STATES THAT REQUIRE ALL LICENSED PRESCRIBERS AND/OR DISPENSERS TO REGISTER WITH THE STATE PRESCRIPTION MONITORING PROGRAM

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Introduction

Some states have begun to require that prescribers and/or dispensers register with the prescription monitoring program as a way to encourage the use of the program. In 2013, four states joined the eight states that previously required registration, and that number will likely grow in coming years.

All states require registration prior to allowing direct access to the database, but this memorandum deals exclusively with states that require *all* prescribers and/or dispensers to register with the prescription monitoring program.

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Alabama

§ 34-24-604
ADC 540-X-18-.05

Code of Alabama (2014)
Title 34. Professions and Businesses.
Chapter 24. Physicians and Other Practitioners of Healing Arts.
Article 11. Alabama Pain Management Act.

§ 34-24-604. Annual registration.

(a) Beginning January 1, 2014, and continuing each year thereafter:

(1) All physicians providing pain management services shall obtain a pain management registration from the board.

(2) All physicians who otherwise meet the criteria established by the board shall obtain a pain management registration from the board.

(b) To register, a physician applicant shall submit the following to the board:

(1) A completed application on a form prescribed by the board.

(2) Proof of a current drug enforcement administration registration.

(3) Proof of an Alabama controlled substances certificate.

(4) Proof of a current registration with the Alabama Prescription Drug Monitoring Program.

(5) The results of a criminal background check. Each applicant shall submit a complete set of fingerprints to the board. The board shall submit the fingerprints provided by each applicant for registration to provide pain management services to the Alabama Bureau of Investigation. The fingerprints shall be forwarded by the ABI to the Federal Bureau of Investigation for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the applicant. The board shall keep information received pursuant to this section confidential, except that such information received and relied upon in denying the registration of a physician to provide pain management services in this state may be disclosed as may be necessary to support the denial.

(6) A list of all registrants who own, co-own, operate, or provide pain management services in the practice location.

(7) The disclosure of any controlled substances certificate or registration denial, restriction, or discipline imposed on the registrant, or any disciplinary act against the license of the registrant.

(8) Payment of the initial registration fee as set forth in this section and in the rules of the Alabama Board of Medical Examiners.

(9) A certification listing the current name of the physician who will serve as the medical director.

(10) Any other information requested by the board related to the qualifications to, or the provision of, providing pain management services.

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Alabama Administrative Code (2013)
Alabama Board of Medical Examiners
Chapter 540-X-18. Qualified Alabama Controlled Substances Registration Certificate (Qacsc) for Certified Registered Nurse Practitioners (Crnp) and Certified Nurse Midwives (Cnm)

540-X-18-.05. Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC).

(1) Renewal of a QACSC shall be annually on or before January 1 of each year. An application for annual renewal of a QACSC shall be received by the Board on or before December 31 and shall be accompanied by the required QACSC renewal fee.

(2) As a requirement for renewing a QACSC, a CRNP or CNM shall obtain four (4) AMA PRA Category 1 credits™ or equivalent regarding the prescribing of controlled substances every two years.

(3) Before renewing a Qualified Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.

(4) Before renewing a Qualified Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Administration.

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Arizona
§ 36-2606

Arizona Revised Statutes Annotated (2014)
Title 36. Public Health and Safety
Chapter 28. Controlled Substances Prescription Monitoring Program
Article 1. General Provisions

§ 36-2606. Registration; requirements

A. Beginning November 1, 2007 and pursuant to rules adopted by the board, each medical practitioner who is issued a license pursuant to title 32 and who possesses a registration under the federal controlled substances act must have a current controlled substances prescription monitoring program registration issued by the board. The registration is:

1. Subject to biennial renewal as specified in this article.

2. Not transferable or assignable.

3. Valid only in conjunction with a valid license issued by a professional licensing board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 21, 25 or 29.

B. An applicant for registration pursuant to this section must submit an application as prescribed by the board.

C. The board shall assign all persons registered under this article to one of two registration renewal groups. The holder of a registration ending in an even number must renew the registration biennially on or before May 1 of the next even-numbered year. The holder of a registration ending in an odd number must renew the registration biennially on or before May 1 of the next odd-numbered year. The board shall automatically suspend the registration of any registrant who fails to renew the registration on or before May 1 of the year in which the renewal is due. The board shall vacate a suspension if the registrant submits a renewal application. A suspended registrant is prohibited from accessing information in the prescription monitoring program database tracking system.

