

**STATES THAT STATUTORILY MANDATE THAT THE PMP USE/WORK
WITH AN ADVISORY COMMITTEE OR COUNCIL, TASK FORCE OR
WORKING GROUP**

ALABAMA

ALA. CODE §20-2-212. Controlled substances prescription database program; powers and duties of department; trust fund.

The department is hereby authorized to establish, create, and maintain a controlled substances prescription database program. In order to carry out its responsibilities under this article, the department is hereby granted the following powers and authority:

...

(4) To create a controlled substances prescription database advisory committee. The mission of the advisory committee is to consult with and advise the State Health Officer on matters related to the establishment, maintenance, and operation of the database, access to the database information, how access is to be regulated, and security of information contained in the database. The committee shall consist of one representative designated by each of the following organizations:

- a. The Medical Association of the State of Alabama.
- b. The Alabama Dental Association.
- c. The Alabama Pharmacy Association.
- d. The Alabama Veterinary Medicine Association.
- e. The State Health Officer, or his or her designee.
- f. The Alabama Hospital Association.
- g. The Executive Director of the Alabama State Board of Pharmacy.
- h. The Executive Director of the Board of Medical Examiners.
- i. The Alabama Optometric Association.
- j. One representative from each of the certifying boards established under the Alabama Uniform Controlled Substances Act.
- k. The Alabama Independent Drug Store Association.
- l. The Alabama Podiatry Association.

ARIZONA

ARIZ. REV. STAT. ANN. §36-2603. Computerized central database tracking system task force; membership

A. The board shall appoint a task force to help it administer the computerized central database tracking system. The chairperson of the board shall chair the task force. The task force shall include the following members:

1. Pharmacists, medical practitioners and other licensed health care providers.
2. Representatives of professional societies and associations for pharmacists, medical practitioners and other licensed health care providers.
3. Representatives of professional licensing boards.
4. Representatives of the Arizona health care cost containment system administration.
5. Representatives of state and federal agencies that have an interest in the control of controlled substances.
6. Criminal prosecutors.

B. The task force shall meet to establish the procedures and conditions relating to the release of prescription information pursuant to § 36-2604. The task force shall meet at least once each year and at the call of the chairperson.

C. Task force members serve at the pleasure of the board and are not eligible to receive compensation or reimbursement of expenses.

COLORADO

COLO. REV. STAT. ANN. §12-22-703. Advisory committee--duties--repeal

(1) There is hereby created within the division, the prescription controlled substance abuse monitoring advisory committee. The committee shall consist of the following eleven members:

- (a) The director of the division or his or her designee;
- (b) A pharmacist appointed by the board;
- (c) Three physicians appointed by the state board of medical examiners, one of which is a pain specialist or addiction specialist;

- (d) A dentist appointed by the state board of dental examiners;
- (e) A veterinarian appointed by the state board of veterinary medicine;
- (f) The director of the division of alcohol and drug abuse in the department of human services or his or her designee; and
- (g) Three persons appointed by the committee, one of which is a representative of law enforcement.

(2) The committee shall advise and assist the board with the development, operation, and maintenance of the electronic prescription drug monitoring program; and with the development of access and security protocols for the program. The committee shall advise the board regarding mandatory information to be reported for inclusion in the program.

(3) Committee members shall not receive compensation or reimbursement for expenses associated with service on the committee.

(4) This section is repealed, effective July 1, 2011. Prior to such repeal, the committee shall be reviewed as provided in section 2-3-1203, C.R.S.

