EVALUATION OF PRESCRIPTION MONITORING PROGRAM – REPORT TO LEGISLATURE

This project was supported by Grant No. G1299ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States of Government.

Clicking on a link below will take you directly to that page.

Introduction

As part of the evaluation process, some states require that the prescription monitoring program, or the advisory committee for the program, make a report to the legislature regarding the effectiveness of the program, typically on an annual basis. Effectiveness measures include a reduction in the inappropriate use of controlled substances and a reduction in the ability of consumers to obtain controlled substances illegally.

Back to Top ↑

Alaska
§ 17.30.200

West's Alaska Statutes Annotated (2013)
Title 17. Food and Drugs
Chapter 30. Controlled Substances
Article 5. Controlled Substance Prescription Database

§ 17.30.200. Controlled substance prescription database

. . .

(m) To assist in fulfilling the program responsibilities, performance measures shall be reported to the legislature annually. Performance measures may include outcomes detailed in the federal prescription drug monitoring program grant regarding efforts to

(1) reduce the rate of inappropriate use of prescription drugs by reporting education efforts conducted by the Board of Pharmacy;

(2) reduce the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit;

(3) increase coordination among prescription drug monitoring program partners; and

(4) involve stakeholders in the planning process.

. . .

Back to Top ↑

Delaware
16 § 4798 (eff. until March 1, 2014)
16 § 4798 (eff. March 1, 2014)

West's Delaware Code Annotated (2013)
Title 16. Health and Safety
Part IV. Food and Drugs
Chapter 47. Uniform Controlled Substances Act
Subchapter VII. Miscellaneous

§ 4798. The Delaware Prescription Monitoring Program

<Text of section effective until March 1, 2014>

(a) It is the intent of the General Assembly that the Delaware Prescription Monitoring Act established pursuant to this section serves as a means to promote public health and welfare and to detect the illegal use of controlled sub-stances. The Delaware Prescription Monitoring Act shall have the dual purpose of reducing misuse and diversion of controlled substances in the State while promoting improved professional practice and patient care.

. . .

(l) The Office of Controlled Substances shall design and implement an evaluation component to identify cost-benefits of the Prescription Monitoring Program, including its effect on diversion and abuse of controlled substances and drugs of concern, and other information relevant to policy, research and education involving controlled substances and drugs of concern monitored by the Prescription Monitoring Program.

(1) The Office of Controlled Substances shall report to the General Assembly the information obtained pursuant to this subsection on an annual basis.

(2) To the extent such information is made available to the Office of Controlled Substances, the report may include information and data, including surveys, polls, or other data from multi-disciplinary experts and stakeholders, relating to the negative or positive impact of the prescription monitoring program on appropriate prescribing practices of controlled substances and drugs of concern.

. . .

West's Delaware Code Annotated (2013)
Title 16. Health and Safety
Part IV. Food and Drugs
Chapter 47. Uniform Controlled Substances Act
Subchapter VII. Miscellaneous

§ 4798. The Delaware Prescription Monitoring Program

<Text of section effective March 1, 2014>

(a) It is the intent of the General Assembly that the Delaware Prescription Monitoring Act established pursuant to this section serves as a means to promote public health and welfare and to detect the illegal use of controlled substances. The Delaware Prescription Monitoring Act shall have the dual purpose of reducing misuse and diversion of controlled substances in the State while promoting improved professional practice and patient care.

. . .

(m) The Office of Controlled Substances shall design and implement an evaluation component to identify cost-benefits of the Prescription Monitoring Program, including its effect on diversion and abuse of controlled substances and drugs of concern, and other information relevant to policy, research and education involving controlled substances and drugs of concern monitored by the Prescription Monitoring Program.

(1) The Office of Controlled Substances shall report to the General Assembly the information obtained pursuant to this subsection on an annual basis.

(2) To the extent such information is made available to the Office of Controlled Substances, the report may include information and data, including surveys, polls, or other data from multi-disciplinary experts and stakeholders, relating to the negative or positive impact of the prescription monitoring program on appropriate prescribing practices of controlled substances and drugs of concern.

. . .

Back to Top ↑

Indiana
Uncodified at this time

§ _____

(a) As used in this section, "committee" refers to the INSPECT interim study committee established by subsection (b).