D. A registrant shall not apply for registration renewal more than sixty days before the expiration date of the registration.

E. An applicant for registration renewal pursuant to this section must submit a renewal application prescribed by the board by rule.

F. Pursuant to a fee prescribed by the board by rule, the board may issue a replacement registration to a registrant who requests a replacement because the original was damaged or destroyed, because of a change of name or for any other good cause as prescribed by the board.

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California
Health & Safety § 11165.1

West's Annotated California Codes (2014)
Health and Safety Code
Division 10. Uniform Controlled Substances Act
Chapter 4. Prescriptions
Article 1. Requirements of Prescriptions

§ 11165.1. Disclosure of Controlled Substance Utilization Review and Evaluation System data

(a)(1) (A)(i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber accessing information for any other reason than caring for his or her patients.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

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Connecticut
§ 21a-317

Connecticut General Statutes Annotated (2014)
Title 21A. Consumer Protection
Chapter 420C. Controlled Substance Registration

§ 21a-317. Registration required

Every practitioner who distributes, administers or dispenses any controlled substance or who proposes to engage in distributing, prescribing, administering or dispensing any controlled substance within this state shall (1) obtain a certificate of registration issued by the Commissioner of Consumer Protection in accordance with the provisions of this chapter, and (2) register for access to the electronic prescription drug monitoring program established pursuant to subsection (j) of section 21a-254. Registration for access to said program shall be in a manner prescribed by said commissioner.

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Delaware
16 § 4798

West's Delaware Code Annotated (2014)
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 upon the availability of appropriations, or of other adequate funding to implement and maintain the Prescription Monitoring Program and upon 3-1-2014. See Historical and Statutory Notes below.>

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(u) All prescribers who hold a registration pursuant to § 4732 of this title shall register with the Prescription Monitoring Program on or before January 1, 2014. All dispensers located in the State of Delaware that hold a registration pursuant to § 4732 of this title shall ensure that all pharmacists dispensing at the registrant's place of business are registered with the Prescription Monitoring Program on or before January 1, 2014. A violation of this subsection may serve as a basis for discipline pursuant to § 4735 of this title.

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Kentucky

§ 218A.202
201 KAR 5:130
201 KAR 9:230
201 KAR 25:011
201 KAR 25:021

Baldwin's Kentucky Revised Statutes Annotated (2014)
Title XVIII. Public Health
Chapter 218A. Controlled Substances

§ 218A.202 Electronic system for monitoring controlled substances; required registration and reporting; penalty for illegal use of system; pilot or continuing project; continuing education programs; reports of failure to comply with section; administrative regulations

(1) The Cabinet for Health and Family Services shall establish an electronic system for monitoring Schedules II, III, IV, and V controlled substances that are dispensed within the Commonwealth by a practitioner or pharmacist or dispensed to an address within the Commonwealth by a pharmacy that has obtained a license, permit, or other authorization to operate from the Kentucky Board of Pharmacy. The cabinet may contract for the design, upgrade, or operation of this system if the contract preserves all of the rights, privileges, and protections guaranteed to Kentucky citizens under this chapter and the contract requires that all other aspects of the system be operated in conformity with the requirements of this or any other applicable state or federal law.

(2) A practitioner or a pharmacist authorized to prescribe or dispense controlled substances to humans shall register with the cabinet to use the system provided for in this section and shall maintain such registration continuously during the practitioner's or pharmacist's term of licensure and shall not have to pay a fee or tax specifically dedicated to the operation of the system.

