



Prescription Drug Monitoring Program – Bill Status Update

Research current through September 26, 2014.

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Bills		
Bill No.	Description	Status and Date of Last Action
US HR 3392	Establishes a PDP Safety Program to prevent fraud and abuse in Medicare prescription drug plans; includes a recommendation that pharmacies meet drug safety criteria as determined by the Secretary or PDP sponsor including using the state PMP program	10/30/2013 – Referred to committee
US HR 3528	Reauthorizes NASPER	11/22/2013 – Referred to committee
US S 1657	<ul style="list-style-type: none"> - Amends grant language to require: 1) that states receiving or applying for grants shall ensure that the PMP is interoperable with the PMPs of another state and federal agencies and across appropriate state agencies, interoperable with electronic health records and e-prescribing, and provides real-time or daily information; 2) that states require practitioners to use the database, and require dispensers to enter data - Requires reporting of methadone dispensed - Creates pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and dispensing patterns through a review of PMP data 	5/14/2014 – Committee hearings held
US S 2504	<ul style="list-style-type: none"> - Reauthorizes appropriations for the Harold Rogers grants - Requires a report from the GAO to Congress regarding the effectiveness of the Harold Rogers Prescription Drug Monitoring Program 	6/19/2014 – Read twice and referred to committee
US S 2529	<ul style="list-style-type: none"> - Reauthorizes NASPER - Requires states to have a plan to apply the latest advances in health information technology and to have at least one health information technology system - Requires implementation of interoperability 	6/25/2014 – Read twice and referred to committee
US S 2645	<ul style="list-style-type: none"> - Allows qualifying practitioners to obtain a waiver to treat an unlimited number of patients with buprenorphine opioid treatment if the practitioner agrees to fully participate in the state PMP - Requires a report by the GAO to the legislature including an evaluation of the use of PMPs by waived practitioners to maximize patient safety and care and prevent diversion of opioid medication 	7/23/2014 – Referred to Senate committee
US S 2839	<ul style="list-style-type: none"> - Provides planning and implementation grants to prepare a comprehensive plan for and implement an integrated opioid abuse response initiative - States receiving the grant shall establish a comprehensive response to opioid abuse which includes a comprehensive PMP to track dispensing of Schedule II-IV substances including 	9/17/2014 – Read twice and referred to committee

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	<p>data sharing with other states and educating physicians, residents, medical students, and other prescribers on the PMP</p> <ul style="list-style-type: none"> - Recipients of the grant shall ensure that each prescriber of Schedule II-IV controlled substances registers with the PMP and consults the PMP before prescribing a Schedule II-IV controlled substance - Recipients of the grant shall also ensure that each dispenser of Schedule II-IV controlled substances registers with the PMP, consults the PMP prior to dispensing a Schedule II-IV substance, and reports each dispensing of a Schedule II-IV substance with limited exceptions as defined by the state - Recipients of the grant shall ensure that no fewer than four times each year, the administrator of the PMP shall prepare and provide to each prescriber of Schedule II-IV substances an informational report that shows how the prescribing patterns of the prescriber compare to prescribing patterns of his/her peers and said administrator shall refer the prescriber to educational resources on appropriate prescribing if the prescriber repeatedly falls outside the expected norms - Grant recipients shall also ensure that the prescriber licensing board receives a report describing any prescribers that repeatedly fall outside the expected norms - Recipients shall require consultation with the Single State Authority for Substance Abuse - Recipients shall establish requirements for how data will be collected and analyzed to determine the effectiveness of the program - Attorney General shall give priority to states that ensures the capability of data sharing with other states; ensures that data recorded in the PMP is available within 24 hours, to the extent possible; and ensures that the PMP notifies prescribers and dispensers when overuse or misuse of a controlled substance by a patient is suspected 	
AL HB 319	Removes requirement that physicians undergo a criminal background check	4/3/2014 – Forwarded to Executive Dept.
AL SB 226	Removes requirement that physicians undergo a criminal background check	4/1/2014 – Indefinitely postponed
AK HB 324	<ul style="list-style-type: none"> - Provides that the department shall, in cooperation with the board, seek funding sources for the PMP - Allows the board to contract with a provider to maintain the database - Provides for real-time data - Allows delegates for submission of information 	3/21/2014 – Referred to committee

	- Creates new statute to provide for the adoption of regulations to establish reasonable fees to be used to maintain and operate the PMP	
AZ HB 2221	<ul style="list-style-type: none"> - Amends worker's compensation statute to require physicians to request PMP information within two (2) business days of writing or dispensing prescriptions for at least a 30 day supply of an opioid and report the results to the work comp carrier, self-insured employer, or commission; allows the work comp carrier, self-insured employer, or commission to thereafter request no more than once every two months that the physician perform additional inquiries - If the report indicates the employee is receiving opioids from another undisclosed health care provider, the physician shall notify the carrier, self-insured employer, or commission within five days - The carrier, self-insured employer, or commission is not responsible for payment for the physician's services until the physician complies with these requirements and may request a change of physician after making a written request to the physician to comply with these requirements - If medically necessary, a carrier, self-insured employer, or commission shall provide drug rehabilitation and detoxification treatment for an employee who becomes dependent on or addicted to opioids that are prescribed for a work-related injury 	4/16/2014 – Signed by Governor; effective July 24, 2014
AZ SB 1124	<ul style="list-style-type: none"> - Allows delegates - Amends reporting language, changing from pharmacy to dispenser and requiring ASAP 4.2 - Requires submission of PMP data daily <p>AMENDMENT adds definition of delegate</p>	4/22/2014 – Signed by Governor; effective July 24, 2014
AZ SB 1296	Requires the Arizona health care cost containment system administration to intervene with case management services if a member has prescriptions written from more than one health professional or filled by more than one pharmacy within a 30 day period and requires contractors to monitor prescriptions	3/6/2014 – Held in House
AZ SB 1297	Requires prescribers and pharmacists to check the PMP before prescribing or dispensing a prescription for an Arizona health care cost containment system administration member	3/6/2014 – Held in House
CA SB 1258	Makes technical changes AMENDMENT requires submission of data regarding Schedule V controlled substances and allows access to information by an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs to investigate licensees and applicants for alleged abuse	5/23/2014 – Held in committee and under submission

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CO HB 1173	Gives access to the medical director or designee at a facility that treats addiction with controlled substances if the patient gives permission for the facility to access their PMP records	5/31/2014 – Signed by Governor; effective on signing
CO HB 1283	<ul style="list-style-type: none"> - Amends definitions - Requires practitioners and pharmacists to register with PMP - Allows delegates - Allows access to Department of Public Health and Environment for purposes of population-level analysis - Allows unsolicited reports to prescribers and dispensers - Requires the executive director of the Department of Regulatory Agencies to create a PDMP task force or consult with the Colorado team assembled by the Governor to examine issues, opportunities and weaknesses of the program, make recommendations, and, if a task force is convened, make reports to the General Assembly 	5/21/2014 – Signed by Governor; effective on signing
CO HB 1323	<ul style="list-style-type: none"> - Prohibits the Department of Revenue from accessing a person’s medical information or medical record without the patient’s consent; “medical record” includes PMP information - Creates the Government Access to Personal Medical Information Task Force to review, analyze, and make recommendations regarding the ability of state and local government agencies and departments to access, use, and distribute personal medical information and submit a report to the legislature by November 1, 2014 	5/31/2014 – Signed by Governor; effective on signing
CT HB 5474	Exempts vets from reporting requirements AMENDMENT doesn’t affect PMP provisions	4/1/2014 – Tabled for the calendar
FL HB 1153	Adds repeal date of Oct. 1, 2017 to direct support organization provisions	5/2/2014 – Died on calendar
FL HB 1381	<ul style="list-style-type: none"> - Adds penalty for failure to check PMP upon each initial visit before issuing a prescription for a controlled substance - Substantially modifies § 893.055 - New definitions - Requires background screening of program manager and support staff - Modifies funding language - Data collection interval of 7 days and requires dispensers to verify ID of patient before dispensing a controlled substance - Allows direct access to practitioners and dispensers - Authorized recipients include licensing boards, Medicaid, law enforcement, patient, health care agent for patient - Allows proactive reports to law enforcement - Requires report to legislature 	5/2/2014 – Died in committee