CONNECTICUT

CONN. GEN. STAT. ANN. § 21a-254a. Appointment of prescription drug monitoring working group. Membership

The Commissioner of Consumer Protection shall appoint a prescription drug monitoring working group for the purpose of advising the commissioner on the implementation of the electronic prescription drug monitoring program established pursuant to section 21a-254, including the adoption of regulations by the commissioner. Such advice shall include, but not be limited to, recommendations on how to effectively use the data collected pursuant to such program to detect fraud while protecting the legitimate use of controlled substances. The working group shall include, but not be limited to: (1) A physician, licensed pursuant to chapter 370, specializing in internal medicine; (2) a board certified oncologist; (3) a person licensed to perform advanced level nursing practice activities pursuant to subsection (b) of section 20-87a; (4) a representative from an acute care hospital licensed pursuant to chapter 368v; (5) a state police officer appointed in accordance with section 29-4; (6) a municipal police chief; (7) a representative from the Division of Criminal Justice; (8) a representative from a hospice licensed by the Department of Public Health or certified pursuant to 42 USC 1395x; (9) a pain management specialist, as defined in section 38a-492i; (10) a pharmacist licensed pursuant to section 20-590, 20-591 or 20-592; and (11) a representative from the Department of Mental Health and Addiction Services.

FLORIDA

S.B. 462, 111TH Leg. Reg. Session (Fl. 2009)

Section 2. (1) The Program Implementation and Oversight Task Force is created within the Executive Office of the Governor. The director of the Office of Drug Control shall be a nonvoting, ex officio member of the task force and shall act as chair. The Office of Drug Control and the Department of Health shall provide staff support for the task force.

(a) The following state officials shall serve on the task force: 1. The Attorney General or his or her designee. 2. The Secretary of Children and Family Services or his or her designee. 3. The Secretary of Health Care Administration or his or her designee. 4. The State Surgeon General or his or her designee. (b) In addition, the Governor shall appoint 12 members of the public to serve on the task force. Of these 12 appointed members, one member must have professional or occupational expertise in computer security; one member must be a Florida licensed, board-certified oncologist; two members must be Florida-licensed, fellowship-trained, pain-medicine physicians; one member must be a Florida-licensed primary care physician who has experience in prescribing scheduled prescription drugs; one member must have professional or occupational expertise in e Prescribing or prescription drug monitoring programs; two members must be a Florida-licensed pharmacists; one member must have professional or occupational expertise in the area of law enforcement and have experience in prescription drug investigations; one member must have professional or occupational expertise as an epidemiologist and have a background in tracking and analyzing drug trends; and two members must have professional or occupational expertise as providers of substance abuse treatment, with priority given to a member who is a former substance abuser. (c) Members appointed by the Governor shall be appointed to a term of 3 years each. Any vacancy on the task force shall be filled in the same manner as the original appointment, and any member appointed to fill a vacancy shall serve only for the unexpired term of the member's predecessor. (d) Members of the task force and members of subcommittees appointed under subsection (4) shall serve without compensation, but are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061, Florida Statutes.

(e) The task force shall meet at least quarterly or upon the call of the chair.

(2) The purpose of the task force is to monitor the implementation and safeguarding of the electronic system established for the prescription drug monitoring program under s. 893.055, Florida Statutes, and to ensure privacy, protection of individual medication history, and the electronic system's appropriate use by physicians, dispensers, pharmacies, law enforcement agencies, and those authorized to request information from the electronic system.

(3) The Office of Drug Control shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1 of each year which contains a summary of the work of the task force during that year and the recommendations developed in accordance with the task force's purpose as provided in subsection (2). Interim reports may be submitted at the discretion of the chair.

(4) The chair of the task force may appoint subcommittees that include members of state agencies that are not represented on the task force for the purpose of soliciting input and recommendations from those state agencies as needed by the task force to accomplish its purpose as provided in subsection (2). In addition, the chair may appoint subcommittees as necessary from among the members of the task force in order to efficiently address specific issues. If a state agency is to be represented on any subcommittee, the representative shall be the head of the agency or his or her designee. The chair may designate lead and contributing agencies within a subcommittee

ILLINOIS

720 ILL COMP. STAT. ANN. §320. Advisory committee.

(a) The Secretary of Human Services must appoint an advisory committee to assist the Department in implementing the controlled substance prescription monitoring program created by Section 316 and 321 of this Act. The Advisory Committee consists of prescribers and dispensers.

