR of a provider for purposes of treatment, diagnosis, or healthcare operations; or 3) allowing healthcare providers or their vendors to maintain such data for the purposes of compiling and visualizing such data within the EHR of a provider - Amends 55 § 1 to provide that the secretary of health and human services, in collaboration with the	1/23/2017 – Senate concurred in committee referral

	department of public health, shall conduct and provide for an examination of the prescription and treatment history of persons in the commonwealth who suffered fatal or non-fatal opiate overdoses in calendar years 2013 – 2020, inclusive - Provides that any reports or supplemental reports from the examination shall be provided in an aggregate and de-identified format and that such report shall be publicly available and filed with the certain members of the legislature	
MA HB 3600	Appropriates funds for the PDMP	4/25/2017 – Published as amended; see HB 3601
MA HB 3601	Appropriates funds for the PDMP	5/16/2017 – Placed in the orders of the day for May 23
MA SB 1213	- Requires the department to establish, by rule or regulation, a process by which to include information about the administration of opioid maintenance treatment in the PDMP where the inclusion of such information does not conflict with state or federal law - Requires OTPs to present entering patients a consent form authorizing the release of information, through the PDMP, about the administration of opioid maintenance treatment at the facility and shall contain information notifying the patient that consent is not required but is encouraged and how the patient may submit the form to the facility or department if they elect to give consent and shall also be presented to the patient upon their discharge from the facility	1/23/2017 – Concurred in committee referral
MA SB 1214	- Amends 94C § 24A to provide that the department may, on its own initiative, provide data from the PDMP to practitioners and providers may also access such data directly through a secure electronic medical record, health information exchange, or other similar software or information systems connected to the PDMP for the purposes of: 1) improving ease of access and utilization of such data for treatment, diagnosis, or healthcare operations; 2) supporting integration of such data within the EHR of a provider for purposes of treatment, diagnosis, or healthcare operations; or 3) allowing healthcare providers or their vendors to maintain such data for the purposes of compiling and visualizing such data within the EHR of a provider - Amends 55 § 1 to provide that the secretary of health and human services, in collaboration with the department of public health, shall conduct and provide for an examination of the prescription and treatment history of persons in the commonwealth who suffered fatal or non-fatal opiate overdoses in calendar years 2013 – 2020, inclusive - Provides that any reports or supplemental reports from the examination shall be provided in an aggregate and de-identified format and that such report shall be publicly available and filed with the certain members of the legislature	1/23/2017 – House concurred in committee referral
MA SB 1215	- The department shall work with MassHealth to obtain access to aggregated prescription data by provider on an ongoing basis for the use of evidence-based outreach and education program	1/23/2017 – Concurred in committee referral

MI HB 4284	- Makes technical changes to language of PDMP statute, including changing "electronic system for monitoring" to "prescription drug monitoring system" and "data" to "information" - Amends language related to law enforcement access to PDMP information to include employees or agents whose duties include enforcing the laws related to prescription drug diversion and health care fraud - Allows the PDMP to share data with a PDMP in another jurisdiction with an agreement for the mutual exchange of information - Amends language to provide that PDMP data shall only be used for bona fide criminal, civil, or administrative investigatory or evidentiary purposes relating to drugs, prescription drug diversion, or health care fraud - Amends language to provide that a person receiving PDMP information or report that contains patient identifiers shall not provide such information to any other person except a state, federal, or municipal employee or agent whose duty it is to enforce the laws of the state or the US relating to drugs, prescription drug diversion, or health care fraud or by order of a court - Amends language regarding submission of prescription data to provide that reporting is mandatory for veterinarians, pharmacists, prescribers, and dispensing prescribers, as applicable and deletes waiver provisions - Creates new subsection that provides that the department shall include in the PDMP a system for monitoring CS prescribed in the state and sharing that information with PDMPs in other jurisdictions - Further provides that the department shall provide a format for prescribers to report information including patient identifiers, name of the CS, the date of prescribing, the quantity, and the name of the prescriber - Requires prescribers to transmit data before prescribing a CS for the first time for a patient, whether the patient is new or existing; unless a more frequent utilization is required, at least annually before prescribing a CS for a patient; at least once during every 12-week period before prescribing a CS for a patient if the prescriber is treating the patient for a period in excess of 12 weeks; before prescribing a CS for a patient regardless of other requirements if the patient exhibits behaviors of concern - Requires that a prescriber who believes or has reason to believe that a patient is abusing or diverting CS, based in part on whether the patient is exhibiting behaviors of concern, shall use sound clinical judgment to determine whether to prescribe a CS to a patient under the circumstances - "Behaviors of concern" include: 1) selling a prescription drug; 2) forging or altering a prescription form; 3) stealing or borrowing a CS; 4) increasing the dosage of a CS in an amount that exceeds the prescribed amount; 5) having a drug screen result that is inconsistent with the treatment plan or refusing to participate in a drug screen; 6) having been arrested, convicted, or having received diversion or intervention instead of conviction for a drug-related offense while under the prescriber's care; 7) receiving CS from multiple prescribers; 8) having a family member, friend, LE officer, or health care professional express concern related to the patient's use of illegal drugs or CS; 9) having a known history of substance use disorder; 10) appearing impaired or overly sedated during an office visit or examination; 11) requesting CS by specific name, street name, color, or identifying marks; 12)	3/1/2017 – Bill electronically reproduced

	frequently requesting early refills; 13) frequently losing prescriptions for CS; 14) sharing CS with another individual; 15) recurring ED visits to obtain CS	
MI SB 47	- Makes technical changes to statutory language - Provides that the department's authority to promulgate and enforce rules is subject to: 1) the department's authority does not include the authority to promulgate or enforce a rule that exempts any of the following from the reporting requirements: a) except as otherwise provided, the direct administration of a CS directly to a patient; b) dispensing from a health care facility or agency of a CS by a dispensing prescriber in a quantity adequate to treat a patient for not more than 48 hours; c) the dispensing or administration of buprenorphine or a drug containing buprenorphine and methadone - Further provides that rules promulgated must exempt from reporting the dispensing of a CS in an emergency room, emergency department, or trauma center of a hospital; a hospice; an oncology department of a hospital; a hospital that administers the CS to an inpatient	1/18/2017 – Referred to committee on health policy
MI SB 166	Beginning Jan. 1, 2020, before prescribing or dispensing a CS to a patient, a prescriber shall query the PDMP unless the dispensing occurs in a hospice or the oncology department of a hospital	2/15/2017 – Referred to committee on health policy
MN HF 887	- Creates new section that requires opioid treatment programs to develop and maintain policies and procedures that require the ongoing monitoring of PMP data - Further provides that if a medication used for the treatment of a substance use disorder is administered or dispensed to a client, the license holder shall be subject to the following requirements: 1) upon admission to a methadone clinic outpatient treatment program, a client must be notified in writing that the commissioner of human services and the medical director must monitor the PMP to review the prescribed controlled drugs a client received; 2) the medical director or his/her designee must review the PMP before the client is ordered any controlled substance, including medications used for the treatment of opioid addiction and a subsequent review every 90 days; 3) a copy of the PMP report must be included in the patient's medical file; 4) when the PMP data contains a recent history of multiple prescribers or multiple prescriptions for controlled substances, the physician's review of the data and subsequent actions must be documented in the client's file within 72 hours and must contain the medical director's determination of whether or not the prescriptions place the client at risk of harm and the actions to be taken in response to the PMP findings and must conduct subsequent reviews of the PMP on a monthly basis; 5) if the review indicates that the use of controlled substances places the client at the risk of harm, the program must seek the client's consent to discuss the client's opioid treatment with other prescribers and must seek consent to for the other prescriber to disclose to the opioid treatment program's medical director the client's condition that formed the basis of the other prescriptions - Provides that the commissioner shall collaborate with the board of pharmacy to develop and implement an electronic system for the commissioner to routinely access the PMP data to determine whether any client enrolled in an opioid addiction treatment program was prescribed or dispensed a controlled substance in addition to that administered or dispensed by the OTP; when the commissioner determines that there have been multiple prescribers or multiple prescriptions of controlled substances	2/6/2017 – Introduction and first reading; referred to health and human services finance

	for a client, the commissioner shall inform the medical director of the OTP only that the commissioner determined the existence of multiple prescribers or prescriptions and direct the medical director of the OTP to access the data directly, review the effect of multiple prescribers or prescriptions, and document the review	
MN HF 1014	- Allows the board and its designees to access PDMP data for the purpose of identifying prescribers and dispensers engaged in patterns of unusual or excessive prescribing or dispensing of CS or other conduct affecting health and safety - Allows PDMP personnel or designees of DHS to access PDMP data for the purpose of identifying potential inappropriate prescribing or dispensing of CS, fraudulent billing of government programs, or other conduct affecting health and safety	2/9/2017 – Introduction and first reading; referred to civil law and data practices policy
MN HF 1136	- Provides that it is unlawful for a pharmacist to refuse to dispense an opioid antagonist when a standing order or other prescribing protocol is in place, the prescribing criteria are satisfied, and the dispenser has naloxone in stock - Provides immunity to dispensers	2/13/2017 – Introduction and first reading; referred to health and human services reform
MN HF 1137	- Requires a prescriber or dispenser to query the PDMP before prescribing or dispensing any CS to a patient or renewing a CS prescription and to document the review in the patient's medical file - Duty to consult the PDMP does not apply: 1) when prescribing or dispensing to patients who are experiencing pain as the result of a malignant medical condition or receiving hospice care; 2) during an emergency or in an ambulance; 3) when administering in a hospital or LTCF if, within 12 hours of admission, the prescriber or dispenser reviews the PDMP record for the patient and a record of the review is noted in the medical file; 4) when the PDMP cannot be accessed due to technological failure	2/23/2017 – Committee report to adopt as amended and re-refer to civil law and practices policy committee
MN HF 1140	Creates new section to allow pharmacists to prescribe opioid antagonists if they successfully complete a training program, follow the appropriate standardized protocol, provide the patient with a fact sheet and a written record of the product or medication prescribed and may not delegate such prescribing but may allow a pharmacy intern to prepare a prescription for such product or medication provided that such prescription shall not be processed or dispensed until it is reviewed, approved, and signed by the pharmacist	2/13/2017 – Introduction and first reading; referred to health and human services reform
MN HF 1219	Provides that the board shall identify prescribers whose authority to prescribe CS is restricted and shall make information about any current restriction on a prescriber's prescribing authority readily available to licensed dispensers, either by information included in the PDMP, or by otherwise providing periodic updates to licensees	2/15/2017 – Introduction and first reading; referred to health and human services reform
MN HF 2066	- Restricts prescribing of opiate or narcotic pain relievers to four days when prescribed for acute dental pain or acute pain associated with refractive surgery	3/6/2017 – Introduction and first reading; referred to health and human services reform

MN SF 750	- Provides that it is unlawful for a pharmacist to refuse to dispense an opioid antagonist when a standing order or other prescribing protocol is in place, the prescribing criteria are satisfied, and the dispenser has naloxone in stock - Provides immunity to dispensers	2/9/2017 – Introduction and first reading; referred to health and human services finance and policy
MN SF 753	- Requires a prescriber or dispenser to query the PDMP before prescribing or dispensing any CS to a patient or renewing a CS prescription and to document the review in the patient's medical file - Duty to consult the PDMP does not apply: 1) when prescribing or dispensing to patients who are experiencing pain as the result of a malignant medical condition or receiving hospice care; 2) during an emergency or in an ambulance; 3) when administering in a hospital or LTCF if, within 12 hours of admission, the prescriber or dispenser reviews the PDMP record for the patient and a record of the review is noted in the medical file; 4) when the PDMP cannot be accessed due to technological failure	2/9/2017 – Introduction and first reading; referred to health and human services finance and policy
MN SF 843	Provides that the board shall identify prescribers whose authority to prescribe CS is restricted and shall make information about any current restriction on a prescriber's prescribing authority readily available to licensed dispensers, either by information included in the PDMP, or by otherwise providing periodic updates to licensees	2/9/2017 – Introduction and first reading; referred to health and human services finance and policy
MN SF 991	- Allows the board and its designees to access PDMP data for the purpose of identifying prescribers and dispensers engaged in patterns of unusual or excessive prescribing or dispensing of CS or other conduct affecting health and safety - Allows PDMP personnel or designees of DHS to access PDMP data for the purpose of identifying potential inappropriate prescribing or dispensing of CS, fraudulent billing of government programs, or other conduct affecting health and safety	2/15/2017 – Referred to health and human services finance and policy
MN SF 1049	Creates new section that allows pharmacists to prescribe opioid antagonists if they successfully complete a training program, follow the appropriate standardized protocol, provide the patient with a fact sheet and a written record of the product or medication prescribed and may not delegate such prescribing but may allow a pharmacy intern to prepare a prescription for such product or medication provided that such prescription shall not be processed or dispensed until it is reviewed, approved, and signed by the pharmacist	2/16/2017 – Introduction and first reading; referred to health and human services finance and policy
MN SF 1591	- Requires that license holders for residential treatment programs who maintain a supply of naloxone available for emergency treatment of opioid overdose must have a written standing order protocol by a physician that permits the license holder to maintain a supply of naloxone on site and must require staff to undergo specific training in administration of naloxone - Requires a staff member, other than a licensed practitioner or nurse, who is delegated by a licensed practitioner or nurse the task of administration of medication or assisting with self-medication must be trained in the process of administering naloxone, if naloxone is kept on site - Requires a license holder to implement written policies and procedures developed by a registered nurse that contain a procedure for monitoring the available supply of naloxone on site, replenishing the supply	3/1/2017 – Introduction and first reading; referred to human services reform finance and policy

	of naloxone when needed, and destroying naloxone when discontinued, outdated, or deteriorated	
MN SF 1868	- Restricts prescribing of opiate or narcotic pain relievers to four days when prescribed for acute dental pain or acute pain associated with refractive surgery	3/7/2017 – Introduction and first reading; referred to health and human services finance and policy
MO HB 68	- Establishes PDMP - Provides for the monitoring of Sch. II – IV CS by all professionals licensed to prescribe or dispense such substances in MO - Provides that data shall be submitted by dispensers within 24 hours - Provides that data shall be retained for five years and shall be confidential and not subject to public disclosure - Allows the department to notify LE or board and provide dispensing information if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred - Provides that PDMP data may be provided to: in-state and out-of-state prescribers and dispensers; patient; board of pharmacy; boards charged with regulating professionals with authority to prescribe or dispense CS; in-state and out-of-state local, state, and federal LE or prosecutorial officials under subpoena issued by a court of competent jurisdiction; MO HealthNet; judge or other judicial authority under subpoena; and personnel of the department for the administration and enforcement of the PDMP laws - Allows the provision of de-identified data for statistical, research, or educational purposes - Provides that no PDMP information shall be used by any local, state, or federal authority to prevent an individual from owning or obtaining a firearm - Provides that there is no requirement to access PDMP data and provides immunity - Allows any person harmed or damaged by a violation of the law to bring a civil action for damages - Provides sanctions for failure to submit dispensing information or for submitting false information - Provides sanctions for unlawfully or knowingly accessing or disclosing or wrongfully using PDMP information - Requires the board to create and implement certain educational courses related to the PDMP - Provides that the department shall, if appropriate, work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and follow-up and encourage patients who are identified and who have become addicted to CS to receive addiction treatment	2/14/2017 – HCS voted do pass
MO HB 90	- Establishes PDMP called the Narcotics Control Act - Provides for the monitoring of Sch. II – IV CS by all professionals licensed to prescribe or dispense such substances in MO - Requires dispensers to report dispensing information within 24 hours and, beginning January 1, 2019, the department shall begin phasing in a requirement that dispensers report dispensing data in real time with all report data to be submitted in real time by January 1, 2020	5/12/2017 – Voted do pass