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Kentucky Administrative Regulations (2014)
Title 201. General Government Cabinet
Chapter 5. Board of Optometric Examiners

201 KAR 5:130. Controlled substances

Section 1. Prescribing Standards. (1) A Kentucky licensed optometrist authorized to prescribe controlled substances for humans shall:

(a) Have a current and valid DEA number;

(b) Register with Kentucky All Schedule Prescription Electronic Reporting (KASPER);

(c) Prescribe controlled substances only for the treatment or relief of pain for a condition of the eye and its appendages;

(d) Prescribe only Schedule III, IV, or V controlled substances;

(e) Prescribe controlled substances for a quantity therapeutically sufficient, up to seventy-two (72) hours;

(f) Examine the patient face-to-face and in-person prior to prescribing a controlled substance;

(g) Verify the fact that the patient that is prescribed a controlled substance is who the patient claims to be;

(h) Establish a documented diagnosis through the use of accepted medical practices; and

(i) Keep accurate, readily accessible medical records which shall include:

1. History and eye examination;

2. Diagnostic, therapeutic, and laboratory results;

3. Evaluations and consultations;

4. Treatment objectives;

5. Discussions of risk, benefits, and limitations of treatments;

6. Treatments;

7. Medication including date, type, dosage, and quantity prescribed; and

8. Instructions and agreements.

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Kentucky Administrative Regulations (2014)
Title 201. General Government Cabinet
Chapter 9. Board of Medical Licensure

201 KAR 9:230. Required registration in the KASPER system; legal requirements for prescribing controlled substances in the Commonwealth of Kentucky; enforcement

Section 1. (1) In order to lawfully prescribe or dispense a controlled substance within the Commonwealth of Kentucky, a licensee shall:

(a) Hold a valid DEA permit to do so; and

(b) Be registered to use the KASPER system as required by KRS 218A.202.

(2) Prescribing or dispensing a controlled substance without a valid DEA permit or KASPER registration, as required by subsection (1) of this section, shall constitute a violation of KRS 311.595(9) and (12) which constitutes an immediate danger to the public health, safety, or welfare, for the purposes of KRS 311.592 and 13B.125.

(3)(a) If the board receives documentation from the Cabinet for Health and Family Services that a licensee holds a valid DEA permit to prescribe or dispense controlled substances to humans within the Commonwealth of Kentucky, but is not currently registered with the cabinet to use the KASPER system as required by KRS 218A.202, the board shall immediately send written notice, by certified mail return receipt requested, to the physician that the physician is required to register with the Cabinet for Health and Family Services to use the KASPER system within seven (7) days of receipt of the written notice.

(b) At the end of the seven (7) day period, the board shall confirm with the Cabinet for Health and Family Services that the physician registered with the cabinet to use the KASPER system.

(c) If the physician failed to register with the Cabinet for Health and Family Services to use the KASPER system within the seven (7) days following receipt of the written notice, the appropriate inquiry panel or its chair shall promptly issue an emergency order restricting that licensee from prescribing or dispensing controlled substances within the Commonwealth of Kentucky until the licensee has registered with the cabinet to use the KASPER system.

(4)(a) An emergency order restricting a licensee from prescribing or dispensing controlled substances within the Commonwealth of Kentucky issued pursuant to subsection (3)(c) of this section shall remain valid and in effect until the board has received written verification from the cabinet that the licensee has registered with the cabinet to use the KASPER system.

(b) Upon receipt of the written verification, the panel or its chair shall immediately issue an order terminating the emergency order issued pursuant to subsection (3)(c) of this section.

(5) If a licensee who is affected by an emergency order issued pursuant to subsection (3)(c) of this section requests an emergency hearing pursuant to KRS 13B.125(3), the hearing officer conducting the emergency hearing shall affirm the emergency order of restriction if presented with a written notification on cabinet letterhead stating that the affected licensee holds a valid DEA permit but is not registered with the cabinet to use the KASPER system as required by KRS 218A.202.

Section 2. If a licensee prescribes or dispenses a controlled substance within the Commonwealth of Kentucky during any period when the licensee is not registered with the cabinet to use the KASPER system, each instance of prescribing or dispensing shall constitute a separate violation of KRS 311.595(12) and (9), as illustrated by KRS 311.597(1)(b) and shall serve as the basis for disciplinary sanctions pursuant to KRS 311.595.

Kentucky Administrative Regulations (2014)
Title 201. General Government Cabinet
Chapter 25. Board of Podiatry

201 KAR 25:011. Approved schools; examination application; fees

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Section 5. Requirements for a person issued a license by the board. (1) A person who has been approved for a license from the board shall register with the Kentucky All-Schedule Prescription Electronic Reporting System (KASPER) administered by the Cabinet for Health and Family Services after issuance of the license and immediately submit proof of the registration to the board.