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FL HB 7113	<ul style="list-style-type: none"> - Adds penalty provision for failure to access PMP when required - Substantial rewording of main PMP statute amends definitions, funding provisions, reporting requirements and exemptions, penalties, requires presentation of identification before dispensing a controlled substance to a person not known to the dispenser; requires mandatory use of the PMP by prescribing health care practitioners upon an initial visit by a patient; allows access to or receipt of data by health care practitioners or dispensers, licensing boards, Medicaid, law enforcement, patient or legal guardian or health care surrogate; requires department to enter into a user agreement with law enforcement before law enforcement can access data; allows proactive reports to law enforcement; requires report to legislature on effectiveness of PMP; modifies provisions regarding direct-support organization - Appropriates \$500,000 in nonrecurring funds for the administration of PMP 	5/2/2014 – Died in committee
FL HB 7129	Makes technical changes to remove an obsolete provision	4/1/2014 – Substituted by SB 934; laid on the table
FL HB 7177	<ul style="list-style-type: none"> - Deletes definitions from Sec. 893.0551 - Modifies provisions regarding access by Medicaid fraud investigators and law enforcement - Modifies provisions regarding unsolicited reports 	6/13/2014 – Signed by Governor; effective October 1, 2014
FL SB 862	<ul style="list-style-type: none"> - Amends definitions of “patient advisory report,” “dispenser,” “practitioner,” “health care regulatory board,” “pharmacy,” “active investigation,” “law enforcement agency,” and adds definition for “dispense or dispensing” - Requires the department to establish policies and procedures and adopt rules for various PMP functions - Modifies exemptions to reporting requirements - Adds immunity section - Requires law enforcement to have a subpoena issued upon reasonable suspicion - Clarifies for what purposes the program manager and support staff may access the PMP - Amends funding provisions 	5/2/2014 – Died in committee
FL SB 866	Modifies provisions regarding access and proactive reports	4/24/2014 – Substituted by HB 7177; laid on the table
FL SB 934	Makes technical changes	5/12/2014 –

		Signed by Governor; effective July 2, 2014
FL SB 1194	Adds repeal date of Oct. 1, 2017 to direct support organization provisions	6/13/2014 – Signed by Governor; effective on signing
GA HB 1	Amends funding provisions	2/7/2014 – House committee favorably reported by substitute
ID HB 348	Amends law to allow access to patient or third party with signed, notarized consent form	3/6/2014 – Signed by Governor; effective July 1, 2014
ID HB 396	Requires all prescribers, except veterinarians, to register with the PMP annually	3/13/2014 – Signed by Governor; effective July 1, 2014
IL HB 5597	Makes technical changes	2/14/2014 – Referred to committee
IL HB 5695	Makes technical change	2/14/2014 – Referred to committee
IL HJR 97	Designates June 2014 as Prescription Monitoring Program month	5/30/2014 – Adopted by both Houses
IL SJR 60	Designates April 2014 as Prescription Monitoring Program month	4/10/2014 – Resolution adopted
IN HB 1218	- Requires that dispensing data be reported within 3 days by 7/1/2015 and within 24 hours by 1/1/2016 - Provides that opioid treatment programs shall, subject to federal patient confidentiality requirements, report the following information regarding controlled substances dispensed upon request to the division: the medications dispensed, the medication delivery process, the number of doses dispensed of each medication, the dosage quantities,	3/25/2014 – Signed by Governor; portions effective on passage, others effective July 1, 2014

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	<p>the number of patients receiving take home medications, the number of days' supply dispensed, patient demographic information, and the dispenser's DEA registration number</p> <ul style="list-style-type: none"> - Requires the board to adopt rules for requirements when a practitioner providing treatment for a patient at an opioid treatment program to check the PMP before initially prescribing a controlled substance and periodically during the course of treatment - Requires the professional licensing agency to study the impact of including all prescription drugs in the PMP and report the findings to the legislative council 	
IN HB 1223	Amends definition of identification number	1/14/2014 – Referred to committee
IN HB 1395	Amends definition of identification number	1/16/2014 – Referred to committee
IN SB 29	Amends definition of identification number	1/7/2014 – Referred to committee
IN SB 421	Amends language to make a technical amendment, changing funding provisions from “to fund the operation of” to “to fund the administration of” the PMP	3/25/2014 – Signed by Governor; effective July 1, 2014
IA HSB 186	Requires practitioners to check the PMP prior to prescribing or renewing a prescription for a controlled substance or filling a prescription for a controlled substance if the practitioner or pharmacist believes or has reason to believe that the patient is at risk of diverting, abusing, or misusing the substance	Died in committee
IA SF 2080	Allows sharing of PMP information with bordering states and Kansas	4/3/2014 – Signed by Governor; effective July 1, 2014
IA SSB 1015	Requires practitioners to check the PMP prior to prescribing or renewing a prescription for a controlled substance or filling a prescription for a controlled substance if the practitioner or pharmacist believes or has reason to believe that the patient is at risk of diverting, abusing, or misusing the substance	Died in committee
KS HB 2685	Amends definitions	5/30/2014 – Died in committee
KS SB 326	Amends definition of practitioner to include advanced practice registered nurses	1/30/2014 –

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		Referred to committee
KY HB 539	Makes technical change to interstate sharing provisions to include US territories	3/5/2014 – Referred to committee
LA HB 275	Allows access in custody/visitation cases pursuant to a subpoena	5/13/2014 – Involuntarily deferred in committee
LA SB 496	Requires prescribers to access the PMP prior to initially prescribing a Schedule II substance for non-cancer pain	6/23/2014 – Signed by Governor
LA SB 556	Changes data collection interval to daily	6/4/2014 – Signed by Governor; effective August 1, 2014
LA SB 619	Requires board to make rules for pain management clinics regarding accessing the PMP AMENDMENTS do not affect PMP provisions	5/5/2014 – Read by title and returned to calendar, subject to call
ME SP 743	<ul style="list-style-type: none"> - Removes registration requirements for all six categories of prescribers - Requires that the Department update the enrollment mechanism to allow prescribers to be enrolled in the program automatically when applying for or renewing a professional license and to allow subaccount holders and delegated account holders to access the database using the online application process - Allows the Department to seek outside funding 	4/30/2014 – Became law without Governor's signature; effective on passage
MD HB 255	<ul style="list-style-type: none"> - Requires annual reports to the Governor and the General Assembly that includes information regarding the number of prescribers registered with the program, the number of dispensers registered, and the number of disclosures made to law enforcement - Allows the disclosure of information to another state's PMP without the review, clinical guidance, and interpretation of the technical advisory committee as required for other releases - Makes technical corrections - Extends sunset date to July 1, 2019 - Requires report to the Governor and General Assembly on or before January 1, 2015 that includes information regarding efforts to collect and make available real-time data, recommendations for long-term funding sources, and the 	4/8/2014 – Approved by Governor; effective July 1, 2014