	- Provides waivers for dispensers who are unable to submit dispensation information by electronic means and extensions to dispensers who are temporarily unable to electronically submit information - Requires prescribers to query the PMP prior to prescribing any Sch. II – IV controlled substance except: 1) during a medical emergency that, in the opinion of the medical professional, is likely to result in harm to the patient; 2) when it is not reasonably possible to utilize the PMP due to circumstances beyond the prescriber's control; 3) when the patient has a terminal illness or resides in a licensed facility; 4) when the patient is under the care of a hospital or an ambulatory surgical center that dispenses controlled substances for the purposes of inpatient care or issues prescriptions for CS at the time of discharge from the facility in which the prescription does not exceed a 5-day supply, provided that such prescriber utilizes the program or ensures that the program has been utilized since the patient's admission; 5) when the CS is administered directly to a patient in an emergency room setting; or 6) when there is a previously established prescriber-patient relationship and a non-opioid CS, other than a benzodiazepine, is being prescribed - Provides that data shall be confidential and not subject to public disclosure - Allows the department to notify LE or board and provide dispensing information if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred - Provides that PDMP data may be provided to: in-state and out-of-state prescribers and dispensers; patient; board of pharmacy; boards charged with regulating professionals with authority to prescribe or dispense CS; in-state or out-of-state local, state, and federal LE and prosecutorial officials under subpoena issued by a court of competent jurisdiction; MO HealthNet division within the department of social services regarding program recipients; judge or other judicial authority under subpoena - Allows the provision of de-identified data for statistical, research, or educational purposes - Provides that, except as otherwise required, there is no requirement to access PDMP data - Provides that no PDMP information shall be used by any local, state, or federal authority to prevent an individual from owning or obtaining a firearm - Provides that no PDMP information shall be the sole basis for probable cause to obtain an arrest or search warrant as part of a criminal investigation - Provides that, beginning August 28, 2019, the department shall maintain an individual's prescription and dispensation information for a maximum of two years - Further provides that authorized users shall complete a department-approved training course prior to accessing the database for the first time - Provides sanctions for dispensers who fail to submit dispensation information to the department or who knowingly submits incorrect information - Provides penalties for unlawfully and knowingly accessing or disclosing or wrongly using PDMP information - Provides sanctions for prescribers who fail to query the PDMP as required - Provides that any political subdivisions in the state currently operating a local PDMP may continue to operate such program until the state program is available for use by prescribers and dispensers throughout the state	

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

MO HB 1102	- Establishes PDMP to monitor the prescribing and dispensing of Sch. II – IV CS by all professionals licensed to prescribe or dispense such substances in MO - Provides that the data shall use an existing data aggregation platform to establish and maintain a program to monitor the prescribing and dispensing of Sch. II – IV CS which aggregated information shall be segregated from any other data source and shall not be commingled with data from any other source and shall not be entered into any other database outside the control of the department and shall not be entered into any national PDMP database - Requires that prescribers who hold themselves out to be a pain management specialist and who is prescribing a Sch. II CS shall, prior to prescribing a CS to a patient, query the PDMP and the "national PDMP database network" to determine if the patient has been prescribed a CS within the last 180 days - Dispensers shall, if the information is not otherwise transmitted to a third party payor, report prescription data to the PDMP within 7 days - Reporting requirements do not apply to patients under the age of 18 - Provides that data is confidential and not subject to public disclosure - Allows receipt of PDMP information by the following: a patient or bureau of narcotics and dangerous drugs registrant who requests his or her own prescription or dispensing information; board of pharmacy, board of registration for healing arts, board of nursing, dental board, and board of podiatric medicine for use in an investigation based on a complaint; in-state and out-of-state local, state, and federal law enforcement or prosecutorial officials with a court-issued subpoena or court order; medical examiners or coroners; MO HealthNet division within the department of social services; judge or other judicial authority under a subpoena or court order; personnel of the bureau of narcotics and dangerous drugs for the administration and enforcement of law; dispensers and prescribers - Provides for provision of de-identified data for statistical, research, or educational purposes - Further provides that data shall be maintained for 180 days - Provides that dispensers shall not have access to data in the PDMP, but shall receive a response from the department upon submitting prescription data related to any concerns detected for the patient; if no concern is detected, the dispenser may dispense the prescription according to his or her professional discretion; if concern is detected, the dispenser may or may not dispense according to his or her professional judgment - Provides that dispensers shall have a sign posted prominently regarding reporting of prescriptions to the PDMP - Provides that prescribers shall not have access to data in the PDMP, but shall receive a response from the department upon logging into the system regarding whether the patient has been prescribed a CS within the previous 180 days by a different prescriber; if nothing is found, the prescriber may issue or not issue the prescription in his or her professional judgment - If a subsequent prescription is found, the prescriber will be given the option to enter the last four digits of his/her SSN and, if verified as correct, shall be provided with the patient's complete PDMP record and shall issue or not issue the prescription in his/her professional judgment - Provides that prescribers shall have a sign posted prominently regarding reporting of prescriptions to	5/12/2017 – Referred to select committee on local, state, federal relations and miscellaneous business

	the PDMP - Includes the process by which the department shall electronically screen the state and national PDMP databases for both prescribers and dispensers - Provides that, where time, staff, and funding permit, the department shall review the concerns generated and, if there is reasonable cause to believe that a person has obtained a prescription fraudulently from more than one prescriber, the department shall contact the prescribers and inform them of the concern and the details of the patient's receipt of prescriptions and, if it is clear that the patient has obtained prescriptions under false pretenses, the matter shall be referred to law enforcement - Provides that the bureau of narcotics and dangerous drugs shall review PDMP information and, if there is reasonable cause to believe a violation of law or breach of professional ethics has occurred, the bureau shall refer the matter to the appropriate law enforcement or professional board - Further provides that the information in the PDMP shall not be the sole basis for probable cause to obtain a search warrant or arrest - Provides penalties for failing to submit data, knowingly and unlawfully accessing or disclosing data - Requires the department to provide a report to the general assembly annually as to the number of CS dispensed, the number of incidents of fraudulent prescriptions, and any other information requested by the assembly - Requires the department to create and implement educational courses - Provides that the department shall, when appropriate, work with impaired professionals associations to ensure intervention, treatment, and ongoing monitoring and follow-up and encourage patients who are identified and who have become addicted to CS to receive treatment	
MO HB 1137	- Amends law to provide that a law enforcement officer, paramedic, EMS personnel, or other first responder who administers an emergency opioid antagonist to an individual, such first responder shall report such administration to the police or sheriff's department in their jurisdiction who shall provide a copy of the report to the appropriate county prosecutor in order to supply such department with information that may support a charge for illegal possession of drugs and use of drugs or drug paraphernalia - Provides that the county prosecutor shall, upon receipt and review of the report, recommend that the individual receiving administration of an emergency opioid antagonist to that jurisdiction's drug court program	5/12/2017 – Referred to select committee on local, state, federal relations and miscellaneous business
MO HB 1197	Amends law to allow the use of a standing order for an opioid antagonist	4/20/2017 – Reported do pass
MO SB 74	- Establishes PDMP to monitor Sch. II – IV CS by all professionals licensed to prescribe or dispense - Provides that aggregated data from each prescriber and dispenser shall remain segregated from any other data source and shall not be commingled with data from any other source; data shall not be entered into any database outside the control of the department nor into any national PDMP - Provides that dispensers shall report dispensation information within 7 days if such information is not otherwise transmitted to a third party payor	4/19/2017 – Referred to insurance policy committee in House

	- Further provides that prescribers may – and all prescribers who hold themselves out to the public as a specialist in pain management and who are prescribing Sch. II CS shall – submit prescribing information to the PDMP - Prohibits the collection of prescription data on patients under 18yo - Provides that the department may provide data to the following: 1) patients or bureau of narcotics and dangerous drugs registrants who request his or her own prescription or dispensing information; 2) board of pharmacy, board of registration of the healing arts, board of nursing, dental board, and board of podiatric medicine when investigating a complaint; 3) in-state or out-of-state local, state, and federal LE or prosecutorial officials under court order or subpoena; 4) MEs or coroners for investigating cause of death; 5) family support division within the department of social services regarding MO HealthNet program recipients; 6) judge or other judicial authority under subpoena or court order; 7) personnel of the bureau of narcotics and dangerous drugs; and 8) dispensers and prescribers under specific circumstances, but dispensers and prescribers shall not have access to data included in the PDMP - Allows the provision of de-identified data for statistical, research, or educational purposes - Provides that PDMP data shall only be retained for 180 days - Provides that dispensers and prescribers must include a sign prominently posted notifying customers of the reporting of prescription information to the PDMP - Provides that a prescriber or dispenser will receive a response from the department regarding whether any concern is detected after submitting prescription information to the PDMP; if no concern is detected, s/he may prescribe or dispense as usual; if concern is detected, s/he may or may not prescribe or dispense according to his or her professional judgment, appropriate to the concern communicated - Provides that when a prescriber or dispenser contacts the PDMP, the department shall electronically screen the database and any national database to determine if the prescription may be properly dispensed and if a similar prescription has been dispensed within the allowable day's supply limits set by the department; if a concern is detected, the department shall automatically issue a communication to the dispenser that the concern is detected and shall state the nature of the concern - Further provides that the bureau of narcotics and dangerous drugs shall review PDMP data and, if there is reasonable cause to believe a violation of law or breach of professional standards has occurred, the bureau shall refer the matter to the appropriate LE or professional licensing agency and provide the information required for an investigation - Provides that nothing in the PDMP shall be the sole basis for the issuance of an arrest or search warrant as part of a criminal investigation - Provides that the department shall provide an annual report to the general assembly regarding the number of CS dispensed, broken down by drug, number of incidents of fraudulent prescriptions identified, and any other pertinent information requested - Includes penalties for failure to submit prescription information and for unlawfully and knowingly accessing or disclosing PDMP information - Creates certain educational courses - Provides that the department shall, if appropriate, work with impaired professionals associations to	

	ensure intervention, treatment, and ongoing monitoring and follow-up and encourage patients who are identified and who have become addicted to CS to receive addiction treatment	
MO SB 231	- Establishes PDMP for Sch. II – IV CS by all professionals licensed to prescribe or dispense - Provides that dispensers shall submit data within 24 hours of dispensing and data shall be confidential and not subject to public disclosure - Provides that the department shall review PDMP information and, if there is cause to believe a violation of law or breach of professional standards may have occurred, the department shall notify the appropriate LE or professional licensing agency and provide any information necessary for an investigation - Further provides that the department shall provide PDMP information to: 1) both in-state and out-of-state prescribers and dispensers; 2) patients; 3) board of pharmacy; 4) any state board charged with regulating professionals with the authority to prescribe CS; 5) in-state and out-of-state local, state, and federal LE under subpoena or court order; 6) MO HealthNet; 7) judge or other judicial authority under subpoena or court order - Allows the provision of de-identified data for statistical, research, or educational purposes - Provides that nothing in the PDMP shall be used to prevent an individual from owning or obtaining a firearm - Provides sanctions for failure to submit data or for knowingly submitting incorrect data and for knowingly and unlawfully accessing and disclosing data	1/25/2017 – Hearing conducted
MO SB 314	- Establishes PDMP for monitoring Sch. II – IV by all professionals licensed to prescribe or dispense - Requires dispensers to report dispensing data within 24 hours; data is confidential and not subject to public disclosure - Provides that the department shall review the data and, if there is reasonable cause to believe a violation of law or breach of professional responsibility has occurred, the department shall notify the appropriate LE or professional licensing agency and provide data necessary for an investigation - Provides that PDMP data may be provided to: 1) in-state and out-of-state prescribers and dispensers; 2) patients; 3) board of pharmacy; 4) any state board charged with regulating professionals with the authority to prescribe or dispense CS; 5) in-state and out-of-state local, state, and federal LE under subpoena or court order; 6) MO HealthNet; 7) judge or other judicial authority under subpoena or court order - Allows the provision of de-identified data for statistical, research, or educational purposes - Provides that no PDMP information may be used to prevent an individual from owning or obtaining a firearm - Provides sanctions for failure to submit data or knowingly submits incorrect data and for unlawfully and knowingly accessing or disclosing data	5/12/2017 – Informal calendar for perfection

MO SB 340	- Establishes PDMP for monitoring Sch. II – IV by all professionals licensed to prescribe or dispense - Requires dispensers to report dispensing data within 24 hours; data is confidential and not subject to public disclosure - Provides that the department shall review the data and, if there is reasonable cause to believe a violation of law or breach of professional responsibility has occurred, the department shall notify the appropriate LE or professional licensing agency and provide data necessary for an investigation - Provides that PDMP data may be provided to: 1) in-state and out-of-state prescribers and dispensers; 2) patients; 3) board of pharmacy; 4) any state board charged with regulating professionals with the authority to prescribe or dispense CS; 5) in-state and out-of-state local, state, and federal LE under subpoena or court order; 6) MO HealthNet; 7) judge or other judicial authority under subpoena or court order - Allows the provision of de-identified data for statistical, research, or educational purposes - Provides that no PDMP information may be used to prevent an individual from owning or obtaining a firearm - Provides sanctions for failure to submit data or knowingly submits incorrect data and for unlawfully and knowingly accessing or disclosing data	2/9/2017 – Bill combined with SB 314 and SB 340
MS HB 49	Amends law to provide that PDMP data is not subject to civil subpoena and shall not be discoverable, disclosed, or compelled to be produced in any civil proceeding and shall not be deemed admissible as evidence in any civil proceeding for any reason	1/31/2017 – Died in committee
MS HB 178	Allows a municipality, county, or political subdivision to authorize its law enforcement agency or department to administer naloxone or a similar product for the purpose of reversing a drug overdose	1/31/2017 – Died in committee
MS HB 996 	- Allows practitioners to issue a standing order to one or more individual pharmacies for an opioid antagonist which authorizes the pharmacy to dispense an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a family member, friend, or other person in a position to assist such person without the need for an individual prescription - Requires pharmacists to take a training program on opioid antagonists prior to dispensing under a standing order - Amends law to allow firefighters and law enforcement officers to administer an opioid antagonist	3/15/2017 – Approved by Governor
MS HB 1032 	Requires all licensed practitioners with an active DEA number to register as users with the PDMP	3/13/2017 – Approved by Governor
MS HB 1201	Amends law to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe CS who knowingly fails to obtain PDMP data shall be subject to disciplinary action	1/31/2017 – Died in committee