(2) A person who has received a license from the board shall not prescribe any controlled substance before he or she is registered with KASPER.

(3) The board shall temporarily suspend a license pursuant to 201 KAR 23:051, Section 5 of this administrative regulation, if a licensee:

(a)1. Fails to register with KASPER after the approval for licensure by the board; or

2. Prescribes a controlled substance prior to registration with KASPER.

(b) In addition to the temporary suspension, the board may take additional disciplinary action against a license pursuant to KRS 311.480.

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Kentucky Administrative Regulations (2014)
Title 201. General Government Cabinet
Chapter 25. Board of Podiatry

201 KAR 25:021. Annual renewal of licenses, fees

Section 1. (1) The annual renewal fee, in the amount of $150 shall be attached to the completed annual renewal notice when the notice is returned to the board by the podiatrist seeking licensure renewal.

(2) The annual renewal fee shall be made payable to the Kentucky State Treasurer in United States currency by certified check, cashier's check, postal money order, personal check, or credit card.

(3) All information requested on the annual renewal notice form shall be furnished to the board when the completed annual renewal notice form is returned to the board, together with a statement of compliance with the continuing education administrative regulations of the board.

(4) Every renewal application shall include proof of current registration with the Kentucky All-Schedule Prescription Electronic Reporting System (KASPER) administered by the Cabinet for Health and Family Services.

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Maine
22 § 7249

Maine Revised Statutes Annotated (2014)
Title 22. Health and Welfare
Subtitle 4. Human Services
Part 3. Drug Abuse
Chapter 1603. Controlled Substances Prescription Monitoring

§ 7249. Reporting of prescription monitoring information

1. Information required. Each dispenser shall submit to the department, by electronic means or other format specified in a waiver granted by the department, specific items of information regarding dispensed controlled substances determined by the office from the following list:

A. The dispenser identification number;

B. The date the prescription was filled;

C. The prescription number;

D. Whether the prescription is new or is a refill;

E. The National Drug Code (NDC) for the drug dispensed;

F. The quantity dispensed;

G. The dosage;

H. The patient identification number;

I. The patient name;

J. The patient address;

K. The patient date of birth;

L. The prescriber identification number;

M. The date the prescription was issued by the prescriber; and

N. The department-issued serial number if the department chooses to establish a serial prescription system.

2. Frequency. Each dispenser shall submit the information required under subsection 1 as frequently as specified by the department.

3. Waiver. The department may grant a waiver of the electronic submission requirement under subsection 1 to any dispenser for good cause, including financial hardship, as determined by the department. The waiver must state the format and frequency with which the dispenser is required to submit the required information.

4. Immunity from liability. A dispenser is immune from liability for disclosure of information if the disclosure was made pursuant to and in accordance with this chapter.

5. Participation requirements. If less than 90% of the prescribers in a class of prescribers described in paragraphs A to F are registered in the program on January 1, 2014, then all the members of that class of prescribers shall register in the program by March 1, 2014. The following are the classes of prescribers that are subject to the provisions of this subsection:

A. Allopathic physicians licensed pursuant to Title 32, chapter 48, subchapter 2;

B. Osteopathic physicians licensed pursuant to Title 32, chapter 36;

C. Dentists licensed pursuant to Title 32, chapter 16, subchapter 3;

D. Physician assistants licensed pursuant to Title 32, chapter 48, subchapter 2;

E. Podiatrists licensed pursuant to Title 32, chapter 51; and

F. Advanced practice registered nurses licensed pursuant to Title 32, chapter 31, subchapter 3.

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Massachusetts
94C § 7A

Massachusetts General Laws Annotated (2014)
Part I. Administration of the Government (Ch. 1-182)
Title XV. Regulation of Trade (Ch. 93-110H)
Chapter 94C. Controlled Substances Act

§ 7A. Registration as participant in prescription monitoring program

Upon obtaining or renewing a registration under section 7, a practitioner who prescribes controlled substances shall automatically and without further action be registered as a participant in the prescription monitoring program established in section 24A. The department shall provide each participant with a unique user name and access code for the program. For the purposes of this section, a practitioner shall not include a veterinarian.

