Prescription Drug Monitoring Programs – Bill Status Update

Research current through May 4, 2016.

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	Bills	
Bill No.	**Description**	**Status and Date of Last Action**
US HR 6	Requires the Secretary to authorize Medicare Drug Integrity Contractors (MEDICs) to respond to requests for information from state PMPs in an effort to prevent fraud, waste, and abuse	7/13/2015 – Received in the Senate and read twice and referred to committee on health, education, labor, and pensions
US HR 953	- Planning and implementation grants for states - States receiving the grant shall establish a comprehensive response to opioid abuse, including a comprehensive PMP that includes: 1) data sharing with other states; 2) educating physicians, residents, medical students, and other prescribers on the PMP - Requires that states receiving grants have an integrated opioid abuse response program that: 1) ensures that each prescriber and dispenser registers with the PMP; 2) each prescriber and dispenser consults the PMP before prescribing a controlled substance; 3) that each dispenser reports the dispensing of controlled substances to the PMP with certain exceptions defined by the state; and 4) not fewer than four times each year, provide each prescriber an informational report showing how their prescribing patterns compare with their peers - Priority considerations include those states that ensure PMP data is available within 24 hours and ensure that prescribers and dispensers are notified by the PMP when overuse or misuse of a controlled substance by a patient is suspected - Grants awarded by the Attorney General in coordination with the Secretary of Health and Human Services and the Director of the Office of National Drug Control Policy	4/29/2015 – Referred to the subcommittee on Higher Education and Workforce Training
US HR 1725	- Reauthorizes NASPER funding - Allows funds to be used to improve, maintain, and operate an existing PMP	9/9/2015 – Received in the Senate and read twice and referred to Committee on

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	- Requires that states plan to apply the latest advances in HIT to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that states plan to achieve interoperability with at least one HIT system, such as an EHR, HIE, or e-prescribing system - Requires that states achieve interoperability between border states and include timelines for full implementation of such interoperability and also describe how it will achieve interoperability with HITs, as allowed by state law - Requires the state to report to the secretary on: interoperability with federal departments and agencies; interoperability with HITs such as EHRs, HIEs, and e-prescribing systems; and whether or not the state provides automatic, real-time or daily information about patients to providers - Requires states to provide the secretary with aggregate data to enable the secretary to evaluate the success of the state's program - Requires states to provide de-identified data to researchers - Requires states to take steps to facilitate use of the system, educate prescribers and dispensers regarding the benefits of using the system, and facilitate linkage to the state substance abuse agency and substance use disorder services - Appropriates $10,000,000 for fiscal years 2016 - 2020	Health, Education, Labor, and Pensions
US HR 2046	Amends § 7332(b) of Title 38 to provide that the secretary of Veterans' Affairs shall participate in each state PMP, including by providing such information to the program of an individual before filling an opiate prescription for such individual	5/11/2015 – Referred to Subcommittee on Health
US HR 2536	- Creates the "Recovery Enhancement for Addiction Treatment Act" - Provides that qualifying practitioners for medication-assisted treatment can submit a second notification of the need and intent of the qualifying practitioner to treat an unlimited number of patients as long as they agree to fully participate in the PMP in the state in which they are licensed	6/16/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations

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US HR 2805	- Creates the Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015 - Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP - Amends language to allow funds to be used for the purpose of improving or maintaining the program - Requires that states have a plan in place to apply the latest advances in health information technology in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires states to provide a timeline for achieving interoperability with other states and with the PMP and HIT systems - Requires a report to be made to the secretary on interoperability and data collection intervals - Requires states receiving funding to facilitate prescriber and dispenser use of the PMP, educate prescribers and dispensers on the benefits of the system, and facilitate linkage to the state substance abuse agency and substance abuse disorder services	7/9/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations
US HR 3677	- Creates the Opioid Abuse Prevention and Treatment Act of 2015 - Provides that the Secretary of Health and Human Services shall award grants to one or more states to carry out a 1-year pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns through a review of PMPs in states receiving such grants - A state receiving a grant under this section shall, with respect to controlled substances for which a prescriber is required to be registered with by the DEA in order to prescribe such controlled substances, shall make the information with respect to such controlled substances from the PMP available to state regulators and licensing boards and, with respect to any other controlled substances, may make the information with respect to such controlled substances from the PMP available to state regulators and licensing boards	10/2/2015 – Referred to subcommittee on Health
US HR 3719	- Reauthorizes NASPER funding	11/3/2015 –

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	- Allows funds to be used to improve, maintain, and operate an existing PMP - Requires that states plan to apply the latest advances in HIT to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that states plan to achieve interoperability with at least one HIT system, such as an EHR, HIE, or e-prescribing system - Requires that states achieve interoperability between border states and include timelines for full implementation of such interoperability and also describe how it will achieve interoperability with HITs, as allowed by state law - Requires the state to report to the secretary on: interoperability with federal departments and agencies; interoperability with HITs such as EHRs, HIEs, and e-prescribing systems; and whether or not the state provides automatic, real-time or daily information about patients to providers - Requires states to provide the secretary with aggregate data to enable the secretary to evaluate the success of the state's program or to provide a report to Congress - Requires states to provide de-identified data to researchers - Requires states to take steps to facilitate use of the system, educate prescribers and dispensers regarding the benefits of using the system, and facilitate linkage to the state substance abuse agency and substance use disorder services - Appropriates $10,000,000 for fiscal years 2016 - 2020	Referred to subcommittee on crime, terrorism, homeland security, and investigations
US HR 3762	Provides for the appropriation of $750,000 for fiscal years 2016 and 2017 to award grants to states to address the substance abuse public health crisis or to respond to urgent mental health needs within the state, which funds shall be used by grantee states for, among other uses, improving state PMPs	2/2/2016 – Chair announced that bill and accompanying veto message were referred to Committee on the Budget; Chair directed clerk to notify the Senate of the action (Presidential veto

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		because sections of the bill would repeal certain sections of the Affordable Care Act)
US HR 3889	21 USC 823 § 303 is amended to require practitioners to complete training prior to granting or renewing the registration of a practitioner to dispense, or conduct research with, Schedule II – V controlled substances including training regarding tools to manage adherence and diversion of controlled substances, including PMPs	12/4/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations
US HR 4063	- Creates the "Promoting Responsible Opioid Management and Incorporating Scientific Expertise Act" or the "Jason Simcakoski PROMISE Act" - Requires that the Secretary of Veterans Affairs and the Secretary of Defense shall jointly update the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain which shall include guidance that each health care provider, before initiating opioid therapy to treat a patient, which shall include the ability to access the most recent patient information from the PMP of each state to assess the risk of adverse outcomes of opioid therapy for a patient - Requires that, in carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool of the Department, the secretary shall ensure access by providers to information on controlled substances through the PMP of each state, including by seeking to enter into memoranda of understanding with states to allow shared access of such information between the states and the department - Requires that health care providers of the department submit information on prescriptions received by veterans to each state PMP	2/25/2016 – Ordered to be reported in the nature of a substitute (amended) by voice vote
US HR 4396	- Amends 21 USC 823(g)(2)(B), related to registrations for practitioners dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment, to provide that, not earlier than one year after the date on which a qualifying practitioner obtained an initial waiver,	3/23/2016 – Referred to various committees

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	the practitioner may submit a second notification to the secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients if, among other requirements, the practitioner agrees to fully participate in the PMP of the state in which the practitioner is licensed - Provides that two years after the date on which the first notification clause is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments which shall include an evaluation of the use of PMPs by waived practitioners	
US HR 4435	- Amends 21 USC 823(g)(2)(B), related to registrations for practitioners dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment, to provide that, not earlier than one year after the date on which a qualifying practitioner obtained an initial waiver, the practitioner may submit a second notification to the secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients if, among other requirements, the practitioner agrees to fully participate in the PMP of the state in which the practitioner is licensed - Provides that two years after the date on which the first notification clause is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments which shall include an evaluation of the use of PMPs by waived practitioners	2/10/2016 – Referred to subcommittee on Indian, Insular, and Alaska Native affairs
US HR 4447	Provides $50,000,00 for “Injury Prevention and Control” for expanding state-level prescription drug abuse prevention efforts such as improving PMP programs, data collection and collaboration among states	2/3/2016 – Referred to various committees
US HR 4697	- Creates the “Prevent Drug Addiction Act of 2016” - Requires that states receiving PMP grant funds shall require that any individual who signs a death certificate where an opioid drug is detected in the body of the deceased, or where such drug is otherwise associated with the death, report such death to the PMP administrator - Allows MEDICs to respond to requests for information from state PMPs	4/1/2016 – Referred to subcommittee on crime, terrorism, homeland security, and investigations