(b) The Secretary of Human Services must determine the number of members to serve on the advisory committee. The Secretary must choose one of the members of the advisory committee to serve as chair of the committee.

(c) The advisory committee may appoint its other officers as it deems appropriate.

(d) The members of the advisory committee shall receive no compensation for their services as members of the advisory committee but may be reimbursed for their actual expenses incurred in serving on the advisory committee.

INDIANA

PLEASE NOTE: IND. CODE ANN. §35-48-7-8.1 requires the Controlled Substance Advisory Committee to provide for the controlled substance prescription monitoring program. The Indiana Professional Licensing Agency (PLA) staffs and provides facilities for the work of the Committee so the PLA administers the PMP.

IND. CODE. ANN. §35-48-2-1 Authority to control

...

(f) There is established a sixteen (16) member controlled substances advisory committee to serve as a consultative and advising body to the board in all matters relating to the

classification, reclassification, addition to, or deletion from of all substances classified as controlled substances in schedules I to IV or substances not controlled or yet to come into being. In addition, the advisory committee shall conduct hearings and make recommendations to the board regarding revocations, suspensions, and restrictions of registrations as provided in IC 35-48-3-4. All hearings shall be conducted in accordance with IC 4-21.5-3. The advisory committee shall be made up of:

(1) two (2) physicians licensed under IC 25-22.5, one (1) to be elected by the medical licensing board of Indiana from among its members and one (1) to be appointed by the governor;

(2) two (2) pharmacists, one (1) to be elected by the state board of pharmacy from among its members and one (1) to be appointed by the governor;

(3) two (2) dentists, one (1) to be elected by the state board of dentistry from among its members and one (1) to be appointed by the governor;

(4) the state toxicologist or the designee of the state toxicologist;

(5) two (2) veterinarians, one (1) to be elected by the state board of veterinary medical examiners from among its members and one (1) to be appointed by the governor;

(6) one (1) podiatrist to be elected by the board of podiatric medicine from among its members;

(7) one (1) advanced practice nurse with authority to prescribe legend drugs as provided by IC 25-23-1-19.5 who is:

(A) elected by the state board of nursing from among the board's members; or

(B) if a board member does not meet the requirements under IC 25-23-1-19.5 at the time of the vacancy on the advisory committee, appointed by the governor;

(8) the superintendent of the state police department or the superintendent's designee;

(9) three (3) members appointed by the governor who have demonstrated expertise concerning controlled substances; and

(10) one (1) member appointed by the governor who is a psychiatrist with expertise in child and adolescent psychiatry.

(g) All members of the advisory committee elected by a board shall serve a term of one (1) year and all members of the advisory committee appointed by the governor shall serve a term of four (4) years. Any elected or appointed member of the advisory committee, may be removed for cause by the authority electing or appointing the member. If a

vacancy occurs on the advisory committee, the authority electing or appointing the vacating member shall elect or appoint a successor to serve the unexpired term of the vacating member. The board shall acquire the recommendations of the advisory committee pursuant to administration over the controlled substances to be or not to be included in schedules I to V, especially in the implementation of scheduled substances changes as provided in subsection (d).

(h) Authority to control under this section does not extend to distilled spirits, wine, or malt beverages, as those terms are defined or used in IC 7. 1, or to tobacco.

(i) The board shall exclude any nonnarcotic substance from a schedule if that substance may, under the Federal Food, Drug, and Cosmetic Act or state law, be sold over the counter without a prescription.

IOWA

IOWA CODE ANN. §124.555. Advisory council established

An advisory council shall be established to provide oversight to the board and the program and to comanage program activities. The board and advisory council shall jointly adopt rules specifying the duties and activities of the advisory council and related matters.