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	status of any plans to pursue unsolicited reporting or mandatory use	
MD HB 1296	<ul style="list-style-type: none"> - Requires the Secretary in consultation with the Board to promulgate regulations that specify the process for the program's review of PMP data and reporting of possible misuse or abuse of a monitored prescription drug - Allows the program, in accordance with the regulations adopted by the Secretary, to review data for indications of possible abuse or misuse and report the possible abuse or misuse to the prescriber or dispenser after receiving clinical guidance from the technical advisory committee - Provides that the technical advisory committee shall provide clinical guidance and interpretation to the program regarding indications of possible misuse or abuse of a monitored drug 	5/15/2014 – Approved by Governor; effective October 1, 2014
MD SB 296	<ul style="list-style-type: none"> - Amends provisions regarding advisory board's annual report to Governor and General Assembly - Makes technical corrections - Extends sunset date to July 1, 2019 	5/15/2014 – Vetoed by Governor as duplicative
MA HB 4001	<ul style="list-style-type: none"> - Requires a study to promote the safe and appropriate use of opiates, including the monitoring of such drugs with report to legislature - Adds physician assistants and registered nurses to list of medical practitioners who will be automatically registered with the PMP upon applying for or renewing their license 	7/11/2014 – Signed in part by Governor; returned with vetoes and amendments
MA SB 2100	Requires participants who are authorized to prescribe Schedule II narcotic drugs in an extended-release form and non-abuse deterrent form to use the PMP prior to the issuance of each such prescription	4/17/2014 – Recommended new draft of SB 1965 (which became SB 2133)
MA SB 2133	<p>Amends statutes regarding when a practitioner has to check the PMP</p> <ul style="list-style-type: none"> - Allows the commissioner of public health to promulgate regulations requiring practitioners to check the PMP prior to prescribing an identified drug - Requires that a practitioner check the PMP prior to issuing a prescription a) at least annually for patients receiving ongoing treatment with an opiate in Sch. II-IV; b) when starting a patient on an opiate in Sch. II-IV for non-palliative, long-term therapy of 90 days or more; c) the first time prescribing an opiate in Sch. II-IV to treat a patient for chronic pain; d) prior to writing a replacement prescription for a Sch. II-IV opiate; and e) any other scenario mandated by the department through regulation - Requires the ME to report an opiate, illegal or illicit drug overdose to the department which shall then review the PMP 	5/13/2014 – Passed to be engrossed in Senate

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	- Requires the department of public health to submit a report no later than Jan. 5, 2015 to the clerks of the house and senate to include information on whether practitioners are using the PMP and recommendations about how to improve the use of the PMP and shall submit a second report with the same information no later than Jan. 4, 2016	
MA SB 2142	<ul style="list-style-type: none"> - Requires that practitioners who prescribe controlled substances shall be required, as a condition of obtaining or renewing their professional license, to complete appropriate training relative to use of the PMP - Allows the commissioner of public health to promulgate regulations in response to a notification filed by the drug formulary commission including requiring practitioners to check the PMP prior to prescribing an “identified drug,” that is, a drug identified by the drug formulary commission as posing a heightened level of risk to the public - Requires practitioners to query the PMP 1) annually for patients who are receiving ongoing treatment with an opiate in Schedule II-IV; 2) when starting a patient on an opiate for non-palliative, long-term pain therapy of 90 days or more; 3) the first time the practitioner prescribes an opiate for chronic pain; 4) prior to writing a replacement prescription for an opiate; and 5) any other scenario mandated by the department through regulation - Requires the department to promulgate rules relative to the use of the PMP consistent with the above - Requires that the department review a PMP report upon receiving a report of an overdose-related death from the chief medical examiner to determine if a notification should be made to law enforcement or the professional licensing agency - Requires the department to make a report to the clerks of the house and senate no later than January 5, 2015 including an analysis of whether practitioners are using the PMP prior to prescribing Schedule II drugs, the number of violations of law or breaches of professional standards that were referred to law enforcement or a professional licensing agency, the types of violations, the outcome of the referrals, and recommendations on how to improve the use of the PMP - Requires the department to make the same report no later than January 4, 2016 but includes in that report an explanation of how the department has improved its use of the PMP over the past year 	8/6/2014 – Signed by Governor; effective on passage
MA SB 2160	Amends registration requirements	5/23/2014 – Senate passed to be engrossed

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MA SB 2341	<ul style="list-style-type: none"> - Requires that the department review a PMP report upon receiving a report of an overdose-related death from the chief medical examiner to determine if a notification should be made to law enforcement or the professional licensing agency - Requires the department to make a report to the clerks of the house and senate no later than January 5, 2015 including an analysis of whether practitioners are using the PMP prior to prescribing Schedule II drugs, the number of violations of law or breaches of professional standards that were referred to law enforcement or a professional licensing agency, the types of violations, the outcome of the referrals, and recommendations on how to improve the use of the PMP - Requires the department to make the same report no later than January 4, 2016 but includes in that report an explanation of how the department has improved its use of the PMP over the past year 	See SB2142
MI HB 5185	Makes technical changes to funding provisions	12/11/2013 – Printed bill filed
MI HB 5603	<ul style="list-style-type: none"> - Makes technical changes - Prohibits sharing information with a PMP in another jurisdiction unless they have a mutual agreement for the sharing of such information - Requires the reporting of all Sch. II and III controlled substances prescribed and allows sharing that information with PMPs in other jurisdictions with a mutual agreement 	5/28/2014 – Printed bill filed
MI SB 568	Amends statute to make technical changes	10/1/2013 – Referred to committee
MN HF 1863	Provides an expiration date of June 30, 2018 for advisory committee	5/21/2014 – Signed by Governor; various effective dates
MN HF 1867	Provides an expiration date of June 30, 2018 for advisory committee	3/13/2014 – Adopt as amended and refer to committee
MN HF 2005	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Amends provisions regarding when prescribers, personnel of the board, and health care programs can access PMP data - Allows access by personnel of a health professionals services program - Removes evaluation and reporting requirement 	3/21/2014 – Committee report, to adopt as amended and refer to committee

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<p>MN HF 2402</p>	<ul style="list-style-type: none"> - Amends definitions, including requiring the reporting of schedule V, tramadol and butalbital - Amends provisions regarding advisory task force to include a representative from the association of medical examiners and coroners and requires the task force to advise the board on criteria for unsolicited reports - Revises exemptions to reporting to provide that dispensers dispensing controlled substances to individuals in a health care facility when the drug is distributed through an automated drug distribution system and individuals receiving a drug sample are exempt from reporting - Amends notice to patient provisions to require that conspicuous notice be provided to the patient - Adds additional provisions for when prescribers are allowed to access the database as follows: 1) when providing emergency medical treatment; and 2) providing other medical treatment for which access to the database may be necessary if the patient has consented to the access - Adds provision allowing access to pharmacists providing pharmaceutical care for which access to the data may be necessary if the patient has consented to the access - Adds provision allowing access to personnel of the health professionals services program - Allows the board to participate in an interstate PMP data exchange system provided that permissible users in other states shall only have access to the data as allowed by MN law and requires a report to the legislature on interstate sharing by January 5, 2016 - Allows provision of proactive reports to prescribers and dispensers once criteria has been established by board in consultation with advisory task force and requires the board to report to the legislature on the criteria established by January 5, 2016 - Requires a study be performed with a report to the legislature by December 15, 2014 with recommendations on mandatory use, allowing use of the PMP to identify potentially inappropriate prescribing, and encouraging access to appropriate treatment for prescription drug abuse through the PMP - Further requires additional studies to support effectiveness of the PMP 	<p>5/21/2014 – Signed by Governor; various effective dates</p>
<p>MN HF 2527</p>	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services 	<p>3/10/2014 – Committee report to adopt as amended</p>

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	Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Provides proactive reports to prescribers and dispensers - Modifies provisions regarding report to legislature	
MN HF 2546	Makes technical changes	5/16/2014 – Signed by Governor; various effective dates
MN HF 2932	- Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data	3/26/2014 – Committee report, to adopt as amended
MN SF 1484	- Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Requires a study be performed regarding the issue of mandatory use of the PMP with a report to the legislature	4/30/2014 – Passed Senate; in House committee
MN SF 1997	Makes technical changes	5/13/2014 – Substituted by HF 2546
MN SF 2134	- Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Provides proactive reports to prescribers and dispensers - Modifies provisions regarding report to legislature	3/24/2014 – Committee report to pass as amended
MS HB 414	- Removes requirement that veterinarians report to PMP	3/4/2014 –