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US HR 4874	Requires that states receiving grants under the Harold Rogers Prescription Drug Monitoring Program set aside sufficient amounts to facilitate electronic information sharing among states in compliance with the Prescription Monitoring Information Exchange National Architecture	3/23/2016 – Referred to the house committee on energy and commerce
US HR 4981	- Creates the "Opioid Use Disorder Treatment Expansion and Modernization Act" - Requires that, not later than two years after the date of enactment of the Act and not less than every five years thereafter, the Secretary of Health and Human Services, in consultation with the DEA and experts in opioid use disorder research and treatment, shall perform a thorough review of the provision of opioid use disorder treatment services in the US and submit a report to Congress, which report shall include an assessment of the use of PMPs by practitioners who are permitted to dispense narcotic drugs to individuals pursuant to a waiver under section 303(g)(2) of the Controlled Substances Act	4/27/2016 – Ordered to be reported (amended) by voice vote
US HR 5046	- Amends 42 USC 3711, et seq., to provide that grants are authorized to develop, implement, or expand a PMP to collect and analyze data related to the prescribing of Schedule II – IV controlled substances which includes tracking of dispensation of such substances and providing for data sharing with other states	4/27/2016 – Ordered to be reported by voice vote
US S 480	- Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP in addition to the previously existing allowances - Requires that applicants have a plan to apply the latest advances in HIT in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Includes provisions regarding interoperability	4/27/2016 – Placed on Senate Legislative Calendar under General Orders
US S 483	- Creates the "Ensuring Patient Access and Effective Drug Enforcement Act of 2016" - Provides that, not later than one year after the date of enactment, the Secretary of Health and Human Services, in coordination with the Administrator of the Drug Enforcement Administrator and in consultation with the Secretary of Defense and Secretary of Veterans Affairs, shall submit a report to various House and Senate committees identifying beneficial enhancements to state	4/19/2016 – Signed by President; became Public Law 114-145

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	PMPs, including enhancements to require prescriber input and to expand access to the programs for appropriate authorized users	
US S 524	- Planning and implementation grants for states - States receiving the grant shall establish a comprehensive response to opioid abuse, including a comprehensive PMP that includes: 1) data sharing with other states; 2) educating physicians, residents, medical students, and other prescribers on the PMP - Requires that states receiving grants have an integrated opioid abuse response program that: 1) ensures that each prescriber and dispenser registers with the PMP; 2) each prescriber and dispenser consults the PMP before prescribing a controlled substance; 3) that each dispenser reports the dispensing of controlled substances to the PMP with certain exceptions defined by the state; and 4) not fewer than four times each year, provide each prescriber an informational report showing how their prescribing patterns compare with their peers - Priority considerations include those states that ensure PMP data is available within 24 hours and ensure that prescribers and dispensers are notified by the PMP when overuse or misuse of a controlled substance by a patient is suspected - Grant applications submitted to the Attorney General	3/14/2016 – Received in the House; held at desk
US S 636	- Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP in addition to the previously existing allowances - Requires that applicants have a plan to apply the latest advances in HIT in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that the database: be interoperable with the PMPs of other states; be interoperable with electronic health records and e-prescribing, where appropriate; provide automatic, real-time or daily information about a patient when requested by a practitioner; require practitioners to use the database information to help determine whether to prescribe or renew a controlled substance prescription; require dispensers, or their designees where permitted, to enter data required by the	3/3/2015 – Read twice and referred to Committee on Health, Labor, Education, and Pensions

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	Secretary, including patient name, the date and prescription dose - Provides that information required to be submitted shall include information with respect to methadone dispensed to a patient but further provides that no information relating to a patient's methadone use may be used to conduct a criminal investigation or substantiate any criminal charges against a patient - Requires the program to provide the Secretary with aggregate data and other information to enable the Secretary to evaluate the program's success or prepare and submit the report to Congress - Authorizes appropriations of $7,000,000 for each of fiscal years 2016 through 2020 - Requires health care practitioners and dispensers who participate in or are employed by a Federal health care program or federally funded health care program, including Indian Health Service, the Department of Veterans Affairs, the Department of Defense, etc., to use the PMP if the PMP is available to the practitioner or dispenser - Creates 1 year pilot project which awards grants for the purpose of developing a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns through a review of PMPs - Amends 21 USC § 823(g)(2)(B) to allow a practitioner to treat more than 30 patients for maintenance and detoxification treatment if the practitioner agrees to fully participate in the state PMP	
US S 1455	- Creates the "Recovery Enhancement for Addiction Treatment Act" or "TREAT Act" - Provides that a qualifying practitioner who has obtained a waiver to treat up to 500 patients must agree to fully participate in the state PMP	4/27/2016 – Placed on Senate legislative calendar under general orders
US S 1641	- Creates guidelines for the management of opioid therapy by the Department of Veterans Affairs and Department of Defense which includes a requirement that health care providers with the VA or DOD retrieve information from the state PMP before initiating opioid therapy to treat a patient - Requires the secretary to ensure access by health care providers of the DOD to information on controlled	6/22/2015 – Sponsor introductory remarks on measure; read twice and referred to committee

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	substances, include opioids and benzodiazepines, prescribed to veterans who receive care outside the DOD through the PMP of each state, including by entering into an MOU with each state to ensure access - Requires the secretary to require DOD health care providers to submit prescription information to the state PMP	
US S 2423	Provides $50,000,00 for "Injury Prevention and Control" for expanding state-level prescription drug abuse prevention efforts such as improving PMP programs, data collection and collaboration among states	12/18/2015 – Read twice and referred to committee on appropriations
US S 2479	Amends 42 USC § 280g-3 to provide that each state that receives a grant under this section and each state that receives a grant under the Harold Rogers Prescription Drug Monitoring Program shall demonstrate that information in the PMP is made available to all individuals authorized by the state to write Schedule II – IV controlled substances prescriptions	2/2/2016 – Read twice and referred to the committee on health, education, labor, and pensions
US SB 2562	- Amends 21 USC 823(g)(2)(B), related to registrations for practitioners dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment, to provide that, not earlier than one year after the date on which a qualifying practitioner obtained an initial waiver, the practitioner may submit a second notification to the secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients if, among other requirements, the practitioner agrees to fully participate in the PMP of the state in which the practitioner is licensed - Provides that two years after the date on which the first notification clause is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments which shall include an evaluation of the use of PMPs by waived practitioners	2/22/2016 – Read twice and referred to committee on health, education, labor, and pensions
US SB 2680	- Provides that not later than 18 months after the date of enactment of this Act, the Comptroller General of the US shall prepare a submit a report to Congress examining the variations that exist across state PMPs that have been supported by federal funds	4/26/2016 – Placed on Senate legislative calendar under general orders

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	- Further provides that the Comptroller General shall review, and include recommendations in the report on, best practices to maximize the effectiveness of such programs and state strategies to increase program queries by health care providers	
AL HB 355	Amends § 20-2-213 to delete veterinarians from the list of dispensers who must report dispensing information to the PMP	4/28/2016 – Indefinitely postponed
AL SB 93	Amends § 20-2-213 to delete veterinarians from the list of dispensers who must report dispensing information to the PMP	5/3/2016 – Delivered to Governor
AK HB 344	- Amends § 17.30.200 to allow the use of delegates in submitting dispensing information to the PMP - Changes data collection interval to at near real time to when the prescription is dispensed - Further allows the use of delegates to access information in the database on behalf of a practitioner or pharmacist - Allows access to PMP information by a medical assistance program - Allows access to PMP information by the state medical examiner - Allows the Dept. of Health and Social Services to receive de-identified data - Requires pharmacists and practitioners to register with the database - Deletes provision that nothing in this section requires or obligates a practitioner or dispenser to access or check the database - Requires that regulations be adopted that require a pharmacist, practitioner, or agent of the pharmacist or practitioner, to query the database prior to dispensing a controlled substance to a patient	3/28/2016 – Referred to Finance
AK SB 74	- Amends § 17.30.200 to delete references to state Schedule IA – IVA controlled substances and references to federal Schedule V substances - Changes data collection interval to weekly - Allows the use of practitioner and pharmacist delegates - Allows access to PMP information by a medical assistance program - Allows access to PMP information by the state medical examiner	4/17/2016 – Awaiting transmittal to Governor

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	- Allows the Dept. of Health and Social Services to receive de-identified data - Deletes provision that nothing in this section requires or obligates a practitioner or dispenser to access or check the database - Requires that regulations be adopted that require a pharmacist, practitioner, or agent of the pharmacist or practitioner, to query the database prior to dispensing a controlled substance to a patient - Requires that a pharmacist who dispenses or a practitioner who administers, prescribers, or directly dispenses a Schedule II – IV controlled substance shall register with the PMP - Allows the provision of unsolicited notification to a pharmacist or practitioner if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of state practice - Creates § 47.07.038, collaborative, hospital-based project to reduce use of emergency department services, which includes a requirement that the project include, to the extent consistent with federal law, a system for real-time electronic exchange of patient information, including data from the PMP	
AK SB 166	- Amends § 08.36.070 to provide that the board shall provide information to a licensed dentist on how to register with the PMP when the dentist's license is issued, reinstated, or renewed - Amends § 08.64.101 to provide that the board shall provide information to a medical licensee on how to register with the PMP when a license is issued, reinstated, or renewed - Amends § 08.68.100 to provide that the board shall provide information to a licensed registered nurse on how to register with the PMP when the nurse's license is issued, reinstated, or renewed - Amends § 08.72.060 to provide that the board shall provide information to an optometrist licensee on how to register with the PMP when a license is issued or renewed - Amends § 08.80.030 to provide that the board shall provide information to a licensed pharmacist on how to	2/1/2016 – Referred to labor and commerce

