State Monitoring of Prescription Drugs and Other Substances
Bill Status Update
April 2007

(As of February 2007, this update includes summaries of bills related to electronic tracking systems for retail sales of ephedrine and pseudoephedrine products)

ARIZONA

H.B. 2438
Status: Second Reading. (1/24/07)

Among other things, **H.B. 2438** seeks to add Chapter 28 to the Arizona Revised Statutes relating to the establishment of a controlled substances prescription monitoring program. The program shall: (1) include a computerized central database tracking system to track the prescribing, dispensing and consumption of Schedule II, III and IV controlled substances that are dispensed by a medical practitioner or by a pharmacy that holds a valid license or permit issued pursuant to Title 32, (2) assist law enforcement to identify illegal activity related to the prescribing, dispensing and consumption of Schedule II, III and IV controlled substances, (3) provide information to patients, medical practitioners and pharmacists to help avoid the inappropriate use of Schedule II, III, and IV controlled substances and (4) be designed to minimize inconvenience to patients, prescribing medical practitioners and pharmacies while effectuating the collection and storage of information. The Arizona State Board of Pharmacy (the Board) shall appoint a task force to help it administer the computerized central database tracking system. Information submitted to the Board would be confidential and not subject to public inspection.

ARKANSAS

S.B. 20
Status: Passed Senate; Referred to House Committee on Public Health, Welfare and Labor. (3/8/07)

Under **S.B. 20**, Title 20, Chapter 7 of the Arkansas Code would be amended to add an additional subchapter entitled the, "Prescription Drug Monitoring Program Act." The purpose of the Act is to protect the state health system by improving the state's ability to identify and stop the diversion of Schedule II and III narcotics in an efficient and cost-effective manner that will not impede the appropriate medical use of controlled substances. The Division of Health of the Department of Health and Human Services would be responsible for the establishment and maintenance of the program. The program must consist of an electronic database searchable by any field or combination of fields. Data collected by the program is confidential and may only be provided to certain entities under a limited set of circumstances.

S.B. 189
Status: Adopted. (2/21/07)

S.B. 189 is an act to prohibit internet sales of prescription drugs into Arkansas if the patient has not actually consulted a prescribing practitioner. Among other sections of the Arkansas Code, the bill seeks to amend Section 17-92-1004 to provide that a pharmacy operating within or outside Arkansas shall not sell, dispense, distribute, deliver, or participate in the sale, dispensing, distribution, or delivery of a prescription-only drug to any consumer in the State through an Internet site or by electronic mail unless the pharmacy is in compliance with an Arkansas prescription monitoring program, if such a program exists.

S.B. 296
Status: Adopted. (3/27/07)

S.B. 296 provides that by May 15, 2008 the Arkansas Crime Information Center (subject to available funding) shall provide pharmacies in the state with access to a real-time electronic logbook for purposes of entering transactions involving the sales of ephedrine, pseudoephedrine and phenylpropanolamine, as required by state law. The logbook must have the capability to calculate both state and federal purchase limitations. Information contained in the logbook will be confidential and not subject to the Freedom of Information Act.

COLORADO

S.B. 9
Status: Senate Committee on Health and Human Services Postpone Indefinitely. (2/7/07)

S.B. 9 requires the Department of Regulatory Agencies to develop an electronic prescription drug monitoring program. The maintenance of the program would be transferred from the Department of Regulatory Agencies to the Executive Director of the Department of Public Health and Environment. Furthermore, the bill mandates that the Department of Regulatory Agencies notify the state treasurer and the revisor of statutes if sufficient moneys are not received to maintain the program. If and when such notice is provided, the program would be repealed.

S.B. 204
Status: Passed Senate. (4/18/07)

S.B. 204 provides for the collection of fees from individuals authorized to prescribe controlled substances in order to fund the prescription drug monitoring program. The fees will be collected at the same time each individual license renewal fee is collected. The board of pharmacy may continue to seek gifts, grants and donations as necessary for purposes of maintaining the program.

CONNECTICUT

S.B. 1088
Status: Referred to Senate Committee on Public Health. (4/11/07)

Under **S.B. 1088**, Section 20-578 of the general statutes would be repealed and substituted with changes to statutes administered by the Drug Control Division of the Department of Consumer Protection (the Department). Per the substitution, information received by the Department, the Commission or the Department of Public Health, through filed reports or inspection or as authorized under Chapters 418 and 420b (contains the electronic prescription drug monitoring program) and Sections 20-570 to 20-630, shall not be disclosed publicly in such a manner as to identify individuals or institutions, except in a proceeding involving the question of licensure or the right to practice. The Commissioner would be permitted to disclose information gained through the inspection of pharmacies

and outlets holding permits for the sale of non-legend drugs if the Commissioner considers such disclosure to be in the interest of public health.

S.B. 1088 would also grant Commissioners of Consumer Protection and Public Health and the authorized agents of said commissioners permission to: (1) exchange information relating to a license or registration issued by their respective agencies, or (2) exchange investigative information relating to violations of Chapter 55 (the Personal Data Chapter) with each other, with the Chief State's Attorney and with agencies charged with the enforcement of pharmacy or drug laws of the United States, Connecticut and all other jurisdictions.

Lastly, **S.B. 1088** would also amend Section 21a-322 concerning the grounds for the suspension, revocation or renewal of a controlled substance registration. Per the amendments, the Commissioner may suspend, revoke or refuse to renew a registration, place a registration on probation and place conditions on a registration, for sufficient cause. The list of sufficient causes would be amended to include: (1) conviction of a crime under any state or federal law relating to the registrant's profession, controlled substances or drugs or fraudulent practices, including but not limited to, fraudulent billing practices; (2) prescribing, distributing, administering or dispensing a controlled substance in schedules other than those specified in the practitioner's state or federal registration or in violation of any condition placed on the practitioner's registration; and (3) failure to keep records of medical evaluations of patients and all controlled substances dispensed, administered or prescribed to patients by a practitioner.