MS SB 2128	Amends law to allow firefighters and law enforcement officers to administer an opioid antagonist	1/31/2017 – Died in committee
MS SB 2361	Amends law to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe CS who knowingly fails to obtain PDMP data shall be subject to disciplinary action	1/31/2017 – Died in committee
MS SB 2555	Creates new statute which provides that a pharmacist may furnish naloxone in accordance with standardized procedures and protocols developed and approved by both the board of pharmacy and board of medicine	1/31/2017 – Died in committee
MS SB 2767	Amends law to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe CS who knowingly fails to obtain PDMP data shall be subject to disciplinary action	1/31/2017 – Died in committee
MT HB 333 	- Creates the "Help Save Lives from Overdose Act" - Creates new definitions, including a definition for "eligible recipient," which means a person at risk of experiencing an opioid overdose, a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid overdose, a first responder or first responder entity, harm reduction organization or its representative, MT state crime laboratory, a person who may process, store, handle, test, transport, or possess a suspected or confirmed opioid, a probation, parole, or detention officer, a county or other local public health department, or a veterans' organization or its representative - Creates definition for "first responder," which includes firefighters, LE officers, or other authorized person who responds to an emergency on a paid or volunteer basis - Allows the state medical officer to prescribe an opioid antagonist on a statewide basis by one or more standing orders to eligible recipients - Allows medical practitioners to prescribe, directly or by standing order, or by collaborative practice agreement, or dispense, an opioid antagonist to an eligible recipient - Provides that a prescription for an opioid antagonist, regardless of the eligible recipient's status as an individual, organization, agency, or other entity, must designate the eligible recipient as the patient and must be dispensed by a licensed pharmacist - Provides Good Samaritan protections	5/3/2017 – Signed by Governor; effective on passage and approval
MT HB 409	- Creates new section that provides that when a medical practitioner with prescriptive authority for opioids prescribes an opioid drug to a patient for the first time on an outpatient basis, the prescription is limited to a 7-day supply or less: to an adult for non-chronic pain, with a subsequent ability to get another prescription for the same drug for no more than 7 days if the patient meets certain criteria; to a minor, without the ability for another prescription unless the patient meets certain criteria - Provides that the restriction does not apply if: a prescription for more than a 7-day supply is necessary to treat chronic pain, pain associated with cancer or post-surgical conditions, or pain experienced while the patient is in palliative care; or the opioid is being prescribed for the treatment of opioid dependence or abuse	4/28/2017 – Died in process
MT SB 56 	Changes termination date to June 30, 2019	2/13/2017 – Signed by Governor

NE LB 223 	- Amends law to provide that PDMP data shall be made available to the designated statewide health information exchange for access by participants if such access is in compliance with HIPAA and state law - Provides that, beginning July 1, 2018, veterinarians shall report dispensing information on Sch. II – IV CS to the PMP and shall indicate on each prescription that the prescription is for an animal and shall include the first and last name and address, including city, state, and zip code, of the individual to whom the drug is dispensed pursuant to a valid veterinarian-client-patient relationship; reporting status; the first and last name of the prescribing veterinarian and his or her DEA number; the name of the drug dispensed and the prescription number; the date the prescription is written and the date filled; the number of refills authorized, if any; and the quantity of the drug dispensed and the number of days' supply - Provides that no patient-identifying data shall be disclosed, made public, or released to any public or private entity except to a statewide health information exchange and its participants and to prescribers and dispensers - Further provides that all other data is for the confidential use of the department and the statewide HIE and its participants but may release such information as Class I, Class II, or Class IV data to the private or public persons or entities that the department determines may view such records - Requires that users undergo training on proper usage of the PDMP prior to accessing the system to be administered by the HIE - Defines "participant" to mean an individual or entity that has entered into a participation agreement with the statewide HIE which requires the individual or entity to comply with the privacy and security protections set forth in HIPAA and state law	5/9/2017 – Signed by Governor; effective on passage
NE LB 487 	- Provides that a person shall not be in violation of certain controlled substances laws if: 1) such person made a good faith request for emergency medical services in response to a drug overdose of himself, herself, or another; 2) such person made the request for medical assistance as soon as the drug overdose was apparent; 3) the evidence of violation was obtained as a result of the overdose and the request for medical assistance; and 4) when emergency medical assistance was requested for the drug overdose of another person: such person remained on the scene until law enforcement or medical assistance personnel arrived and such person cooperated with the assisting personnel - Provides that the person receiving services shall not be in violation of certain controlled substances laws if such person was experiencing a drug overdose and the evidence of such violation was obtained as a result of the overdose and request for services - Provides that the exclusions do not apply to cases involving drug-induced homicide and certain other drug violations - Further provides that emergency medical responders, peace officers, shall not be subject to administrative action or criminal prosecution or liable in any civil action as a result of acts or omissions arising out of and in the course of rendering care to a person suffering from an overdose	4/27/2017 – Approved by Governor

NE LB 583	- Amends § 71-2454 to remove requirement for veterinarians to report dispensing information to the PMP	1/24/2017 – Bill withdrawn
NE LB 586	- Amends law to include definition of "designee," which means, for purposes of a dispenser, a licensed or registered professional designated by the dispenser; and for purposes of a medical director, a licensed health care professional designated by the medical director to act as the director's agent - Includes definitions of "dispenser," "managed care organization," "medical director," "medical order," and "prescriber" - Makes certain technical changes - Includes provision related to requirements for medical director to participate in the PDMP, including that the director shall be actively practicing medicine in NE, have a minimum of three years' experience providing clinical services, shall devote a minimum of 40 hours per week to the operations of the managed care organization, be board-certified in his or her specialty, and shall be actively involved in the major clinical, utilization management, and quality management decisions of the organization	2/3/2017 – Notice of hearing for 3/23
NE LB 642	Amends requirements for veterinarian submission of PDMP data to begin January 1, 2019	1/24/2017 – Bill withdrawn
NV AB 428	Provides that a pharmacist may not be prohibited from furnishing an opioid antagonist to a person without a prescription	5/23/2017 – From committee; do pass as amended
NV AB 474	- Amends § 453.162 to provide that the PMP must include, for each prescription of a Sch. II – IV controlled substance, the fewest number of days necessary to consume the quantity of the CS dispensed to the patient if the patient consumes the maximum dose of the CS by the prescribing practitioner; each state in which the patient to whom the CS was prescribed has previously resided or filled a prescription for a CS; and the diagnosis code - Amends § 453.163 to limit submission of dispensing information to controlled substances dispensed for human consumption - Amends § 453.164 to provide that access to the PMP shall be given to occupational licensing boards that license any practitioner authorized to write prescriptions for human consumption and may access the database to investigate a complaint, report or other information that indicates fraudulent, illegal, unauthorized, or otherwise inappropriate activity related to the prescribing, dispensing, or use of a CS - Provides that the board and division must have access to the PMP to identify any suspected fraudulent, illegal, or unauthorized or otherwise inappropriate activity related to the prescribing, dispensing, or use of CS - Further provides that, except as otherwise provided, the board or the division shall report any activity is reasonably suspects may indicate fraudulent, illegal, unauthorized or otherwise inappropriate activity related to the prescribing, dispensing, or use of a CS to the appropriate law enforcement agency or occupational licensing board - Provides that the board or division may withhold any report if the board determines that doing so is necessary to avoid interfering with any pending administrative or criminal investigation into the	5/16/2017 – In Senate; read first time; referred to committee on health and human services

	suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing, or use of a CS - Amends § 453.226 to provide that individuals must preset proof of registration with the PMP before the board may issue or renew a registration to dispense CS in the state - Creates new sections that provide that the executive director of the board or his or her designee shall review and evaluate any complaint or information received from the investigative division of the department of public safety or state board of pharmacy, including, without limitation, information provided by the PMP, or from a law enforcement agency, professional licensing board, or any other source indicating that 1) a licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription for a CS listed in Sch. II – IV; 2) a pattern of prescriptions issued by a licensee indicates that the licensee has issued prescriptions in the manner described above; or 3) a patient or licensee has acquired, used, or possessed a CS listed in Sch. II – IV in a fraudulent, illegal, or unauthorized or otherwise inappropriate manner - Further provides that if the executive director of the board or his or her designee receives information concerning a licensee, he or she must notify the licensee as soon as practicable after receiving the information - Provides that the review and evaluation must include, without limitation, a review of relevant PMP information, a requirement that the licensee attest that he or she has been compliant with state law	
NV SB 59	- Requires a LE officer who, in the regular course of an investigation: 1) encounters a situation in which the LE officer has probable cause to believe that a violation involving a prescription for a controlled substance is occurring or has occurred; or 2) who receives a report of a stolen prescription for CS to report: 1) the name of the person who is believed to have violated a controlled substance law, who died as the result of using a prescribed controlled substance, or who filed the report of the stolen prescription; 2) the name of the person to whom the controlled substance involved in such event listed in 1 – 2 above is or was prescribed; 3) if the prescription container for the controlled substance is found in the vicinity of the location of an event listed in 1 – 2 above or if a prescription is reported stolen, the name of the prescribing practitioner, the prescription number, and the name of the controlled substance as it appears on the prescription container or order to his or her employer; the employer shall upload such information to the PDMP as soon as practicable after receiving the information unless the employer determines that uploading the information will interfere with an active criminal investigation, in which case the information shall be uploaded after the conclusion of the investigation - Provides that a coroner, medical examiner, or deputy thereof who, as a result of an investigation into the cause of death determines that a person died as the result of using a prescribed CS shall: 1) if the coroner, ME, or deputy has access to the PMP, upload the information required above or 2) if the coroner, ME, or deputy does not have access to the PMP, report the information to a coroner, ME or deputy who has such access - Provides that only individuals authorized to access the PMP shall upload information to the PMP - Provides immunity for LE officers who make a good faith effort to comply with this mandate - Amends law to provide that coroners and MEs shall be allowed to access the PMP if they have	5/23/2017 – In Senate; assembly amendment concurred in; to enrollment

	completed a required training course - Further provides that a deputy of a coroner or ME shall be authorized to access the PMP if the deputy has completed the required training and the coroner or ME who employs the deputy has submitted the certification required - Provides that a coroner, ME, or deputy may access the database only to investigate the death of a person or upload information required above - Amends PMP statute to provide that law enforcement shall have access to the database to investigate a crime related to prescription drugs or to upload information pursuant to law - Amends mandatory access provisions to provide that a practitioner shall also query the PMP prior to prescribing an opioid that is a controlled substance listed in Sch. V	
NH HB 291	Excludes veterinarians from the requirement to query the PMP	5/18/2017 – House concurs with Senate amendment
NJ AB 3	- Provides that a practitioner shall not issue an initial prescription for an opioid in a quantity exceeding a 5-day supply for treatment of acute pain and any prescription for acute pain shall be for the lowest effective dose of immediate-release opioid drug - Provides that, prior to issuing a prescription for a Sch. II controlled substance or any other opioid drug in a course of treatment for acute or chronic pain, the practitioner shall query the PMP - Provides that, no less than four days after issuing the initial prescription, the practitioner may issue a subsequent prescription in any quantity provided that the subsequent prescription would not be considered an initial prescription, the prescription is necessary and appropriate to the patient's treatment needs, and the practitioner determines that the subsequent prescription does not present an undue risk of abuse, addiction, or diversion - If a third prescription is issued, the practitioner shall enter into a pain management agreement with the patient - Provides that if a Sch. II controlled substance or any other opioid drug is continuously prescribed for three months or more for chronic pain, the practitioner shall query the PMP - Does not apply to patients receiving treatment for cancer, hospice care, or resident of a long-term care facility or to any medications being used in the treatment of substance abuse or opioid dependence	2/5/2017 – Substituted by SB3
NJ AB 2183	- Requires each county health department to obtain, through a standing order, and maintain a reserve stock of opioid antidotes to be dispensed in an interim supply to first responders, first response entities, schools, and hospital pharmacies operating in the county who anticipates that their stock of opioid antidotes will be exhausted - Provides that the interim supply shall be sufficient to ensure that the entity will have adequate stock to continue to administer or dispense opioid antidotes during the period when the responder or entity or pharmacy is awaiting a new stock pursuant to a standing order	10/6/2016 – Reported out of Assembly committee with amendments and referred to appropriations committee

NJ AB 2264	Requires first responders who administer an opioid antidote to transport or arrange for the transportation of the individual to a hospital emergency department where the individual shall be provided any additional medical treatment for overdose as may be necessary and, within the limits of available funds and resources, be provided with substance abuse and addiction counseling and referrals and provides immunity for such first responders	2/4/2016 – Introduced and referred to health and senior services committee
NJ AB 2334	Provides that a pharmacist may dispense an opioid antidote to any patient, regardless of whether the patient holds an individual prescription, pursuant to a standing order issued by a prescriber or pursuant to the standing order issued by the Commissioner or Deputy Commissioner of Public Health to a pharmacist upon his or her request	3/23/2017 – Substituted by SB295
NJ AB 2430	Requires a health care professional or first responder who administers an opioid antidote to an individual to provide information to the individual concerning substance abuse treatment programs and resources	2/4/2016 – Introduced and referred to health and senior services committee
NJ AB 3519	- Amends law to provide that the division shall establish a process by which a patient may request that the patient's PDMP information include an indication that the patient should not be prescribed opioid drugs or other controlled substances with a significant potential for abuse or addiction - Provides that the division shall provide a process for removing the indication at the patient's request - Further provides that the division shall establish a method to communicate the patient's preference in the event the person is incapacitated or otherwise unable to communicate this preference prior to or while receiving health care services - Also provides that the division shall develop an education and outreach program for health care providers concerning the provisions of this section	4/4/2016 – Introduced and referred to health and senior services committee
NJ AB 3778	Provides that whenever an electronic health record system is used to issue a prescription for an opioid drug, the system shall default to a 3-day supply, which can be modified by the practitioner to meet the patient's needs	5/23/2016 – Introduced and referred to health and senior services committee
NJ AB 3803	- Creates new section that provides that the first time a practitioner prescribes an opioid medication to an adult or minor patient for outpatient use, it shall not be for more than a 7-day supply - Provides that the practitioner may prescribe more than a 7-day supply is needed to treat the patient's acute medical condition, chronic pain, pain associated with a cancer diagnosis, or palliative care, the practitioner may issue the prescription for the quantity needed to treat such patient - Provides that it does not apply to the prescriptions for medications used to treat substance abuse or opioid dependence	5/23/2016 – Introduced and referred to health and senior services committee
NJ AB 3984	- Creates new section which provides for the creation of a system for monitoring the administration of an opioid antagonist by a hospital, emergency medical service provider, or law enforcement agency which shall be cross-referenced with the PDMP and shall, at a minimum, be made available to any practitioner, pharmacist, or other person who accesses the PDMP when prescribing or dispensing a Sch. II CS to a patient with acute or chronic pain	6/20/2016 – Introduced and referred to assembly health and senior services committee