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	- Removes sunset provision	Died in committee
MS HB 843	- Removes requirement that veterinarians report to PMP - Provides that data shall not be subject to civil subpoena or in any civil proceeding - Extends sunset date to July 1, 2015	2/4/2014 – Died in committee
MS HB 844	- Requires veterinarians to report all narcotic drugs prescribed or dispensed to the Board of Veterinary Medicine - Creates a program to track drugs dispensed by veterinarians - Removes requirement from PMP statute that veterinarians report to PMP - Extends sunset date to July 1, 2017	2/4/2014 – Died in committee
MS HB 1178	- Provides that pharmacists and practitioners who fail to check the PMP prior to dispensing or prescribing a monitored drug shall be subject to action against his or her license, registration, or permit, or an administrative penalty, or both - Removes sunset provision	2/4/2014 – Died in committee
MS HB 1272	- Removes requirement that veterinarians report to PMP - Extends sunset date to July 1, 2017	2/4/2014 – Died in committee
MS SB 2177	- Removes requirement that veterinarians report to PMP - Extends repeal date to July 1, 2016	3/13/2014 – Approved by Governor; effective July 1, 2014
MS SB 2824	- Provides that pharmacists and practitioners who fail to check the PMP prior to dispensing or prescribing a monitored drug shall be subject to action against his or her license, registration, or permit, or an administrative penalty, or both - Removes sunset provision	2/4/2014 – Died in committee
MO HB 1133	Creates a PMP; would track information on Sch. II-IV CS; reporting is on a weekly basis; unsolicited to law enforcement and licensing boards; authorized recipients include prescribers, dispensers, patients, licensing boards, law enforcement and prosecutorial officials, family support division within the department of social services for Medicaid recipients, de-identified data; interstate sharing with authorized users in other states; creates pilot program for health care professionals to report suspected fraud or diversion to the bureau of narcotics and dangerous drugs; creates education courses; directs the department to work with impaired professionals to ensure treatment and encourage patients identified through the PMP to receive addiction treatment	3/13/2014 – Second read and referred to committee
MO HB 2086	Creates PMP; would track information on Sch. II-IV CS; requires reporting on a weekly basis; unsolicited to law	5/16/2014 –

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	enforcement and licensing boards; authorized recipients include prescribers, dispensers, patients, licensing boards, law enforcement and prosecutorial officials, family support division within the department of social services for Medicaid recipients, de-identified data; interstate sharing with authorized users in other states; creates pilot program for health care professionals to report suspected fraud or diversion to the bureau of narcotics and dangerous drugs; creates education courses; directs the department to work with impaired professionals to ensure treatment and encourage patients identified through the PMP to receive addiction treatment	Referred to committee
MO SB 921	Creates PMP; would track information on Sch. II-IV CS; reporting in real-time; authorized recipients include patients, regulatory boards, law enforcement and judicial officials (both in-state and out-of-state), de-identified data; dispensers are not allowed access to the PMP; must notify patients their information will be submitted to PMP; prohibits dispensing of medications if a similar medication was dispensed within the most recent day's supply limit from another dispenser; department shall screen for overlapping prescriptions and notify dispenser if there is no concern detected or contact dispenser directly if there is	3/13/2014 – Second read and referred to committee
NE LB 535	(Carryover bill from 2013) Creates PMP	4/17/2014 – Indefinitely postponed
NE LB 1072	- Changes “prescription drugs” to “controlled substances that are prescribed” - Allows the use of state funds, grants, gifts, or other funds in order to implement and operate the HIE technology - Creates the PDMP fund	4/10/2014 – Approved by Governor; effective July 10, 2014
NE LR 586	Provides for an interim study to gather information and make recommendations necessary for the legislature to support and continue EHR exchanges, including the role such initiatives can play in PMPs	4/2/2014 – Referred to committee
NH SB 254	Makes technical changes	5/23/2014 – Signed by Governor; effective July 22, 2014
NJ AB 706	- Allows unsolicited reports to practitioners and pharmacists - Defines “licensed healthcare professional” and “mental health practitioner” - Allows the following to access or receive PMP data: practitioners, delegates, pharmacists, MEs/coroners, licensing boards, law enforcement officials, Medicaid, judicial officials,	1/16/2014 – Introduced

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	<p>licensed mental health practitioner in a residential or outpatient substance abuse treatment center</p> <ul style="list-style-type: none"> - Allows interstate sharing with other PMPs and release of de-identified data 	
NJ AB 1232	<ul style="list-style-type: none"> - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance 	1/16/2014 – Introduced
NJ AB 3007	<ul style="list-style-type: none"> - Requires practitioners or his/her designee to check the PMP prior to prescribing a Schedule II drug to a new or frequent patient - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ...” - Allows delegates - Requires practitioners to report Schedule II prescriptions to the Division 	3/24/2014 – Introduced; referred to committee
NJ AB 3008	<ul style="list-style-type: none"> - Changes data collection/submission interval to daily - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ...” - Broadens access to information to law enforcement agencies - Requires practitioners and pharmacists to check the PMP prior to prescribing or dispensing a Schedule II controlled substance 	3/24/2014 – Introduced; referred to committee
NJ AB 3010	Requires submission of Schedule II prescription data every five days and every 30 days for all others	3/24/2014 – Introduced; referred to committee
NJ AB 3062	<ul style="list-style-type: none"> - Amends data collection interval to daily - Amends language regarding not being required to check the PMP to say “except as provided in ...” - Revises access to law enforcement parameters - Requires practitioners and pharmacists to check the PMP prior to prescribing or dispensing a Schedule II substance 	5/15/2014 – Reported out of committee with amendments; referred to appropriations
NJ AB 3075	<ul style="list-style-type: none"> - Amends data collection interval to real time - Requires a review of PMP information by the division - Requires all pharmacists and practitioners authorized to prescribe, dispense, or administer controlled substances to register with the PMP - Allows access to/release of information to: pharmacists, practitioners, MEs, state licensing boards, law enforcement, Medicaid, judicial officials, mental health practitioners - Allows interstate sharing - Allows deidentified data 	5/8/2014 – Introduced; referred to committee

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NJ AB 3129	<ul style="list-style-type: none"> - Adds definitions - Requires division to review PMP information - Requires division to register a practitioner or pharmacist with the PMP upon renewal or issuance of license - Allows access to/release of information to: pharmacists, practitioners, medical residents, other authorized health care professional, ME, state licensing boards, law enforcement, Medicaid, judicial officials, mental health practitioners - Allows interstate sharing - Allows deidentified data - Adds penalty provisions 	5/8/2014 – Reported and referred to appropriations
NJ SB 101	<ul style="list-style-type: none"> - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance 	1/14/2014 – Introduced
NJ SB 364	<ul style="list-style-type: none"> - Allows unsolicited reports to practitioners and pharmacists - Defines “licensed healthcare professional” and “mental health practitioner” - Allows the following to access or receive PMP data: practitioners, delegates, pharmacists, MEs/coroners, licensing boards, law enforcement officials, Medicaid, judicial officials, licensed mental health practitioner in a residential or outpatient substance abuse treatment center - Allows interstate sharing with other PMPs and release of de-identified data 	1/14/2014 – Introduced
NJ SB 365	<ul style="list-style-type: none"> - Requires daily submission of PMP data - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Modifies requirements for access by law enforcement - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance 	1/14/2014 – Referred to committee
NJ SB 1230	Adds human growth hormones as monitored substances	1/30/2014 – Introduced and referred to committee
NJ SB 1948	<ul style="list-style-type: none"> - Adds new definitions of licensed health care professional, licensed pharmacist, mental health practitioner, and pharmacy permit holder - Requires submission of prescription data on a real time basis - Requires pharmacists and practitioners authorized to prescribe, dispense, or administer controlled substances to 	4/28/2014 – Introduced and referred to committee