FLORIDA

S.B. 520 and H.B. 895
Status: S.B. 520: Referred to Senate Governmental Operations Committee. (4/11/07)

H.B. 895: Referred to House Committee on Health Quality. (3/15/07)

S.B. 520 and H.B. 895 are acts relating to public records. As such, the bills seek to create Section 893.056 to provide a public record exemption for the electronic-monitoring system for prescription of controlled substances listed in Schedule II, III or IV. Identifying information, including, but not limited to the name, address, phone number, insurance plan number, social security number or government-issued ID number, DEA number, etc…will be considered confidential. These bills also authorize certain enumerated persons and entities to have access to patient-identifying information and provide guidelines for the use of such information and penalties for subsequent violations.

FLORIDA (continued)

S.B. 518 and H.B. 893
Status: S.B. 518: Placed on Governmental Operations Committee Agenda. (4/18/07).

H.B. 893: Added to Healthcare Council Agenda. (4/13/07)

S.B. 518 and H.B. 893 seek to create Section 831.111 to provide that it is unlawful for any person, having the intent to injure or defraud any person or to facilitate any violation of Section 893.13, to sell manufacture, alter, deliver, utter or possess any counterfeit-resistant prescription blanks for controlled substances.

S.B. 518 and H.B. 893 provide that a pharmacist may not dispense a controlled substance listed in Schedule II, III or IV to any patient or patient's agent without first determining the validity of the order. Furthermore, the legislation details the requirements and limitations for dispensing controlled substances upon oral prescription.

S.B. 518 and H.B. 893 require the Department of Health to (1) develop and adopt the form and content for a counterfeit-resistant prescription blank, which may be used by practitioners for the purpose of prescribing a controlled substance listed in Schedules II through IV (2) design and establish an electronic prescribing system for the aforementioned Schedules.

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GEORGIA

H.B. 455
Status: Second Reading in the House. (2/20/07)

H.B. 455 seeks to enact the Georgia Prescription Monitoring Program Act, intended to improve the state's ability to identify and stop diversion of prescription drugs in a way that does not impede the legitimate medical use of controlled substances. The program would cover Schedule II, II and IV controlled substances. Under the program, controlled substance dispensers will be required to electronically submit information regarding each dispensed prescription, including but not limited to their U.S. DEA permit number or approved dispensed number, date the prescription was filled, prescription number, whether the prescription is new or a refill, the National Drug Code for the drug dispensed, the quantity dispensed, the number of days supply of the drug, the patient's social security number or approved identification number, patient's name, patient's address, prescriber identification number, date the prescription was issued and the person who receives the prescription if that person is someone other than the patient. Submitted information will be confidential and available only under a limited set of enumerated circumstances to certain authorized persons or entities. The Georgia Drug and Narcotics Agency may contract with other state agencies or with private vendors to ensure the effective operation of the prescription monitoring program.

HAWAII

H.B. 368
Status: Referred to Health, Judiciary, Referral Sheet 1. (1/22/07)

H.B. 368 is an act to regulate controlled substances. As such, the legislation details the information a pharmacist must reduce to writing upon receiving an oral prescription from a practitioner. This information includes: (1) the name, strength, and quantity of the drug and specific directions for its use; (2) the date the oral prescription was received; (3) the full name, DEA registration number, and oral code number of the practitioner; and (4) the name and address of the person for whom the controlled substance was prescribed, or the name of the owner of the animal for which the controlled substance was prescribed.

Section 329-52 of the Hawaii Revised Statutes concerning administrative inspections of controlled premises would also be amended by **H.B. 368** to address issues such as personnel authorized to conduct administrative inspections and the information, inventory and data required to be accessible to said personnel during an inspection.

H.B. 677
Status: Referred to Health, Judiciary, Referral Sheet 3. (1/22/07)

H.B. 677 requires electronic pseudoephedrine sales logs to be real-time, maintained for 2 years and kept in a format that is searchable by law enforcement entities. Pharmacies and retailers must record the date of the transaction, the name, address and date of birth of the purchaser, the type of identification the purchaser provides, the identification's issuing agency, the unique number associated with the identification provided and the name and amount of the product purchased. Information must be submitted in real time to an electronic log that is capable of checking compliance against all state and federal laws and is capable of interfacing with other state systems to ensure comprehensive compliance.

S.B. 1043
Status: The Committee on Public Safety Deferred the Measure. (2/01/07)

S.B. 1043 would require pharmacies and retailers of controlled substances to record and forward to the Narcotics Enforcement Division (the Division) currently required information of the purchaser of pseudoephedrine. The Division would also be required to maintain an electronic purchase log of the information and make it accessible to law enforcement agencies for prosecution of operators of clandestine methamphetamine labs.

ILLINOIS

S.B. 30
Status: Placed on Calendar Order of 3rd Reading. (3/22/07)

S.B 30 proposes adding a new section to the state's Controlled Substance Act that would require the Department to provide for a Schedule III, IV and V controlled substances prescription monitoring program. Prescription data collected shall include the recipient's name, the recipient's address, the national drug code number of the substance dispensed, the quantity of the substance dispensed, the dispenser's DEA registration number and the prescriber's DEA registration number. Information must be transmitted no more than seven (7) days after the date on which a particular controlled substance is dispensed. If no federal funding is provided for the monitoring program, the Department will cease to collect data. All the requirements associated with the monitoring program must comply with the federal HIPAA statute.