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Mississippi
ADC § 30-17-2640:1.15

West's Mississippi Administrative Code (2014)
Title 30. Professions and Occupations
Subtitle 17. Board of Medical Licensure
Part 2640. Prescribing, Administering and Dispensing
Chapter 1. Rules Pertaining to Prescribing, Administering and Dispensing of Medication

30-17-2640:1.15. Pain Management Medical Practice.

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I. Physicians and physician assistants practicing in a registered pain practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report shall be obtained on the initial visit and at intervals deemed appropriate for good patient care from the MPMP for every patient receiving controlled substances in a registered pain management practice.

J. Requirements for Physician Assistants Practicing in Pain Management Medical Practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:

1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, that is not designated as limited, restricted, retired, temporary, or in-training;

2. Physician assistants with approved prescriptive authority must obtain 15 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a Board registered pain practice;

3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and

4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).

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New Hampshire
§ 318-B:33

Revised Statutes Annotated of the State of New Hampshire (2014)
Title XXX. Occupations and Professions (Ch. 309 to 332-J)
Chapter 318-B. Controlled Drug Act

§ 318-B:33 Controlled Drug Prescription Health and Safety Program Operation.

I. The board shall develop a system of registration for all prescribers and dispensers of schedule II-IV controlled substances within the state. The system of registration shall be established by rules adopted by the board, pursuant to RSA 541-A.

II. All prescribers and dispensers authorized to prescribe or dispense schedule II-IV controlled substances within the state shall be required to register with the program. Only registered prescribers and dispensers shall be eligible to access the program.

III. Each dispenser shall submit to the program the information regarding each dispensing of a schedule II-IV controlled substance. Any dispenser located outside the boundaries of the state of New Hampshire and who is licensed and registered by the board shall submit information regarding each prescription dispensed to a patient who resides within New Hampshire.

IV. Each dispenser required to report under paragraph III of this section shall submit to the program by electronic means information for each dispensing that shall include, but not be limited to:

(a) Dispenser's Drug Enforcement Administration (DEA) registration number.

(b) Prescriber's DEA number.

(c) Date of dispensing.

(d) Prescription number.

(e) Number of refills granted.

(f) National Drug Code (NDC) of drug dispensed.

(g) Quantity dispensed.

(h) Number of days supply of drug.

(i) Patient's name.

(j) Patient's address.

(k) Patient's date of birth.

(l) Patient's telephone number, if available.

(m) Date prescription was written by prescriber.

(n) Whether the prescription is new or a refill.

(o) Source of payment for prescription.

V. Each dispenser shall submit the required information in accordance with transmission methods and frequency as established by the program; but no more than 7 days from the date the prescription was dispensed.

VI. The program may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided all information required by paragraph IV is submitted in this alternative format and within the established time limit.

VII. The program may grant a reasonable extension to a dispenser that is unable, for good cause, to submit all the information required by paragraph IV within the established time limits.

VIII. Any dispenser who in good faith reports to the program as required by paragraphs III and IV shall be immune from any civil or criminal liability as the result of such good faith reporting.

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New Mexico

ADC 16.5.57
ADC 16.10.14
ADC 16.19.20
ADC 16.21.9

Code of New Mexico Rules (2014)
Title 16. Occupational and Professional Licensing
Chapter 5. Dentistry (Dentists, Dental Hygienists, etc.)
Part 57. Management of Pain with Controlled Substances

16.5.57. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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16.5.57.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of requiring participation in the PMP is to assist dentists in balancing the safe use of controlled substances with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. A dentist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A dentist shall before prescribing, ordering, administering or dispensing a controlled susbstance listed in Schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when one of the following exists:

(1) the patient is a new patient of the dentist, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III and IV drugs are prescribed for a period greater than 10 days; and

(2) during the continuous use of controlled substances by established patients a PMP shall be requested a minimum of once every six months.