1. The council shall consist of eight members appointed by the governor. The members shall include three licensed pharmacists, four physicians licensed under chapter 148, and one licensed prescribing practitioner who is not a physician. The governor shall solicit recommendations for council members from Iowa health professional licensing boards, associations, and societies. The license of each member appointed to and serving on the advisory council shall be current and in good standing with the professional's licensing board.

2. The council shall advance the goals of the program, which include identification of misuse and diversion of controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, and enhancement of the quality of health care delivery in this state.

3. Duties of the council shall include but not be limited to the following:

a. Ensuring the confidentiality of the patient, prescribing practitioner, and dispensing pharmacist and pharmacy.

b. Respecting and preserving the integrity of the patient's treatment relationship with the patient's health care providers.

c. Encouraging and facilitating cooperative efforts among health care practitioners and other interested and knowledgeable persons in developing best practices for prescribing

and dispensing controlled substances and in educating health care practitioners and patients regarding controlled substance use and abuse.

d. Making recommendations regarding the continued benefits of maintaining the program in relationship to cost and other burdens to the patient, prescribing practitioner, pharmacist, and the board. The council's recommendations shall be included in reports required by section 124.554, subsection 2.

e. One physician and one pharmacist member of the council shall include in their duties the responsibility for monitoring and ensuring that patient confidentiality, best interests, and civil liberties are at all times protected and preserved during the existence of the program.

4. Members of the advisory council shall be eligible to request and receive actual expenses for their duties as members of the advisory council, subject to reimbursement limits imposed by the department of administrative services, and shall also be eligible to receive a per diem compensation as provided in section 7E.6, subsection 1.

KANSAS

KAN. STAT. ANN. §65-1689. Same; advisory committee created; members; terms

(a) There is hereby created the prescription monitoring program advisory committee which, subject to the oversight of the board, shall be responsible for the operation of the prescription monitoring program. The advisory committee shall consist of at least nine members appointed by the board as follows:

- (1) Two licensed physicians, one nominated by the Kansas medical society and one nominated by the Kansas association of osteopathic medicine;
- (2) two licensed pharmacists nominated by the Kansas pharmacists association;
- (3) one person representing the Kansas bureau of investigation nominated by the attorney general;
- (4) one person representing the university of Kansas school of medicine nominated by the dean of such school;
- (5) one person representing the university of Kansas school of pharmacy nominated by the dean of such school;
- (6) one licensed dentist nominated by the Kansas dental association; and
- (7) one person representing the Kansas hospital association nominated by such association. The board may also appoint other persons authorized to prescribe or dispense scheduled substances and drugs of concern, recognized experts and

representatives from law enforcement.

- (b) The appointments to the advisory committee shall be for terms of three years.
- (c) The advisory committee shall elect a chairperson from among its members who shall serve a one-year term. The chairperson may serve consecutive terms.
- (d) The advisory committee, in accordance with K.S.A. 75-4319, and amendments thereto, may recess for a closed or executive meeting when it is considering matters relating to identifiable patients or providers.
- (e) Upon the expiration of the term of office of any member of the advisory committee on or after the effective date of this act, and in any case of a vacancy existing on or after the effective date of this act, a successor shall be appointed by the board pursuant to this section.
- (f) All members of the advisory committee shall serve without compensation.

LOUISIANA

LA REV. STAT. ANN. §40:1005. Advisory council

A. The advisory council shall consist of the following members, each of whom may appoint a designee:

- (1) The president of the Louisiana State Board of Medical Examiners.
- (2) The president of the Louisiana State Board of Dentistry.
- (3) The president of the Louisiana State Board of Nursing.
- (4) The president of the Louisiana State Board of Optometry Examiners.
- (5) The president of the Louisiana State Board of Examiners of Psychologists.
- (6) The president of the Louisiana Academy of Physicians Assistants.
- (7) The president of the Louisiana Board of Pharmacy.
- (8) The superintendent of the Louisiana State Police.
- (9) The administrator of the United States Drug Enforcement Administration.
- (10) The speaker of the Louisiana House of Representatives.
- (11) The president of the Louisiana Senate.