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	<p>register with the program or have their registration to prescribe, dispense, or administer revoked</p> <ul style="list-style-type: none"> - Allows the use of delegates - Allows access to MEs, licensing boards, law enforcement, Medicaid, judicial officials, licensed medical practitioners, de-identified data - Provides for interstate sharing of PMP data 	
NJ SB 1998	<ul style="list-style-type: none"> - Adds new definitions of licensed health care professional, licensed pharmacist, mental health practitioner, and pharmacy permit holder - Requires collecting identifying information on the person picking up a prescription if other than the patient - Requires submission of data every 7 days - Provides that the division shall register a pharmacist or practitioner with the PMP upon issuance or renewal of the practitioner or pharmacist's registration to prescribe, dispense, or administer a controlled substance - Allows access to MEs, licensing boards, law enforcement, Medicaid, judicial officials, mental health practitioner, de-identified data - Provides for interstate sharing of PMP data - Adds penalties for unlawfully obtaining, using, sharing data obtained from PMP 	4/28/2014 – Introduced and referred to committee
NJ SB 2119	Changes data collection interval to daily	5/19/2014 – Introduced and referred to committee
NY AB 6357	<ul style="list-style-type: none"> - Requires practitioners to consult the PMP prior to making or issuing a certification of a serious condition requiring the use of medical marijuana and may authorize a designee to access the PMP on his or her behalf - Requires medical marijuana dispensers to check the PMP to ensure that a patient is not receiving greater than a 30 day supply - Allows employees of medical marijuana organizations/dispensaries to check the PMP at the discretion of the commissioner 	7/5/2014 – Signed by Governor; effective on signing
NY AB 9878	Amends provisions regarding task force/advisory committee	5/27/2014 – Referred to committee
NY SB 2949	Amends statute regarding dispensing or prescribing Schedule II or III controlled substance for acute pain	6/9/2014 – Passed Senate; referred to Assembly committee

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NY SB 4406	<ul style="list-style-type: none"> - Requires that medical marihuana dispensaries report dispensing information to the PMP - Requires that medical marihuana dispensaries consult the PMP to verify that a patient has not been dispensed more than 2.5 ounces of medical marihuana in the previous 30 days, counting the amount being dispensed 	6/16/2014 – Amend and recommit to committee
NY SB 7509	Requires dispensers of medical marihuana to consult the PMP to verify that a patient has not received more than 2.5 ounces of medical marihuana in the previous thirty days	5/15/2014 – Referred to committee
NY SB 7660	Amends provisions regarding task force/advisory committee	6/9/2014 – Referred to Assembly committee
NY SB 7923	<ul style="list-style-type: none"> - Requires practitioners to consult the PMP prior to making or issuing a certification of a serious condition requiring the use of medical marijuana - Allows the use of a delegate - Requires dispensers to check the PMP to ensure that a patient is not receiving greater than a 30 day supply - Allows employees of medical marijuana organizations/dispensaries to check the PMP 	6/20/2014 – Substituted by AB6357
NC HB 761	Requires the Board of Pharmacy to execute a memorandum of understanding with NABP to participate in PMP InterConnect	7/30/2014 – Re-referred to committee
NC HB 1037	Allows release of PMP information to DEA office of diversion control and the NC Health Information Exchange	5/15/2014 – Referred to committee
NC SB 493	Requires the Board of Pharmacy to execute a memorandum of understanding with NABP to participate in PMP InterConnect	6/30/2014 – Passed House; in Senate committee
NC SB 749	<ul style="list-style-type: none"> - Allows release of PMP information to DEA office of diversion control and the NC Health Information Exchange - Requires DHHS to apply for grant funding from NABP to establish a connection to PMP InterConnect 	6/11/2014 – Committee substitute adopted; re-referred to committee
OH HB 332	Requires that licensed health care professionals authorized to prescribe drugs who are treating patients under 50 years of age with chronic, intractable pain resulting from conditions other than cancer check the PMP regularly to identify possible misuse of opioids	11/5/2013 – Introduced; assigned to committee
OH HB 341	Requires by statute that a dentist, advanced practice nurse, optometrist, pharmacist, physician assistant, or physician	6/16/2014 – Signed by Governor;

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	<p>check the PMP prior to prescribing or dispensing a controlled substance in Schedule II or that contains opioids</p> <p>SUBSTITUTE requires dentists, advanced practice nurses, optometrists, pharmacists, physician assistants, physicians, practitioners of medicine and surgery, or osteopathic or podiatric medicine and surgery to be registered with the PMP</p> <ul style="list-style-type: none"> - Requires that before prescribing or furnishing an opioid analgesic or benzodiazepine, a dentist, nurse, optometrist, physician assistant, physician, or their delegate must check the PMP and, if in a county adjoining a neighboring state, the neighboring state's PMP with certain exceptions to access requirement - If the course of treatment continues beyond 90 days, follow up checks of the PMP are also required at no less than 90 day intervals until the course of treatment has ended - Allows access to the medical director of a managed care organization re: worker's compensation cases and to a prescriber regarding a patient's mother for the purpose of providing treatment to a newborn or infant patient diagnosed as opioid dependent 	various effective dates
OH HB 412	Revises statute regarding physician assistant requirements to access PMP	5/15/2014 – Passed House; in Senate committee
OH HB 472	<ul style="list-style-type: none"> - Allows receipt of PMP data by managed care organizations - Amends funding provisions 	3/11/2014 – In committee
OH HB 483	Allows the board to use any portion of certain licensing and registration fees to fund the maintenance of the PMP	6/16/2014 – Signed by Governor; various effective dates
OH HB 485	<ul style="list-style-type: none"> - Requires that the administrator of worker's compensation enter into a data security agreement with a managed care organization for use of the PMP - Requires that dentists, advanced practice nurses, optometrists, physician assistants, osteopaths, podiatrists, and practitioners of medicine and surgery who prescribe or furnish opioid analgesics or benzodiazepines provide proof that the licensee has registered with the PMP when registering with the respective board - Requires dentists, advanced practice nurses, optometrists, physician assistants, physicians or their delegate to check the PMP prior to initially prescribing or furnishing an opioid analgesic or benzodiazepine and, if the dentist practices in a county that adjoins another state, to check the PMP of that state; shall also consult the PMP periodically (not less than 	4/10/2014 – In Senate committee

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	once every 90 days) if the treatment continues for more than 90 days until the course of treatment has ended - Requirement to check the PMP doesn't apply if the amount furnished or prescribed is for a period not to exceed 7 days	
OH HB 493	- Changes "may" to "shall" with regards to providing PMP information to prescribers, pharmacists, or their delegates and the administrator of workers' compensation - Allows data to be provided to the medical director of a managed care organization related to workers' compensation claimants - Makes technical changes	6/16/2014 – Signed by Governor; effective 91 days after signing
OK HB 2665	Allows interstate sharing of PMP information with a reciprocal data-sharing agreement	4/28/2014 – Approved by Governor; effective November 1, 2014
OK HB 2907	Amends registration provisions	2/26/2014 – Committee recommends pass substitute
OK HB 3030	Oklahoma Prescription Monitoring Program Reform Act of 2014	2/4/2014 – Second reading; referred to committee
OK HB 3031	PMP Sharing of Information Act of 2014	2/4/2014 – Second reading; referred to committee
OK SB 1183	- Requires the medical examiner to report a decedent's name and date of birth to the OK State Bureau of Narcotics and Dangerous Drugs Control when said decedent has died of an intentional or unintentional overdose from a controlled dangerous substance and requires the Bureau of Narcotics and Dangerous Drugs Control to maintain a database containing the classification of medical practitioners who prescribed or authorized the controlled dangerous substances - Removes provision stating practitioners have no obligation to check the PMP	5/13/2014 – Approved by Governor; effective November 1, 2014
OK SB 1243	Amends registration provisions	3/12/2014 – Second reading; referred to committee
OK SB 1267	Requires pain management clinics to register with the Bureau of Narcotics and Dangerous Drugs Control and practitioners	2/4/2014 –