H.B. 1459
Status: Re-referred to Rules Committee. (3/23/07)

H.B. 1459 proposes adding new sections to the state Insurance Code, Pharmacy Practice Act and Wholesale Drug Distribution Licensing Act that would prohibit the license, transfer, use and sale of prescription information. Records relevant to prescription information containing patient- or prescriber-identifiable data may only be licensed, transferred, used or sold by a registrant for the following limited purposes: pharmacy reimbursement, formulary compliance, care management, utilization review, health care research or any other purpose otherwise provided by law.

H.B. 1956
Status: Held on Calendar Order of 2nd Reading. (3/29/07)

H.B. 1956 authorizes the creation of pilot programs by home rule units to establish methamphetamine precursor electronic log systems. The home rules units will be responsible for developing methods by which the log systems are maintained. The purpose of the pilot programs is to allow the State to assess the effectiveness of the log systems as a means of preventing illegal purchases of methamphetamine precursor products.

INDIANA

S.B. 494
Status: Authored by Senator Skinner. (1/18/07)

S.B. 494 is an act relating to methamphetamine precursor sales information. The legislation requires the Criminal Justice Institute to seek federal funds to establish and operate a methamphetamine precursor data base pilot project. The project must connect persons who: (1) sell a drug that contains the active ingredient of ephedrine or pseudoephedrine; and (2) record drug sales information in an electronic log to an electronic monitoring system that transfers the drug sales information to a central

data base at the same time the drug sales information is recorded in the electronic log. The pilot project is limited to six (6) counties. Persons required to collect and record sales information concerning drugs containing ephedrine or pseudoephedrine in a paper or an electronic log would be required to do so until June 30, 2012.

S.B. 520
Status: Conferees Appointed. (4/12/07)

S.B. 520 requires the Indiana Criminal Justice Institute to seek federal funds to establish and operate a methamphetamine precursor data base pilot project. In the event sufficient funds are obtained, the resulting project must 1) connect persons who sell drugs that contain the active ingredients ephedrine or pseudoephedrine 2) records sales information in an electronic log that transfers the information to a central data base at the time of collection. Only law enforcement officers who have the right to inspect the records may have access to the information stored in the database.

H.B. 1756
Status: Referred to Committee on Public Policy. (1/26/07)

H.B. 1756 establishes the criminal history data fund to provide funding for 1) operation and maintenance of the central repository for criminal history data and 2) establishing, operating and maintaining an electronic system for the processing of handgun license applications and renewals. The fund may also be used to establish, operate or maintain an electronic log to record the sale of drugs containing ephedrine or pseudoephedrine.

IOWA

H.F. 770
Status: Referred to Appropriations Committee. (3/13/07)

H.F. 770 is a bill relating to the implementation of an electronic monitoring system to track pseudoephedrine sales at pharmacies. The bill appropriates for the 2007-2008 fiscal year two hundred thirty thousand dollars ($230,000.00) to the Governor's Office of Drug Control Policy for the aforementioned purpose.

S.S.B. 1121
Status: Appropriations. (1/29/07)

See summary of H.F. 770.

H.F. 852 & S.S.B. 1251
Status: H.F. 852: Amended. (3/20/07)

S.S.B. 1251: Referred to Judiciary Subcommittee. (2/20/07)

H.F. 852 and S.S.B. 1251 create a new statutory section relative to sales of pseudoephedrine products. These bills require the establishment of a real-time electronic repository to monitor the sales of Schedule V products containing any detectible amount of pseudoephedrine, ephedrine or phenylpropanolamine. Pharmacies dispensing such products must report all such sales electronically to a central repository. The information collected in the repository is confidential and may only be disclosed under a limited set of enumerated circumstances. These bills create an additional section related to pseudoephedrine sales that has contingent applicability, based on the establishment of the real-time central repository referenced above. This section requires that pharmacies provide an electronic logbook for purchasers of pseudoephedrine products to sign. Purchasers will also have to enter their name, address, date of purchase, time of purchase and name/quantity of product purchased. The logbook must be kept for 24 months from the date of the last entry.

H.F. 852 proposes adding an additional section that will create a pseudoephedrine advisory council that will provide input and advise the board regarding the implementation of the statewide real-time central repository.

KANSAS

H.B. 2416
Status: Referred to Health and Human Services. (2/07/07)

H.B. 2416 is an act to be cited as the Prescription Monitoring Program Model Act. The purpose of the Act is to improve the State's ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances or other licit drugs of abuse. Per the legislation, the State Board of Pharmacy (the Board) would be responsible for establishing and maintaining a program for the monitoring of prescribing and dispensing of all Schedule II through IV controlled substances and, if selected by the Board, Schedule V controlled substances and additional drugs identified by the Board as demonstrating a potential for abuse by all professionals licensed to prescribe or dispense such substances in the State. **H.B. 2416** details the information each dispenser shall submit to the Board by electronic means, the penalties for a dispenser who knowingly fails to submit prescription monitoring information as required by this Act, and the persons authorized to receive data from the program.

S.B. 302
Status: Approved by Governor. (4/9/07)

S.B. 302 is an act to create a controlled substances monitoring task force. The duties of the task force include the development of a plan for the creation and implementation of: (1) a controlled substances prescription monitoring program; and (2) an electronic purchase log, which shall be capable of, in real-time, checking compliance with all state, federal and local laws concerning the sale of ephedrine and pseudoephedrine.

H.B. 2359
Status: Amended. (3/27/07)

H.B. 2359 is an act to create a controlled substances monitoring task force. The duties of the task force include the development of a plan for the creation and implementation of: (1) a controlled substances prescription monitoring program; and (2) an electronic purchase log, which shall be capable of, in real-time, checking compliance with all state, federal and local laws concerning the sale of ephedrine and pseudoephedrine.

KENTUCKY

S.J.R. 48
Status: Signed by the Governor. (3/19/07)

S.J.R. 48 directs the Cabinet for Health and Family Services to enter into reciprocal agreements with other states related to the Kentucky All Schedule Prescription Electronic Reporting Program (KASPER) and to upgrade the system to allow users real-time access to its data, with a report on progress toward these objectives being made to the Legislative Research Commission.