- (12) The chairman of the House Committee on Health and Welfare.
- (13) The chairman of the Senate Committee on Health and Welfare.
- (14) The secretary of the Department of Health and Hospitals.
- (15) The president of the Louisiana State Medical Society.
- (16) The president of the Louisiana Dental Association.
- (17) The president of the Louisiana Association of Nurse Practitioners.
- (18) The president of the Optometry Association of Louisiana.
- (19) The president of the Louisiana Pharmacists Association.
- (20) The president of the Louisiana Independent Pharmacies Association.
- (21) The president of the National Association of Chain Drug Stores.
- (22) The president of the Louisiana Sheriffs' Association.
- (23) The president of the Louisiana District Attorneys Association.
- (24) The president of the Pharmaceutical Research and Manufacturers of America.
- (25) The president of the Louisiana Academy of Medical Psychologists.

B. The members of the advisory council shall serve at the pleasure of their respective appointing authorities, eleven of whom shall constitute a quorum for the transaction of all business. The members shall elect a chairman and vice chairman whose duties shall be established by the advisory council. The board shall fix a time and place for regular meetings of the advisory council, which shall meet at least quarterly. The advisory council shall establish policies and procedures necessary to carry out its duties.

C. The board shall seek, and the advisory council shall provide, information and advice regarding the development and operation of the electronic monitoring system, including but not limited to the following:

- (1) Which controlled substances should be monitored.
- (2) Which drugs of concern demonstrate a potential for abuse and should be monitored.
- (3) Design and implementation of educational courses identified in R.S. 40:1008.

(4) The methodology to be used for analysis and interpretation of prescription monitoring information.

(5) Design and implementation of a program evaluation component.

(6) Identification of potential additional members to the advisory council.

MASSACHUSETTS

105 MASS ADMIN. CODE §700.006

...

(2) Prescription Monitoring Program Advisory Board.

(a) The Commissioner of the Department of Public Health shall establish a Prescription Monitoring Program Advisory Board to assist in the implementation of 105 CMR 700.006(J) and any other related regulations. The membership of this Advisory Board shall include representatives of the Department of Public Health; Executive Office of Public Safety; disciplinary authorities, including the Boards of Registration in Medicine, Pharmacy, Dentistry, Podiatry, Veterinary Medicine, Nursing and Physician Assistants; representatives of associations or societies representing professions authorized to issue or dispense prescriptions, patient interests, and privacy interests; and a person with expertise in the design or operation of a secure automated data system.

(b) The Prescription Monitoring Program Advisory Board shall assist the Department in designing education programs for the proper use of Schedule II drugs.

(3) Prescription Monitoring Program Medical Review Group.

(a) The Commissioner shall establish Prescription Monitoring Program Medical Review Groups, to recommend accepted medical practice standards for the implementation of 105 CMR 700.006(J) and related regulations. The membership of each Medical Review Group shall consist of two or more registered practitioners, one of whom shall be affiliated with a health care facility, and at least one registered pharmacist. In all cases, members of the Medical Review Groups shall be registered health care practitioners and a majority shall be registered in the same discipline as the practitioner whose records are under review. Registered practitioners shall be designated by the Commissioner from lists approved by the appropriate Boards of Registration in the discipline under which records will be reviewed. Such lists shall be provided by the respective statewide professional societies, whose membership shall fully represent the complete geographic and practice differences represented in the state as a whole.

1. In the event that insufficient listings are available to comprise the appropriate

membership of any particular Medical Review Group, the Commissioner may appoint additional members.

2. Whenever possible, the practitioners on a particular Medical Review Group shall be specialists, as designated by a national accrediting board acceptable to the Commissioner, in the same field as the practitioner whose records are being reviewed.

3. In all cases, practitioners serving on the Medical Review Group must have a valid Controlled Substances Registration for prescribing Schedule II drugs, pursuant to M.G.L. c. 94C, § 18.