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	employed at pain management clinics must check the PMP prior to prescribing, administering, or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol	Referred to committee
OK SB 1820	Allows the release of PMP information to medical practitioners and their staff	5/12/2014 – Conference granted, naming Conference Committee on Public Safety
OK SB 1821	<ul style="list-style-type: none"> - Allows access to PMP information by practitioners and staff employed by the federal government - Allows access to law enforcement and judicial officials for civil or administrative investigations or prosecutions in addition to criminal - Requires registrants or members of their medical or administrative staff to check the PMP prior to prescribing or authorizing the refill of any controlled dangerous substance; exempts hospice and end-of-life care 	3/13/2014 – Passed Senate; in House committee
PA HB 1694	Creates PMP; provides for advisory committee; requires notice to consumers; requires dispensers, practitioners, and delegates to register with system; requires reporting of Sch. II – V(?) substances every 72 hours; authorized users include – practitioners, delegates, pharmacists, licensing boards, de-identified data, coroner, patient, authorized personnel for the medical assistance program, CHIP, and elderly assistance program; law enforcement	10/30/2013 – In committee
PA HB 1856	Amends definition of “criminal justice agency”	11/25/2013 – Referred to committee
PA SB 1180	<ul style="list-style-type: none"> - Creates the “Achieving Better Care by Monitoring All Prescriptions” (ABC-MAP) program - Creates the ABC-MAP Board which is to meet annually to assess the costs and benefits of the PMP; the board is to appoint an advisory group, create a written notice to be used by prescribers or displayed to provide notice to patients that their prescription information is being collected and that the patient has the right to review that information, phase in an enforcement process so that dispensers and prescribers have adequate time to transition to the new system, develop protocols to require more frequent reporting, evaluate the information in the program, allow for internal reviews, safeguard the release of information, aid prescribers in identifying at-risk individuals and refer them to drug addiction treatment professionals, establish criteria to generate referrals of PMP information to the appropriate licensing board when the system produces an alert that there is a pattern of 	9/24/2014 – Laid on the table in House

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	<p>irregular data for a prescriber or dispenser, train prescribers and dispensers on the use of the system, assist professional organizations to develop educational programs relating to prescribing, permit delegates, identify controlled substances that have been shown to have limited or no potential for abuse and therefore should not be reported to the program</p> <ul style="list-style-type: none"> - Requires submission of data within 72 hours - Requires prescribers to query the program for each patient the first time a patient is prescribed a controlled substance or if the prescriber believes or has reason to believe that a patient may be abusing or diverting drugs - Allows prescribers; dispensers; the Office of the Attorney General on behalf of all federal, state, and local law enforcement agencies and on behalf of a grand jury; designated representatives from a state or out-of-state agency or board responsible for licensing or certifying practitioners; designated personnel regarding program integrity initiatives and internal compliance reviews for the medical assistance program, CHIP, PACE, or PACENET; personnel from the Dept of Drug and Alcohol programs engaged in the administration of the methadone death and incident review team; medical examiner/county coroner; PMP of a state with which PA has an interoperability agreement; patient, parent or guardian, or healthcare power of attorney - Provides penalties for knowingly or intentionally obtaining or attempting to obtain information from the program and for knowingly or intentionally releasing, publishing, selling, transferring, or otherwise making the information available for other than allowed purposes 	
RI HB 7574	<ul style="list-style-type: none"> - Allows delegates - Requires practitioners to register with the PMP as a condition of their initial registration or renewal of the practitioner's authority to prescribe controlled substances 	5/27/2014 – Signed by Governor; effective on signing
RI SB 2523	<ul style="list-style-type: none"> - Allows delegates - Requires practitioners to register with the PMP as a condition of their initial registration or renewal of the practitioner's authority to prescribe controlled substances 	5/27/2014 – Signed by Governor; effective on signing
SC SB 840	<ul style="list-style-type: none"> - Allows delegates - Requires daily submission of data - Requires the data be transmitted using the latest edition of ASAP - Provides that pharmacists or practitioners who knowingly disclose data in violation of law shall be reported to their respective board for disciplinary action 	6/6/2014 – Signed by Governor; effective on signing

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	- Provides that licensees may get up to 2 hours of CME related to prescribing and monitoring of controlled substances	
SC SB 1113	Adds exemptions for foreign pharmacies and local pharmacies that import controlled substances from foreign pharmacies to reporting requirements	3/12/2014 – Referred to committee
TN HB 1426	- Allows access to prescriber, healthcare practitioner extender, or dispenser and further allows such persons to place a copy of the PMP report in patient’s record - Allows certain persons to publish or otherwise make available to prescribers or the public, deidentified data	4/14/2014 – Companion Senate bill became law
TN HB 1555	Modifies provisions to include immediate methamphetamine precursors in reporting requirements	3/18/2014 – Taken off notice for calendar 3/18/2014
TN HB 1512	Requires wholesalers to take reasonable measures to identify their customers transaction habits and identify suspicious orders; further requires wholesalers to report any transaction involving an extraordinary quantity of a listed chemical, an uncommon method of payment or delivery, or any other circumstance the wholesaler believes indicates the substance may be used in violation of the law	4/17/2014 – Companion Senate bill substituted
TN HB 1737	Modifies provisions regarding prescription requirements for Sch. III and IV substances	3/18/2014 – Taken off notice for calendar
TN HB 2072	- Allows access to the judge of a drug court treatment program that is participating in a pilot project to the extent the information relates specifically to a current participant in the drug court treatment program - Directs the Board of Pharmacy to establish a fee for providing information to a law enforcement agency, judicial district drug task force, Tennessee Bureau of Investigation, or a judge of a drug court treatment program - Allows information obtained from the database by the judge of a drug court treatment program to be shared with personnel of the drug court treatment program, which includes the judge and any person employed by the drug court and designated by the judge to require access to the information in order to efficiently administer the program - Requires that any information sent to the judge of a drug court treatment program also be sent to the district attorney general of the judicial district in which the judge has jurisdiction - Provision of data to the judge of a drug court treatment program is declared to be a pilot project and limited to three judicial districts as selected by the commissioner of health	5/16/2014 – Approved by Governor; effective July 1, 2014

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TN HB 2400	- Changes data collection interval from weekly to daily - Amends penalty provisions for failure to submit data - Amends reporting requirements	4/16/2014 – Substituted by companion bill
TN SB 1630	- Allows a prescriber, healthcare practitioner extender, or dispenser to place a copy of the PMP report in patient’s record where it becomes a part of the medical record and subject to disclosure the same as other medical records - Allows certain persons to publish or otherwise make available to prescribers, dispensers, or the general public, deidentified data for the purpose of educational outreach	4/14/2014 – Signed by Governor; effective July 1, 2014 and July 1, 2016
TN SB 1647	Modifies provisions to include immediate methamphetamine precursors in reporting requirements	4/17/2014 – Re-referred to committee
TN SB 2113	Allows access to drug court personnel for drug court participants	5/16/2014 – Companion bill became law
TN SB 2284	Modifies provisions regarding prescription requirements for Sch. III and IV substances	1/29/2014 – Referred to committee
TN SB 2547	- Changes data collection interval from weekly to daily except for veterinarians, who are required to submit every 7 days - Amends penalty provisions for failure to submit data	5/22/2014 – Signed by Governor; effective July 1, 2014
UT SB 29	- Provides PMP information to authorized employees of a managed health care organization if the managed care organization contracts with the Dept of Health and the contract includes provisions that require an employee of the managed care organization who will have access to the database to undergo a criminal background check and limit the authorized employee to requesting either the Division or the Dept of Health to conduct a search of the database regarding a specific Medicaid enrollee and to report the results to the authorized employee and the information relates to a person who is enrolled in the Medicaid program with the managed care organization and the managed care organization suspects the person may be improperly obtaining or providing a controlled substance - Makes technical changes to conform with additions	3/27/2014 – Signed by Governor; effective May 13, 2014
UT SB 55	- Adds definitions of “dispensing medical practitioner” and “dispensing medical practitioner clinic pharmacy” - Amends reporting requirements to provide that dispensing medical practitioners must report to PMP	3/27/2014 – Signed by Governor; effective July 1, 2014