	- Amends mandatory query requirements for practitioners to include accessing any linked opioid antidote administration information - Amends mandatory query requirements for pharmacists to include accessing any linked opioid antidote administration information if the pharmacist has a reasonable belief that the person may be seeking the substance for any purpose other than the treatment of an existing medical condition - Amends law to require the adoption of a regulation to expand the PDMP to include information about each prescription dispensed for an opioid antidote	
NJ AB 4035	- Amends law to provide that an initial prescription for an opioid drug shall not exceed a 7-day supply for treatment of acute pain - Further amends law to provide that a practitioner may issue a subsequent prescription not less than six days after issuing the initial prescription	7/21/2016 – Introduced and referred to health and senior services committee
NJ AB 4169	- Requires practitioners to submit information to the division regarding the existence or termination of pain management agreements which would be included in an electronic system to monitor the status of pain agreements in association with the dispensation of Sch. II CS - Provides that the pain management agreement monitoring system would be cross-referenced with the PDMP and would provide, at a minimum, the name, DOB, the types of medications authorized under the agreement, any limits on the patient's acceptance of prescriptions from other practitioners, status of agreement, and would be made available to any practitioner, pharmacist, or other person accessing the PDMP when prescribing or dispensing a Sch. II CS to a patient with chronic pain - Requires the practitioner or delegate to query the PDMP and review PDMP and pain management data prior to prescribing a Sch. II CS to a patient with chronic pain the first time and at least quarterly while patient is continuing to receive treatment for chronic pain with a Sch. II CS - Prohibits a pharmacist from dispensing a Sch. II CS to any person for the treatment of chronic pain without first querying the pain management agreement monitoring system linked to the PDMP to determine if the person is subject to, and acting in compliance with, a pain management agreement, or was previously subject to a pain management agreement that has been terminated on the basis of the patient's misrepresentation of facts or failure to adequately comply with the medication regimen, if the pharmacist has a reasonable belief that the patient may be seeking the CS for any purpose other than the treatment of chronic pain	9/19/2016 – Introduced; referred to health and senior services committee
NJ AB 4302	- Provides that medical expense benefits shall not include coverage of opioids unless the prescribing practitioner provides documentation of certain actions, including that the practitioner queried the PMP - Includes managed care plans and the State Medicaid and NJ FamilyCare programs	10/27/2016 – Introduced and referred to financial institutions and insurance committee

NJ AB 4440	Allows access to PDMP data to health insurance carriers that provide coverage for prescription drugs and any third-party administrator or pharmacy benefit manager, and to the Director of the Division of Medical Assistance and Health Services and the Commissioner of Human Services for the purpose of identifying whether a Medicaid, NJ FamilyCare program recipient, or any other person, as applicable, is obtaining prescriptions in a manner that may be indicative of misuse, abuse, or diversion or of a violation of a law or regulation or breach of an applicable standard of practice	1/10/2017 – Introduced; referred to health and senior services committee
NJ AB 4467	- Amends definition of "opioid antidote" to provide that it is any drug approved by the FDA for the treatment of an opioid overdose - Provides a definition of "emergency medical response entity" which includes a first aid, rescue and ambulance squad, or other basic life support ambulance provider, a mobile intensive care provider or other advanced life support ambulance provider, air medical service provider, firefighting company or organization - Provides immunity for persons authorized to administer an opioid antidote	5/1/2017 – Received in the Senate; referred to health, human services and senior citizens committee
NJ AB 4509	Provides that no later than 180 days after the effective date of this act, the Commission of Human Services shall develop, and make available to health care practitioners, information on best practices for co-prescribing opioid antidotes for patients and shall identify situations in which co-prescribing an opioid antidote may be appropriate including, but not limited to, in conjunction with a prescription for an opioid medication, in conjunction with medications prescribed for treatment of a substance use disorder, and any other circumstances in which a health care provider identifies a patient as being at an elevated risk for an opioid overdose	1/19/2017 – Introduced and referred to health and senior services committee
NJ AB 4626	Amends law to provide that an initial prescription for an opioid drug shall not exceed a 7-day supply for treatment of acute pain	2/27/2017 – Introduced and referred to financial institutions and insurance committee
NJ AB 4709	- Amends law to allow a prescriber to prescribe an opioid antidote through a standing order to any pharmacist or health care practitioner	3/20/2017 – Introduced and referred to health and senior services committee
NJ AB 4741	Amends law to provide that a practitioner must also query the PMP any time the practitioner or other person prescribes a Sch. II substance to a patient receiving care or treatment in the emergency department of a general hospital	3/20/2017 – Introduced; referred to health and senior services committee
NJ AR 146	Urges FDA to make naloxone available over-the-counter	5/19/2016 – Introduced and referred to health and senior services committee

NJ AR 196	Urges county prosecutors to require law enforcement officers in the county to be equipped with naloxone	12/5/2016 – Introduced and referred to law and public safety committee
NJ SB 3 	- Provides that a practitioner shall not issue an initial prescription for an opioid in a quantity exceeding a 5-day supply for treatment of acute pain and any prescription for acute pain shall be for the lowest effective dose of immediate-release opioid drug - Provides that, prior to issuing a prescription for a Sch. II controlled substance or any other opioid drug in a course of treatment for acute or chronic pain, the practitioner shall query the PMP - Provides that, no less than four days after issuing the initial prescription, the practitioner may issue a subsequent prescription in any quantity provided that the subsequent prescription would not be considered an initial prescription, the prescription is necessary and appropriate to the patient's treatment needs, and the practitioner determines that the subsequent prescription does not present an undue risk of abuse, addiction, or diversion - If a third prescription is issued, the practitioner shall enter into a pain management agreement with the patient - Provides that if a Sch. II controlled substance or any other opioid drug is continuously prescribed for three months or more for chronic pain, the practitioner shall query the PMP - Does not apply to patients receiving treatment for cancer, hospice care, or resident of a long-term care facility or to any medications being used in the treatment of substance abuse or opioid dependence	2/15/2017 – Approved P.L. 2017, c. 28
NJ SB 294	Requires a health care professional or first responder who administers an opioid antidote to an individual to provide information to the individual concerning substance abuse treatment programs and resources, including information on the availability of opioid antidotes	5/12/2015 – Received in Assembly and referred to health and senior services committee
NJ SB 295	Provides that a pharmacist may dispense an opioid antidote to any patient, regardless of whether the patient holds an individual prescription, pursuant to a standing order issued by a prescriber or pursuant to the standing order issued by the Commissioner or Deputy Commissioner of Public Health to a pharmacist upon his or her request	5/1/2017 – Received in the Senate; second reading on concurrence
NJ SB 964	- Requires each county health department to obtain, through a standing order, and maintain a healthy reserve stock of opioid antidotes to be dispensed in an interim supply to a first responder or first response entity, or a hospital pharmacy whenever such first responder or entity or pharmacy exhausts their supply - Provides that the interim supply shall be sufficient to ensure that such first responder or first response entity or hospital pharmacy will have adequate stock to continue to administer or dispense opioid antidotes during the period when the responder or entity or pharmacy is awaiting a new stock pursuant to a standing order	2/4/2016 – Introduced and referred to health, human services, and senior citizens committee

NJ SB 1909	- Provides that each entity, pharmacist, or other person that sells or dispenses an opioid antidote shall, on or before the 15th day of each month, report to the Department of Human Services the total number of opioid antidotes sold or dispensed in the previous month - Further provides that each hospital, substance abuse treatment center, sterile syringe access program, clinic, or health care practice or facility shall, on or before the 15th day of each month, report to DHS the total number of opioid antidotes purchased or received in the previous month and the total number of doses that remained in stock, and the total number of doses dispensed - Requires DHS to prepare and submit a report on the aggregate number of doses dispensed to the Governor and the legislature on a quarterly basis and further provides that such data will be presented on a statewide basis, on a county-by-county basis, and by source - Provides that each person who administers an opioid antidote or who, in his or her capacity as a health care practitioner, has reason to believe that an opioid antidote has been administered to a person, shall report to DHS the time, date, place, and county where such administration took place and, to the extent practicable, the ethnicity, gender, and age of the person receiving the opioid antidote - Provides that the department shall establish and operate an electronic database, which shall be accessible by the public, which shall provide an aggregate compilation of the information reported to DHS	3/10/2016 – Introduced and referred to health, human services, and senior citizens committee
NJ SB 2035	- Amends law to provide that an initial prescription for an opioid drug shall not exceed a 7-day supply for treatment of acute pain - Further amends law to provide that a practitioner may issue a subsequent prescription not less than six days after issuing the initial prescription	6/30/2016 – Received in Assembly; referred to health and senior services committee
NJ SB 2188	- Creates new section that provides that the first time a practitioner prescribes an opioid medication to an adult or minor patient for outpatient use, it shall not be for more than a 7-day supply - Provides that the practitioner may prescribe more than a 7-day supply is needed to treat the patient's acute medical condition, chronic pain, pain associated with a cancer diagnosis, or palliative care, the practitioner may issue the prescription for the quantity needed to treat such patient - Provides that it does not apply to the prescriptions for medications used to treat substance abuse or opioid dependence	5/16/2016 – Introduced and referred to health, human services, and senior citizens committee
NJ SB 2428	- Creates new section which provides for the creation of a system for monitoring the administration of an opioid antagonist by a hospital, emergency medical service provider, or law enforcement agency which shall be cross-referenced with the PDMP and shall, at a minimum, be made available to any practitioner, pharmacist, or other person who accesses the PDMP when prescribing or dispensing a Sch. II CS to a patient with acute or chronic pain - Amends mandatory query requirements for practitioners to include accessing any linked opioid antidote administration information - Amends mandatory query requirements for pharmacists to include accessing any linked opioid antidote administration information if the pharmacist has a reasonable belief that the person may be seeking the substance for any purpose other than the treatment of an existing medical condition	6/27/2016 – Introduced and referred to senate health, human services and senior citizens committee

	- Amends law to require the adoption of a regulation to expand the PDMP to include information about each prescription dispensed for an opioid antidote	
NJ SB 2703	- Provides that medical expense benefits shall not include coverage of opioids unless the prescribing practitioner provides documentation of certain actions, including that the practitioner queried the PMP - Includes managed care plans and the State Medicaid and NJ FamilyCare programs	11/3/2016 – Introduced and referred to commerce committee
NJ SB 2795	Allows access to PDMP data to health insurance carriers that provide coverage for prescription drugs and any third-party administrator or pharmacy benefit manager, and to the Director of the Division of Medical Assistance and Health Services and the Commissioner of Human Services for the purpose of identifying whether a Medicaid, NJ FamilyCare program recipient, or any other person, as applicable, is obtaining prescriptions in a manner that may be indicative of misuse, abuse, or diversion or of a violation of a law or regulation or breach of an applicable standard of practice	1/30/2017 – Reported from Senate committee; second reading
NJ SB 3083	- Amends definition of "opioid antidote" to provide that it is any drug approved by the FDA for the treatment of an opioid overdose - Provides a definition of "emergency medical response entity" which includes a first aid, rescue and ambulance squad, or other basic life support ambulance provider, a mobile intensive care provider or other advanced life support ambulance provider, air medical service provider, firefighting company or organization - Provides immunity for persons authorized to administer an opioid antidote	3/13/2017 – Introduced and referred to health, human services, and senior citizens committee
NJ SB 3118	Amends law to provide that a practitioner must also query the PMP any time the practitioner or other person prescribes a Sch. II substance to a patient receiving care or treatment in the emergency department of a general hospital	5/15/2017 – Reported from Senate committee; second reading
NJ SR 14	Urges FDA to make naloxone available over-the-counter	1/12/2016 – Introduced and referred to health, human services, and senior citizens committee
NM HB 170	Exempts patients experiencing pain caused by cancer or the treatment of cancer from the PMP query requirement for practitioners	2/8/2017 – Do pass committee report adopted
NM HB 370 	- Creates new section that provides that an opioid treatment agency shall provide each patient it treats with information opioid overdose education, two doses of naloxone, and a prescription for naloxone - Creates new section that provides that, as agency funding and agency supplies of naloxone rescue kits permit, each local and state law enforcement agency shall provide naloxone rescue kits to its officers and require that officers carry such kits - Creates new section that provides that, as corrections department funding and supplies permit, upon discharge of an inmate who has been diagnosed with an opioid use disorder from a corrections facility, regardless of whether the inmate has received treatment for that disorder, the corrections department	4/6/2017 – Signed by Governor

	shall ensure that the inmate is provided with opioid overdose education, two doses of naloxone, and a prescription for naloxone	
NM SB 16	Creates new section that provides that a health care provider who prescribes an opioid analgesic for a patient shall offer the patient a prescription for naloxone, within the scope of the provider's authorized practice, unless otherwise indicated in the provider's judgment	3/15/2017 – Judiciary committee recommends do pass
NM SB 90	Requires the board to promulgate regulations to carry out the provisions of the PMP insofar as the program applies to prescribing psychologists by January 1, 2018	Pocket veto
NY AB 1043	Requires that hospital and emergency room physicians query the PDMP and notify a patient's prescribing practitioner that such patient is being treated for a CS overdose	1/10/2017 – Referred to health
NY AB 1460	- Requires that all members of the state police, all sheriffs, undersheriffs, and deputy sheriffs, and all members of a city police department carry opioid antagonists in their vehicles when on duty and complete an initial training program in overdose prevention, complete a refresher course every two years, and contact emergency medical services during any response of a suspected drug overdose - State police officers, sheriffs, undersheriffs, and deputy sheriffs, and all members of a city police department must also notify the department of health of all responses to victims of suspected drug overdose	1/12/2017 – Referred to codes
NY AB 1531	Requires that every initial prescription for an opioid analgesic per year shall be accompanied with a prescription for an opioid antagonist	1/12/2017 – Referred to health
NY AB 2810	- Provides that, no later than January 1, 2019, the department shall include on the PMP information for each person to whom naloxone or other overdose reversal agent has been dispensed to assist physicians and other prescribers identify patients who have overdosed on an opioid or heroin - Requires that any person who administers naloxone or other overdose reversal agent to a patient shall report the administration to the PMP within 72 hours of administration which shall contain the name of the patient, the address of the patient, DOB, time and place of the administration, and the identity of the person who administered the naloxone	1/23/2017 – Referred to health
NY AB 7197	- Requires all members of the state police, sheriffs, undersheriffs, deputy sheriffs, all members of a police or fire department organized at the county, city, village, town, or district level, and anyone who provides emergency medical services to be trained in the administration of opioid antagonists and shall carry opioid antagonists in their vehicles when on duty - Requires the above-named individuals to complete an initial training program and a refresher training program at least every two years - Further requires them to contact the emergency medical system during any response to a victim of a suspected drug overdose and advise if an opioid antagonist is being used and report all responses to victims of a suspected drug overdose to the department of health	5/5/2017 – Amend and recommit to governmental operations
NY SB 2639	Requires that hospital and emergency room physicians query the PDMP and notify a patient's prescribing practitioner that such patient is being treated for a CS overdose	4/24/2017 – Referred to health committee in Assembly