(b) There is established the INSPECT interim study committee. The committee shall study and make recommendations to the general assembly and the Indiana professional licensing agency concerning the following:

(1) Potential enhancements to the INSPECT (as defined by IC 35-48-7-5.2) program, including real time reporting of collected information, reporting of criminal convictions for crimes involving controlled substances and illegal drugs, use of the NARx Check system, adding legend drugs to the program, and requiring health care practitioners who prescribe medications to use the INSPECT program and other information that would assist health care practitioners.

(2) The beneficial effects and limitations for health care practitioners, pharmacists, and law enforcement of each potential enhancement studied in subdivision (1) with respect to curbing controlled substance abuse.

(c) The committee shall operate under the policies and procedures governing study committees adopted by the legislative council.

(d) The committee consists of the following voting members:

(1) Two (2) senators, not more than one (1) of whom may be a member of the same political party, appointed by the president pro tempore of the senate in consultation with the minority leader of the senate.

(2) Two (2) representatives, not more than (1) of whom may be a member of the same political party, appointed by the speaker of the house of representatives in consultation with the minority leader of the house of representatives.

(3) One (1) practicing emergency physician appointed by the president pro tempore of the senate.

(4) One (1) practicing primary care physician appointed by the president pro tempore of the senate.

(5) One (1) practicing pharmacist appointed by the president pro tempore of the senate.

(6) One (1) employee of a federally qualified health center (as defined in 42 U.S.C. 1396d(1)(2)(B)) appointed by the speaker of the house of representatives.

(7) One (1) hospital administrator appointed by the speaker of the house of representatives.

(8) The attorney general or the attorney general's designee.

(9) The governor or the governor's designee.

The chairman of the legislative council shall appoint the chairperson of the committee from among the members of the general assembly appointed to the committee. The chairperson of the committee serves at the pleasure of the appointing authority.

(e) The affirmative votes of a majority of the members of the committee are required for the committee to take action on any measure, including final reports.

(f) Each member of the committee who is not a member of the general assembly or a state employee is not entitled to per diem or travel expenses.

(g) Each member of the committee who is a state employee but not a member of the general assembly is entitled to the following:

(1) Reimbursement for traveling expenses as provided under IC 4-13-1-4.

(2) Other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(h) Each member of the committee who is a member of the general assembly is entitled to the per diem, mileage, and travel allowances paid to legislative members of interim study committees established by the legislative council.

(i) This section expires December 31, 2013.

Back to Top ↑

Iowa
§ 124.554
§ 124.555

Iowa Code Annotated (2013)
Title IV. Public Health [Chs. 123-158]
Subtitle 1. Alcoholic Beverages and Controlled Substances [Chs. 123-134]
Chapter 124. Controlled Substances
Division VI. Drug Prescribing and Dispensing--Information Program

§ 124.554. Rules and reporting

1. The board and advisory council shall jointly adopt rules in accordance with chapter 17A to carry out the purposes of, and to enforce the provisions of, this division. The rules shall include but not be limited to the development of procedures relating to:

a. Identifying each patient about whom information is entered into the program.

b. An electronic format for the submission of information from pharmacies.

c. A waiver to submit information in another format for a pharmacy unable to submit information electronically.

d. An application by a pharmacy for an extension of time for transmitting information to the program.

e. The submission by an authorized requestor of a request for information and a procedure for the verification of the identity of the requestor.

f. Use by the board or advisory council of the program request records required by section 124.553, subsection 2, to document and report statistical information.

g. Including all schedule II controlled substances and those substances in schedules III and IV that the advisory council and board determine can be addictive or fatal if not taken under the proper care and direction of a prescribing practitioner.

h. Access by a pharmacist or prescribing practitioner to information in the program pursuant to a written agreement with the board and advisory council.

i. The correction or deletion of erroneous information in the program.

2. Beginning January 1, 2007, and annually by January 1 thereafter, the board and advisory council shall present to the general assembly and the governor a report prepared

consistent with section 124.555, subsection 3, paragraph "d", which shall include but not be limited to the following:

a. The cost to the state of implementing and maintaining the program.

b. Information from pharmacies, prescribing practitioners, the board, the advisory council, and others regarding the benefits or detriments of the program.

c. Information from pharmacies, prescribing practitioners, the board, the advisory council, and others regarding the board's effectiveness in providing information from the program.