UT SB 178	<ul style="list-style-type: none"> - Allows pharmacy technicians to access the PMP as a pharmacy delegate - Allows pharmacist to designate up to three employees to access information in the database 	4/1/2014 – Signed by Governor; effective May 13, 2014
VT HB 655	Modifies provisions regarding funding	2/25/2014 – Signed by Governor; effective on passage
VT SB 295	<ul style="list-style-type: none"> - Requires the Secretary of Human Services to adopt rules requiring all Medicaid participating providers, including those licensed outside of Vermont, to query the VPMS prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary and at regular intervals thereafter as well as prior to prescribing a replacement prescription; further provides that the rules include dosage thresholds - Also requires the Secretary of Human Services to adopt rules for all providers licensed in Vermont who prescribe buprenorphine or a drug containing buprenorphine to a Vermont patient who is not a Medicaid recipient to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and at regular intervals thereafter as well as prior to prescribing a replacement prescription; further provides that the rules include dosage thresholds 	6/17/2014 – Signed by Governor; effective on signing
VA HB 539	Allows dispensers to appoint delegate	3/3/2014 – Approved by Governor; effective July 1, 2014
VA HB 874	<ul style="list-style-type: none"> - Provides for tracking drugs of concern as identified by the Board of Pharmacy - Allows the Board of Pharmacy to promulgate regulations designating specific drugs and substances where there has been or there is the actual or relative potential for abuse as drugs of concern - Designates Tramadol as a drug of concern 	4/6/2014 – Approved by Governor; effective July 1, 2014
VA HB 923	Provides for mailing of PMP information to patient when requested	2/20/2014 – Signed by Governor; effective July 1, 2014
VA HB 998	Changes data collection interval to three days	1/14/2014 –

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		Stricken from committee docket
VA HB 1249	<ul style="list-style-type: none"> - Provides that all prescribers will be registered with the PMP by the Dept of Health Professions upon filing an application for licensure or renewal of licensure if s/he is not already registered - Requires prescribers initiating a new course of treatment with a benzodiazepine or an opiate anticipated to last more than 90 days and for which a treatment agreement is entered into to check the PMP - Requires prescribers holding a special identification number from the DEA authorizing them to prescribe controlled substances for the treatment of opioid addiction to check the PMP prior to or as part of execution of a treatment agreement - Allows the Secretary of Health and Human Resources to identify and publish a list of benzodiazepines or opiates with a low potential for abuse and prescribers who prescribe those substances will not be required to check the PMP - Prescribers will not be required to check the PMP if the course of treatment arises from pain management related to dialysis or cancer treatments 	3/3/2014 – Approved by Governor; effective July 1, 2015
VA SB 207	Requires licensed providers of treatment for persons with opiate addiction through the use of methadone or other opioid replacements to comply with PMP reporting requirements	1/23/2014 – Stricken in committee
VA SB 294	<ul style="list-style-type: none"> - Provides that all prescribers will be registered with the PMP by the Dept of Health Professions upon filing an application for licensure or renewal of licensure if s/he is not already registered - Requires prescribers initiating a new course of treatment with a benzodiazepine or an opiate anticipated to last more than 90 days and for which a treatment agreement is entered into to check the PMP - Requires prescribers holding a special identification number from the DEA authorizing them to prescribe controlled substances for the treatment of opioid addiction to check the PMP prior to or as part of execution of a treatment agreement - Allows the Secretary of Health and Human Resources to identify and publish a list of benzodiazepines or opiates with a low potential for abuse and prescribers who prescribe those substances will not be required to check the PMP - Prescribers will not be required to check the PMP if the course of treatment arises from pain management related to dialysis or cancer treatments 	3/5/2014 – Approved by Governor; effective July 1, 2015

VA SB 526	Provides for mailing of PMP information to patient when requested	3/3/2014 – Approved by Governor; effective July 1, 2014
VA SB 638	Requires submission of PMP data within 3 days of dispensing	2/6/2014 – Passed by indefinitely
WA HB 1593	Allows access to personnel of a test site that meets certain standards	3/13/2014 – Referred to committee; returned for third reading
WV HB 2327	Amends statute to allow access to county sheriffs and make technical amendment	1/9/2014 – Referred to committee
WI AB 433	Changes reporting requirements from “pharmacist” to “pharmacy”	4/8/2014 – Failed to pass
WI AB445	Amends reporting requirements to require submission of data regarding method of payment	4/7/2014 – Approved by Governor; effective April 9, 2014
WI SB 345	Changes reporting requirements from “pharmacist” to “pharmacy” and changes definition of “prescription drug”	Enacted 1/23/2014 Published 1/24/2014 Effective 1/25/2014
	Regulations	
Regulation No.	Description	Status
AL 342818	Requires proof of registration with PMP prior to renewing controlled substances registration certificate	12/31/2013 – Adopted rules
AL 357423	Allows disciplinary actions against medical providers for failure to register with the PMP as required when obtaining a pain management registration from the Board	5/30/2014 – Adopted rules
AL 360192	Requires proof of registration with PMP to obtain a pain management registration	6/30/2014 – Adopted rules
AL 371321	Alabama Medicaid agency submitted a State Plan Amendment to expand Health Homes, one of the proposals of which is to work with PMPs to review health data on all Health Home recipients each month to improve the quality of care	8/29/2014 – Public notices
AL 371336	- Requires all entities and practitioners to report to the PMP on a daily basis	8/29/2014 –

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	- Includes exceptions to reporting	Proposed rules; scheduled for hearing 9/12/2014
AL 371337	Provides that the following persons or entities may access the PMP: licensing boards, practitioners, delegates, nurse practitioners, certified nurse midwives, physician assistants, pharmacists, law enforcement authorities, Medicaid agency, and other persons as listed in statute	8/29/2014 – Proposed rules
AZ 352963	New rules would replace former rules that expired in August 2013	8/2/2014 – Adopted
CO 341504	Amends low back and cervical spine injury medical treatment guidelines in work comp cases to recommend checking the PMP	3/10/2014 – Final regulations
CO 364245	<ul style="list-style-type: none"> - Changes data collection interval to daily - Requires corrections to be made within 30 days - Requires the board to develop criteria for indicators of misuse, abuse, or diversion and provide unsolicited reports to practitioners and pharmacies - Allows the use of delegates - Allows law enforcement access for the investigation of prescription drug outlets - Allows the use of deidentified data for population-level analysis 	6/25/2014 – Notices of proposed rulemaking
CT 368305	Propose to add nonresident pharmacies and medical practitioners to the existing groups of medical providers and pharmacies subject to the PMP regulations	8/5/2014 – Notices of intent to amend regulations
DE 367611	Prior to prescribing an extended-release hydrocodone lacking abuse-deterrent formula, a practitioner must query the PMP and review other prescriptions and for any amount greater than 40mg a day, must query the PMP no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount	8/1/2014 – Emergency regulations
FL 342937	Changes ASAP reporting requirement from 4.1 to 4.2	11/8/2013 – Notices of Development of Proposed Rules
FL 345659	Repeal rule requiring evaluation of program and report to Governor and legislature	2/18/2014 – Adopted
GA 366703	Requires each physician owning or practicing in a pain management clinic to register with the PMP and must regularly check the PMP on all new and existing patients	7/18/2014 – Filed regulations
ID 365326	Proposed amendment to PMP rule	8/6/2014 –

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		Notices of negotiated rule-making
IL 361946	<ul style="list-style-type: none"> - Requires hospitals to report any discharge or outpatient prescription exceeding a 72 hour supply to PMP within 7 days - Allows receipt of PMP information by prescribers, dispensers, and patients - Allows unsolicited or push reports to prescribers when a patient is identified as having 6 or more prescribers or 6 or more pharmacies, or both, for controlled substances within a continuous 30-day period - Allows direct access to prescribers, dispensers, hospital emergency departments, or freestanding healthcare facilities - Requires notice of any errors in reporting within 7 days after discovery of error 	5/30/2014 – Proposed rules
IL 361947	<ul style="list-style-type: none"> - To implement the requirement that pharmacies in long-term care facilities report certain medications to the PMP - Requires submission of data by LTCF pharmacies weekly - Includes list of medications required to be submitted 	5/30/2014 – Proposed rules
IL 366174	Rulemaking to ensure compliance with changes to the scheduling of controlled substances and exclusion of veterinarians from having to report	7/11/2014 – Regulatory agendas
IL 366175	Rulemaking to include all medications dispensed by long term care pharmacies to residents in long term care facilities	7/11/2014 – Regulatory agendas
KS 352937	Revises definition of “patient identification number”	5/15/2014 – Permanent rules
KS 365104	Modifies rule to delete carisoprodol as a drug of concern and replace it with prescription pseudoephedrine products and promethazine with codeine	7/24/2014 – Withdrawn
KS 367615	Adds ephedrine, pseudoephedrine, promethazine with codeine to list of drugs of concern to be reported to PMP	7/31/2014 – Proposed rules
LA 355586	Allows the use of delegates	6/20/2014 – Rules
LA 355587	Amends regulations to exclude veterinarians from participation in the program and reporting requirements	6/20/2014 – Rules
MA 360374	Requires licensees to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/9/2014 – Emergency regulations
MA 361585	Requires dentists to check the PMP prior to dispensing a hydrocodone-only extended release medication in a non-abuse deterrent formula	6/6/2014 – Notice of correction
MA 361587	Requires pharmacists to check the PMP prior to dispensing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/23/2014 – Emergency regulations