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Code of New Mexico Rules (2014)
Title 16. Occupational and Professional Licensing
Chapter 10. Medicine and Surgery Practitioners
Part 14. Management of Pain with Controlled Substances

16.10.14. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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16.10.14.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of the New Mexico medical board in requiring participation in the PMP is to assist practitioners in balancing the safe use of controlled substances with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. A health care practitioner who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A health care practitioner shall, before prescribing, ordering, administering or dispensing a controlled substance listed in Schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when one of the following situations exists:

(1) the patient is a new patient of the practitioner, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III, and IV drugs are prescribed for a period greater than 10 days; and

(2) during the continuous use of opioids by established patients a PMP shall be requested and reviewed a minimum of once every six months.

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Code of New Mexico Rules (2014)
Title 16. Occupational and Professional Licensing
Chapter 19. Pharmacists
Part 20. Controlled Substances

16.19.20. CONTROLLED SUBSTANCES

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16.19.20.8 REGISTRATION REQUIREMENTS: Persons required to register:

A. manufacture - term includes repackagers;

B. distributors - term includes wholesale drug distributors;

C. dispensers - pharmacies, hospital pharmacies, clinics (both health and veterinarian);

D. practitioners - includes a physician, doctor of oriental medicine, dentist, physician assistant, certified nurse practitioner, clinical nurse specialist, certified nurse-midwife, veterinarian, pharmacist, pharmacist clinician, certified registered nurse anesthetists, psychologists, chiropractic examiner, euthanasia technicians or other person licensed or certified to prescribe and administer drugs that are subject to the Controlled Substances Act. **Practitioners must register with the New Mexico prescription monitoring program in conjunction with their controlled substance registration.**

E. scientific investigators or researchers;

F. analytical laboratories and chemical analysis laboratories;

G. teaching institutes;

H. special projects and demonstrations which bear directly on misuse or abuse of controlled substances - may include public agencies, institutions of higher education and private organizations;

I. registration waiver: an individual licensed practitioner (e.g., intern, resident, staff physician, mid-level practitioner) who is an agent or employee of a hospital or clinic, licensed by the board, may, when acting in the usual course of employment or business, order controlled substances, for administration to the patients of the facility, under controlled substance registration of the hospital or clinic in which he or she is employed provided that:

(1) the ordering of controlled substances for administration, to the patients of the hospital or clinic, is in the usual course of professional practice and the hospital or clinic authorizes the practitioner to order con-trolled substances for the administration to its patients under its state controlled substance registration;

(2) the hospital or clinic has verified with the practitioner's licensing board that the practitioner is permitted to order controlled substances within the state;

(3) the practitioner acts only within their scope of employment in that hospital or clinic;

(4) the hospital or clinic maintains a current list of practitioners given such authorization and includes the practitioner's full name, date of birth, professional classification and license number, and home and business addresses and phone numbers;

(5) the list is available at all times to board inspectors, the D.E.A., law enforcement and health professional licensing boards; and

(6) the hospital or clinic shall submit a current list of authorized practitioners with each hospital or clinic controlled substance renewal application.

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Code of New Mexico Rules (2014)
Title 16. Occupational and Professional Licensing
Chapter 21. Podiatrists
Part 9. Management of Pain with Controlled Substances

16.21.9. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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16.21.9.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of the New Mexico board of podiatry in requiring participation in the PMP is to assist practitioners in balancing the promotion of the safe use of controlled substances for the provision of medical care and services with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. A podiatrist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A podiatrist shall, before prescribing, ordering, administering or dispensing a controlled substance listed in Schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when one of the following situations exists:

(1) the patient is a new patient of the podiatrist, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III, and IV drugs are prescribed for a period greater than 10 days; and

(2) during the continuous use of opioids by established patients a PMP shall be requested and reviewed a minimum of once every six months.

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Tennessee
§ 53-10-305

West's Tennessee Code Annotated (2014)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2012

§ 53-10-305. Controlled substance database registration; dispenser information; electronic transmission

<Text of section effective until July 1, 2016>

(a) All prescribers with DEA numbers who prescribe controlled substances and dispensers in practice providing direct care to patients in Tennessee for more than fifteen (15) calendar days per year shall be registered in the controlled substance database. New licensees shall have up to thirty (30) calendar days after notification of licensure to register in the database. Licensed veterinarians who never prescribe a controlled substance in an amount intended to treat a non-human patient for more than forty-eight (48) hours shall not be required to register in the database.