(b) The Medical Review Group shall assist the Department in the evaluation of prescription information.

MICHIGAN

MICH. COMP. LAWS. ANN. §333.7112, §333.7113

§333.7112. Advisory commission; per diem, terms, vacancies, meetings, reports

Sec. 7112. (1) Members of the controlled substances advisory commission shall receive per diem compensation as established annually by the legislature and shall be reimbursed for expenses incurred pursuant to section 1216.

(2) The members of the controlled substances advisory commission shall serve for terms of 2 years. An individual shall not serve more than 2 terms and a partial term, consecutive or otherwise. A vacancy shall be filled for the balance of the unexpired term in the same manner as the original appointment.

(3) The controlled substances advisory commission shall meet at least once each 3 months and shall report on its activities and make recommendations as described in section 7113 to the administrator, the governor, and the legislature at least annually.

§333.7113. Advisory commission; powers and duties

Sec. 7113. (1) The controlled substances advisory commission shall monitor indicators of controlled substance abuse and diversion. If that data shows that Michigan exceeds the average national per capita consumption of a controlled substance, the controlled substances advisory commission shall investigate and determine if there is a legitimate reason for the excess consumption. If the controlled substances advisory commission determines there is not a legitimate reason for the excess consumption, the controlled substances advisory commission shall recommend to the administrator a plan of action to overcome the problem. The controlled substances advisory commission may also recommend action to the administrator if other indicators show that a special problem is developing with any controlled substance available by prescription.

(2) The controlled substances advisory commission shall publicly issue an annual report to the administrator, the governor, and the legislature on the current status of the abuse and diversion of controlled substances in this state. The report shall also identify existing efforts to overcome the abuse and diversion of controlled substances in this state and make recommendations for needed legislative, administrative, and interagency activities.

(3) The controlled substances advisory commission may include in the report required by subsection (2) recommendations for action that involve licensing, law enforcement, substance abuse treatment and prevention, education, professional associations, pharmaceutical manufacturers, and other relevant individuals and agencies.

(4) By December 31, 1993, the department of commerce, in consultation with the Michigan pharmacists association, shall establish a standardized data base format consistent with the standards of the national council for prescription drug programs that may be used by dispensing pharmacies or a practitioner described in section 7334(2) to transmit the prescription-related information required under section 7334 to the department of commerce electronically or on storage media including, but not limited to, disks, tapes, and cassettes. The controlled substances advisory commission shall approve or revise the standardized data base format within 3 months after the department of commerce establishes the format. Upon commission approval or revision, the department of commerce shall implement transmission of information under the format and prescription-related information required under section 7334 may be transmitted to the department of commerce electronically or on storage media.

MICH. COMP. LAWS ANN. §333.7333a. Electronic prescription monitoring system; reporting requirements; data disclosure; forgery-resistant prescription form

...

(7) The department, in consultation with the controlled substances advisory commission, the Michigan board of pharmacy, the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, the Michigan state police, and appropriate medical professional associations, shall examine the need for and may promulgate rules for the production of a prescription form on paper that minimizes the potential for forgery. The rules shall not include any requirement that sequential numbers, bar codes, or symbols be affixed, printed, or written on a prescription form or that the prescription form be a state produced prescription form. In examining the need for rules for the production of a prescription form on paper that minimizes the potential for forgery, the department shall consider and identify the following:

(a) Cost, benefits, and barriers.

(b) Overall cost-benefit analysis.

(c) Compatibility with the electronic monitoring system required under this section.

MINNESOTA

MINN. STAT. ANN. §152.126

Subd. 3. Prescription Electronic Reporting Advisory Committee. (a) The board shall convene an advisory committee. The committee must include at least one representative of:

- (1) the Department of Health;
- (2) the Department of Human Services;
- (3) each health-related licensing board that licenses prescribers;
- (4) a professional medical association, which may include an association of pain management and chemical dependency specialists;
- (5) a professional pharmacy association;
- (6) a professional nursing association;
- (7) a professional dental association;
- (8) a consumer privacy or security advocate; and
- (9) a consumer or patient rights organization.