NY SB 4374	- Requires that the PDMP include information for each patient to whom naloxone or another opioid overdose reversal agent has been dispensed to assist physicians and other prescribers in identifying patients who have overdosed on an opioid or heroin - Requires that any person, including first responders or medical practitioners, who administer naloxone or another overdose reversal agent to a patient report the administration of the agent to the PDMP within 72 hours of administration	2/10/2017 – Referred to health
NC HB 243	- Allows a practitioner to directly or by standing order prescribe an opioid antagonist to any governmental or non-governmental organization for the purpose of distributing, through its agents, the opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose and gives authority to those organizations to dispense an opioid antagonist - Prohibits a practitioner from prescribing more than a 5-day supply of any targeted controlled substance upon the initial consultation and treatment of a patient for acute pain, unless the prescription is for post-operative pain for use immediately following a surgical procedure and, in that case, shall not prescribe more than a 7-day supply - Provides that any subsequent prescription may be for any appropriate amount - Provides that the prescription limitation does not apply to prescriptions for controlled substances issued to patients to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility - Further provides that, if treatment will continue or is expected to continue for more than 60 days, the practitioner shall enter into a pain management agreement with the patient that includes use of the PDMP by the practitioner - Amends reporting requirements to provide that if a prescription is being dispensed for use by an animal, the dispenser shall report the name of the owner of the animal and, if the prescriber is a physician assistant or nurse practitioner, the name of that individual's supervising physician - Provides that the department shall assess a fine against any pharmacy that employs dispensers found to have failed to report information in a manner required by law - Allows the department to review PDMP data and, upon review, notify practitioners and their respective licensing boards of prescribing behavior that increases risk of diversion of CS, increases risk of harm to the patient, or is an outlier among other practitioner behavior - Requires pharmacists to register with the PDMP within 30 days of obtaining an initial or renewal license to practice pharmacy and provides that the failure to register may be cause for revocation or suspension of the license - Requires prescribers to query the PDMP for a patient prior to initially prescribing a targeted controlled substance for that patient and every three months thereafter when such substance remains part of the patient's treatment - Requires that the queries be documented in the patient's medical file and, if query is not performed, that the reason for not querying the PDMP is documented - Provides other instances when a prescriber may, but is not required to, query the PDMP, including: 1)	4/11/2017 – Referred to Senate committee on rules and operations

	when the CS is administered to a patient in a health care setting, hospital, nursing home, or residential care facility; 2) the CS is prescribed for the treatment of cancer or another condition associated with cancer; 3) the CS is prescribed to a patient in hospice or palliative care - Provides that the department shall conduct periodic audits and shall report to the appropriate licensing board any prescribers found to be in violation of the query requirements - Requires that dispensers query the PDMP prior to dispensing a targeted controlled substance: 1) if the dispenser has a reasonable belief that the patient may be seeking the substance for any reason other than treatment of the patient's medical condition; 2) the prescriber is located outside the usual geographic area served by the dispenser; 3) the patient resides outside the usual geographic area served by the dispenser; 4) the patient pays with cash when s/he has insurance on file; 5) the patient demonstrates potential misuse of a CS by over-utilization, requests for early refills, multiple prescribers, appearance of being overly sedated or intoxicated upon presenting a prescription, and/or a request by an unfamiliar patient for an opioid drug by a specific name, street name, color, or identifying marks - Creates the Controlled Substances Reporting System Fund to be used for the operation of the system - Requires that, beginning on February 1, 2019 and annually in every February thereafter, the department report certain information to the legislature, including the total number of prescriptions issued broken down by Schedule, demographics about the patients to whom prescriptions were dispensed, statistics regarding the number of pills dispensed per prescription, the number of patients who were prescribed a controlled substance by two or more practitioners, the number of patients to whom a prescription was dispensed in more than one county, the categories of practitioners prescribing controlled substances and the number of prescriptions authorized in each category, and any other data deemed appropriate and requested by the legislature - Provides that the department shall continue to work toward establishing interstate connectivity and appropriates funds to be used for that purpose	
NC HB 738	- Creates new section that allows a patient to elect non-opioid prescriptions and treatment and establishes an optional and nonexclusive procedure by which a patient or patient's representative may exercise this right - Provides that a physician may issue a portable opioid prescription and treatment opt out form for a patient with consent obtained as follows: 1) with consent of the patient, if the patient is a competent adult; 2) with the consent of the patient's parent or guardian, if the patient is a minor; 3) with the consent of the patient's representative, if the patient is not a minor but is incapable of making an informed decision regarding consent for the opt out - Provides that the physician shall document the basis for the opt out form in the patient's medical record which shall be signed by the physician and the patient - Further provides that the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, in consultation with the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services, the North Carolina Medical Board, and the North Carolina Board of Pharmacy, shall develop an official opioid prescription and treatment opt out form that indicates to all prescribing practitioners and health care facilities that the named patient shall not be offered, prescribed,	4/13/2017 – Referred to committee on health and, if favorable, to judiciary

	supplied with, or otherwise administered a controlled substance containing an opioid and sets out the information that must be contained in such form - Provides civil, criminal, and administrative immunity for physicians, emergency medical professionals, hospice providers, and other health care providers	
NC SB 175	- Allows a practitioner to directly or by standing order prescribe an opioid antagonist to any governmental or non-governmental organization for the purpose of distributing, through its agents, the opioid antagonist to a person at risk of experiencing an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose and gives authority to those organizations to dispense an opioid antagonist - Prohibits a practitioner from prescribing more than a 5-day supply of any targeted controlled substance upon the initial consultation and treatment of a patient for acute pain, unless the prescription is for post-operative pain for use immediately following a surgical procedure and, in that case, shall not prescribe more than a 7-day supply - Provides that any subsequent prescription may be for any appropriate amount - Amends data collection interval to delete requirement that dispensing data be reported by the next business day or within 24 hours to provide that it must be reported within 24 hours - Provides that the department shall assess a fine against any pharmacy that employs dispensers found to have failed to report information in a manner required by law - Allows the department to review PDMP data and, upon review, notify practitioners of prescribing behavior that increases risk of diversion of CS, increases risk of harm to the patient, or is an outlier among other practitioner behavior - Requires the release of PDMP information to any third-party payer or pharmacy benefits manager as agent of a third-party payer for the purposes of 1) claimant case management; 2) detection of inappropriate prescribing of a CS to a claimant; 3) detection of misuse or diversion of a CS by a claimant - Requires dispensers to register for the PDMP within 30 days after obtaining an initial or renewal license to practice pharmacy and includes sanctions for failure to do so - Requires prescribers to query the PDMP when prescribing a Sch. II – V CS prior to the initial prescription and then every three months thereafter - Requires that the queries be documented in the patient's medical file and, if query is not performed, that the reason for not querying the PDMP is documented - Provides other instances when a prescriber may, but is not required to, query the PDMP, including: 1) when the CS is administered to a patient in a health care setting, hospital, nursing home, or residential care facility; 2) the CS is prescribed for the treatment of cancer or another condition associated with cancer; 3) the CS is prescribed to a patient in hospice or palliative care; 4) the CS is prescribed in an amount indicated for a period not to exceed five days and does not allow a refill, or for a period not to exceed seven days if the prescription indicates the CS is for immediate post-operative pain - Requires dispensers to query the PDMP whenever dispensing a Sch. II – V substance: 1) if the dispenser has a reasonable belief that the ultimate user may be seeking the substance for any reason	3/7/2017 – In committee

	other than treatment of the patient's medical condition; 2) the prescriber is located outside the usual geographic area served by the dispenser; 3) the patient resides outside the usual geographic area served by the dispenser; 4) the patient pays with cash when s/he has insurance on file; 5) the patient demonstrates potential misuse of a CS by over-utilization, requests for early refills, multiple prescribers, appearance of being overly sedated or intoxicated upon presenting a prescription, and/or a request by an unfamiliar patient for an opioid drug by a specific name, street name, color, or identifying marks - Creates the Controlled Substances Reporting System Fund to be used for the operation of the system - Creates new section that provides that, beginning January 1, 2018, a $20 fee should be imposed by each board authorized to license prescribers upon the initial or renewal licensing of the prescriber which shall be used to fund the CSRS Fund, with the exception of 10% which shall be retained by the board imposing the fee - Requires that, beginning on November 1, 2018 and annually every November 1 thereafter, the department report certain information to the legislature, including the total number of prescriptions issued broken down by Schedule, demographics about the patients to whom prescriptions were dispensed, statistics regarding the number of pills dispensed per prescription, the number of patients who were prescribed a controlled substance by two or more practitioners, the number of patients to whom a prescription was dispensed in more than one county, the categories of practitioners prescribing controlled substances and the number of prescriptions authorized in each category, prescribing behavior of practitioners that increases the risk of diversion, increases risk of harm to the patient, or is an outlier among other practitioner behavior, and any other data deemed appropriate and requested by the legislature	
OH HB 167	- Amends § 4715.302 to delete exception to query requirement for dentists that provides that dentists aren't required to query the PMP if the drug is prescribed or personally furnished to the patient in an amount intended to treat the patient for a period not to exceed 7 days - Creates new § 4715.303 which provides that the board of dentistry shall determine, for purposes of this section, what constitutes the practice of general dentistry and further provides that a dentist whose practice is general dentistry shall not prescribe or personally furnish an opioid analgesic if either of the following is the case: 1) the morphine equivalent daily dose for the drug exceeds 50mg or 2) the drug is prescribed or furnished in an amount indicated for a period that exceeds three days - Further provides that a dentist whose practice is general dentistry may prescribe or personally furnish an opioid analgesic in an amount indicated for a period that exceeds three days but not more than seven days if all of the following conditions are met: 1) the dentist has completed at least 8 hours of training relating to opioids and addiction; 2) the dentist uses an electronic medical records system that provides direct access to the PMP; 3) the dentist annually completes at least two hours of continued education related to prescribing opioids; 4) the dentist is able to refer patients to treatment for opioid addiction or dependence - Further provides that the dental board may establish limits on the amount or morphine equivalent daily dose of an opioid analgesic that may be prescribed or personally furnished by a dentist whose practice is primarily in a specialty other than general dentistry	5/1/2017 – Referred to health committee

	- Amends § 4729.75 to include naltrexone in the list of things that the PMP shall be used to monitor - Amends § 4729.77 to provide that pharmacies shall include the morphine equivalent daily dose of the drug dispensed, if applicable - Amends § 4729.79 to provide that practitioners shall report information on naltrexone to the PMP and, if applicable, the morphine equivalent daily dose of the drug dispensed - Amends § 4731.052 to provide that, in order to be authorized to treat chronic pain with a controlled substance or a product containing tramadol, a physician must: 1) complete at least 8 hours of training relating to addiction; 2) utilize an electronic medical records system that provides direct access to the PMP; and 3) annually complete at least two hours of continuing education relating to prescribing controlled substances - Further provides that a physician shall not prescribe, furnish, or administer a controlled substance or product containing tramadol for treatment of chronic pain if its morphine equivalent daily dose exceeds 50mg - Amends § 4731.055 to delete exclusion from mandatory query requirement for physicians related to drugs prescribed or personally furnished in an amount indicated for a period not to exceed 7 days - Creates new § 4731.059 to provide that the state medical board shall determine, for purposes of this section, what constitutes a primary care specialty and further provides that a physician whose practice is primarily in a primary care specialty shall not prescribe or personally furnish an opioid analgesic if either of the following is the case: 1) the morphine equivalent daily dose for the drug exceeds 50mg, or 2) the drug is prescribed or furnished in an amount indicated for a period that exceeds three days; however, a physician may prescribe or personally furnish an opioid analgesic in amount that exceeds three days but not more than seven days if all of the following conditions are met: 1) the physician has completed at least 8 hours of training related to opioids and addiction; 2) the physician utilizes an electronic medical records system that provides direct access to the PMP; 3) the physician annually completes at least two hours of continuing education relating to prescribing opioids; and 4) the physician is able to provide treatment for opioid dependence or addiction - Provides certain situations where the restriction doesn't apply, including for the treatment of cancer or another condition associated with cancer, to a hospice patient or to any other patient who is terminally ill, to an inpatient for administration in a hospital, to a resident in a nursing home or residential care facility for administration in the home or facility, to treat chronic pain - Further provides that the medical board may establish limits on the amount or morphine equivalent daily dose of an opioid analgesic that may be prescribed or personally furnished by a physician whose practice is primarily in a specialty other than primary care	
OH SB 119	- Amends § 4715.302 to delete exception to query requirement for dentists that provides that dentists aren't required to query the PMP if the drug is prescribed or personally furnished to the patient in an amount intended to treat the patient for a period not to exceed 7 days - Creates new § 4715.303 which provides that the board of dentistry shall determine, for purposes of this section, what constitutes the practice of general dentistry and further provides that a dentist whose practice is general dentistry shall not prescribe or personally furnish an opioid analgesic if either of the	4/26/2017 – Referred to health, human services, and Medicaid committee

	following is the case: 1) the morphine equivalent daily dose for the drug exceeds 50mg or 2) the drug is prescribed or furnished in an amount indicated for a period that exceeds three days - Further provides that a dentist whose practice is general dentistry may prescribe or personally furnish an opioid analgesic in an amount indicated for a period that exceeds three days but not more than seven days if all of the following conditions are met: 1) the dentist has completed at least 8 hours of training relating to opioids and addiction; 2) the dentist uses an electronic medical records system that provides direct access to the PMP; 3) the dentist annually completes at least two hours of continued education related to prescribing opioids; 4) the dentist is able to refer patients to treatment for opioid addiction or dependence - Further provides that the dental board may establish limits on the amount or morphine equivalent daily dose of an opioid analgesic that may be prescribed or personally furnished by a dentist whose practice is primarily in a specialty other than general dentistry - Amends § 4729.75 to include naltrexone in the list of things that the PMP shall be used to monitor - Amends § 4729.77 to provide that pharmacies shall include the morphine equivalent daily dose of the drug dispensed, if applicable - Amends § 4729.79 to provide that practitioners shall report information on naltrexone to the PMP and, if applicable, the morphine equivalent daily dose of the drug dispensed - Amends § 4731.052 to provide that, in order to be authorized to treat chronic pain with a controlled substance or a product containing tramadol, a physician must: 1) complete at least 8 hours of training relating to addiction; 2) utilize an electronic medical records system that provides direct access to the PMP; and 3) annually complete at least two hours of continuing education relating to prescribing controlled substances - Further provides that a physician shall not prescribe, furnish, or administer a controlled substance or product containing tramadol for treatment of chronic pain if its morphine equivalent daily dose exceeds 50mg - Amends § 4731.055 to delete exclusion from mandatory query requirement for physicians related to drugs prescribed or personally furnished in an amount indicated for a period not to exceed 7 days - Creates new § 4731.059 to provide that the state medical board shall determine, for purposes of this section, what constitutes a primary care specialty and further provides that a physician whose practice is primarily in a primary care specialty shall not prescribe or personally furnish an opioid analgesic if either of the following is the case: 1) the morphine equivalent daily dose for the drug exceeds 50mg, or 2) the drug is prescribed or furnished in an amount indicated for a period that exceeds three days; however, a physician may prescribe or personally furnish an opioid analgesic in amount that exceeds three days but not more than seven days if all of the following conditions are met: 1) the physician has completed at least 8 hours of training related to opioids and addiction; 2) the physician utilizes an electronic medical records system that provides direct access to the PMP; 3) the physician annually completes at least two hours of continuing education relating to prescribing opioids; and 4) the physician is able to provide treatment for opioid dependence or addiction - Provides certain situations where the restriction doesn’t apply, including for the treatment of cancer or	