Iowa Code Annotated (2013)
Title IV. Public Health [Chs. 123-158]
Subtitle 1. Alcoholic Beverages and Controlled Substances [Chs. 123-134]
Chapter 124. Controlled Substances
Division VI. Drug Prescribing and Dispensing--Information Program

§ 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.

Back to Top ↑

Kansas
§ 65-1691

West's Kansas Statutes Annotated (2013)
Chapter 65. Public Health
Article 16. Regulation of Pharmacists

§ 65-1691. Same; board consultation with advisory committee; annual report

In consultation with and upon recommendation of the prescription monitoring program advisory committee, the board shall review the effectiveness of the prescription monitoring program and submit an annual report to the senate standing committee on public health and welfare and the house standing committee on health and human services.

Back to Top ↑

Louisiana
§ 40:1010

West's Louisiana Statutes Annotated (2013)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1010. Evaluation; data analysis; reporting

A. The board shall, in consultation with and upon recommendation of the advisory council, design and implement an evaluation component to identify cost benefits of the prescription monitoring program and other information relevant to policy, research, and education involving controlled substances and drugs monitored by the prescription monitoring program.

B. The board shall report to the appropriate legislative oversight committees on a periodic basis, but in no case less than annually, the cost benefits and other information contained in Subsection A of this Section.

Back to Top ↑

Maine
Resolution

Sec. 1. Substance Abuse Services Commission to develop process to increase prescriber participation and promote use. Resolved: That the Substance Abuse Services Commission, established in the Maine Revised Statutes, Title 5, section 12004-G, subsection 13-C and referred to in this resolve as "the commission," shall develop a process to increase prescriber participation in the Controlled Substances Prescription Monitoring Program, established in Title 22, section 7248 and referred to in this resolve as "the program," through professional licensing boards. The commission shall consult with the licensing boards of prescribers of controlled substances, the Department of Health and Human Services, Office of Substance Abuse and any other interested parties to develop a system that automatically enrolls prescribers in the program at the time of licensing or renewal of a license. The commission shall also develop strategies to promote the use of the program by prescribers; and be it further

Sec. 2. Report. Resolved: That the commission shall report its findings and recommendations pursuant to section 1, along with any suggested legislation, to the Joint Standing Committee on Health and Human Services by January 1, 2014.

Back to Top ↑

Maryland
§ 21-2A-05

West's Annotated Code of Maryland (2013)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-05. Advisory Board on Prescription Drug Monitoring

In general

(a) There is an Advisory Board on Prescription Drug Monitoring in the Department.

Board members

(b) The Board shall consist of the following members:

(1) The Secretary, or the Secretary's designee;

(2) The President of the Maryland Board of Pharmacy, or the President's designee;

(3) The Chair of the Maryland Board of Physicians, or the Chair's designee;

(4) The President of the Maryland Board of Nursing, or the President's designee;

(5) The Chairman of the Maryland Health Care Commission, or the Chairman's designee;

(6) Four physicians and one nurse practitioner with expertise in clinical treatment using controlled dangerous substances, including pain management, substance abuse, and behavioral disorders, appointed by the Secretary after consultation with:

(i) For the physician appointments, the Medical and Chirurgical Faculty of Maryland, the Maryland Physical Medicine and Rehabilitation Society, the Maryland Society of Anesthesiologists, the Maryland-D.C. Society of Clinical Oncology, the Hospice and Palliative Care Network of Maryland, and the Maryland Chapter of the American Academy of Pediatrics; and

(ii) For the nurse practitioner appointment, the Maryland Nurses Association;

(7) One pediatrician, appointed by the Secretary after consultation with the Maryland Chapter of the American Academy of Pediatrics;

(8) Three pharmacists who represent the perspective of independent and chain pharmacies, appointed by the Secretary after consultation with the Maryland Pharmacists Association, the Maryland Association of Chain Drug Stores, and any other appropriate organization;

(9) A local law enforcement official, appointed by the Secretary after consultation with the Maryland Chiefs of Police Association and the Maryland Sheriff's Association; and

(10) Two Maryland residents who represent the perspective of patients, appointed by the Secretary.

Chair

(c) The Secretary shall designate the chair of the Board.

Term and vacancies

(d)(1) The term of a member appointed by the Secretary is 3 years.

(2) The terms of members appointed by the Secretary are staggered as required by the terms provided for members of the Board on October 1, 2011.