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	register with the PMP when a pharmacist's license is issued or renewed - Amends § 17.30.200 to allow the use of practitioner and pharmacist delegates - Further amends § 17.30.200 to provide that the board shall adopt regulations that provide a procedure for registering with the PMP	
AZ SB 1283	- Amends § 36-2606 to provide that, beginning January 1, 2017, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in Schedule II – IV for a patient, shall obtain a PMP report unless: the patient is receiving hospice care; the patient is receiving care for cancer or cancer-related illness; a medical practitioner will administer the substance; the patient is receiving the substance during the course of inpatient or residential treatment in a hospital, nursing care facility, or mental health facility; the practitioner is a dentist and is prescribing the substance to a patient for no more than five days after oral surgery - Further provides that, if the practitioner uses electronic medical records that integrate data from the PMP, a review of the electronic medical records with the integrated data shall be deemed compliant with the mandatory access required - Provides that the board shall promote and enter into data sharing agreements for the purpose of integrating the PMP into EHR - Provides that practitioners are not subject to liability or disciplinary action arising from requesting or receiving, or failing to request or receive, data from the PMP; or acting or failing to act on the basis of the PMP data AMENDMENT - Amends § 36-2606 to provide that, beginning the later of October 1, 2017 or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine listed in Schedule II – IV for a patient shall obtain a PMP report for that patient at the beginning of each new course of treatment and at least	3/29/2016 – Concurrence recommended

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	quarterly while that prescription remains a part of that treatment and includes certain exceptions - Further provides that, if the practitioner uses electronic medical records that integrate data from the PMP, a review of the electronic medical records with the integrated data shall be deemed compliant with the mandatory access required - Provides that the board shall promote and enter into data sharing agreements for the purpose of integrating the PMP into EHR - Provides that practitioners are not subject to liability or disciplinary action arising from requesting or receiving, or failing to request or receive, data from the PMP; or acting or failing to act on the basis of the PMP data - Provides that the board shall conduct annual user satisfaction surveys	
CA AB 611	- Amends Health and Safety Code § 11165.1 to allow an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs, for the purpose of investigating a license holder, to obtain approval to access information online - Amends Health and Safety Code § 11165.1 to change "practitioner or pharmacist" to "authorized subscriber" AMENDMENT #1 - Additionally amends Health and Safety Code § 11165.1 to provide that an application for access to the program may be denied for any subscriber who has accessed the information for any reason other than investigating the holder of a professional license AMENDMENT #2 - Amends Health and Safety Code § 11165.1 to remove requirement that an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs submit an application to obtain access to the PMP	2/1/2016 – Died pursuant to Article IV, Section 10(c); from committee: filed with the Chief Clerk pursuant to Joint Rule 56
CA SB 482	Makes technical changes to Health and Safety Code § 11165 AMENDMENT #1 - Removes technical changes to § 11165 - Creates Health and Safety Code § 11165.4 which requires a prescriber to consult the PMP before prescribing a Schedule II or III substance for the first time to that patient	4/7/2016 – From committee with author's amendments; read second time and amended; re-referred to

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	and at least annually when that substance remains a part of the patient's treatment - Provides that, if a patient has an existing prescription for a Schedule II or III substance, the physician shall not prescribe another controlled substance until the prescriber determines that there is a legitimate need for the additional substance - Requires a dispenser to access the PMP prior to dispensing a Schedule II or III substance for the first time to a patient and if the patient has an existing prescription for a Schedule II or III substance, the dispenser shall not dispense until s/he checks the PMP - Provides that failure to consult the PMP as required is cause for disciplinary action AMENDMENT #2 - Removes requirement that dispensers check the PMP prior to dispensing a Schedule II or III substance - Amends disciplinary provision to remove reference to dispenser's licensing board - Deletes references to "dispenser" throughout section AMENDMENT #3 - Creates Health and Safety Code § 11165.4 which requires a prescriber to query the PMP for information regarding a patient prior to prescribing a Schedule II or III substance for that patient and at least annually thereafter when that prescribed controlled substance remains part of his or her treatment - Further provides that, if a patient has an existing prescription for a Schedule II or III substance, the physician shall not prescribe another controlled substance until the prescriber determines that there is a legitimate need for the additional substance - Provides that failure to query the PMP as required is cause for disciplinary action - Provides that a prescriber is not liable in a civil action solely for failing to consult the database - Includes certain exceptions to the requirement to access	committee on RLS
CT HB 5053	- Amends § 21a-254 to provide that, on and after July 1, 2016, except as otherwise provided, dispensers shall report data to the PMP no later than the next business day - Requires veterinarians to report weekly	5/3/2016 – On consent calendar; in concurrence

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	- Removes requirement that delegate also be a licensed health care professional - Amends mandatory query requirements to provide that, prior to prescribing a controlled substance, other than a Schedule V non-narcotic substance, for the continuous or prolonged treatment of a patient, the prescriber or such prescriber's agent shall review the PMP not less than every 90 days - Further provides that, when prescribing a Schedule V non-narcotic controlled substance for the continuous or prolonged treatment of a patient, the prescriber or prescriber's agent shall review the PMP not less than annually - Provides that a prescribing practitioner may designate an authorized agent to review the PMP on his/her behalf and shall supervise such access and may be subject to disciplinary action for acts of the agent - Sets out requirements for designating an agent for prescribing practitioners who are employed by or provides professional services to a hospital	
CT HB 5301	Creates new section that requires prescribing practitioners, prior to issuing a prescription for an opioid analgesic in a single course of treatment to a patient under the age of 18, to review the patient's medical records, including those maintained in the PMP	4/4/2016 – Tabled for the calendar
CT HB 5434	Amends § 21a-254 to exempt non-opioid Schedule V controlled substances from the substances that trigger the mandatory access requirement	3/4/2016 – Public hearing scheduled for March 8
CT SB 69	Amends § 21a-254 to exempt veterinarians from the requirements SUBSTITUTE BILL provides that the provisions do not apply to a person licensed to practice veterinary medicine, surgery, or dentistry who prescribe less than an 8-day supply of a controlled substance while engaged in the practice of veterinary medicine, surgery, or dentistry	5/3/2016 – Favorable report; tabled for the calendar, House
CT SB 194	Amends § 21a-254 to change the data collection interval language from "in no event more than twenty-four hours" to "in no event later than the next day"	5/3/2016 – Senate recommitted to general law

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DC B21-0371	- Amends the PDMP Act to replace the word "act" with "title" and creates Title II, Prescription Drug Repository	10/16/2015 – Notice of public hearing published
FL HB 313	Amends § 893.055 to add the administration or dispensing of a controlled substance in a rehabilitative hospital, an assisted living facility, or a nursing home to a patient, as needed, to a patient if the patient was transferred to the facility after surgery and the patient's physician ordered the provision of the substance, as needed, as an exemption to the PMP reporting requirements	3/7/2016 – Laid on table
FL HB 4021	- Makes technical changes to § 893.055 and § 893.0551	3/11/2016 – Died in criminal justice subcommittee
FL HB 5003	Amends § 893.055 to provide that, for fiscal year 2016-2017, the department may use state funds appropriated in the 2016-2017 general appropriations act to administer the PMP and provides for expiration of that section on July 1, 2017	3/17/2016 – Approved by Governor; effective July 1, 2016
FL SB 616	Amends §§ 893.055 and 893.0551 to make technical changes to cross-reference	3/11/2016 – Died in regulation industries
FL SB 964	Amends § 893.055 to include the dispensing or administration of a prescription by a rehabilitative hospital, assisted living facility, or nursing home dispensing a certain dosage of a controlled substance, as needed, to a patient as ordered by the patient's treating physician to the list of exemptions from reporting AMENDMENT #1 – in addition to the amendments stated above, § 893.055 is amended to allow the use of pharmacy, prescriber, or dispenser delegates - Further allows access to PMP information by an impaired practitioner consultant who is retained by the department for the purpose of reviewing database information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and who has separately agreed in writing to the consultant's access to and review of such information - Amends § 893.0551 to allow the use of pharmacy, prescriber, and dispenser delegates	4/1/2016 – Approved by Governor; effective July 1, 2016

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	- Further amends § 893.0551 to allow access to PMP information by an impaired practitioner consultant who has been authorized in writing by a participant in, or a referral to, the impaired practitioner program	
FL SB 2502	Amends § 893.055 to provide that, for fiscal year 2016-2017, the department may use state funds appropriated in the 2016-2017 general appropriations act to administer the PMP and provides for expiration of that section on July 1, 2017	2/11/2016 – Laid on table; substituted by HB5003
FL SB 7038	- Amends §§ 893.055 and 893.0551 to allow the use of designees - Further amends §§ 893.055 and 893.0551 to allow the disclosure of PMP information to an impaired practitioner consultant retained by the department pursuant to law for the purpose of reviewing the database information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and who has separately agreed in writing to the consultant's access to and review of such information	3/11/2016 – Died in appropriations subcommittee on health and human services
GA HB 900	- Amends § 16-13-59 to provide that information in the PMP shall be retained for two years - Amends § 16-13-60 to provide that nothing shall prohibit the agency from accessing the PMP as part of an investigation into suspected or reported abuses or regarding illegal access of the database - Further amends § 16-13-60 to allow the use of prescriber and dispenser delegates - Amends law enforcement provisions to provide that state or local law enforcement must have a search warrant from an appropriate court or official in the county in which the office of such law enforcement or prosecutorial officials are located or to federal law enforcement or prosecutorial officials pursuant to a search warrant issued pursuant to 21 USC or a grand jury subpoena - Further amends § 16-13-60 to provide access to PMP information to other state regulatory boards governing prescriber or dispensers in Georgia pursuant to the issuance of a subpoena - Allows access to the Dept. of Community Health for purposes of the state Medicaid program pursuant to the issuance of a subpoena	4/26/2016 – Signed by Governor; effective July 1, 2016