	another condition associated with cancer, to a hospice patient or to any other patient who is terminally ill, to an inpatient for administration in a hospital, to a resident in a nursing home or residential care facility for administration in the home or facility, to treat chronic pain - Further provides that the medical board may establish limits on the amount or morphine equivalent daily dose of an opioid analgesic that may be prescribed or personally furnished by a physician whose practice is primarily in a specialty other than primary care	
OK HB 1284	Provides that naloxone may be prescribed and dispensed by a licensed pharmacist, but it shall be dispensed only by, or under the supervision of, a licensed pharmacist	2/27/2017 – Referred to rules
OK HB 2039 	Provides that naloxone may be prescribed and dispensed by a licensed pharmacist, but it shall be dispensed only by, or under the supervision of, a licensed pharmacist and that no dispensing protocol shall be required	5/15/2017 – Approved by Governor; effective Nov. 1, 2017
OK SB 77 	Adds forensic laboratory personnel of the OK State Bureau of Investigation as designated by the Executive Director to the list of individuals with authority to administer, without prescription, an opiate antagonist when encountering an individual exhibiting signs of an opioid overdose	4/13/2017 – Approved by Governor; effective Nov. 1, 2017
OK SB 679	Provides that naloxone may be prescribed and dispensed by a licensed pharmacist, but it shall be dispensed only by, or under the supervision of, a licensed pharmacist	2/7/2017 – Second reading; referred to health and human services
OK SB 800	Allows designated agents or employees of the Bureau of Narcotics and Dangerous Drugs Control to access PDMP data where such use is appropriate to the proper performance of his/her official duties, including the prevention of the misuse and abuse of CS	3/20/2017 – General Order, considered and deferred
OR HB 2517	- Provides that the director may enter into agreements regarding the sharing of PDMP information with regulatory authorities of other states - Further provides that such agreements must adhere to the disclosure limitations provided in Oregon law, except that a practitioner or pharmacist licensed to practice in another state is not required to certify the purpose for which the information is being requested - Further provides that the agreement may provide for the direct transmission of information between electronic systems and may provide for the establishment of a single electronic system through which the authority and other regulatory authorities may access the information and may provide for the direct transmission of information to practitioners and pharmacists licensed to practice in another state	1/17/2017 – Referred to health care
OR HB 2518	- Amends definition of “practitioner” to delete provision that practitioner includes an individual licensed to practice in California, Idaho, or Washington and provides that a practitioner includes an individual licensed to practice in another state - Includes definitions of “medical director,” which means a physician employed by a hospital, health care clinic, or system of hospitals or health care clinics for the purpose of overseeing operations; “pharmacist,” which includes individuals licensed to practice pharmacy in another state, and “pharmacy director,” which means a pharmacist employed by a pharmacy or system of pharmacies for the purpose of overseeing operations	4/21/2017 – Referred to ways and means by order of Speaker

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

	law - Further provides that the agreement may provide for the direct transmission of information between electronic systems and may provide for the establishment of a single electronic system through which the authority and other regulatory authorities may access the information and may provide for the direct transmission of information to practitioners and pharmacists licensed to practice in another state	
OR HB 2519	- Includes definitions of "medical director," which means a physician employed by a hospital, health care clinic, or system of hospitals or health care clinics for the purpose of overseeing operations, and "pharmacy director," which means a pharmacist employed by a pharmacy or system of pharmacies for the purpose of overseeing operations - Provides that the PDMP is also for monitoring and reporting prescribed naloxone dispensed by pharmacies - Amends reporting requirements to include certain additional criteria - Allows receipt of PDMP data by medical director or pharmacy director or, if authorized by the medical director or pharmacy director, to a member of their staff - Amends de-identified data provision to provide that de-identified data may be also be provided to educate practitioners about the prescribing of opioids and other controlled substances and to a health professional regulatory board - Requires prescriber and dispenser licensing boards to report licensing information to the PDMP for purposes of qualifying licensees to report certain information to, or receive information from, the PDMP	1/17/2017 – Referred to health care
OR HB 3363	Clarifies that PDMP requirements apply to osteopaths as well	5/25/2017 – Work session scheduled
OR HB 3440	- Requires that the Oregon Health Authority, through the use of prescription monitoring information, adopt rules setting forth guidelines for prescribing opioids and opiates and determine annually whether each practitioner prescribing opioids and opiates is in compliance with rules adopted by the authority regarding prescribing opioids and opiates - After making such determination, the authority may use PMP information to inform the health professional regulatory board with jurisdiction over the prescriber of the prescriber's prescribing practices with regard to opioids and opiates - Provides that a health professional regulatory board informed of a practitioner's prescribing practices shall provide educational materials and training, as deemed necessary, to the practitioner - Provides that, when adopting such regulations, the authority shall adopt rules in accordance with the Oregon Opioid Prescribing Guidelines: Recommendations for the Safe Use of Opioid Medications	5/23/2017 – Referred to ways and means by prior reference

OR SB 270	- Prohibits a practitioner from issuing an initial prescription for an opiate to an adult patient for more than a 7-day supply - Provides that when issuing an initial or refill prescription for a patient who is under 18 years of age, the practitioner may not issue the prescription for more than a 7-day supply - Further provides that the practitioner may issue a prescription for a larger supply if the supply is necessary for the treatment of an acute medical condition, chronic pain, pain associated with a cancer diagnosis, or pain experienced while the patient is in palliative care	2/14/2017 – Public hearing held
PA HB 395	- Amends query requirement to provide that a query is not required if a patient is under the care of hospice as long as the patient remains under the care of hospice - Further provides that a query is not required if a patient has been prescribed a non-narcotic Sch. V controlled substance that treats an epilepsy or seizure disorder	5/4/2017 – Referred to Senate health and human services committee
PA HB 396	- Amends query requirement to provide that prescribers shall query the PMP for each patient every time the patient is prescribed a controlled substance by the prescriber - Provides that if a patient has been admitted to a health care facility, is in observation status in a health care facility, or is under the care of hospice, subsequent queries are not required after the initial query as long as the patient remains admitted to the health care facility, remains in observation status, or remains under the care of hospice	3/22/2017 – Laid on the table
PA HB 598	- Prohibits a practitioner from prescribing, administering, or dispensing a controlled substance without first querying the PMP - Provides that the query requirement does not apply to: 1) a licensed health care facility that distributes the controlled substance for the purpose of administration in the health care facility; 2) a correctional facility or its contractors if the patient is a confined person and cannot lawfully visit a prescriber outside the correctional facility without being escorted by a corrections officer; 3) a wholesale distributor of a controlled substance; 4) a practitioner in the LIFE program; 5) a practitioner of hospice; 6) a prescriber at a licensed health care facility if the quantity of the controlled substance dispensed is limited to an amount adequate to treat the patient and does not allow for a refill unless, in the medical judgment of the treating practitioner, a refill is appropriate and medically necessary upon discharge of the patient; 7) a veterinarian; or 8) in the case of a medical emergency - Further provides that practitioners shall have no duty to query the PMP if any of the following apply: 1) in the professional medical judgment of the practitioner, a controlled substance is needed to stabilize the patient's emergency medical condition; or 2) the controlled substance is prescribed for chronic pain management, pain associated with a cancer diagnosis, or for palliative care - "Controlled substance" is defined to mean only a substance in Schedules I, II or III of the controlled substances act	2/24/2017 – Referred to health
PA HB 1043	- Creates new sections related to pain management clinics - Provides that a physician shall access the PMP prior to prescribing a controlled substance for a patient receiving treatment in a pain management clinic	5/15/2017 – Referred to Senate health and human services committee

PA SB 472	Amends prescription requirements to provide that a prescriber may not prescribe more than a 7-day supply of a controlled substance containing an opioid unless, in the professional medical judgment of the prescriber, more than a 7-day supply is required to stabilize the individual's acute medical condition or the prescription is for the management of pain associated with cancer, use in palliative or hospice care, or management of chronic pain not associated with cancer	3/2/2017 – Referred to consumer protection and professional licensure
PA SB 562	Amends law to provide that a prescriber may not prescribe an individual more than a 5-day supply of a controlled substance containing an opioid unless, in the professional medical judgment of the practitioner, more than a 5-day supply is required to stabilize the individual's acute medical condition	3/29/2017 – Referred to consumer protection and professional licensure
RI HB 5469	- Adds definitions for "certified law enforcement prescription drug diversion investigator," which means a certified law enforcement officer who has completed a certification course in prescription drug diversion and who has been assigned to investigate prescription drug diversion, and "qualified law enforcement agency," which means a local, state, and federal law enforcement agency or the medical fraud unit in the office of the attorney general that has a certified prescription drug diversion investigator and a chief or law enforcement chief executive officer who has successfully completed a certification course in prescription drug diversion - Allows certified law enforcement prescription drug diversion investigators of a qualified law enforcement agency to receive PMP information if the investigator provides his or her identification credentials and the case number of the investigation - Requires qualified law enforcement agencies to submit an annual report to the department of the data accessed by investigators including, without limitation, written verification that the inquiries were part of a lawful prescription drug diversion investigation and the disposition of the investigation - Requires the department to create a written verification form to be used by qualified law enforcement agencies and make the form available to those agencies - Provides that the verification form shall be submitted to the department within 30 days of receipt by the agency and failure to submit the form shall result in immediate suspension of database access	3/15/2017 – Committee recommends measure be held for further study
RI SB 656	- Adds definitions for "certified law enforcement prescription drug diversion investigator," which means a certified law enforcement officer who has completed a certification course in prescription drug diversion and who has been assigned to investigate prescription drug diversion, and "qualified law enforcement agency," which means a local, state, and federal law enforcement agency or the medical fraud unit in the office of the attorney general that has a certified prescription drug diversion investigator and a chief or law enforcement chief executive officer who has successfully completed a certification course in prescription drug diversion - Allows certified law enforcement prescription drug diversion investigators of a qualified law enforcement agency to receive PMP information if the investigator provides his or her identification credentials and the case number of the investigation - Requires qualified law enforcement agencies to submit an annual report to the department of the data accessed by investigators including, without limitation, written verification that the inquiries were part	4/27/2017 – Committee recommended measure be held for further study

	of a lawful prescription drug diversion investigation and the disposition of the investigation - Requires the department to create a written verification form to be used by qualified law enforcement agencies and make the form available to those agencies - Provides that the verification form shall be submitted to the department within 30 days of receipt by the agency and failure to submit the form shall result in immediate suspension of database access	
SC HB 3824 	- Creates § 44-53-1645 which requires a practitioner or practitioner's delegate to query the PMP for a patient before issuing a prescription for a Sch. II substance unless: 1) the prescription is issued for a patient receiving hospice care; 2) the prescription does not exceed a 5-day supply; 3) the prescription is for a Sch. II substance for a patient with whom the practitioner has an established relationship for the treatment of a chronic condition; however, the practitioner must query the PMP at least every three months; 4) the practitioner has approved the administration by a licensed healthcare provider; 5) the prescription is issued for a patient in a skilled nursing facility, nursing home, community residential care facility, or an assisted living facility in which medications are provided and monitored by staff; - Provides that the practitioner is deemed to be in compliance if the practitioner utilizes technology that automatically displays the patient's prescription history from the PMP in the practitioner's electronic medical record system - Provides that a practitioner who fails to query the PMP as required must be reported to his or her board for disciplinary action	5/19/2017 – Signed by Governor
SC HB 3825	- Creates § 44-53-1655 to provide that the department shall develop and maintain as part of the PDMP a system to provide prescription report cards to prescribers to inform the practitioner about certain prescribing trends - Further provides that the report cards must contain, at a minimum: 1) a prescribing comparison by therapeutic class code or specific substances to peer averages by specialty; 2) comparison of the prescriber's number of mg per month by therapeutic class code or by specific substances to peer averages by specialty throughout the state; 3) total number of patients receiving 90 MMEs or more per month; 4) number of patients receiving opioids for 30 days or more; 5) number of patients receiving opioids and benzodiazepines at the same time; 6) number of patients receiving more than one CS prescription from the practitioner or practitioners; 7) number of patients issued prescriptions from three or more practitioners; 8) number of patients filling prescriptions at three or more pharmacies; 9) number of patients with CS prescriptions whose dispensing dates overlap; 10) number of patients obtaining refills on their prescriptions more than one week early; 11) total number of PDMP queries made by the prescriber and a ratio of the queries to the number of patients or prescriptions issued	2/22/2017 – Referred to committee on medical, military, public and municipal affairs
SC HB 4112	- Creates new section that provides that the department, in consultation with the board of medical examiners and the board of pharmacy, shall develop and publish a uniform voluntary nonopioid directive form which may be used by a patient to deny or refuse the administering or prescribing of a controlled substance containing an opioid by a practitioner - Provides that the form must indicate to all prescribing practitioners and health care facilities that the named patient shall not be offered, prescribed, supplied with, or otherwise administered a controlled	4/6/2017 – Referred to committee on medical, military, public, and municipal affairs

	substance containing an opioid - Further provides that the form must be posted in a downloadable format on the department's publicly accessible website - Provides that the patient may revoke the directive at any time for any reason by written or oral means	
SD SB 1 	- Amends definitions to include definition of "integration," which means the linking of the PMP into electronic health records to allow health systems, pharmacies, or health information exchanges to seamlessly access data - Updates submission requirement to provide that data shall be submitted via ASAP version 4.2 - Amends data collection interval to 24 hours - Provides that data may be provided to prescribers or dispensers for the purpose of furthering the purposes of the PMP including integration with electronic health records - Creates new section which requires that any person with a controlled drug or substance registration to prescribe or dispense any controlled substance must register with the PMP, except veterinarians	3/9/2017 – Signed by Governor
SD SB 2	Requires practitioners to query the PDMP prior to issuing a prescription for a controlled substance, unless the patient is receiving hospice care, the prescription is for an amount intended to last the patient for three days and is non-refillable, the monitored drug is lawfully administered to the patient, or due to emergency, the practitioner is unable to review the patient's records prior to issuing the prescription	1/18/2017 – Health and human services tabled; passed
SD SB 4 	Requires the board to annually report to the Senate and House health and human services committees on the monitoring and use of prescription opioids and any changes or advances made to the PDMP	2/9/2017 – Signed by Governor
TN HB 1192	Amends law to require that licensees have 15 days to register with the PDMP after receiving a federal DEA registration number	2/15/2017 – Assigned to criminal justice subcommittee
TN HB 1207	- Amends law to provide that, in addition to identifying high volume prescribers, beginning July 1, 2017 and annually thereafter, the department of health shall identify the prescribers who are in the top 20% of prescribers of opioids for the prior year and, further, that the department shall use the PMP to make the identification - Provides that if a prescriber is so identified, the department shall submit the prescriber's name to the staff of the board the licenses the prescriber - The board shall notify the prescriber and shall require the prescriber to take certain actions and comply with certain requirements for a period of one year	5/23/2017 – Signed by Speaker
TN HB 1325	Amends query requirement to provide that prescribers must query the PDMP prior to each prescription for a listed CS	4/5/2017 – Action deferred in health subcommittee to first calendar of 2018