(3) If a vacancy occurs during the term of an appointed member, the Secretary shall appoint a successor who shall serve until the term expires.

Compensation and reimbursement for expenses

(e) A member of the Board:

(1) May not receive compensation as a member of the Board; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

Meetings and recommendations to Secretary

(f) The Board shall:

(1) Meet not fewer than three times annually;

(2) Make recommendations to the Secretary relating to the design and implementation of the Program, including recommendations relating to:

(i) Regulations;

(ii) Legislation; and

(iii) Sources of funding, including grant funds under the Harold Rogers Prescription Drug Monitoring Program and other sources of federal, private, or State funds;

(3)(i) Provide within 180 days after its first meeting, in accordance with § 2-1246 of the State Government Article, an interim report to the General Assembly setting forth the Board's analysis and recommendations under item (2) of this subsection relating to the design, implementation, and funding of the Program; and

(ii) Provide annually to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly an analysis of the impact of the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State, including any recommendations related to modification or continuation of the Program; and

(4) Provide ongoing advice and consultation on the implementation and operation of the Program, including recommendations relating to:

(i) Changes in the Program to reflect advances in technology and best practices in the field of electronic health records and electronic prescription monitoring;

(ii) Changes to statutory requirements; and

(iii) The design and implementation of an ongoing evaluation component of the Program.

Consultation with stakeholders and professionals

(g) The Secretary and the Board shall consult with stakeholders and professionals knowledgeable about prescription drug monitoring programs as appropriate to obtain input and guidance about implementation of the Program.

Back to Top ↑

Massachusetts
94C § 24A

Massachusetts General Laws Annotated (2013)
Part I. Administration of the Government (Ch. 1-182)
Title XV. Regulation of Trade (Ch. 93-110H)
Chapter 94C. Controlled Substances Act

§ 24A. Electronic monitoring of the prescribing and dispensing of controlled substances and certain additional drugs

(a)(1) The department shall establish and maintain an electronic system to monitor the prescribing and dispensing of all schedule II to V, inclusive, controlled substances and certain additional drugs by all professionals licensed to prescribe or dispense such substances. For the purposes of this section, "additional drugs" shall mean substances determined by the department to carry a bona fide potential for abuse.

. . .

(k) The department shall submit an annual report on the effectiveness of the prescription monitoring program with the clerks of the house and senate, the chairs of the joint committee on public health, the chairs of the joint committee on health care financing and the chairs of the joint committee on public safety and homeland security.

Back to Top ↑

Michigan
§ 333.7112
§ 333.7113

Michigan Compiled Laws Annotated (2013)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 71. General Provisions

§ 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.

Michigan Compiled Laws Annotated (2013)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 71. General Provisions

§ 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.

Back to Top ↑

Minnesota
§ 152.126

Minnesota Statutes Annotated (2013)
Health (Ch. 144-159)
Chapter 152. Drugs; Controlled Substances
Prescriptions

§ 152.126. Controlled substances prescription electronic reporting system

. . .

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.

. . .

Subd. 8. Evaluation and reporting. (a) The board shall evaluate the prescription electronic reporting system to determine if the system is negatively impacting appropriate prescribing practices of controlled substances. The board may contract with a vendor to design and conduct the evaluation.

(b) The board shall submit the evaluation of the system to the legislature by July 15, 2011.

. . .

Back to Top ↑

Montana
§ 37-7-1514

West's Montana Code Annotated (2013)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1514. Report to legislature

The board shall provide a report to the appropriate interim committees of the legislature each interim, including but not limited to information on:

(1) the cost of establishing and maintaining the registry;

(2) any grants, gifts, or donations received to assist in establishing and maintaining the registry;

(3) how registry information was used; and

(4) how quickly the board was able to answer requests for information from the registry.

Back to Top ↑

New Hampshire
§§ 161:1 – 5

§ 161:1. Committee Established.

There is established a committee to study the use and misuse of prescription drugs in workers' compensation cases.

§ 161:2. Membership and Compensation.

I. The members of the committee shall be as follows:

(a) One member of the senate, appointed by the president of the senate.

(b) Three members of the house of representatives, one of whom shall be a member of the health, human services and elderly affairs committee and one of whom shall be a member of the labor, industrial and rehabilitative services committee, appointed by the speaker of the house of representatives.

II. Members of the committee shall receive mileage at the legislative rate when attending to the duties of the committee.