(b) The advisory committee shall advise the board on the development and operation of the electronic reporting system, including, but not limited to:

- (1) technical standards for electronic prescription drug reporting;
- (2) proper analysis and interpretation of prescription monitoring data; and
- (3) an evaluation process for the program.

(c) The Board of Pharmacy, after consultation with the advisory committee, shall present recommendations and draft legislation on the issues addressed by the advisory committee under paragraph (b), to the legislature by December 15, 2007.

NORTH DAKOTA

N. D CENT. CODE §19-03.5-07. Advisory council.

1. An advisory council is established to advise and make recommendations to the board

regarding how to best use the program to improve patient care and foster the goal of reducing misuse, abuse, and diversion of controlled substances; to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances; and to provide advice and recommendations to the board regarding any other matters as requested by the board. The advisory council may have access to central repository information to fulfill its duties.

2. The advisory council must consist of:

- a. One dispenser selected by the board;
- b. One physician selected by the North Dakota medical association;
- c. One prescriber selected by the board of nursing;
- d. A designee of the attorney general;
- e. A designee of the department of human services;
- f. One prescriber selected by the board of medical examiners;
- g. One prescriber selected by the North Dakota nurses association; and
- h. Any other prescriber or dispenser determined by the board to be necessary to meet a mandate of, or avoid a delay in implementing, an appropriations measure. The number of additional members selected by the board must be limited to the number necessary to meet the mandate or avoid the delay of an appropriation.

3. The advisory council shall make recommendations to the board regarding:

- a. Safeguards for the release of information to individuals who have access to the information contained in the central repository;
- b. The confidentiality of program information and the integrity of the patient's relationship with the patient's health care provider;
- c. Advancing the purposes of the program, including enhancement of the quality of health care delivery in this state; and
- d. The continued benefits of maintaining the program in relationship to the cost and other burdens to the state.

4. The board may provide reimbursement of expenses and per diem to members of the advisory council within the limits provided in state law.

OREGON

S.B. 355, 75th Leg. Reg. Sess. (Or. 2009)

SECTION 9. (1) The Prescription Monitoring Program Advisory Commission is created for the purposes of:

(a) Studying issues related to the prescription monitoring program established under section 2 of this 2009 Act;

(b) Reviewing the program's annual report and making recommendations to the Department of Human Services regarding the operation of the program; and

(c) Developing criteria that should be used to evaluate program data.

(2) The commission shall consist of 11 members appointed by the department as follows:

(a) A person nominated by the Pain Management Commission;

(b) A person who dispenses controlled substances nominated by an association representing pharmacists;

(c) A practicing dentist nominated by an association representing dentists;

(d) A practicing physician nominated by an association representing physicians;

(e) A practicing doctor of osteopathy nominated by an association representing osteopathic physicians and surgeons;

(f) A nurse authorized to prescribe controlled substances nominated by an association representing nurses;

(g) A practicing naturopathic physician nominated by an association representing naturopathic physicians;

(h) A practicing optometrist, nominated by an association representing optometrists;

(i) A person nominated by the department from a division of the department responsible for administering addiction services; and

(j) Two members of the public nominated by the department, one of whom must be an expert in information technology.

TENNESSEE

TENN. CODE ANN. §53-10-303. Controlled substance database advisory committee; membership; meetings; duties and responsibilities