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	- Allows access to the federal Centers for Medicare and Medicaid Services pursuant to the issuance of a federal subpoena - Allows persons authorized to access PMP information to communicate concerns regarding a patient to other prescribers and dispensers involved in the patient's care, report potential violations to the agency for review and inspection and, following such review, the agency may refer instances of a patient's possible misuse or abuse of controlled substances to the patient's primary prescriber to allow for potential intervention and impairment treatment; refer probable violations of controlled substances being acquired for illegal distribution to the appropriate authorities; or refer probable regulatory violations by prescribers or dispensers to the appropriate regulatory board - Amends provisions regarding de-identified data - Amends § 16-13-63 to provide that a prescriber or dispenser acting in good faith shall not be held civilly liable for damages to any person in any civil or criminal action for receiving or using PMP information	
HI HB 1540	Creates the heroin and opioid abuse task force whose duties include mandating greater use of the PMP and upgrading its technology	1/25/2016 – Referred to health and finance
HI HB 2386	- Amends § 329-1 to add definitions for "pharmacy delegate" and "practitioner delegate" - "Pharmacy delegate" means an individual employed by the pharmacy and selected by the pharmacist to act as that pharmacist's agent and to whom the pharmacist has delegated the task of accessing the PMP and that the pharmacist takes full responsibility for the actions of that delegate - "Practitioner delegate" means an agent or employee of a practitioner to whom the practitioner has delegated the task of accessing the PMP and that the practitioner takes full responsibility for the actions of that delegate - Amends § 329-101 to provide that all practitioners and pharmacies shall be registered with the PMP - Amends § 329-104 to modify access provision to allow receipt of information by county law enforcement or regulatory agencies	1/29/2016 – Referred to health and judiciary

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	- Amends § 329-104 to allow provision of PMP information to delegates, the chief medical examiner or licensed physician designee who requests information and certifies the request is for the purpose of investigating a death, qualified personnel for the purpose of research or education so long as the information is de-identified and provided that release of the information may only be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance, and to other entities or individuals authorized by the administrator to assist the program with projects that enhance the PMP	
HI HB 2448	Amends § 329-101 to change the name of the PMP from "controlled substance electronic accountability prescription system" to "controlled substance electronic prescription accountability system"	4/27/2016 – Received notice of House agreement and passage on final reading; transmitted to Governor
HI SB 2461	- Creates new section with definitions for "chronic opioid therapy," "pharmacist delegate," "practitioner," and "practitioner delegate" - "Chronic opioid therapy" means at least three months of continuous treatment for chronic pain with opioid drugs "Pharmacist delegate" means a pharmacy employee designated as the pharmacist's agent and is delegated with the task of accessing the PMP; pharmacist shall take full responsibility for any action taken by the delegate - "Practitioner delegate" means an agent or employee of the practitioner who is delegated with the task of accessing the PMP; practitioner shall take full responsibility for any action taken by the delegate - Amends § 329-101 to provide that, beginning January 1, 2017, all practitioners administering, prescribing, or dispensing Schedule II – IV controlled substances, shall register with the PMP - Amends § 329-104 to allow provision of PMP information to delegates, the chief medical examiner or a licensed physician designated by the chief medical examiner who certifies the request is for the purpose of	2/18/2016 – Report adopted; passed second reading, as amended

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	investigating a death, de-identified data for legitimate research or educational purposes and provided that the release of information shall be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance, and to other entities or individuals authorized by the administrator to assist the program with projects that enhance the system	
HI SB 2729	Amends § 329-101 to change the name of the PMP from "controlled substance electronic accountability prescription system" to "controlled substance electronic prescription accountability system"	1/27/2016 – Referred to committee
HI SB 2915	- Amends § 329-1 to add definitions for "pharmacy delegate" and "practitioner delegate" - "Pharmacy delegate" means an individual employed by the pharmacy and selected by the pharmacist to act as that pharmacist's agent and to whom the pharmacist has delegated the task of accessing the PMP and that the pharmacist takes full responsibility for the actions of that delegate - "Practitioner delegate" means an agent or employee of a practitioner to whom the practitioner has delegated the task of accessing the PMP and that the practitioner takes full responsibility for the actions of that delegate - Amends § 329-101 to provide that all practitioners, except veterinarians, and pharmacies shall be registered with the PMP - Amends § 329-104 to allow provision of PMP information to delegates, the chief medical examiner or licensed physician designee who requests information and certifies the request is for the purpose of investigating a death, qualified personnel for the purpose of research or education so long as the information is de-identified and provided that release of the information may only be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance, and to other entities or individuals authorized by the administrator to assist the program with projects that enhance the PMP AMENDMENT #1 - Amendments to § 329-1 and § 329-101 remain the same	5/4/2016 – Received notice of final reading

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	- Additionally amends § 329-104 to allow provision of PMP information to regulatory agencies	
ID HB 337	Amends § 37-2726 to provide that the PMP shall release information to a medical examiner or coroner for determining a cause of death or for performing other duties authorized by law	3/17/2016 – Signed by Governor; effective July 1, 2016
ID HB 374	- Amends § 37-2726 to allow the use of practitioner and pharmacist delegates - Provides that the board shall limit to four the number of delegates a practitioner or pharmacist may have - Further provides that a delegate means a nurse, medical or office assistant, or registered pharmacy technician designated by a supervising practitioner or pharmacist to access the database and who must register with the board of pharmacy for such access	3/17/2016 – Signed by Governor; effective July 1, 2016
IL SB 2378	Creates 410 § 130/225 to require that organizations that dispense medical cannabis to a qualifying patient or his or her caregiver shall transmit that information to the PMP within 7 days of dispensing	4/8/216 – Re-referred to assignments
IN HB 1278	- Creates § 25-14-1-23.5 to provide that a dentist may include an INSPECT report in a patient's medical file and any release of a patient's medical file must be in compliance with § 35-48-7-11.1 - Creates § 25-22.5-13-7 to provide that a physician may include an INSPECT report in a patient's medical file and any disclosure of a patient's medical file shall be in compliance with § 35-48-7-11.1 - Creates § 25-23-1-19.9 to provide that an advanced practice registered nurse may include an INSPECT report in a patient's medical file and any release of the patient's medical file shall be in compliance with § 35-48-7-11.1 - Creates § 25-27.5-5-4.5 to provide that a physician assistant may include an INSPECT report in a patient's medical file and any release of the patient's medical file shall be in compliance with § 35-48-7-11.1 - Creates § 25-29-1-17 to provide that a podiatrist may include an INSPECT report in a patient's medical file and any release of the medical file shall be in compliance with § 35-48-7-11.1	3/21/2016 – Signed by Governor; effective July 1, 2016

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	- Amends § 35-48-7-11.1 to allow receipt of INSPECT data to a county coroner beginning July 1, 2016 - Further amends § 35-48-7-11.1 to amend immunity provisions to provide that a practitioner who checks the INSPECT program for a patient is immune from civil liability for seeking information from the INSPECT program and in good faith using the information for the treatment of a patient - Also provides that a practitioner's agent may act as a delegate and check the INSPECT program reports on behalf of a practitioner - Further provides that a patient may access a report from the INSPECT program that has been included in the patient's medical file - Amends § 35-48-7-11.5 to provide that boards shall establish prescribing norms that, if exceeded, justify the sending of exception reports not later than December 1, 2016 - Further provides that the board designee may forward an exception report to a law enforcement agency or to the attorney general for purposes of an investigation	
IN SB 161	Amends §§ 35-48-7-8.1, 35-48-7-10.1, 35-48-7-11.1, 35-48-7-12.1 to require that ephedrine and pseudoephedrine be reported to the PMP	3/21/2016 – Signed by Governor; effective July 1, 2016
IN SB 297	- Creates § 12-23-18-5.3 to provide that, consistent with federal law and standard medical practices in opioid treatment for substance abuse, the division shall adopt rules concerning opioid treatment by an opioid provider, including a requirement that a provider who prescribes opioid medication for a patient periodically review INSPECT for the patient - Amends § 12-23-18-8 to provide that an opioid treatment program shall provide to the department an annual submission of the program's policy concerning the use of the INSPECT program; the protocol for addressing patients who are found, using INSPECT data, to have prescriptions for a controlled substance, including benzodiazepines or other opiate medications; and the protocol for addressing	3/21/2016 – Signed by Governor; effective July 1, 2016

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	patients who have illicit urine drug screens indicating the use of another controlled substance	
IA SF 2102 (IA SSB 3003/ 5148DP)	- Amends § 124.550 to delete the definition of "prescribing practitioner" and to require the board to implement technological improvements to facilitate secure access to the program through electronic health and pharmacy information systems - Amends § 124.553 to allow access to the PMP by an institutional user established by the board to facilitate secure access of a prescribing practitioner or pharmacist to the program through electronic health and pharmacy information systems - Further amends § 124.553 to allow the provision of de-identified data for statistical, public research, public policy, or educational purposes	4/6/2016 – Signed by Governor
KY SB 258	Amends § 218A.202 to provide that, beginning July 1, 2017, the Administrative Office of the Courts shall forward data regarding any felony or Class A misdemeanor conviction that involves the trafficking or abuse of a controlled substance to the cabinet for inclusion in the PMP and the cabinet shall incorporate the data received into the system so that a query by patient name indicates any prior drug conviction	3/4/2016 – To health and welfare
LA HB 531	Amends § 40:1007 to allow provision of PMP information to the designated representative of any specialty or treatment court, including, but not limited to, a veterans, drug, DWI, behavioral, or mental health court and provides that the presiding judge shall designate a court representative in writing to the board who may access the program on the court's behalf to review information about participant's in the court's program or those seeking admission to the program	3/14/2016 – Read by title, referred to committee on health and welfare
LA HB 791	Amends § 40:978 to provide that a prescriber shall access the PMP prior to initially prescribing any opioid or Schedule II controlled dangerous substance and removes restriction that the prescription be for the treatment of non-cancer related chronic or intractable pain	3/14/2016 – Read by title, referred to committee on health and welfare
LA HB 1054	- Amends § 40:1002 to include legislative findings - Amends § 40:1004 to provide that the PMP shall facilitate access on a real-time basis to PMP information	4/6/2016 – Read by title, referred to