§ 161:3. Duties.

The committee shall study the extent of misuse and abuse of opiates and other commonly abused prescription medications by injured workers and the direct and indirect social and economic costs of such misuse. The committee shall evaluate the effectiveness of laws in other states and consider possible enhancement of the controlled drug prescription health and safety program, possible establishment of a closed formulary, promulgating establishment of interagency opioid dosing guidelines and pain treatment guidelines governing utilization, and such other areas of inquiry the committee deems relevant to its purpose.

§ 161:4. Chairperson; Quorum.

The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named senate member. The first meeting of the committee shall be held within 45 days of the effective date of this section. Three members of the committee shall constitute a quorum.

§ 161:5. Report.

The committee shall report its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library on or before November 1, 2013.

Back to Top ↑

New York
Public Health Law § 3309-a

McKinney's Consolidated Laws of New York Annotated (2013)
Public Health Law
Chapter 45. Of the Consolidated Laws
Article 33. Controlled Substances
Title I. General Provisions

§ 3309-a. Prescription pain medication awareness program

1. There is hereby established within the department a prescription pain medication awareness program to educate the public and health care practitioners about the risks associated with prescribing and taking controlled substance pain medications.

2. Within the amounts appropriated, the commissioner, in consultation with the commissioner of the office of alcoholism and substance abuse services, shall:

(a) Develop and conduct a public health education media campaign designed to alert youth, parents and the general population about the risks associated with prescription pain medications and the need to properly dispose of any unused medication. In developing this campaign, the commissioner shall consult with and use information provided by the work group established pursuant to subdivision (b) of this section and other relevant professional organizations. The campaign shall include an internet website providing information for parents, children and health care professionals on the risks associated with taking opioids and resources available to those needing assistance with prescription pain medication addiction. Such website shall also provide information regarding where individuals may properly dispose of controlled substances in their community and include active links to further information and resources. The campaign shall begin no later than September first, two thousand twelve.

(b) Establish a work group, no later than June first, two thousand twelve, which shall be composed of experts in the fields of palliative and chronic care pain management and addiction medicine. Members of the work group shall receive no compensation for their services, but shall be allowed actual and necessary expenses in the performance of their duties pursuant to this section. The work group shall:

(i) Report to the commissioner regarding the development of recommendations and model courses for continuing medical education, refresher courses and other training materials for licensed health care professionals on appropriate use of prescription pain medication. Such recommendations, model courses and other training materials shall be submitted to the commissioner, who shall make such information available for the use in medical education, residency programs, fellowship programs, and for use in continuing medication education programs no later than January first, two thousand thirteen. Such recommendations also shall

include recommendations on: (A) educational and continuing medical education requirements for practitioners appropriate to address prescription pain medication awareness among health care professionals; (B) continuing education requirements for pharmacists related to prescription pain medication awareness; and (C) continuing education in palliative care as it relates to pain management, for which purpose the work group shall consult the New York state palliative care education and training council;

(ii) No later than January first, two thousand thirteen, provide outreach and assistance to health care professional organizations to encourage and facilitate continuing medical education training programs for their members regarding appropriate prescribing practices for the best patient care and the risks associated with overprescribing and underprescribing pain medication;

(iii) Provide information to the commissioner for use in the development and continued update of the public awareness campaign, including information, resources, and active web links that should be included on the website; and

(iv) Consider other issues deemed relevant by the commissioner, including how to protect and promote the access of patients with a legitimate need for controlled substances, particularly medications needed for pain management by oncology patients, and whether and how to encourage or require the use or substitution of opioid drugs that employ tamper-resistance technology as a mechanism for reducing abuse and diversion of opioid drugs.

3. On or before September first, two thousand twelve, the commissioner, in consultation with the commissioner of the office of alcoholism and substance abuse services, the commissioner of education, and the executive secretary of the state board of pharmacy, shall add to the workgroup such additional members as appropriate so that the workgroup may provide guidance in furtherance of the implementation of the I-STOP act. For such purposes, the workgroup shall include but not be limited to consumer advisory organizations, health care practitioners and providers, oncologists, addiction treatment providers, practitioners with experience in pain management, pharmacists and pharmacies, and representatives of law enforcement agencies.