TN SB 871	Amends law to require that licensees have 15 days to register with the PDMP after receiving a federal DEA registration number	3/7/2017 – Assigned to general subcommittee of senate judiciary committee
TN SB 1041	- Amends law to provide that, in addition to identifying high volume prescribers, beginning July 1, 2017 and annually thereafter, the department of health shall identify the prescribers who are in the top 20% of prescribers of opioids for the prior year and, further, that the department shall use the PMP to make the identification - Provides that if a prescriber is so identified, the department shall submit the prescriber's name to the staff of the board the licenses the prescriber - The board shall notify the prescriber and shall require the prescriber to take certain actions and comply with certain requirements for a period of one year	5/9/2017 – Companion House bill substituted
TN SB 1425	Amends query requirement to provide that prescribers must query the PDMP prior to each prescription for a listed CS	3/7/2017 – Referred to health and welfare committee
TX HB 2561	- Amends data collection interval to the next business day after the prescription is completely filled - Provides that the board, in consultation with the department and listed regulatory agencies, shall identify prescribing practices that may be potentially harmful and patient prescription patterns that may suggest drug diversion or abuse and shall develop indicators for levels of prescriber or patient activity that suggests a potentially harmful prescribing pattern or practice may be occurring or drug diversion or abuse may be occurring; based on those indicators, the board may send an electronic notification to a dispenser or prescriber if the information submitted indicates a potentially harmful prescribing practice or pattern or drug diversion or abuse - Further provides that the board may promulgate rules to develop guidelines identifying behavior suggesting a patient is obtaining controlled substances that indicate diversion or abuse - Requires a pharmacy to query the PDMP if s/he observes behavior by a patient indicating possible drug diversion or abuse based on the guidelines developed by the board - Requires a pharmacist to query the PDMP prior to dispensing opioids, benzodiazepines, barbiturates, or carisoprodol - Requires wholesale pharmaceutical distributors to report the sale of controlled substances to a person in Texas and to the board, and the board shall include that information in the PMP	5/24/2017 – Placed on intent calendar
TX HB 2859	- Changes data collection interval to the next business day - Requires prescribers to report prescribing information to the board by the next business day after the prescription is issued - Provides that the PMP must be capable of distinguishing reports by prescribers and dispensers in order to prevent duplicate entries - Requires prescribers and dispensers to query the PDMP prior to prescribing or dispensing a CS to a patient and provides sanctions for failure to do so	4/25/2017 – Left pending in committee

TX HB 3189	- Requires that judges who require, as a part of community supervision, that a defendant serve a term of confinement and treatment in a substance abuse felony punishment facility or participate in substance abuse treatment services in a program or facility approved or licensed by the department of state health services to receive treatment for prescription drug abuse report the defendant's name and date of birth and the name of the substance or substances abused by the defendant to the board of pharmacy if the defendant consents to the release of the information - Provides that a defendant cannot be required, as a condition of community supervision, to consent to the release of the information and, further, cannot be excluded from a substance abuse treatment facility or program for failure to consent to release of the information - Requires that a judge who requires a defendant to receive treatment for prescription drug abuse as a condition of participation in a specialty court to submit the defendant's name and date of birth, the name of the specialty court in which the defendant is participating, the date the defendant began participating in the court, and, if the defendant consents, the name of the substance or substances abused by the defendant - Provides that a defendant may not be required, as a condition of participation in the specialty court, to consent to the release of information or excluded from participation based on failure to consent - Requires a judge who enters an order for court-ordered treatment for prescription drug abuse to report to the board of pharmacy the name and date of birth of the patient and the name of the substance or substances abused by the patient, if the patient consents to the release of that information - Provides that a patient may not be excluded from a substance abuse treatment facility or program based on the patient's failure to consent - Amends access to PMP data provisions to provide that pharmacists, pharmacy technicians, physicians, dentists, veterinarians, podiatrists, optometrists, APNs, and physician assistants may receive the prescription history and any prescription drug abuse treatment information in the PMP - Provides that a judge of a specialty court, or his/her designee, may receive PMP information that relates to a current or prospective specialty court program participant - Requires that prescribers query the PMP prior to prescribing a controlled substance to a patient	5/9/2017 – Referred to criminal justice
TX HB 3208	- Changes data collection interval to the next business day - Requires veterinarians who hold a registration to dispense Sch. II – V controlled substances to submit dispensing information to the PMP - Amends access provisions to provide that data may be received by the board, the medical board, board of podiatric medicine, board of dental examiners, board of veterinary medical examiners, board of nursing, or optometry board for the purpose of investigating a specific license holder or monitoring for potentially harmful prescribing or dispensing patterns - Amends provisions to provide that information from the PMP may be used for the prescribing and dispensing of controlled substances - Provides that the board, in consultation with the department and listed regulatory agencies, shall identify prescribing practices that may be potentially harmful and patient prescription patterns that may suggest drug diversion or abuse and shall develop indicators for levels of prescriber or patient activity	3/30/2017 – Referred to public health

	that suggests a potentially harmful prescribing pattern or practice may be occurring or drug diversion or abuse may be occurring; based on those indicators, the board may send an electronic notification to a dispenser or prescriber if the information submitted indicates a potentially harmful prescribing practice or pattern or drug diversion or abuse - Further provides that the board may promulgate rules to develop guidelines identifying behavior suggesting a patient is obtaining controlled substances that indicate diversion or abuse - Requires that regulatory boards that issue a license, certification, or registration to a prescriber and the board of veterinary medicine periodically access the PMP to determine whether a prescriber or veterinarian is engaging in potentially harmful prescribing practices or patterns - Sets out the circumstances a board must consider to determine whether a potentially harmful prescribing or dispensing pattern or practice is occurring, including the number of times a prescriber prescribes or veterinarian dispenses opioids, benzodiazepines, barbiturates, or carisoprodol and patterns of prescribing or dispensing combinations of those drugs and other dangerous combinations of drugs identified by the board - The regulatory board may notify the prescriber and/or open a complaint against the prescriber if the board finds evidence of potentially harmful prescribing patterns or practices - Requires that prescribers and dispensers query the PDMP prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol unless the patient has been diagnosed with cancer or the patient is receiving hospice care and the prescriber records such information in the medical record - Provides that veterinarians subject to the query requirement are required to access information for prescriptions dispensed only for the animals of the owner and may not consider the personal prescription history of the owner	
TX HB 3313	- Requires that the board adopt guidelines for the prescription of opioid antagonists which must include prescribing an opioid antagonist to a patient to whom an opioid medication is also being prescribed and identifying patients at risk of an opioid-related overdose and prescribing an opioid antagonist to that patient or to a person in a position to administer the opioid antagonist to that patient	4/3/2017 – Referred to public health
TX SB 316	- Changes data collection interval to the next business day - Amends access provisions to provide that data may be received by the board, the medical board, board of podiatric medicine, board of dental examiners, board of veterinary medical examiners, board of nursing, or optometry board for the purpose of investigating a specific license holder or monitoring for potentially harmful prescribing or dispensing patterns - Amends provisions to provide that information from the PMP may be used for the prescribing and dispensing of controlled substances by a pharmacy, pharmacy technician, physicians, dentists, veterinarians, podiatrists, optometrists, and advanced practice nurses - Provides that the board, in consultation with the department and listed regulatory agencies, shall identify prescribing practices that may be potentially harmful and patient prescription patterns that may suggest drug diversion or abuse and shall develop indicators for levels of prescriber or patient activity that suggests a potentially harmful prescribing pattern or practice may be occurring or drug diversion or	5/21/2017 – Committee report sent to calendars

	abuse may be occurring; based on those indicators, the board may send an electronic notification to a dispenser or prescriber if the information submitted indicates a potentially harmful prescribing practice or pattern or drug diversion or abuse - Further provides that the board may promulgate rules to develop guidelines identifying behavior suggesting a patient is obtaining controlled substances that indicate diversion or abuse and may send electronic notification to a prescriber or dispenser if there is reason to believe that a particular patient is engaging in drug abuse or diversion - Provides that the board may, by rule, develop guidelines identifying additional behavior that would suggest that drug diversion or abuse is occurring and further provides that a pharmacist, pharmacy technician, physician, dentist, veterinarian, podiatrist, optometrist, or advanced practice nurse who observes such behavior must query the PMP - Requires that regulatory boards that issue a license, certification, or registration to a prescriber periodically access the PMP to determine whether a prescriber is engaging in potentially harmful prescribing practices or patterns - Provides that if the board sends an electronic notification to a prescriber regarding a patient, it shall simultaneously send notification to the prescriber's regulatory agency - Sets out the circumstances a board must consider to determine whether a potentially harmful prescribing or dispensing pattern or practice is occurring, including the number of times a prescriber prescribes or veterinarian dispenses opioids, benzodiazepines, barbiturates, or carisoprodol and patterns of prescribing or dispensing combinations of those drugs and other dangerous combinations of drugs identified by the board - The regulatory board may notify the prescriber and/or open a complaint against the prescriber if the board finds evidence of potentially harmful prescribing patterns or practices - Requires that a regulatory agency that issues a license, certification, or registration to a prescriber or dispenser provide the board with any necessary information for each prescriber or dispenser, including contact information for electronic notifications, to register the prescriber or dispenser with the PMP - Requires that prescribers and dispensers, excluding veterinarians, query the PDMP prior to prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol unless the patient has been diagnosed with cancer or the patient is receiving hospice care and the prescriber records such information in the medical record - Provides that veterinarians authorized to access the PMP may access information for prescriptions dispensed only for the animals of an owner and may not consider the personal prescription history of the owner	
TX SB 584	- Requires that the board adopt guidelines for the prescription of opioid antagonists which must include prescribing an opioid antagonist to a patient to whom an opioid medication is also being prescribed and identifying patients at risk of an opioid-related overdose and prescribing an opioid antagonist to that patient or to a person in a position to administer the opioid antagonist to that patient	5/23/2017 – Passed to third reading

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

UT SB 258 	Requires the department, in consultation with certain licensing boards, to establish by rule scientifically based guidelines for controlled substance prescribers to co-prescribe an opioid antagonist to a patient when prescribing an opiate	3/21/2017 – Signed by Governor
VA HB 1449	Amends law to provide to that a person who is authorized to train individuals on the administration of naloxone and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an overdose or training in the administration of naloxone and that has obtained a registration from the Board of Pharmacy may dispense naloxone to a person who has completed a training program on the administration of naloxone provided that such dispensing is pursuant to a standing order, in accordance with protocols developed by the board of pharmacy, and without charge or compensation	2/7/2017 – Left in health, welfare, and institutions
VA HB 1453 	Amends law to provide to that a person who is authorized to train individuals on the administration of naloxone and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an overdose or training in the administration of naloxone and that has obtained a registration from the Board of Pharmacy may dispense naloxone to a person who has completed a training program on the administration of naloxone provided that such dispensing is pursuant to a standing order, in accordance with protocols developed by the board of pharmacy, and without charge or compensation	2/23/2017 – Signed by Governor; effective on passage
VA HB 1750 	Amends statute to allow the Commissioner of Health or his designee to issue a standing order for the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber	2/23/2017 – Signed by Governor; effective 7/1/2017
VA HB 1885 	Amends exception to query requirement to provide that a prescriber is not required to query the PMP if the opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days	2/24/2017 – Signed by Governor; effective 7/1/2017
VA HB 1898	- Creates new section § 54.1-3408.05 which provides that a prescriber providing treatment in an emergency department of a corporation, facility, or institution licensed, owned, or operated by the Commonwealth shall not prescribe an opioid in a quantity greater than a 3-day supply - Amends law to provide that a dispenser may not dispense a controlled substance containing an opioid pursuant to a prescription issued by a prescriber providing treatment to a patient in an emergency department unless the prescription complies with § 54.1-3408.05	2/7/2017 – Left in health, welfare, and institutions
VA HB 2163 	Creates new section that prohibits the prescribing of a product containing buprenorphine without naloxone unless the prescription is issued for patients who are pregnant, when converting a patient from methadone to buprenorphine containing naloxone for a period not to exceed 7 days, or as permitted by regulation	4/5/2017 – Signed by Governor; effective 7/1/2017
VA HB 2164 	Adds gabapentin to list of drugs of concern to be reported to PDMP	2/23/2017 – Approved by Governor; effective on passage

VA HB 2167 	- Requires the boards of dentistry and medicine to adopt regulations that relate to the prescribing of opioids which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days' supply of drugs prescribed and a requirement that prescribers request and review information in the PMP as well as guidelines for the treatment of chronic pain and referral of patients to whom opioids are prescribed for substance abuse counseling or treatment as appropriate - Requires the board to adopt regulations related to the prescribing of opioids and buprenorphine which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days' supply of drugs prescribed and a requirement that prescribers request and review PMP information and the treatment of chronic pain and the use of buprenorphine in the treatment of addiction, including a requirement for referral to or consultation with a provider of substance abuse counseling in conjunction with treatment of opioid dependency with products containing buprenorphine - Requires the PMP to provide a report to the legislature annually on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient	3/3/2017 – Signed by Governor; effective on passage
VA HB 2209 	Creates new section that provides for the creation of the Emergency Department Care Coordination Program to provide a single, statewide technology solution that connects all hospital emergency departments to facilitate real-time communication and collaboration among physicians, other health care providers, and clinical and care management personnel for patients receiving services in hospital emergency departments and further provides that the Commissioner shall ensure that the Program is integrated with the PMP to enable automated query and automatic delivery of relevant information from the PMP into the existing work flow of health care providers in the emergency department	3/16/2017 – Signed by Governor
VA SB 848 	Amends law to provide to that a person who is authorized to train individuals on the administration of naloxone and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an overdose or training in the administration of naloxone and that has obtained a registration from the Board of Pharmacy may dispense naloxone to a person who has completed a training program on the administration of naloxone provided that such dispensing is pursuant to a standing order, in accordance with protocols developed by the board of pharmacy, and without charge or compensation	2/20/2017 – Signed by Governor; effective on passage
VA SB 1178 	Amends law to provide to that a person who is authorized to train individuals on the administration of naloxone and who is acting on behalf of an organization that provides services to individuals at risk of experiencing an overdose or training in the administration of naloxone and that has obtained a registration from the Board of Pharmacy may dispense naloxone to a person who has completed a training program on the administration of naloxone provided that such dispensing is pursuant to a standing order, in accordance with protocols developed by the board of pharmacy, and without charge or compensation	4/5/2017 – Signed by Governor; effective 7/1/2017