S.B. 88
Status: Signed by the Governor. (4/5/07)

S.B. 88 is an act relating to drugs. Among the many things that this legislation seeks to accomplish is: (1) to amend Kentucky Revised Statute Section 218A.010 regarding controlled substance definitions to define "good faith prior examination" as, "an in-person medical examination of the patient conducted by the prescribing practitioner or other health-care professional routinely relied upon in the ordinary course of his or her practice, at which time the patient is physically examined and a medical history of the patient is obtained. 'In-person' includes telehealth examinations or any other substantially similar program;" and (2) to amend Section 218A.140 relating to controlled substances offenses to add obtaining or attempting to obtain a prescription for a controlled substance without a valid practitioner-patient relationship and to add knowingly assisting a person in obtaining or attempting to obtain a prescription in violation of the law; (3) to amend Section 218A.202 regarding

the KASPER program to increase the second and subsequent offense penalty for failure to transmit data to the Cabinet a Class D felony and to change the offense from "knowingly" to "intentionally."

S.B. 97
Status: Referred to Licensing, Occupations and Administrative Regulations. (2/08/07)

As it relates to the issue of prescription monitoring, **S.B. 97** seeks to include a physician assistant in the definition of "practitioner" for purposes of obtaining data from the electronic monitoring system.

MAINE

L.D. 386 (H.P. 302)
Status: Referred to Committee on Health and Human Services. (2/01/07)

L.D. 386 is a bill proposal to amend current law to establish an electronic prescription drug monitoring system to enhance patient safety by providing a means to avoid medication errors. The bill directs the Department of Health and Human Services to apply for federal funds and to seek other funding resources to develop the system. Lastly, **L.D. 386** seeks to amend current law to prevent the unauthorized collection, use, sale or exchange of confidential patient prescription drug information for commercial use, financial gain or other unauthorized purposes and to levy penalties that are stringent enough to deter these activities.

L.D. 1286 (S.P. 449)
Status: Referred to Committee on Health and Human Services. (3/13/07)

L.D. 1286 amends the state's prescription monitoring program to allow pharmacists and other controlled substance dispensers to delay filling a prescription for a person whose pattern of use exceeds the standard; the pharmacist/dispenser also has the option of refusing to fill the prescription or dispensing only part of the prescription.

L.D. 838 (H.P. 637)
Status: Referred to Committee on Health and Human Services. (2/27/07)

L.D. 838 extends the confidentiality of prescription drug information to prescribers (current law references only individuals). With regard to regulated transactions, prescription drug information may not be licensed, used, sold, transferred or exchanged for any commercial purpose. This bill does enumerate exceptions for transfers of information related to dispensing prescription drugs, patient care, pharmacy reimbursement, utilization review, formulary compliance, care managements, changes in pharmacy ownership, the prescription monitoring program, and any data that cannot be used to identify the individual or provider.

MINNESOTA

H.F. 1041 and H.F. 297
Status: H.F. 1041: Referred to Healthcare and Human Services Finance Division. (3/27/07)

H.F. 297: Division Action, to Pass and Amend. (3/30/07)

H.F. 1041 and H.F. 297 seek to establish a controlled substances prescription electronic reporting system for Schedule II and III controlled substances. In meeting a deadline of January 1, 2009, the Minnesota State Board of Pharmacy must establish an electronic system for reporting information associated with all Schedule II and III controlled substances dispensed within the state. This information includes the prescriber's DEA number, the dispenser's DEA number, the name of the patient for whom the prescription was written, the date of birth of the patient for whom the prescription was written, the date the prescription was written, the date the prescription was filled, the National Drug Code number for the drug dispensed and the quantity of the substance dispensed. The Board of Pharmacy may contract with a vendor for purposes of obtaining technical assistance in the design, implementation and maintenance of the electronic reporting system. The collected data is considered private information and can only be accessed by certain authorized individuals under an enumerated set of circumstances.

S.F. 714 and S.F. 2171
Status: S.F. 714: Referred to Senate Finance Committee. (3/19/07)

S.F. 2171: Passed Senate; Second Reading in House. (3/29/07)

S.F. 714 and S.F. 2171 seek to establish a controlled substances prescription electronic reporting system. In meeting a deadline of January 1, 2009, the Minnesota State Board of Pharmacy must establish an electronic system for reporting information associated with all controlled substances dispensed within the state. This information includes the name of the prescriber, the national provider identifier of the prescriber, the dispenser's name, the national provider identifier of the dispenser, the name of the patient for whom the prescription was written, the date of birth of the patient for whom the prescription was written, the date the prescription was written, the date the prescription was filled, the name and strength of the controlled substance, the quantity of the controlled substance prescribed and the quantity of controlled substance dispensed. The Board of Pharmacy may contract with a vendor for purposes of obtaining technical assistance in the design, implementation and maintenance of the electronic reporting system. The collected data is considered private information and can only be accessed by certain authorized individuals under an enumerated set of circumstances.

MISSOURI

H.B. 333
Status: Public Hearing Held. (2/20/07)

H.B. 333 is an act to establish a prescription monitoring program in the Department of Health and Senior Services (the Department). The program would monitor the prescribing and dispensing of Schedule II through V controlled substances, except Schedule V controlled substances containing any detectable amount of pseudoephedrine, by all professionals who prescribe or dispense these substances in the State. Electronic submissions must be made by every dispenser to the Department for each prescription. A waiver may be issued by the Department to a dispenser who is unable to submit the required information electronically. If a waiver is acquired, a dispenser may submit the required information in paper format or by other approved method. With certain enumerated exceptions, all submitted data, shall be confidential.