4. The commissioner shall report to the governor, the temporary president of the senate and the speaker of the assembly no later than March first, two thousand thirteen, and annually thereafter, on the work group's findings. The report shall include information on opioid overdose deaths, emergency room utilization for the treatment of opioid overdose, the utilization of pre-hospital addiction services and recommendations to reduce opioid addiction and the consequences thereof. The report shall also include a recommendation as to whether subdivision two of section thirty-three hundred forty-three-a of this article should be amended to require practitioners prescribing or dispensing certain identified schedule V controlled substances to comply with the consultation requirements of such subdivision.

Back to Top ↑

Ohio
§ 4729.85

Baldwin's Ohio Revised Code Annotated (2013)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Miscellaneous Provisions

§ 4729.85 Pharmacy board to file biennial reports; contents

(A) If the state board of pharmacy establishes and maintains a drug database pursuant to section 4729.75 of the Revised Code, the board shall present a biennial report to the standing committees of the house of representatives and the senate that are primarily responsible for considering health and human services issues. The initial report shall be presented not later than two years after the database is established.

(B) Each report presented under this section shall include all of the following:

(1) The cost to the state of establishing and maintaining the database;

(2) Information from terminal distributors of dangerous drugs, prescribers, and the board regarding the board's effectiveness in providing information from the database;

(3) The board's timeliness in transmitting information from the database.

Back to Top ↑

Oregon
§ 431.962 (eff. until Jan. 1, 2014)
§ 431.962 (eff. Jan. 1, 2014)

West's Oregon Revised Statutes Annotated (2013)
Title 36. Public Health and Safety
Chapter 431. State and Local Administration and Enforcement of Health Laws
Prescription Monitoring Program
(Program)

§ 431.962. Prescription monitoring program

<Text of section effective until January 1, 2014>

(1)(a) The Oregon Health Authority, in consultation with the Prescription Monitoring Program Advisory Commission, shall establish and maintain a prescription monitoring program for monitoring and reporting prescription drugs dispensed by pharmacies in Oregon that are classified in schedules II through IV under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified under ORS 475.035.

(b)(A) To fulfill the requirements of this subsection, the authority shall establish, maintain and operate an electronic system to monitor and report drugs described in paragraph (a) of this subsection that are dispensed by prescription.

(B) The system must operate and be accessible by practitioners and pharmacies 24 hours a day, seven days a week.

(C) The authority may contract with a state agency or private entity to ensure the effective operation of the electronic system.

(2) In consultation with the commission, the authority shall adopt rules for the operation of the electronic prescription monitoring program established under subsection (1) of this section, including but not limited to standards for:

(a) Reporting data;

(b) Providing maintenance, security and disclosure of data;

(c) Ensuring accuracy and completeness of data;

(d) Complying with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under it, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality laws and regulations adopted under those laws,

including 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505, 192.517 and 192.553 to 192.581;

(e) Ensuring accurate identification of persons or entities requesting information from the database;

(f) Accepting printed or nonelectronic reports from pharmacies that do not have the capability to provide electronic reports; and

(g) Notifying a patient, before or when a drug classified in schedules II through IV is dispensed to the patient, about the prescription monitoring program and the entry of the prescription in the system.

(3) The authority shall submit an annual report to the commission regarding the prescription monitoring program established under this section.

West's Oregon Revised Statutes Annotated (2013)
Title 36. Public Health and Safety
Chapter 431. State and Local Administration and Enforcement of Health Laws
Prescription Monitoring Program
(Program)

§ 431.962. Prescription monitoring program

<Text of section effective January 1, 2014>

(1)(a) The Oregon Health Authority, in consultation with the Prescription Monitoring Program Advisory Commission, shall establish and maintain a prescription monitoring program for monitoring and reporting prescription drugs dispensed by pharmacies in Oregon that are classified in schedules II through IV under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified by the State Board of Pharmacy by rule under ORS 475.035.

(b)(A) To fulfill the requirements of this subsection, the authority shall establish, maintain and operate an electronic system to monitor and report drugs described in paragraph (a) of this subsection that are dispensed by prescription.

(B) The system must operate and be accessible by practitioners and pharmacies 24 hours a day, seven days a week.

(C) The authority may contract with a state agency or private entity to ensure the effective operation of the electronic system.