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Utah
§ 58-37f-401

West's Utah Code Annotated (2013)
Title 58. Occupations and Professions
Chapter 37F. Controlled Substance Database Act
Part 4. Registration and Training

§ 58-37f-401. Database registration required--Penalties for failure to register

(1) Each individual, other than a veterinarian, who, on June 30, 2010, has a license to prescribe a controlled substance under Chapter 37, Utah Controlled Substances Act, but is not registered with the division to use the database shall, on or before September 30, 2010, register with the division to use the database.

(2) Each individual who, on November 1, 2012, is registered with the division to use the database shall, on or before January 1, 2013, participate in the online tutorial and pass the online test described in Section 58-37f-402.

(3)(a) An individual who is not a veterinarian, who obtains a new license to prescribe a controlled substance under Chapter 37, Utah Controlled Substances Act, shall, within 30 days after the day on which the individual obtains a license to prescribe a controlled substance from the Drug Enforcement Administration, register with the division to use the database.

(b) An individual who is not a veterinarian may not renew a license to prescribe a controlled substance under Chapter 37, Utah Controlled Substances Act, unless the individual registers with the division to use the database.

(4) Beginning on November 2, 2012, in order to register to use the database, the individual registering must participate in the online tutorial and pass the online test described in Section 58-37f-402.

(5) Failure by an individual to comply with the requirements of this section is grounds for the division to take the following actions in accordance with Section 58-1-401:

(a) refuse to issue a license to the individual;

(b) refuse to renew the individual's license; or

(c) revoke, suspend, restrict, or place on probation the license.

(6) Beginning on July 1, 2010, the division shall, in accordance with Section 63J-1-504, impose an annual database registration fee on an individual who registers to use the database, to pay the startup and ongoing costs of the division for complying with the requirements of this section and Section 58-37f-402.

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Vermont
18 §4289
ADC 12-5-102:2

West's Vermont Statutes Annotated (2014)
Title Eighteen. Health
Part 5. Foods and Drugs
Chapter 84A. Vermont Prescription Monitoring System

§ 4289. Standards and guidelines for health care providers and dispensers.

(a) Each professional licensing authority for health care providers shall develop evidence-based standards to guide health care providers in the appropriate prescription of Schedules II, III, and IV controlled substances for treatment of chronic pain and for other medical conditions to be determined by the licensing authority. The standards developed by the licensing authorities shall be consistent with rules adopted by the Department of Health.

(b)(1) Each health care provider who prescribes any Schedule II, III, or IV controlled substances shall register with the VPMS by November 15, 2013.

(2) If the VPMS shows that a patient has filled a prescription for a controlled substance written by a health care provider who is not a registered user of VPMS, the Commissioner of Health shall notify the applicable licensing authority and the provider by mail of the provider's registration requirement pursuant to subdivision (1) of this subsection.

(3) The Commissioner of Health shall develop additional procedures to ensure that all health care providers who prescribe controlled substances are registered in compliance with subdivision (1) of this subsection.

(c) Each dispenser who dispenses any Schedule II, III, or IV controlled substances shall register with the VPMS.

<Text of subsection (d) effective November 15, 2013>

(d) Health care providers shall query the VPMS with respect to an individual patient in the following circumstances:

(1) at least annually for patients who are receiving ongoing treatment with an opioid Schedule II, III, or IV controlled substance;

(2) when starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more;

(3) the first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat chronic pain; and

(4) prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance pursuant to section 4290 of this title.

(e) The Commissioner of Health shall, after consultation with the Unified Pain Management System Advisory Council, adopt rules necessary to effect the purposes of this section. The Commissioner and the Council shall consider additional circumstances under which health care providers should be required to query the VPMS, including whether health care providers should be required to query the VPMS when a patient requests a renewal of a prescription for an opioid Schedule II, III, or IV controlled substance written to treat acute pain.

(f) Each professional licensing authority for dispensers shall adopt standards, consistent with rules adopted by the Department of Health under this section, regarding the frequency and circumstances under which its respective licensees shall:

(1) query the VPMS; and

(2) report to the VPMS, which shall be no less than once every seven days.

(g) Each professional licensing authority for health care providers and dispensers shall consider the statutory requirements, rules, and standards adopted pursuant to this section in disciplinary proceedings when determining whether a licensee has complied with the applicable standard of care.