- (a) There is created the controlled substance database advisory committee. The committee members shall be:
- (1) The executive director of the board of pharmacy, who shall serve as database manager;
 - (2) The director of the department of health's division of health-related boards;
 - (3) The executive director of the board of medical examiners;
 - (4) One (1) of the governor-appointed and licensed members of each of the following health care professional licensure boards or committees to be chosen by the licensing board or committee:
 - (A) The board of medical examiners;
 - (B) The board of osteopathic examination;
 - (C) The board of dentistry;
 - (D) The board of registration in podiatry;
 - (E) The optometry board;
 - (F) The board of veterinary medical examiners;
 - (G) The board of nursing;
 - (H) The board of medical examiners' committee for physician assistants; and
 - (I) The board of pharmacy; and
 - (5) One (1) of the members of the board of pharmacy and one (1) of the members of the board of medical examiners who were appointed to those boards to represent the general public. The boards shall choose those representatives.
- (b) The committee shall have a chair and vice-chair, who shall be elected annually from its members.
- (c) The committee shall meet at least annually and as often as deemed necessary either

at the call of the chair or upon request of at least three (3) members of the committee. A quorum for purposes of official actions by the committee shall be seven (7) members.

(d) The members of the committee chosen to serve by the individual licensure boards and committees, while serving on this committee, shall be deemed to be performing official duties as members of their original board or committee and shall be entitled to the same per diem and travel reimbursements as they would receive for performing their duties for their original board or committee. The member's original board or committee shall pay those per diems and travel reimbursements.

(e) At all times, except when considering, reviewing, discussing, advising or taking action in reference to specifically named individuals or dispensers identified from information contained in, or reported to the database, the committee shall be subject to title 8, chapter 44, part 1, regarding public meetings.

(f) The commissioner of health shall have the authority to promulgate all rules and regulations, pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, necessary for implementation of this part. The commissioner of health shall promulgate rules regarding:

- (1) Establishing, maintaining, and operating the database;
- (2) Access to the database and how access is obtained; and
- (3) Control and dissemination of information contained in the database.

(g) The committee shall advise the commissioner of health with respect to any contemplated rulemaking under this part. The committee may make formal recommendations to the commissioner of health.

VERMONT

VT. STAT. ANN. TIT. 18, §4286

§4286. Advisory committee

- (a)(1) The commissioner shall establish an advisory committee to assist in the implementation and periodic evaluation of VPMS.
- (2) The department shall consult with the committee concerning any potential operational or economic impacts on dispensers and health care providers related to transmission system equipment and software requirements.
- (3) The committee shall develop guidelines for use of VPMS by dispensers and health care providers and shall make recommendations concerning under what circumstances, if any, the department shall or may give VPMS data, including data thresholds for such

disclosures, to law enforcement personnel. The committee shall also review and approve advisory notices prior to publication.

(b) The advisory committee shall be chaired by the commissioner or his or her designee and shall include the following members:

- (1) the deputy commissioner for alcohol and drug abuse programs;
- (2) a representative from the Vermont medical society;
- (3) a representative from the American college of emergency physicians-Vermont chapter;
- (4) a representative from the Vermont state nurses association;
- (5) a representative from the Vermont board of medical practice;
- (6) a representative from the Vermont board of pharmacy;
- (7) a pharmacist from the Vermont pharmacists association;
- (8) a representative of the Vermont state dental society;
- (9) the commissioner of public safety;
- (10) a representative of the Vermont attorney general;
- (11) a representative of the Vermont substance abuse treatment providers association;
- (12) a mental health provider or a certified alcohol and drug counselor;
- (13) a consumer in recovery from prescription abuse;
- (14) a consumer receiving medical treatment for chronic pain; and
- (15) any other member invited by the commissioner.

(c) The committee shall meet no less than quarterly in the first year, and no less than annually each following year, but may be convened at any time by the commissioner or the commissioner's designee.

(d) The committee shall issue a report to the senate and house committees on judiciary, the senate committee on health and welfare, and the house committee on human services no later than January 15th in 2008, 2010, and 2012.

(e) This section shall sunset July 1, 2012 and thereafter the committee shall cease to

exist.

VIRGINIA

VA. CODE ANN. §54.1-2520. Program establishment; Director's regulatory authority

...

E. The Director shall also establish an advisory committee within the Department to assist in the implementation and evaluation of the Prescription Monitoring Program.