H.B. 333 authorizes the release of non-personal, general information for statistical, research and educational purposes. The Department may contract with other state agencies or private vendors to implement the bill's provisions. It is also required to implement certain education courses regarding the prescription monitoring program. When appropriate, the Department shall work with associations to ensure ongoing monitoring and treatment and encourage individual patients who are addicted to substances monitored by the program to receive addiction treatment.

The bill requires the Department to develop and implement an electronic logbook to monitor the sale of Schedule V controlled substances containing any detectable amount of pseudoephedrine. All pharmacists and registered pharmacy technicians shall submit their logbooks, electronically in accordance with rules promulgated by the Department.

H.B. 357
Status: Second Reading. (1/16/07)

H.B. 357 seeks to create a new statutory section relative to monitoring the sales of Schedule V products that contain any detectable quantity of pseudoephedrine. This bill authorizes the Missouri State Highway Patrol, by any funds available to it, to develop and implement a real-time electronic logbook to monitor the sale of pseudoephedrine products. The logbook must include information on the sale of both prescription and nonprescription substances. The state highway patrol will have authority to promulgate any rules and regulations needed to carry out the requirements of this legislation. Within 30 days of implementation of the electronic logbook system, dispensers must report sales electronically to the real-time electronic system; reports must include the name and address of the purchaser, amount purchased, date of each purchase and the name or initials of the seller.

S.B. 85 and H.B. 406
Status: S.B. 85: Passed Senate; Second Reading in House. (4/16/07)

H.B. 406: Executive Session Complete. (4/17/07)

S.B. 85 and H.B. 406 are acts to establish a prescription monitoring program in the Department of Health and Senior Services (the Department). The program would monitor the prescribing and dispensing of Schedule II through V controlled substances by all professionals who prescribe or dispense these substances in the State. Electronic submissions must be made by every dispenser to the Department for each prescription; required data includes the dispenser's DEA registration number, the date the drug is sold, the prescription number, whether the prescription is new or a refill, the national Drug Code of the drug dispensed, the number of days supply, the quantity dispensed, patient ID number, the patient's name, address and date of birth, the date the prescription was issued and the source of payment for the drug. A waiver may be issued by the Department to a dispenser who is unable to submit the required information electronically. If a waiver is acquired, a dispenser may submit the required information in paper format or by another approved method. With certain enumerated exceptions, all submitted data, shall be confidential.

S.B. 85 and **H.B. 406** also authorize the release of non-personal, general information for statistical, research and educational purposes. The Department may contract with other state agencies or private vendors to implement the bill's provisions. It is also required to implement certain education courses regarding the prescription monitoring program. When appropriate, the Department shall work with associations for impaired professionals to ensure ongoing monitoring and treatment and encourage individual patients who are addicted to substances monitored by the program to receive addiction treatment.

MONTANA

S.B. 326
Status: Passed Senate; Tabled in House Committee. (4/3/07)

S.B. 326 seeks to establish a controlled substance prescription drug database and a prescription drug monitoring program. The bill provides that all outpatient prescriptions for controlled substances from Schedules II through V, filled by any resident or nonresident pharmacy, must be filed electronically in an approved format. The prescription information will form the basis of a controlled substance prescription database that will be available (with restriction) to peace officers, licensed practitioners, licensed pharmacists, courts, drug monitoring programs in other states, other authorized individuals, etc… This bill also requires the maintenance of a program to monitor prescriptions for purposes of assisting in identifying and inhibiting drug diversion. This must be achieved in a manner that does not impede access to the drugs for legitimate medical purposes. Any information that does not identify individual patients, practitioners, dispensing pharmacists or pharmacies may be released for

educational, research or public information purposes. As certain provisions of this legislation limit governmental liability, the Montana constitution requires a vote of two-thirds of the members in each house of the state legislature for passage.

NEVADA

S.B. 231
Status: Second Reading. (4/19/07)

S.B. 231 provides for the express confidentiality of the contents of a prescription on file in a pharmacy. The bill prohibits any person with access to prescription information, on file in a pharmacy, from divulging any of the contents to another person, except to persons authorized by law to receive such information. Data concerning prescriptions may be released if the identity of the patient and the prescribing physician are not revealed.

NEW JERSEY

A.B. 1624 and **S.B. 1604**
Status: A.B. 1624: Reported as an Assembly Committee Substitute and Referred to Assembly Appropriations Committee. (1/18/07)

S.B. 1604: Passed Senate; Referred to Assembly Appropriations. (3/12/07)

A.B. 1624 and **S.B. 1604** establish a prescription monitoring program consisting of an electronic system for monitoring controlled dangerous substances (Schedules I through V) dispensed in or into the State by pharmacists in an outpatient setting. At specified intervals, each pharmacist must submit by electronic means information about each dispensed controlled substance prescription. Submissions must include the first name, last name and date of birth of the patient for whom the medication is intended, the patient's street address and telephone number, the date that the medication is dispensed, the number or designation identifying the prescription and National Drug Code of the medication, the pharmacy permit number of the dispensing pharmacy, the prescribing practitioner's name and DEA registration number, the name/strength/quantity of the medication, the number of refills ordered, whether the drug was dispensed as a refill or a new prescription, the date the prescription was issued by a practitioner and other information deemed necessary. Pharmacy permit holders must submit this information no less than every thirty (30) days or otherwise, according to a schedule to be determined. The Division of Consumer Affairs must maintain procedures to ensure the privacy and confidentiality of patients and collected patient information. Collected information may be provided to the following entities: practitioners authorized to prescribe controlled dangerous substances, pharmacists authorized to dispense controlled dangerous substances, representatives from designated state Boards, law enforcement officials, designated Medicaid representatives, grand juries and other authorized personnel.