(2) In consultation with the commission, the authority shall adopt rules for the operation of the electronic prescription monitoring program established under subsection (1) of this section, including but not limited to standards for:

(a) Reporting data;

(b) Providing maintenance, security and disclosure of data;

(c) Ensuring accuracy and completeness of data;

(d) Complying with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under it, including 45 C.F.R. parts 160 and 164, federal alcohol and drug treatment confidentiality laws and regulations adopted under those laws, including 42 C.F.R. part 2, and state health and mental health confidentiality laws, including ORS 179.505, 192.517 and 192.553 to 192.581;

(e) Ensuring accurate identification of persons or entities requesting information from the database;

(f) Accepting printed or nonelectronic reports from pharmacies that do not have the capability to provide electronic reports; and

(g) Notifying a patient, before or when a drug classified in schedules II through IV is dispensed to the patient, about the prescription monitoring program and the entry of the prescription in the system.

(3) The authority shall submit an annual report to the commission regarding the prescription monitoring program established under this section.

Back to Top ↑

Tennessee
§ 53-10-309 (eff. until July 1, 2016)
§ 53-10-309 (eff. July 1, 2016)

West's Tennessee Code Annotated (2013)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2012

§ 53-10-309. Annual committee reporting

<Text of section effective until July 1, 2016>

The committee shall report annually on the outcome of the program with respect to its effect on distribution and abuse of controlled substances, including recommendations for improving control and prevention of diversion of controlled substances in this state. The committee's annual report shall include information about the prescribing and dispensing patterns of prescribers and dispensers, and this data shall be made available electronically to prescribers and dispensers in a format that will allow them to compare their prescribing and dispensing patterns to those of their peers. The committee shall also file an annual report with the health and welfare committee of the senate and the health committee of the house of representatives starting on or by February 1, 2008, and each year thereafter to include a monthly analysis about tracking the individuals or entities that access the database and the security measures taken to ensure that only authorized persons or entities access the database. In addition to the annual report submitted to the general assembly by the committee, authorized committee, board, or department of health personnel engaged in analysis of controlled substance prescription information as a part of the assigned duties and responsibilities of their employment shall release information from the database requested by a member of the general assembly that is related to research, statistical analysis, or education of health care practitioners relative to controlled substances. However, no report released pursuant to this section shall contain the name or other identifying information of a specific prescriber, dispenser or healthcare practitioner extender contained in the report. All information released from the database for such a report shall be in the aggregate.

West's Tennessee Code Annotated (2013)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2012

§ 53-10-309. Annual committee reporting

<Text of section effective July 1, 2016>

The committee shall report annually on the outcome of the program with respect to its effect on distribution and abuse of controlled substances, including recommendations for improving control and prevention of diversion of controlled substances in this state. The committee shall also file an annual report with the health and welfare committee of the senate and the health committee of the house of representatives starting on or by February 1, 2008, and each year thereafter to include a monthly analysis about tracking the individuals or entities that access the database and the security measures taken to ensure that only authorized persons or entities access the database. In addition to the annual report submitted to the general assembly by the committee, authorized committee, board, or department of health personnel engaged in analysis of controlled substance prescription information as a part of the assigned duties and responsibilities of their employment shall release information from the database requested by a member of the general assembly that is related to research, statistical analysis, or education of health care practitioners relative to controlled substances. However, no report released pursuant to this section shall contain the name or other identifying information of a specific prescriber or pharmacist contained in the report. All information released from the database for such a report shall be in the aggregate.

Back to Top ↑

Vermont
Uncodified

Report on Integration of Electronic Medical Records and the Vermont Prescription Monitoring System

On or before December 1, 2014, the Department of Health shall provide to the House Committees on Human Services and on Health Care, the Senate Committee on Health and Welfare, and the House and Senate Committees on Judiciary a report evaluating the potential for the integration of electronic medical records with the VPMS. The report shall include an assessment of the feasibility of the integration, identification of potential barriers to the integration, and an estimate of the costs associated with the integration.

Back to Top ↑

West Virginia
§ 60A-9-5

West's Annotated Code of West Virginia (2013)
Chapter 60A. Uniform Controlled Substances Act
Article 9. Controlled Substances Monitoring

§ 60A-9-5. Confidentiality; limited access to records; period of retention; no civil liability for required reporting

. . .

(j) The Board of Pharmacy shall provide an annual report on the West Virginia Controlled Substance Monitoring Program to the Legislative Oversight Commission on Health and Human Resources Accountability with recommendations for needed legislation no later than January 1 of each year.

Back to Top ↑