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	by the persons who are duly authorized to obtain such information - Amends § 40:1005 to provide that the advisory council may also serve as an advisory body to the board, to the office of the governor, and to the legislature on matters relating to prescribing of controlled substances that include, without limitation, best practices and programs for continuing education for prescribers and pharmacists on pain management and statewide implementation of and ongoing compliance by prescribers with electronic prescription requirements	committee on health and welfare
LA SB 56	Amends § 40:1006 to provide that the board shall establish by rulemaking standards for the retention, archiving, and destruction of PMP information	5/4/2016 – Reported without legislative bureau amendments
LA SB 189	Amends § 40:978 to provide that a pharmacist may dispense more than a 10-day supply of an opioid derivative Schedule II or Schedule III substance for a prescription written by a prescriber not licensed in LA if the prescriber includes on the prescription a diagnosis of cancer or terminal illness	5/4/2016 – Reported without legislative bureau amendments
ME SP 671	- Amends 22 § 7251 to include prescribers in the immunity provision - Amends 22 § 7251 to provide that a dispenser who fails to submit dispensing data commits a civil violation for which there is a fine a $250 per incident, not to exceed $5,000 per year - Creates 22 § 7253 which requires prescribers to check the PMP when initially prescribing a benzodiazepine or opiate to a person and every 90 days for as long as the prescription is renewed - Further requires dispensers to check the PMP prior to dispensing a benzodiazepine or opiate to a patient and provides that the dispenser shall notify the program and withhold a prescription until the dispenser is able to contact the prescriber if the dispenser has reason to believe that the prescription is fraudulent or deceptive AMENDMENT - Amends 22 § 7246, definitions, to include definitions for "acute pain," "administer," and "chronic pain"	4/19/2016 – Signed by Governor; effective July 29, 2016

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	- Amends 22 § 7246 to include veterinarians in the definition of "prescriber" - Amends 22 § 7249 to include prescribers in the immunity provision - Amends 22 § 7250 to allow provision of PMP data to another state or a Canadian province - Further amends 22 § 7250 to allow provision of data to staff members of a licensed hospital who are authorized by the chief medical officer of the hospital and to staff members of a pharmacist who are authorized by the pharmacist - Prior amendments to 22 § 7251 remain the same - Creates 22 § 7253 which requires prescribers, on or after January 1, 2017, to check the PMP upon initial prescription of a benzodiazepine or opioid medication and every 90 days as long as the prescription is renewed - Further requires dispenses, on or after January 1, 2017, to check the PMP prior to dispensing a benzodiazepine or opioid to a patient if: 1) the patient is not a resident of Maine; 2) the prescription is from a prescriber outside Maine; 3) the person is paying cash when the person has prescription insurance on file; or 4) according to the pharmacy record, the person has not had a benzodiazepine or opioid medication in the previous 12 months; the dispenser shall notify the program and withhold the prescription until s/he is able to contact the prescriber if the dispenser has reason to believe the prescription is fraudulent or duplicative	
ME SP 674	Amends 22 § 7250 to allow sharing of PMP information with another state or a Canadian province	3/31/2016 – Placed in legislative files (dead)
MD HB 437	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision - Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program	4/26/2016 – Approved by Governor; effective October 1, 2016; mandatory registration and mandatory query provisions

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	- Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness" - Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify that the information be submitted by dispensers once every 24 hours - Further amends Health General Law § 21-2A-04 to remove provision regarding a prescriber or dispenser not being obligated to check the PMP - Further amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the process for the program's review of PMP data and reporting of possible misuse and abuse of a monitored prescription drug or a possible violation of law or breach of professional standards - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner - Further provides that pharmacists shall be registered with the program by July 1, 2017 - Provides that, prior to registering with the program, prescribers and pharmacists shall complete a course of instruction and training developed by the Department, including effective use of the program - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber: 1) shall request at least the prior 4 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or	contingent on certain determinations by the Secretary of Health and Mental Hygiene

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	benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed - Provides that a prescriber is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual: 1) is in an amount not to exceed 3 days; 2) is for the treatment of cancer or cancer-related pain; 3) who is a patient receiving treatment in an inpatient unit of a hospital, a patient in a general care hospice program, or any other patient diagnosed with a terminal illness; 4) who is a patient who resides in an assisted living facility, a long-term care facility, a comprehensive care facility, or a developmental disabilities facility; or 5) to treat or prevent acute pain for a period of not more than 14 days following: a) a surgical procedure in which general anesthesia is used; b) a fracture; c) significant trauma; or d) childbirth - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Further provides that if a pharmacist or pharmacist delegate has a reasonable belief that a patient may be seeking a monitored prescription drug for any purpose other than the treatment of an existing medical condition, before dispensing, the pharmacist or pharmacist delegate shall query the PMP - Creates Health General Law § 21-2A-04.3 which provides that a prescriber or pharmacist may authorize a delegate to request PMP data if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the	

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	prescriber or pharmacist remains responsible for: a) ensuring access by delegates is limited to purposes authorized by law; b) protecting data confidentiality; and c) any breach of confidentiality by the delegate; and 3) the decision whether to prescribe or dispense a monitored prescription drug for the patient remains with the prescriber or dispenser and is reasonably informed by the data obtained from the program - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-06 to provide that, prior to reporting possible misuse or abuse of a monitored prescription drug to a prescriber or pharmacist, the program may (rather than shall) obtain guidance and interpretation from the technical advisory committee - Further amends Health General Law § 21-2A-06 to provide that the program may review PMP data for indications of a possible violation of law or a possible breach of professional standards by a prescriber or dispenser and may notify the prescriber or dispenser of the possible violation or breach and provide education to the prescriber or dispenser - Further provides that, prior to notifying the prescriber or dispenser of a possible violation or breach, the program shall obtain guidance and interpretation of PMP data from the technical advisory committee - Further provides that, prior to disclosing PMP information to certain requestors, the program may (rather than shall) request that the technical advisory committee take certain actions and, further, that the program, in consultation with the board, shall consider policies and procedures for determining the circumstances in which review of requests by the technical advisory committee is desirable and feasible - Amends Health General Law § 21-2A-07 to provide that the purpose of the technical advisory committee includes providing guidance and interpretation of PMP data regarding possible violations of law or breaches of	

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	professional standards and provides a list of the technical advisory committee members - Amends Health General Law § 21-2A-08 to include delegates in immunity provision - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates - Bill requires the Department of Health and Mental Hygiene to report to the legislature: 1) on or before December 1, 2016, the technical capacity of the program to analyze data for possible violations and breaches and an analysis of the possibility of reporting possible violations and breaches to law enforcement agencies, licensing entities, or the department; and 2) on or before September 1, 2017, in consultation with the advisory board on prescription drug monitoring, the status of implementation of providing education and notice of possible violations or breaches to prescribers and dispensers and a recommendation on whether the authority of the program to report possible violations or breaches shall be expanded - Bill further requires that, on or before November 1, 2016, the department shall report to the legislature on the feasibility and desirability of analyzing PMP data through the regular and ongoing use of statistical and advanced analytical techniques for the purpose of understanding patterns, detecting possible high risk behavior, improving detection, and facilitating the sharing of information	
MD HB 456	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision or by July 1, 2017, whichever is sooner - Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program - Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness"	2/4/2016 – Scheduled for hearing February 18

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	- Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to delete the provision that the rules adopted by the secretary shall specify that a prescriber or dispenser is not obligated to access the PMP and to provide that a licensing entity may adopt regulations that establish standards of practice for the review of prescription monitoring data - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner - Further provides that pharmacists shall be registered with the program by July 1, 2017 - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber or pharmacist: 1) shall request at least the prior 6 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed	

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	- Provides that a prescriber or pharmacist may authorize a delegate to access the PMP on his or her behalf if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the prescriber or pharmacist is responsible for: a) ensuring that access by the delegate is limited to purposes authorized by law; b) protecting the confidentiality of the data; and c) any breach of confidentiality by the delegate; 3) the decision whether to prescribe or dispense a monitored prescription drug for a patient remains with the prescriber or pharmacist and is reasonably informed by the PMP data - Provides that a prescriber or pharmacist is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual: for the treatment of cancer-related pain; in a general hospice program; diagnosed with a terminal illness; receiving treatment at an inpatient unit of a licensed hospital who resides in an assisted living facility, a long-term care facility, a comprehensive care facility, or a developmental disability facility - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-05 to delete provision that prescription data may not be used as the basis for imposing clinical practice standards - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates	
MD SB 382	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision or by July 1, 2017, whichever is sooner	2/3/2016 – Hearing scheduled February 24

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	- Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program - Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness" - Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to delete the provision that the rules adopted by the secretary shall specify that a prescriber or dispenser is not obligated to access the PMP and to provide that a licensing entity may adopt regulations that establish standards of practice for the review of prescription monitoring data - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner - Further provides that pharmacists shall be registered with the program by July 1, 2017 - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber or pharmacist: 1) shall request at least the prior 6 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before	