S.J.R. 61
Status: Introduced. (12/14/06)

S.J.R. 61 designates the first week of March of each year as "Prescription Drug Abuse Awareness Week" in the State of New Jersey. The resolution cites data confirming a sharp increase in abuse of controlled prescription drugs and concludes that it is in the public interest for the State to educate and raise awareness about the dangers of abusing controlled prescription drugs.

NEW YORK

A.B. 2686 and **S.B. 1308**
Status: A.B. 2686: Referred to Insurance Committee. (1/18/07)

S.B. 1308: Referred to Health Committee. (1/18/07)

A.B. 2686 and **S.B. 1308** seek to establish a controlled substances prescription tracking program for the purposes of assisting patients, practitioners and pharmacists to avoid inappropriate use of controlled substances as well as assist in identifying illegal activity related to the dispensation of controlled substances. The established program will be responsible for maintaining a computerized system capable of tracking prescriptions for controlled substances, and all prescription for controlled substances dispensed at licensed retail pharmacies must be filed with the program by electronic means. Information collected through the tracking program is confidential and may only be released to practitioners and pharmacists seeking to prevent inappropriate use, to law enforcement entities, to the patient to whom the information pertains, in a criminal proceeding and for research purposes (only after removing specific identifying information). The program may charge reasonable fees to help defray operational costs and may also apply for grants or donations to assist in development and maintenance.

S.B. 2056
Status: Referred to Higher Education Committee. (1/30/07)

S.B. 2056 prohibits pharmacies, pharmacy benefits managers, insurance providers, data transfer intermediaries or their agents from transferring any information that identifies a specific patient on a prescription or a person legally authorized to issue a prescription. Providing that no payment is received for disclosure, information that does identify specific patients or persons legally authorized to issue prescriptions may be transferred to the patient for whom the prescription was issued, a person who treats the patient, an enforcement officer, a court representative, a pharmacy with written patient authorization, a pharmacy seeking to prevent misuse of drugs or the patient's insurance provider.

NEW YORK (continued)

A.B. 3056
Status: Referred to Codes. (1/22/07)

A.B. 3056 requires the adoption of standards and procedures to restrict the sale of precursor medications and chemicals used to manufacture methamphetamine, including but not limited to restricting over-the-counter sales of pseudoephedrine and ephedrine at retail establishments AND developing a tracking and reporting system to monitor precursor medication purchases.

NORTH CAROLINA

S.B. 159
Status: Referred to Committee on Commerce, Small Business and Entrepreneurship. (2/14/07)

S.B. 159 relates to prescription data. Per this legislation, records relative to prescription information that contain patient-identifiable and prescriber-identifiable data may not be licensed, transferred, used or sold by any pharmacy benefits manager, insurance company, electronic transmission intermediary or retail/mail-order/Internet pharmacy, except for the limited purposes of pharmacy reimbursement, formulary compliance, care management, utilization review, to the patient's insurance provider or for health care research. Commercial purposes include advertising, marketing, promotion or any activity that could be used to influence or evaluate the prescribing behavior of a health care professional or evaluate the effectiveness of a professional pharmaceutical detailing sales force.

S.B. 946
Status: Referred to Committee on Commerce, Small Business and Entrepreneurship. (3/20/07)

S.B. 946 requires retailers to maintain an electronic record of disposition of pseudoephedrine products to consumers. The record must be a format approved by the Commission for Mental Health and must contain all of the following information: the date of the transaction, the name, date of birth and address of the person making the purchase, the type of identification provided by the purchaser and the amount and name of the compound, mixture or preparation being purchased. Retailers will submit the required information in real time and maintain records of each transaction for a period of two years from the date of the transaction.

S.B. 946 outlines the responsibilities of the Mental Health Commission associated with establishing the electronic purchase log that retailers will use. The log must be capable of checking compliance by retailers and consumers of pseudoephedrine products with all State, local and federal laws regarding purchase and sale of these products. The log must also be capable of interfacing with electronic purchase logs in other states in order to ensure comprehensive compliance.

NORTH DAKOTA

S.B. 2134
Status: Signed by Governor. (4/4/07)

S.B. 2134 seeks to create a prescription drug monitoring program, established and maintained by the North Dakota State Board of Pharmacy. Dispensers of controlled substances will be required to electronically submit each dispensed prescription, including all the data elements stipulated in the American Society for Automation in Pharmacy Standard Implementation Guide for Prescription Monitoring Programs. Information submitted to the central repository is considered confidential and may only be disclosed to the following individuals or under the following circumstances (including but not limited to): a prescriber for purposes of providing medical care to a patient, the individual to whom the information pertains, state boards and regulatory agencies and judicial authorities. The pharmacy board would be responsible for maintaining a record of each person who requests information from the central repository. This legislation would establish an advisory council that will make recommendations on how to best use the program to improve patient care and foster the goal of reducing misuse, abuse and diversion of controlled substances.

OREGON

S.B. 34
Status: Passed Senate; Referred to Healthcare with Subsequent Referral to Ways & Means. (4/4/07)

S.B. 34 seeks to create an electronic prescription drug database for electronically reporting the dispensing of controlled substances (Schedules II, III and IV), to be established and maintained by the Oregon State Board of Pharmacy. The Board will adopt rules for the operation of the database, including but not limited to standards for reporting data electronically and non-electronically, providing maintenance, security and disclosure of data, ensuring accuracy and completeness of data, ensuring accurate identification of persons or entities requesting information from the database, assessing civil penalties and notifying patients that their prescription information will be included in the database. No later than one week after dispensing a controlled substance, a pharmacy must report the name, address and date of birth of the patient, the names of the drug outlet dispensing the substance, the name of the practitioner who prescribed the substance, identification of the controlled substance by a national drug code number, date of the origin of the prescription, date the substance was dispensed, quantity dispensed and any other relevant information as required by rules adopted by the Board of Pharmacy. Collected data may only be disclosed in limited circumstances, including but not limited to the following: a practitioner or pharmacist, pursuant to a valid court order, to regulatory boards, to another state controlled substance reporting program, etc… This legislation creates an Electronic Prescription Drug Database Advisory Commission, responsible for studying issues related to the electronic drug database and for making recommendations to the State Board of Pharmacy.