West's Vermont Administrative Code (2014)
Title 12. Agency of Human Services
Subtitle 5. Department of Health
Division of Alcohol and Drug Abuse Programs
Rule 102. Medication Assisted Therapy for Opioid Dependence Rules

12-5-102:2. OPIOID TREATMENT APPROVAL RULES

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4. Diversion Control Program

Each treatment provider must develop:

a. A diversion control plan (DCP) that demonstrates accountability to its patients and to the community. The DCP should reflect the efficient use of personnel and other resources to achieve the highest quality of patient care, while reducing possibilities for diversion of controlled substances from legitimate treatment to illicit use.

b. Diversion of both the mono and combination buprenorphine preparations present additional challenges, due to the office based nature of OBOT. While not a mandatory reportable offense, programs/providers must inform patients that diversion is a reportable criminal offense, and indicate how suspicions or evidence of diversion will be clinically handled. Physicians/programs should have clinical procedures in place for minimizing diversion risk to ensure appropriate addiction treatment, such as the following:

• Routine toxicology screens

• Pill call backs (for counting)

• Bubble packing of prescriptions

• Making copies of the ID numbers listed on the "strip" packaging to be available for call backs

c. MAT prescribers/programs shall register with the Vermont Prescription Drug Monitoring System (VPMS), established by the Vermont Department of Health to provide health care professionals an electronic data-base and reporting system for electronic monitoring of prescriptions for controlled substances. The VPMS may be accessed online by registered prescribers and pharmacists at http://healthvermont.gov/adap/VPMS.aspx. Additional information is available through the Alcohol and Drug Abuse Programs (ADAP) office at 802-652-4147.

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Virginia
§ 54.1-2522.1 (eff. July 1, 2015)

West's Annotated Code of Virginia (2013)
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2522.1. Requirements of Prescribers.

<Text of section effective July 1, 2015>

A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions upon filing an application for licensure or renewal of licensure, if the prescriber is not already registered.

B. Prescribers registered with the Prescription Monitoring Program shall, at the time of initiating a new course of treatment to a human patient that includes the prescribing of benzodiazepine or an opiate anticipated to last more than 90 consecutive days and for which a treatment agreement is entered into, request information from the Director for the purpose of determining what, if any, other covered substances are currently prescribed to the patient. In addition, any prescriber who holds a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances approved for use in opioid addiction therapy shall, prior to or as a part of execution of a treatment agreement with the patient, request information from the Director for the purpose of determining what, if any, other covered substances the patient is currently being prescribed. Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices.

C. The Secretary of Health and Human Resources may identify and publish a list of benzodiazepines or opiates that have a low potential for abuse by human patients. Prescribers who prescribe such identified benzodiazepines or opiates shall not be required to meet the provisions of subsection B. In addition, a prescriber shall not be required to meet the provisions of subsection B if the course of treatment arises from pain management relating to dialysis or cancer treatments.

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West Virginia

ADC 5-10-3
ADC 11-10-3
ADC 19-14-3
ADC 24-7-3

West Virginia Code of State Rules (2014)
Title 5. West Virginia Board of Dental Examiners
Legislative Rule (Ser. 10)
Series 10. Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 5-10-3. General Rules for Practitioners for Patients Not Suffering from a Terminal Illness.

3.1. Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

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West Virginia Code of State Rules (2014)
Title 11. West Virginia Board of Medicine
Legislative Rule (Ser. 10)
Series 10. Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 11-10-3. General Rules for Practitioners for Patients Not Suffering from a Terminal Illness.

3.1.Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

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West Virginia Code of State Rules (2014)
Title 19. West Virginia Board of Examiners for Registered Professional Nurses
Legislative Rule (Ser. 14)
Series 14. Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 19-14-3. General Rules for Practitioners for Patients Not Suffering From a Terminal Illness.

3.1. Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

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West Virginia Code of State Rules (2014)
Title 24. West Virginia Board of Osteopathic Medicine
Legislative Rule (Ser. 7)
Series 7. Practitioner Requirements for Controlled Substances Licensure and Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 24-7-3. General Rules for Practitioners for Patients Not Suffering from a Terminal Illness.

3.1. Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

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