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	deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed - Provides that a prescriber or pharmacist may authorize a delegate to access the PMP on his or her behalf if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the prescriber or pharmacist is responsible for: a) ensuring that access by the delegate is limited to purposes authorized by law; b) protecting the confidentiality of the data; and c) any breach of confidentiality by the delegate; 3) the decision whether to prescribe or dispense a monitored prescription drug for a patient remains with the prescriber or pharmacist and is reasonably informed by the PMP data - Provides that a prescriber or pharmacist is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual: for the treatment of cancer-related pain; in a general hospice program; diagnosed with a terminal illness; receiving treatment at an inpatient unit of a licensed hospital who resides in an assisted living facility, a long-term care facility, a comprehensive care facility, or a developmental disability facility - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-05 to delete provision that prescription data may not be used as the basis for imposing clinical practice standards - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates	

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MD SB 506	Makes technical corrections to PMP statutes	3/14/2016 – Approved by Governor; effective on passage
MD SB 537	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision or by July 1, 2017, whichever is sooner - Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program - Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness" - Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the circumstances under which a prescriber or pharmacist is required to request PMP data from the program - Further amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the process for the program's review of PMP data and reporting of possible misuse and abuse of a monitored prescription drug or a possible violation of law or breach of professional standards - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner	4/11/2016 – Passed enrolled

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	- Further provides that pharmacists shall be registered with the program by July 1, 2017 - Provides that, prior to registering with the program, prescribers and pharmacists shall complete a course of instruction and training, developed in cooperation with the department about: 1) how to use the program; and 2) signs of possible misuse or abuse of controlled substances - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber or pharmacist: 1) shall request at least the prior 12 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed - Provides that a prescriber or pharmacist may authorize a delegate to access the PMP on his or her behalf if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the prescriber or pharmacist is responsible for: a) ensuring that access by the delegate is limited to purposes authorized by law; b) protecting the confidentiality of the data; and c) any breach of confidentiality by the delegate; 3) the decision whether to prescribe or dispense a monitored prescription drug for a patient remains with the prescriber or pharmacist and is reasonably informed by the PMP data - Provides that a prescriber or pharmacist is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual in an amount not	

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	to exceed 7 days; for the treatment of cancer or another condition associated with cancer; who is a patient: a) treated at an institution of postsecondary education to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians; b) a patient at a hospital, including any outpatient facility, clinic of a hospital, office of a hospital-employed health care practitioner, to the extent that the practitioner practices at the office as a hospital employee; a hospice patient; any other patient diagnosed with a terminal illness; a patient at a facility maintained or operated by the state; a patient at a nursing facility; a patient at a clinic maintained or operated by the federal government; patient at a clinic, facility, or practice at which the use of opioids or benzodiazepines for a majority of the patients is for treatment for pain immediately before, during, and not more than 14 days after surgery; or to treat acute pain resulting from a surgical or other invasive procedure or childbirth - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-06 to provide that the program shall (rather than may) review PMP data for indications of misuse or abuse and shall (rather than may) report possible misuse or abuse to the prescriber or pharmacist - Further amends § 21-2A-06 to provide that the program shall review the PMP data for indications of a possible violation of law or a breach of professional standards by a prescriber or pharmacist and shall notify the appropriate licensing board or law enforcement agency and provide necessary information to carry out an investigation - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates	

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MA HB 3675	Requires the secretary of health and human services, in collaboration with the department of public health and safety, to conduct or provide for an examination of the prescribing and treatment history of persons in Massachusetts who suffered a fatal opioid overdose in 2014 and make a report and, in conducting such examination, information shall be provided, including PMP data, and a report will be made no later than one year after the effective date of the act	7/20/2015 – Incorporated into HB 3650
MA HB 3817	Amends 94C § 24A to require that the regulations proposed require every practitioner to use the PMP prior to prescribing an opiate	12/30/2015 – Accompanied a new draft; see HB3926
MA HB 3926	- Amends 94C § 18 to require that practitioners access the PMP prior to issuing a prescription for an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use the first time and shall note in the patient's medical record the reasons for prescribing that medication over other forms of pain management - Creates 94C § 18A which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the patient's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department	1/13/2016 – New draft substituted; see HB3944
MA HB 3944	- Amends 94C § 24A to provide that the department shall promulgate rules and regulations relative to the use of the PMP by registered participants which shall include the requirement that participants use the PMP prior to issuing a prescription for a Schedule II or III narcotic drug to a patient for the first time and every time prior to issuing a prescription for an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use - Creates 94C § 18A which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the patient's interoperable electronic health record and in the PMP	1/13/2016 – Published as amended; see HB3947

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	- Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department	
MA HB 3947	- Amends 94C § 24A to require that the department promulgate rules and regulations relative to the use of the prescription monitoring program by registered participants which shall include the requirement that, prior to issuance, participants shall utilize the PMP each time a prescription for a narcotic drug that is contained in Schedule II is issued - Creates 94C § 18A which establishes a voluntary non-opiate directive and that the secretary shall establish procedures to record the directive in the patient's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board - Bill requires that the department of public health investigate and study the occurrence of opiate prescribing to patients who have experienced non-fatal overdoses, which study shall include, among other things, an examination of the feasibility of including a Schedule II substance utilized in order to prevent an opiate-related adverse event and any other opiate antagonist medications in the PMP database - Further requires that, within 180 days of completion of the study, the department shall take all operational steps necessary to ensure all professionals licensed to prescribe or dispense Schedule II – V controlled substances shall	3/9/2016 – Reported on the residue by HB4056

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	maintain the ability to document a non-fatal opiate-related adverse event within the PMP	
MA HB 4056	- Creates 94C § 18B which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the person's electronic health record and in the PMP - Amends 94C § 24A to provide that the department shall promulgate rules and regulations relative to the use of the PMP by registered participants which shall include the requirement that prior to issuance, participants shall use the PMP each time a prescription for a narcotic drug that is contained in Schedule II or III is issued - Further amends 94C § 24A to remove requirement that de-identified information provide be in the aggregate - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board - Bill requires the creation of a special commission to study the incorporation of safe and effective pain treatment and prescribing practices into the professional training of students that may prescribe controlled substances, which commission shall develop recommendations to ensure future prescribers have an understanding of several subjects, including the effective use of the PMP	3/14/2016 – Signed by Governor; various effective dates
MA SB 1041	- Amends 94C § 18 to provide that prescriptions for narcotic substances that pose a heightened level of public health risk shall only be issued by practitioners with a specialty designation who are currently enrolled in and compliant with all requirements of the PMP - Creates new section 94C § 18A that requires a practitioner intending to issue a prescription to a patient	7/22/2015 – Hearing scheduled for 7/28/2015

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	that exceeds the days' supply limitations to use the PMP prior to issuing such prescription - Additionally provides that, prior to issuing an initial prescription for an opioid drug identified as posing a heightened risk to the public health, a practitioner must use the PMP - Amends 94C § 24A to require that participants who are authorized to prescribe high risk drugs to use the PMP prior to issuing such prescription - Further provides that the department shall bi-annually conduct a random audit of prescriptions using the PMP to determine whether such prescriptions have been issued in compliance with the law	
MA SB 1045	Amends 94C § 24A to change data collection interval from weekly to 24 hours	9/17/2015 – Hearing scheduled for Sept. 24
MA SB 1930	Amends 94C § 24A to change data collection interval from weekly to 24 hours	5/21/2015 – See, HB 3401 (not related to PMPs)
MA SB 2008	- Creates 94C § 18A which provides that, for an opioid drug identified as posing a heightened level of public health risk, prior to issuing a prescription, a practitioner shall, among other things, use the PMP - Creates 94C § 18B which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the person's electronic health record and in the PMP	9/10/2015 – Placed on file
MA SB 2010	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B to require the secretary to promulgate rules to create procedures to record the voluntary non-opiate directive form in the PMP; a non-opioid directive form is a form executed by a patient stating that the patient shall not be administered or offered a prescription for an opiate - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the	10/1/2015 – Substituted by SB 2020, amended

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	mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board	
MA SB 2020	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B to require the secretary to promulgate rules to create procedures to record the voluntary non-opiate directive form in the PMP; a non-opioid directive form is a form executed by a patient stating that the patient shall not be administered or offered a prescription for an opiate - Creates 94C § 24B to provide that the department shall annually determine, through use of the PMP, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners within categories of prescribers	10/1/2015 – Passed to be engrossed in Senate
MA SB 2022	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B which establishes a voluntary non-opiate directive form and requires the secretary to promulgate regulations and establish procedures to record the directive in the person's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department	11/12/2015 – Committee recommended ought to pass and referred to committee on House ways and means

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	- Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board	
MA SB 2030	Requires that the department of public health shall, not later than May 1, 2017, develop or provide for the development of a publicly available application-programming interface to enable the development of third party end-user software and applications that improve ease of access and utilization of the PMP	10/13/2015 – Read; referred to committee on House ways and means
MA SB 2103	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B which establishes a voluntary non-opiate directive form and requires the secretary to promulgate regulations and establish procedures to record the directive in the person's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board	1/19/2016 – See HB3947
MI HB 4811	- Amends § 733.7333a to provide that the department shall provide data to certain individuals and entities rather than may - Further amends § 733.7333a to provide that information shall be provided to a state, federal, or municipal employee or agent whose duty is to enforce state or federal laws	8/19/2015 – Printed bill filed