RHODE ISLAND

S.B. 653
Status: Referred to Health and Human Services. (2/15/07)

S.B. 653 seeks to create the Prescription Privacy Act. Information that identifies a specific prescriber or patient on a prescription may not be transferred by any pharmacy, pharmacy benefits manager, insurance provider, data transfer intermediary or their agents. If no payment is received for disclosure, identifying information may be released to the patient for whom the original prescription was issued, a licensed prescriber who issued the prescription or treats the patient, an officer inspector or investigator for a government health licensing or law enforcement agency, a person authorized by the court to receive the information, a pharmacy or Medicaid researcher who has patient authorization, another pharmacy for the limited purposes of preventing individuals from misusing or falsifying prescription forms in attempts to illegally obtain excessive or unauthorized drugs and a patient's insurance provider for limited purposes of reimbursing the pharmacy.

TENNESSEE

H.B. 436 and S.B. 298
Status: H.B. 436: Assigned to Criminal Practice and Procedure Sub-Committee of the Judiciary Committee. (2/13/07)
S.B.298: Referred to Judiciary. (2/8/07)

H.B. 436 and S.B. 298 require the Tennessee Bureau of Investigation to establish and administer a state-wide electronic purchase log to monitor sales of ephedrine and pseudoephedrine products. The log will be maintained for two years and must be capable of checking compliance against all state, local and federal laws and interfacing with other state systems to ensure comprehensive compliance. Individual pharmacies will maintain electronic sales logs, capable of tracking the number of packages sold as well as the total quantity of base ephedrine or pseudoephedrine purchased. These electronic records will be submitted to the Tennessee Bureau of Investigation in real-time and in compliance with bureau specifications.

H.B. 861 and S.B. 271
Status: H.B. 861: Assigned to Civil Practice Sub-Committee of the Judiciary Committee. (2/21/07)
S.B. 271: Referred to Judiciary. (2/8/07)

See Summary for H.B. 436 and S.B. 298

H.B. 821 and S.B. 297

Status: H.B. 821: Assigned to Professional Occupations Subcommittee of Health and Human Resources. (2/21/07)

S.B. 297: Placed on Calendar of General Welfare, Health and Human Resources. (4/18/07)

H.B. 821 and **S.B. 297** seek to establish a program that will monitor the prescribing of all Schedule II, III, IV and V controlled substances, to be established and maintained by the Tennessee Board of Pharmacy and the Diversion Investigation Unit (the Diversion Investigation Unit is established by these bills). Each dispenser must electronically submit the following information, as it pertains to each individual prescription: pharmacy prescription number, pharmacy number (NABP), a patient identifier including the patient's name and driver's license number, social security number or Tennessee ID number, the patient's address, the patient's date of birth, whether the prescription is new or a refill, the national drug code of the controlled substance, the metric quantity of the dispensed substance, an estimated days supply of the substance dispensed, the practitioner's DEA registration number, the practitioner's license number, date the prescription was issued, date the substance is dispensed, name of the person who receives the substance (if someone other than the patient) and that person's driver's license number, social security number or that person's Tennessee ID number, source of payment for the prescription and a state-issued serial number corresponding to the official Tennessee prescription form. Submitted prescription information shall be confidential and not subject to public or open records laws, except under a limited set of circumstances. The Tennessee Board of Pharmacy and Diversion Investigation Unit will implement rules and regulations governing the methods and procedures established by this legislation.

H.B. 2249 and S.B. 2192

Status: H.B. 2249: Placed on Calendar - Industrial Impact Subcommittee of Commerce Committee. (4/4/07)

S.B. 2192: Placed on Judiciary Committee Calendar. (4/11/07)

H.B. 2249 and S.B. 2192 seek to amend a provision of the Tennessee Controlled Substance Monitoring Program regarding to whom information in the database can be made available. These bills propose deleting current statutory language granting access to the Medicaid Fraud Control Unit.

H.B. 2234 and S.B. 2172

Status: H.B. 2234: Placed on Commerce Committee Calendar. (4/18/07)

S.B. 2172: Placed on Judiciary Committee Calendar. (4/18/07)

H.B. 2234 and S.B. 2172 amend the provision that governs the disclosure of information obtained under the Controlled Substances Monitoring Act. This legislation requires that disseminated information shall be released, to the individual or entity requesting the information, by the database manager or by password protected internet access.

TEXAS

H.B. 3684 and S.B.1879
Status: H.B. 3684: Referred to Public Health. (3/22/07)

S.B. 1879: Testimony Taken in Committee. (4/17/07)

H.B. 3684 and S.B. 1879 propose amendments to provisions of the State's Health and Safety Code that govern prescriptions. This legislation adds patient's date of birth/age, department registration number and signatures of the prescribing practitioner and dispensing pharmacist to the list of information required to be shown on controlled substance prescriptions. Additionally, dispensing pharmacists must submit all required information by electronic transfer or another approved method no later than 15 days after the last day of a month in which a prescription is completely filled.

UTAH

H.B. 6
Status: Signed by Governor. (3/15/07)

H.B. 6 provides limited access to the state's Controlled Substance Database for: (1) practitioners, for the purpose of inquiring whether a practitioner's DEA number has been fraudulently used by another person and (2) law enforcement authorities investigating insurance, Medicaid or Medicare fraud.