VA SB 1180 	- Requires the boards of dentistry and medicine to adopt regulations that relate to the prescribing of opioids which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days' supply of drugs prescribed and a requirement that prescribers request and review information in the PMP as well as guidelines for the treatment of chronic pain and referral of patients to whom opioids are prescribed for substance abuse counseling or treatment as appropriate - Requires the board to adopt regulations related to the prescribing of opioids and buprenorphine which shall include guidelines for the treatment of acute pain, which shall include limitations on dosages or days' supply of drugs prescribed and a requirement that prescribers request and review PMP information and the treatment of chronic pain and the use of buprenorphine in the treatment of addiction, including a requirement for referral to or consultation with a provider of substance abuse counseling in conjunction with treatment of opioid dependency with products containing buprenorphine - Requires the PMP to provide a report to the legislature annually on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient	3/20/2017 – Signed by Governor; effective on passage
VA SB 1232 	Amends exception to query requirement to provide that a prescriber is not required to query the PMP if the opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days	2/24/2017 – Signed by Governor; effective 7/1/2017
VA SB 1484 	Amends Medicaid access provisions to allow receipt of PDMP data by clinical designees who hold multistate licensure privileges to practice nursing or hold a license issued by a health regulatory board within the Department of Health Professions and is employed by a Virginia Medicaid managed program	2/23/2017 – Approved by Governor; effective 7/1/2017
VA SB 1561 	Creates new section that provides for the creation of the Emergency Department Care Coordination Program to provide a single, statewide technology solution that connects all hospital emergency departments to facilitate real-time communication and collaboration among physicians, other health care providers, and clinical and care management personnel for patients receiving services in hospital emergency departments and further provides that the Commissioner shall ensure that the Program is integrated with the PMP to enable automated query and automatic delivery of relevant information from the PMP into the existing work flow of health care providers in the emergency department	3/13/2017 – Approved by Governor
VA SJ 285	Directs the Joint Commission on Health Care to study the sustainability of the PDMP and identify potential funding sources for its future operation	2/21/2017 – House; left in rules
WA HB 1426	- Amends law to provide that the director of his/her designee within the health care authority regarding Medicaid clients may receive PDMP information and further provides that the information may not be used for contracting or value-based purchasing decisions - Further amends access provisions to provide that personnel of the department shall have access to PDMP information for the purposes of assessing prescribing practices, including CS related mortality and morbidity, providing quality improvement feedback to providers, including comparison of a provider's respective data to aggregate data for providers with the same type of license and same specialty	5/23/2017 – By resolution, reintroduced and retained in present status

	- Further amends access provisions to amend access by health care facilities or entities for quality improvement purposes to allow also access if the facility or entity is licensed or certified under law or an entity is deemed, pursuant to law, to meet minimum standards as a result of accreditation by a recognized behavioral health accrediting body or operated by the federal government or federally recognized tribe - Further amends access provisions to amend access by health care provider groups to provide access if the provider group is operated by the federal government or a federally recognized tribe - Amends access provisions to allow access by local health officers of a local health jurisdiction for the purpose of patient follow-up and care coordination following a CS overdose event - Allows access by the coordinated care electronic tracking program, commonly referred to as the seven best practices in emergency medicine, for purposes of providing PDMP data to emergency department personnel when the patient registers with the ED and notice to providers, appropriate care coordination staff, and prescribers listed in the patient's PDMP record that the patient has experienced a CS overdose event - Provides that the department shall provide certain facilities or entities or provider groups with facility, entity, or individual prescriber information if the facility, entity, or provider group: 1) uses the information only for the purposes of internal quality improvement and individual prescriber quality improvement feedback; 2) does not use the information as the sole basis for any medical staff sanction or adverse employment action; 3) provides the department with a standardized list of the facility, entity, or provider group's current prescribers - Further provides that the department, in consultation with certain other entities, shall determine the specific facility, entity and individual prescriber information that the department must provide and any requirements related to the standardized list of prescribers that a facility, entity, or provider group must provide to the department and further provides that such information shall be provided on at least a quarterly basis, subject to available funds - Provides that the department may provide dispenser or prescriber data and data that includes indirect patient identifiers to the WA state hospital association for use solely in connection with its coordinated quality improvement program maintained under law; provides that the department and association must enter into a written agreement prior to receiving such information - Amends immunity provisions - Creates new section that provides that, beginning Nov. 15, 2017 and annually thereafter, the department shall report to the legislature on the number of facilities, entities, or provider groups that have integrated their electronic health records with the PMP utilizing the state health information exchange	

WA HB 1427 	- Creates new section to provide that more needs to be done to ensure proper prescribing and use of opioids and access to treatment which shall include allowing receipt of PMP information by local health officers in order to provide patient follow-up and care coordination, including directing care to opioid treatment programs as appropriate to the patient following an overdose event - Further provides that the legislature intends to streamline its system of tracking and treating opioid abuse by ensuring ease of access for prescribers, including those prescribers who provide services in opioid treatment programs, to the PMP; by allowing facilities and practitioners to use the information received from the PMP for the purpose of providing individual provider feedback - Amends § 70.225.040 to provide that the department may provide PMP information to the director or the director's designee within the health care authority regarding Medicaid clients for the purposes of quality improvement, patient safety, and care coordination and may not be used for contracting or value-based purchasing decisions - Further allows receipt of PMP information by personnel of the department for the purposes of assessing prescribing practices, including controlled substances related to morbidity and mortality and providing quality improvement feedback to providers, including comparison of their respective data to aggregate data for providers with the same type of license and same specialty - Amends access by health care facilities or entities and health care provider groups to provide that such facility or entity or group may also be operated by the federal government or a federally recognized Indian tribe and may also access such information for quality improvement purposes - Provides that the local health officer of a local health jurisdiction may receive PMP information for purposes of patient follow-up and care coordination following a controlled substance overdose event - Allows access by the coordinated care electronic tracking program, commonly referred to as the seven best practices in emergency medicine, for purposes of providing PDMP data to emergency department personnel when the patient registers with the ED and notice to providers, appropriate care coordination staff, and prescribers listed in the patient's PDMP record that the patient has experienced a CS overdose event - Provides that the department shall provide certain facilities or entities or provider groups with facility, entity, or individual prescriber information if the facility, entity, or provider group: 1) uses the information only for the purposes of internal quality improvement and individual prescriber quality improvement feedback; 2) does not use the information as the sole basis for any medical staff sanction or adverse employment action; 3) provides the department with a standardized list of the facility, entity, or provider group's current prescribers - Provides that the department may provider dispenser and prescriber data and data that includes indirect patient identifiers to the Washington state hospital association for use solely in connection with its quality improvement program - Creates new section that provide that beginning Nov. 15, 2017 and annually thereafter, the department shall submit an annual report to the Governor and appropriate committees of the legislature on the number of facilities, entities, or provider groups that have integrated their federally certified electronic health records with the PMP using the state health information exchange	5/16/2017 – Signed by Governor; effective July 23, 2017

WA SB 5248	- Amends law to provide that the director of his/her designee within the health care authority regarding Medicaid clients may receive PDMP information and further provides that the information may not be used for contracting or value-based purchasing decisions - Further amends access provisions to provide that personnel of the department shall have access to PDMP information for the purposes of assessing prescribing practices, including CS related mortality and morbidity, providing quality improvement feedback to providers, including comparison of a provider's respective data to aggregate data for providers with the same type of license and same specialty - Further amends access provisions to amend access by health care facilities or entities for quality improvement purposes to allow also access if the facility or entity is licensed or certified under law or an entity is deemed, pursuant to law, to meet minimum standards as a result of accreditation by a recognized behavioral health accrediting body or operated by the federal government or federally recognized tribe - Further amends access provisions to amend access by health care provider groups to provide access if the provider group is operated by the federal government or a federally recognized tribe - Amends access provisions to allow access by local health officers of a local health jurisdiction for the purpose of patient follow-up and care coordination following a CS overdose event - Allows access by the coordinated care electronic tracking program, commonly referred to as the seven best practices in emergency medicine, for purposes of providing PDMP data to emergency department personnel when the patient registers with the ED and notice to providers, appropriate care coordination staff, and prescribers listed in the patient's PDMP record that the patient has experienced a CS overdose event - Provides that the department shall provide certain facilities or entities or provider groups with facility, entity, or individual prescriber information if the facility, entity, or provider group: 1) uses the information only for the purposes of internal quality improvement and individual prescriber quality improvement feedback; 2) does not use the information as the sole basis for any medical staff sanction or adverse employment action; 3) provides the department with a standardized list of the facility, entity, or provider group's current prescribers - Further provides that the department, in consultation with certain other entities, shall determine the specific facility, entity and individual prescriber information that the department must provide and any requirements related to the standardized list of prescribers that a facility, entity, or provider group must provide to the department and further provides that such information shall be provided on at least a quarterly basis, subject to available funds - Provides that the department may provide dispenser or prescriber data and data that includes indirect patient identifiers to the WA state hospital association for use solely in connection with its coordinated quality improvement program maintained under law; provides that the department and association must enter into a written agreement prior to receiving such information - Amends immunity provisions - Creates new section that provides that, beginning Nov. 15, 2017 and annually thereafter, the	5/23/2017 – By resolution, reintroduced and retained in present status

	department shall report to the legislature on the number of facilities, entities, or provider groups that have integrated their electronic health records with the PMP utilizing the state health information exchange - Creates new sections that require the adoption of rules by various boards by Jan. 1, 2019 regarding the prescribing of opioids	
WV HB 2277	Authorizes the Board of Pharmacy to promulgate a legislative rule related to the PDMP	3/22/2017 – Reported in committee substitute for HB 2219
WV HB 2989	Creates new section which provides that a practitioner may not prescribe more than a 7-day supply of a Sch. II or III controlled substance for a patient upon the initial consultation or treatment of the patient for acute pain and may issue any appropriate renewal, refill, or new prescription for the controlled substance after the initial prescription and evaluating the patient's condition	3/14/2017 – Referred to health and human resources
WV HB 3009	Amends PMP access provisions to allow receipt of PMP information by duly authorized agents of the Office of Health Facility Licensure and Certification for use in certification, licensure, and regulation of health facilities	3/24/2017 – Referred to Senate committee on health and human resources
WV SB 143	Authorizes the Board of Pharmacy to promulgate a legislative rule related to the PDMP	2/8/2017 – To judiciary
WV SB 333 	- Amends statute regarding information to be submitted regarding the person picking up the prescription if that person is not the patient - Further amends law to provide that a medical services provider who treats a patient for an overdose that has occurred as the result of illicit or prescribed medication, the provider shall report the name, address, and birth date of the individual being treated, including any known ancillary evidence of the overdose to the board of pharmacy and further provides that the board shall coordinate with the division of justice and community services and the office of drug control policy regarding the collection of overdose data - Amends access provisions to provide that duly authorized agents of the Office of Health Facility Licensure and Certification for use in certification, licensure and regulation of health facilities - Further amends access provisions to provide that a dean of any medical school or his or her designee located in this state to access prescriber level data to monitor prescribing activities of faculty members, prescribers, and residents enrolled in a degree program at the school where he or she serves as dean - Amends access provisions to allow access by a physician reviewer designated by an employer of medical providers to monitor prescriber level data information of prescribing physicians, advance practice registered nurses, or physician assistants in their employ - Amends access provisions to allow access by a chief medical officer of a hospital or a physician designated by the chief executive officer of a hospital who does not have a chief medical officer for prescribers who have admitting privileges to the hospital or prescriber level information - Creates new section which provides that the board of pharmacy may designate certain drugs as drugs	4/26/2017 – Approved by Governor; effective July 7, 2017

	of concern that must be reported to the PMP and that certain penalties imposed do not apply to drugs listed as drugs of concern	
WV SB 339 	- Creates the coalition for responsible chronic pain management - Provides that the coalition shall review the statutory provisions of the PDMP to ascertain if there is a more effective manner for prescribers to access the database which would provide sufficient regulation over the prescription of chronic pain medication while still allowing access to patients with established chronic pain conditions - Requires the coalition to report to the legislature by Dec. 31, 2017, and annually thereafter	4/24/2017 – Approved by Governor; effective July 6, 2017
WV SB 386 	- Creates new section that provides that a practitioner shall query the PMP prior to issuing a certification for the use of medical cannabis and prior to recommending a change of amount or form of medical cannabis - Provides that a practitioner may query the PMP to determine whether a patient may be under treatment with a controlled substance by another physician or person, allow the practitioner to review the patient's controlled substance history as deemed necessary by the practitioner, or to provide to the patient or caregiver on behalf of the patient a copy of the patient's PMP report - Creates new section that provides that the bureau shall review a caregiver's PMP information as part of the criminal history check of the individual prior to being approved as caregiver for a patient	4/19/2017 – Approved by Governor; effective July 5, 2017
WV SB 418	- Creates new section that provides that the State Health Officer shall conduct or provide for an examination of the prescribing and treatment history, including court-ordered treatment or treatment within the criminal justice system, of persons within the state who suffered a fatal or non-fatal opiate overdose in calendar years 2013-2015 inclusive and any report or supplemental report shall provide any data in aggregate or de-identified format - Further provides that, to facilitate the examination, information may be provided from the PMP - Provides that not later than one year from the effective date of the section, the State Health Officer shall publish a report on the findings of the examination - Creates new section that provides that the State Health Officer, in conjunction with the Office of Drug Control Policy, may develop guidelines for prescribing opioids for acute pain - Amends PMP statutes to change housing authority from the board of pharmacy to the Office of Drug Control Policy and to amend access provisions to allow access to PMP information by the board of pharmacy	2/23/2017 – Referred to health and human resources
WY HB 268	Creates new section which allows pharmacies to sell naloxone over the counter without a prescription	2/2/2017 – Labor committee recommends amend and do pass

WY SF 42 	- Creates new sections which allow a practitioner or pharmacist to prescribe an opiate antagonist, without a prescriber-patient relationship, to a person at risk of experiencing an overdose, a person in a position to assist a person at risk of experiencing an overdose, a person who may encounter a person experiencing an opiate related overdose in the course of the person's official duties or business - Provides that a practitioner or pharmacist who so prescribes shall provide education to the person to whom the opioid antagonist is prescribed - Allows a practitioner to prescribe by standing order an opioid antagonist to an entity that, in the course of the entity's official duties or business, may be in a position to assist a person experiencing an opioid-related overdose - Provides immunity for persons who, in good faith, administer an opioid antagonist	3/6/2017 – Governor signed; effective 7/1/2017