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	related to drugs, prescription drug diversion, or health care fraud - Allows provision of information to a PMP in another state with whom MI has an agreement for the mutual exchange of information - Provides that information may only be used for bona fide criminal, civil or administrative investigatory or evidentiary purposes relating to drugs, prescription drug diversion, or health care fraud - Provides that information received by any individual or entity that includes patient identifiers may not be shared with any other person except a state, federal, or municipal employee or agent whose duty is to enforce the laws of the state or US relating to drugs, prescription drug diversion, or health care fraud - Provides that reporting is mandatory for veterinarians, pharmacists, prescribers, and dispensing prescribers - Creates new subsection that requires the department to include in the PMP a system for monitoring controlled substances prescribed in the state and sharing that information with other states and to provide a format for prescribers to report prescribing data to the system - Provides that prescribers must use the PMP prior to prescribing a controlled substance to a patient for the first time, whether the patient is new or existing; at least annually before prescribing a controlled substance for a patient, unless a more frequent utilization is otherwise required; at least once during every 12-week period before prescribing a controlled substance to a patient if the prescriber is treating the patient on a protracted basis, which means in excess of a 12-week period; before prescribing a controlled substance to a patient if the patient exhibits behaviors of concern to the prescriber - Creates a definition for "behaviors of concern," which includes selling prescription drugs, forging or altering a prescription, stealing or borrowing a controlled substance, etc.	
MN HF 1652	- Amends § 152.126 to remove tramadol and add gabapentin to the list of controlled substances in definitions	4/11/2016 – Second reading

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	- Amends § 152.126 to remove provision that PMP data may not be used to substantiate a disciplinary action against a prescriber - Further amends § 152.126 to remove provision that PMP data older than 24 months must be deidentified - Further amends § 152.126 to provide that a licensed pharmacist may also receive PMP data when consulted by a prescriber who is requesting data - Amends the licensing board access provision to provide that personnel or designees of a health-related licensing board listed in § 214.01 or the Emergency Medical Services Regulatory Board assigned to conduct a bona fide investigation of a complaint received by that board that alleges that a specific licensee is impaired by drug use, has engaged in activity that would constitute a crime, or has engaged in prohibited behavior may access PMP data - Amends § 152.126 to allow access to personnel or designees of a health-related licensing board listed in § 214.01 assigned to conduct a bona fide investigation of a complaint received by that board that a specific licensee is inappropriately prescribing controlled substances	
MN SF 1440	- Amends § 152.126 to remove provision that PMP data may not be used to substantiate a disciplinary action against a prescriber - Amends § 152.126 to remove provision that PMP data older than 24 months must be deidentified - Further amends § 152.126 to remove provision that the data must relate to a current patient to whom the prescriber is providing emergency medical treatment - Amends § 152.126 to remove requirement that patient must consent to access of the PMP by a prescriber for providing other medical treatment for which access to the data may be necessary - Removes provision that pharmacists may access the data to the extent the information relates to a current patient for whom the pharmacist is providing pharmaceutical care if the patient has consented to the access - Amends pharmacist access provision to provide that pharmacist may access the data as necessary or when consulted by a prescriber who is requesting data	3/14/2016 – Second reading

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	- Amends licensing board access provision to provide that personnel or designees of a health-related licensing board listed in § 214.01 or the Emergency Medical Services Regulatory Board assigned to conduct a bona fide investigation of a complaint received by that board that alleges that a specific licensee is impaired by drug use, has engaged in activity that would constitute a crime, or has engaged in prohibited behavior may access PMP data - Amends § 152.126 to allow access to personnel or designees of a health-related licensing board listed in § 214.01 assigned to conduct a bona fide investigation of a complaint received by that board that a specific licensee is inappropriately prescribing controlled substances - Provides that every prescriber practicing in MN who is authorized to prescribe controlled substances to humans and who holds a current DEA registration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the PMP	
MS HB 462	- Amends § 73-21-103 to provide that the board may impose a monetary penalty for any person who obtains prescription information and who knowingly discloses the information for misuse or purposely alters the reporting information, or uses the PMP in any manner other than for which it was intended, of not more than $50,000 per violation - Amends § 73-21-127 to provide that the submission and reporting of dispensing information is mandatory for any entity dispensing controlled substances in or into Mississippi, except for the dispensing of controlled substances by a veterinarian - Further amends § 73-21-127 to delete the reference to the DEA schedules of controlled substances and include specified noncontrolled substances identified by the Board of Pharmacy as substances to be reported - Further amends § 73-21-127 to provide that the board may also provide statistical data for research or educational purposes if the board determines the use of the data to be of significant benefit to public health and safety; the board maintains the right to refuse any request for PMP data	4/20/2016 – Approved by Governor; effective July 1, 2016

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	- Requires that pharmacists licensed by the Mississippi Board of Pharmacy must be registered user of the PMP and provides that failure to register is grounds for disciplinary action by the board - Further provides that the PMP, through the Board of Pharmacy, may: 1) establish the cost of administration, maintenance, and operation of the program and charge to like agencies a fee based on a formula to be determined by the board with collaboration and input from participating agencies; and 2) assess charges for information and/or statistical data provided to agencies, institutions, and individuals; provides that the amount of fees shall be set by the Executive Director of the board based on the recommendation of the PMP director and all such fees shall be deposited into the special fund of the state board of pharmacy and used to support the operations of the PMP - Provides immunity to the board and PMP from civil liability arising from any inaccuracy of any of the information submitted to the program - Deletes repeal provision AMENDMENT doesn't affect PMP provisions	
MS HB 474	Amends § 73-21-127 to delete repeal provision	2/23/2016 – Died in committee
MS HB 694	- Amends § 73-21-127 to provide that PMP data is not subject to disclosure, civil subpoena, and shall not be disclosed, discoverable, or compelled to be produced in any civil proceeding and shall not be deemed as admissible as evidence in any civil proceeding for any reason	2/23/2016 – Died in committee
MS HB 1379	- Amends § 73-21-127 to provide that the board of pharmacy shall develop and implement a computerized program to track all prescriptions rather than track prescriptions for controlled substances and to report suspected abuse and misuse of controlled substances and to require the reporting of all prescription drugs to the PMP - Amends repeal provision to provide that the PMP statute will expire on July 1, 2018	2/23/2016 – Died in committee
MS SB 2614	- Amends § 73-21-127 to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe controlled substances and the specified noncontrolled drugs who knowingly fails to obtain PMP information	2/23/2016 – Died in committee

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	before dispensing or prescribing controlled substances and the specified noncontrolled substances shall be subject to actions against the pharmacist's or practitioner's license, registrations or permit, an administrative penalty, or both - Deletes repeal provision	
MS SB 2729	- Amends § 73-21-127 to provide that the submission or reporting of dispensing information is mandatory for any entity dispensing controlled substances in or into Mississippi, except for the dispensing of controlled substances by a veterinarian - Further amends § 73-21-127 to delete the reference to the DEA schedules of controlled substances and include specified noncontrolled substances identified by the Board of Pharmacy as substances to be reported - Further amends § 73-21-127 to provide that the board may also provide statistical data for research or educational purposes if the board determines the use of the data to be of significant benefit to public health and safety; the board maintains the right to refuse any request for PMP data - Requires that pharmacists licensed by the Mississippi Board of Pharmacy must be registered user of the PMP and provides that failure to register is grounds for disciplinary action by the board - Further provides that the PMP, through the Board of Pharmacy, may: 1) establish the cost of administration, maintenance, and operation of the program and charge to like agencies a fee based on a formula to be determined by the board with collaboration and input from participating agencies; and 2) assess charges for information and/or statistical data provided to agencies, institutions, and individuals; provides that the amount of fees shall be set by the Executive Director of the board based on the recommendation of the PMP director and all such fees shall be deposited into the special fund of the state board of pharmacy and used to support the operations of the PMP - Provides immunity to the board and PMP from civil liability arising from any inaccuracy of any of the information submitted to the program - Amends repeal provision to provide that the PMP statute shall be repealed on July 1, 2019	2/23/2016 – Died in committee

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	- Amends § 73-21-103 to provide that the board may impose a monetary penalty for any person who obtains prescription information and who knowingly discloses the information for misuse or purposely alters the reporting information, or uses the PMP in any manner other than for which it was intended, of not more than $50,000 per violation	
MO HB 1608	Creates new section which requires pain management clinics to participate in any PMP in MO	4/21/2016 – House committee reported do pass
MO HB 1892	- Create the Narcotics Control Act which creates a PMP - Creates § 195.450, definitions - Creates § 195.453 which establishes the PMP and provides for the reporting of Schedule II – IV controlled substances and provides reporting requirements, including that all data elements shall be reported within 24 hours - Creates § 195.456 which provides that PMP data is not subject to public disclosure, that the department shall review PMP information and may provide unsolicited reports to law enforcement or professional licensing, certification, or regulatory agencies or entities - Provides that PMP data may be provided to in-state and out-of-state prescribers and dispensers; patients who request their own data; the board of pharmacy; any state board charged with regulating a professional who has the authority to prescribe or dispense controlled substances; in-state and out-of-state local, state, and federal law enforcement or prosecutorial officials; MO HealthNet Division; judge or other judicial authority under a subpoena issued by a court of competent jurisdiction or court order; and de-identified data - Provides that PMP data shall not be used to prevent an individual from owning or obtaining a firearm - Provides that prescribers and dispensers have no requirement to access the PMP and provides immunity - Creates § 195.465, penalties for failure to submit dispensing information and for wrongly accessing or disclosing PMP data - Creates § 195.468, education courses for the PMP	5/4/2016 – Senate reported do pass; placed on informal calendar