H.B. 137
Status: Signed by Governor. (3/13/07)

H.B. 137 seeks to establish a two-year program to reduce deaths and other harm from prescription opiates utilized for chronic pain. The bill requires the Utah Health Department, in coordination with the Utah Attorney General, the Labor Commission and the Division of Occupational and Professional Licensure, to investigate causes, factors and solutions for deaths and non-fatal complications of prescription opiate use by utilizing the Utah Controlled Substance Database. This bill appropriates one hundred fifty thousand dollars ($150,000.00) for fiscal year 2007-2008 and one hundred fifty thousand dollars ($150,000.00) for fiscal year 2008-2009 for the two-year program.

H.B. 143
Status: Enacting Clause Struck. (2/28/07)

H.B. 143 requires that products containing ephedrine, pseudoephedrine, norpseudoephedrine or phenylpropanolamine may only be sold as over the counter medications without prescriptions if the products are dispensed by persons licensed under the Pharmacy Practice Act and if the sales are recorded in the state's controlled substance database.

VERMONT

S.B. 115 and S.B. 140
Status: S.B. 115: Passed Third Reading. (4/4/07)

S.B. 140: First Reading. (2/27/07)

S.B. 115 and S.B. 140 propose adding a new section related to the confidentiality of prescription drug data that would prohibit the commercial use of prescription information. Commercial uses include advertising, marketing, promotion or any activity that is intended to be used or is used to 1) influence sales or the market share of a pharmaceutical product 2) influence or evaluate the prescribing behavior of an individual healthcare professional 3) market prescription drugs to patients or 4) evaluate the effectiveness of a professional pharmaceutical detailing sales force. The prohibition will not apply to the license, transfer, use or sale of regulated records for the limited purposes of pharmacy reimbursement, prescription drug formulary compliance, patient care management, utilization review by a health care professional or health care research.

VIRGINIA

S.B. 879 and S.B. 978
Status: S.B. 879: Left in Courts of Justice. (2/6/07)

S.B. 978: Left in Courts of Justice. (2/6/07)

S.B. 879 and S.B. 978 amend existing Virginia law regarding sales of methamphetamine precursors by requiring sales logs to be kept in an electronic format. Required log information includes the purchaser's name, purchaser's date of birth and address, the type of identification provided by the purchaser, an identification number, the issuing agency, the product name, the quantity sold and the date and time of the transaction. The purchase log will be established and administered by the Board of Pharmacy and must be capable of checking compliance against all state, local and federal laws, including interfacing with other states to ensure comprehensive compliance.

WASHINGTON

H.B. 1553 and S.B. 5973
Status: H.B. 1553: Referred to Appropriations. (2/26/07)

S.B. 5973: Referred to Ways and Means. (2/28/07)

H.B. 1553 and S.B. 5973 seek to establish a real-time electronic database, available to dispensers of controlled substances, to monitor the prescribing and dispensing of all Schedule II, III, IV and V controlled substances. Each dispenser will for each prescription electronically submit to the department of health a patient identifier, the name of the drug dispensed, the date of dispensing, the quantity dispensed, the name of the prescriber and the name of the dispenser. Information must be submitted immediately and in accordance with transmission methods established by the health

department. The health department shall seek federal grant funding to cover the costs associated with operating the monitoring program. Collected data is confidential and may be disclosed under a limited set of circumstances. The health department may contract with another state agency or a private vendor in order to ensure the effective operation of the program.

H.B. 1850
Status: Returned to Rules Committee for Second Reading. (3/15/07)

H.B. 1850 creates a new provision related to prescription information. Per this provision, health care information relative to prescription information that contains patient-identifiable and prescriber-identifiable data may not be licensed, transferred, used or sold by any pharmacy benefits manager, insurance company, electronic transmission intermediary or retail, mail order or internet pharmacy for any commercial purpose. Information may be disclosed only for the limited purposes of pharmacy reimbursement, formulary compliance, care management, utilization review by a health care provider or the patient's insurance provider or health care research.

H.B. 1797
Status: Returned to Rules Committee for Second Reading. (3/15/07)

H.B. 1797 enumerates the responsibilities of the State Board of Pharmacy's precursor working group. The bill requires the group to review and make recommendations regarding 1) implementing technology capable of scanning the driver's license or state-issued identification of any person procuring or purchasing ephedrine, pseudoephedrine or phenylpropanolamine products 2) the possibility of requiring all retailers to collect and maintain electronic logs that will record retail transactions involving ephedrine, pseudoephedrine and phenylpropanolamine 3) the establishment and maintenance of a central repository of the retailer's electronic logs and 4) how the state of Washington is complying with the federal Combat Methamphetamine Epidemic Act of 2005. The working group must report its findings and recommendations to the legislature by November 1, 2007.

S.B. 5930
Status: In Conference. (4/18/07)

S.B. 5930 mandates the establishment and maintenance of a prescription monitoring program to monitor the prescribing and dispensing of all Schedule II, II, IV and V controlled substances. The purpose of the program is to improve health care quality effectiveness by reducing abuse of controlled substances, reducing duplicative prescribing and over-prescribing of controlled substances and improving controlled substance prescribing practice with the intent of ultimately establishing a real-time electronic database available to dispensers and prescribers of controlled substances. Dispensers must electronically submit the following data for each prescription dispensed: patient identifier, drug dispensed, date of dispensing, quantity dispensed, prescriber and dispenser. Submitted information may only be accessed by certain authorized individuals under an enumerated set of circumstances.

WEST VIRGINIA

S.B. 434
Status: Referred to Senate Health and Human Resources Committee. (2/01/07)

S.B. 434 creates a new provision related to prescription information. Per this provision, health care information relative to prescription information that contains patient-identifiable and prescriber-identifiable data may not be licensed, transferred, used or sold by any pharmacy benefits manager, insurance company, electronic transmission intermediary or retail, mail order or internet pharmacy for any commercial purpose. Information may be disclosed only for the limited purposes of pharmacy reimbursement, formulary compliance, care management, utilization review by a health care provider or the patient's insurance provider or health care research.