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MA 361588	Requires licensees to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/23/2014 – Emergency regulations
MA 361598	Requires physicians to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	7/18/2014 – Permanent regulations
MA 363137	Requires podiatrists to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	6/6/2014 – Emergency regulations
MA 363147	Requires pharmacists to check the PMP prior to dispensing a hydrocodone-only extended release medication in a non-abuse deterrent formula	7/18/2014 – Permanent regulations
MA 363148	Requires physician assistants to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	8/1/2014 – Permanent regulations
MA 363149	Requires podiatrists to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	9/12/2014 – Permanent regulations
MA 365628	Requires nurses to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	7/4/2014 – Emergency regulations
MA 365632	Requires nurses to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	8/29/2014 – Permanent regulations
MA 365633	Amends rules to enhance use of the PMP, permit delegates, and make regulations consistent with new PA rules	7/4/2014 – Proposed regulations
MA 371727	Requires licensees to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	9/12/2014 – Proposed regulations
MI 331254	- Changes data collection interval from twice monthly to daily (180 days after new rule takes effect) if reporting via online transmission or within 7 days if mailing or delivering information via another non-computer method - Requires that corrections be made within 7 days	1/1/2014 – Filed with Secretary of State; effective upon filing
MS 364951	Requires physicians and physician assistants practicing in a registered pain management facility to be registered with the PMP	8/31/2014 – Final action on rules
NV 339756	Changes ASAP reporting requirement from 2005 to 4.2 and updates data elements to be reported	3/28/2014 – Adopted regulations
NV 352325	Requires dentists to query themselves on the PMP at least once per year	6/23/2014 – Adopted regulations

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NM 343712	- Requires osteopathic physicians to check the PMP at each initial office visit which results in a prescription for an opiate based pain medication and at least annually thereafter as well as at critical turning points in patient care - Requires osteopathic physicians to register with the PMP	2/28/2014 – Adopted rules and regulations
NM 351093	Requires optometrists to register to use the PMP and to obtain a PMP report prior to prescribing, ordering, administering, or dispensing a controlled substance listed in Sch. III or IV or for a new patient when a Sch. III or IV drug is prescribed for more than 10 days and for established patients during the continuous use of controlled substances every six months	4/15/2014 – Adopted rules and regulations
NM 16.19.20	Excludes veterinarians from registration with PMP requirement	6/19/2014 – Public notice
NM 16.19.29	Amends definition of patient to mean only humans and amends definition of dispenser to exclude veterinarians	6/19/2014 – Public notice
ND 343692	Requires opioid treatment programs to use the PMP at least monthly for each patient	Filed with the Office of Legislative Council Effective April 1, 2014
OH 351919	Requires optometrists to check the PMP	4/21/2014 – Final filings; effective May 1, 2014
OH 354444	Changes data collection interval to daily and removes the requirement that corrections to the database be made in writing	5/12/2014 – Final filings; effective May 22, 2014
OH 35568	Requires physician assistants to check the PMP database when the physician assistant believes that treatment will be required for longer than 12 weeks and at least annually thereafter	6/17/2014 – Final
OR 339235	Adds and revises definitions; revises reporting requirements; clarifies expanded access to PMP	11/19/2013 – Adopted; effective
RI 345053	- Amends definitions - Requires reporting of Sch. II – IV controlled substances - Requires nonresident pharmacies to report - Requires using the most recent edition of ASAP - Includes data elements to be reported - Requires weekly reporting - includes provisions as to who may obtain PMP data, including practitioners, pharmacists, law enforcement with a search warrant, patients, regulatory boards, and deidentified data	6/28/2014 – Final rules

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	<ul style="list-style-type: none"> - Requires that patients be given notice their prescription information will be given to the PMP and their rights regarding the PMP - Creates two new regulations one of which allows an evaluation of the program and the other is a severability provision 	
RI 352302	Makes technical changes	6/4/2014 – Adopted
RI 368120	<ul style="list-style-type: none"> - Changes data collective interval to 72 hours - Allows the use of delegates 	9/24/2014 – Final rules
TN 335680	Amends definitions; excludes veterinarians from reporting requirements	3/18/2013 – Filed rules; effective March 16, 2014
TX 365443	Allows the use of delegates	8/29/2014 - Adopted
UT 343595	Creates rules to allow access to PMP information by designated persons for scientific studies when that person is not an employee of the Department	3/15/2014 – Notices of Rules Effective Dates; effective March 1, 2014
VT 366813	Prior to prescribing an extended release hydrocodone that is not in an abuse deterrent formula, the prescriber shall query the VPMS and review other controlled substances prescribed to the patient, and for any patient prescribed 40mg or greater per day, shall query the VPMS no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount	7/21/2014 – Emergency rules
VT 371698	Requires all Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter	9/15/2014 – Emergency rules
VT 371707	Requires all Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter	9/15/2014 – Proposed rules
WA 339087	Makes technical changes	10/2/2013 – Pending formal proposal
WA 340554	Makes technical changes	10/16/2013 –

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		Pending formal proposal
WA 342773	Makes technical changes	11/6/2013 – Preproposals
WA 349106	Makes technical changes	4/2/2014 – Permanent rules
WV 332026	Requires PMP training as part of drug diversion training and best practice prescribing of controlled substances training for pharmacists	5/2/2014 – Notices of final filing and adoption of a legislative rule; effective May 30, 2014
WV 332027	<ul style="list-style-type: none"> - Amends definitions - Revises reporting requirements - Makes technical changes 	5/2/2014 – Notices of final filing and adoption of a legislative rule; effective May 30, 2014
WV 365548	<ul style="list-style-type: none"> - Amends definitions - Amends access provisions for law enforcement - Amends access provisions for inspectors and agents of the Board - Allows practitioners or his/her delegate to access the PMP information of a prospective patient for the purpose of determining whether to accept the patient and provide treatment - Allows practitioner or delegate to check the PMP for information regarding a child-patient's breastfeeding mother, wet nurse, or other direct source of human breast milk when the patient is a newborn or child being fed human breast milk - Allows practitioners to keep a copy of the PMP report in the patient's file and may share the information with other providers treating the patient, or with the patient or his/her authorized guardian but such information is not subject to discovery in a civil case without a court order - Provides for unsolicited alerts to prescribers and dispensers whose patients exceed set parameters - Allows the review committee to refer information regarding practitioners who may have breached professional or occupational standards or committed a criminal act to the practitioners, their licensing board, or law enforcement 	8/8/2014 – Notices of Approval of Proposed Rule; sent to Legislative Rule-Making Review Committee for their review
WI 325475	<ul style="list-style-type: none"> - Amends definitions - Makes technical changes 	1/31/2014 – Adopted

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WI 335482	<ul style="list-style-type: none"> - Amends definitions - Amends reporting requirements - Makes technical changes 	7/14/2014 – Rule orders filed with the Legislative Reference Bureau; effective September 1, 2014
WI 353418	Makes editorial corrections	2/28/2014 – Editorial corrections

Highlighted text indicates the bill has been enacted into law or the regulation has been adopted.
Red text indicates the legislature is no longer in session.