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MO SB 768	- Amends § 195.050 to provide that all registrants who dispense controlled substances shall maintain dispensing records and report the dispensing to the department's PMP - Creates §§ 195.450 to 195.471, the "Prescription Drug Monitoring Program Act" - Creates § 195.450, definitions - Creates § 195.453 which provides that the department, using an existing data aggregation platform through the state data center within the office of administration, shall establish and maintain a program to monitor the prescription and dispensing of all Schedule II – IV controlled substances and sets out the funding and vendor provisions, as well as the requirements for information required to be reported to the PMP - Further provides that, at the time of prescribing a Schedule II – IV substance, each prescriber may, and every prescriber who holds themselves out to the public as a specialist in pain management and who are prescribing a Schedule II controlled substance shall, submit certain information to the PMP - Provides that, if a dispenser does not otherwise transmit the prescription of a drug to a third party payor, then each dispenser shall submit the information to the PMP within seven days - Creates § 195.456 which provides that prescription data is confidential and may only be disclosed pursuant to law - Further provides that the department may only provide data to: a patient or registrant requesting his or her own prescription and dispensing data; the board of pharmacy, when used to further an investigation based on a complaint; the state board of registration for healing arts, when used to further an investigation based on a complaint; the state board of nursing, when used to further an investigation based on a complaint; local, state, and federal law enforcement or prosecutorial officials, both in-state and out-of-state, engaged in the administration, investigation, or enforcement of drug laws based on a specific case and under a court-issued subpoena or court order; medical examiners and coroners for the purpose of investigating the cause of death of any person; the family support division within the department of social services	4/20/2016 – Hearing conducted in committee

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	regarding MO HealthNet program recipients; a judge or judicial authority under subpoena or court order; personnel of the bureau of narcotics and dangerous drugs, or its successor agency, for the administration and enforcement of this act; dispensers and prescribers pursuant to §§ 195.458 and 195.459; deidentified data to public or private entities for statistical, research, or educational purposes - Provides civil immunity for dispensers and prescribers for obtaining or not obtaining information from the PMP - Creates § 195.458 which provides that no dispenser shall have access to information contained in the PMP, but shall only transmit information to be included in it and shall expect to receive a response from the department indicating whether there is cause for concern; if no concern is detected, the dispenser may dispense the prescription; if concern is detected, the dispenser shall dispense or not dispense according to his or her judgment, appropriate to the concern communicated by the department; if the department does not respond, the dispenser shall dispense or not dispense according to his or her professional judgment - Requires dispensers to post notice that all controlled substance prescriptions shall be reported to the bureau of narcotics and screened for violations - Creates § 195.459 which provides that prescribers shall not have access to the PMP but shall only transmit information to be included in it, and shall expect to receive a response from the department; if no concern is detected, the prescriber may issue the prescription; if concern is detected, the prescriber shall issue or not issue the prescription according to his or her professional judgment, appropriate to the concern communicated by the department; if the department does not respond, the prescriber shall issue or not issue the prescription according to his or her professional judgment - Creates § 195.460 which provides that the department shall electronically screen all information submitted to the PMP to determine if the prescription can properly be dispensed or issued and if a similar prescription has been dispensed or issued within the allowable days' supply limits set by the department; if no concern is detected, the	

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	department shall automatically and electronically communicate to the dispenser or prescriber that no concern was detected; if a concern is detected, the department shall electronically and automatically issue a communication to the dispenser or prescriber that a concern was detected and shall state the nature of the concern identified - Further provides that the department shall, from time to time, review the concerns generated and, if there is reasonable cause to believe that a person has obtained a prescription fraudulently from one or more prescriber, the department shall contact the prescribers and, as appropriate, inform them of the concern and patient details, and request copies of the controlled substance records relating to the prescriptions of concern; prescribers shall provide the records by fax or electronically, if possible, and, if after review, it is clear that the person has obtained prescriptions under false pretenses, the entire matter shall be referred to the appropriate law enforcement agency or local prosecutor for action - Further provides that the bureau shall review the prescription information and, if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, the bureau shall refer the matter to the appropriate law enforcement agency or professional licensing agency and provide the prescription and dispensing information required for an investigation - Creates § 195.465 which provides penalties for unlawfully accessing, disclosing, or using PMP data - Creates § 195.466 which requires that the department annually provide a report to the general assembly including the number of controlled substances dispensed, broken down by drug, the number of incidents of fraudulent prescriptions identified and any other pertinent information requested by the general assembly - Creates § 195.468 which creates various educational courses	
NE LB 471	- Amends § 71-2454 to provide that a PMP shall be established for the purposes of preventing the misuse of controlled substances and allowing prescribers and dispensers to monitor care and treatment of patients	2/25/2016 – Approved by Governor; effective on passage

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	- Further provides that, beginning January 1, 2017, all dispensed controlled substances prescriptions shall be reported to the PMP and, beginning January 1, 2018, all prescription information shall be reported - Further provides that the PMP shall including provisions including: 1) that patients shall not be allowed to opt-out of the system; 2) that require all prescriptions dispensed in Nebraska or to an address in Nebraska be reported to the PMP daily by the dispenser or his/her designee; 3) that allow all prescribers and dispensers to access the system; 4) ensure that the PMP includes information relating to all payors, including, but not limited to, the medical assistance program - Includes the data elements required to be reported - Provides that, beginning January 1, 2018, veterinarians that dispense a Schedule II – IV substance shall be required to report that information to the PMP - Provides that all data submitted, all data contained within the PMP, and any report obtained from data contained in the PMP are not public records - Provides that a designee is any licensed or registered health care professional designated by the dispenser to act as an agent of the dispenser for purposes of submitting or accessing data in the PMP and who is directly supervised by such dispenser - Bill creates the Veterinary PMP Task Force which is tasked with conducting a study to develop recommendations of which controlled substances shall be reported by vets to the PMP when dispensing drugs from a vet's office or animal shelter and shall report their findings and recommendations to the Health and Human Services committee on or before December 1, 2016	
NH HB 1420	Amends § 318-B:35 to delete provision that no law enforcement agency or official shall have direct access to the program	3/10/2016 – Inexpedient to legislate
NH SB 523	- Amends § 318-B:31, definitions, to include naturopaths in the definition of "practitioner" and further provides that "practitioner" includes practitioners with a federal license to prescribe or administer a controlled substance - Amends § 318-B:33 to provide that the board shall submit a monthly report to the commissioner of the	4/21/2016 – Committee report ought to pass with amendment

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	department of health and human services relative to prescriptions written as compared to prescriptions delivered - Creates § 318-B:39 to provide that prescribers required to register with the program shall query the program for a patient's initial prescription and for any renewals of Schedule II – IV substances except when controlled substances are administered to a patient in a hospital setting or when treating acute pain associated with traumatic injury, post-operatively, or with an acute medical condition, with clear objective findings by the practitioner, for no more than 30 days AMENDMENT deletes changes to §§ 318-B:33 and 39	
NH SB 576	- Amends § 318-B:32 to amend provision regarding funding through grants, gifts, or user contributions and delete provision prohibiting the use of appropriations to implement or operate the PMP and allow the board to charge a fee to individuals who request their own prescription information - Amends § 318-B:33 to provide that only registered prescribers, dispensers, their designees, and federal health prescribers and dispensers working in federal facilities located in NH, MA, ME, and VT are eligible to access the program - Amends § 318-B:33 to change the data collection interval from weekly to daily and to require veterinarians to submit data every seven days - Amends § 318-B:35 to allow access to the office of the chief medical examiner for the purpose of investigating the death of an individual - Creates § 318-B:39 which provides that prescribers are required to check the PMP for a patient's initial prescription when prescribing Schedule II – IV opioids for the management or treatment of pain and then periodically, at least twice per year, except when: 1) controlled medications are being administered to patients in a health care setting; 2) treating acute pain associated with serious traumatic injury, post-operatively, or with an acute medical condition, with clear objective findings by the practitioner, for no more than 30 days	1/26/2016 – Signed by Governor; effective January 21, 2016; data collection interval and mandatory access provisions effective September 1, 2016 only if moneys are appropriated or otherwise acquired for technology upgrades to the PMP

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NJ AB 1300	Amends § 45:1-46 to provide that, except as otherwise provided, nothing requires a practitioner or pharmacist to access or check the PMP	4/4/2016 – Withdrawn from consideration
NJ AB 2451	Creates new section to provide that, to the maximum extent practicable, the division shall seek to coordinate the process of reporting of medication dispensed by a health care professional to a terminally ill patient for the purpose of self-administration to aid in dying and reporting of said patient's death with the process for reporting PMP information by a pharmacy permit holder	2/4/2016 – Introduced; referred to Assembly health and senior services committee
NJ AB 3519	- Amends § 45:1-46 to provide that the department shall establish a process by which a patient may request that his or her PMP information include an indication that the patient shall not be prescribed opioids or other controlled substances with a potential for abuse or addiction and a process for removing the indication at the patient's request - Further provides that the department shall establish a method for persons who are unable to communicate this preference in the event the person is incapacitated or otherwise communicate this preference prior to or while receiving health care services - Provides that the department shall develop an education and outreach program for health care providers concerning these provisions	4/4/2016 – Introduced; referred to assembly health and senior services committee
NJ SB 241	Amends § 45:1-46 to provide that, except as otherwise provided, nothing requires a practitioner or pharmacist to access or check the PMP	1/12/2016 – Introduced; referred to Senate health, human services and senior citizens committee
NJ SB 2035	- Creates new section that prohibits providers from initially prescribing an opioid in more than a 7-day supply and requires providers to consult the PMP to determine whether a patient was previously issued an opioid prescription	4/18/2016 – Introduced in the Senate; referred to health, human services, and senior citizens committee
NM SB 263	- Creates new section that requires practitioners, excluding veterinarians and pharmacists, to obtain and review a PMP report prior to prescribing or dispensing an opioid for the	3/4/2016 – Signed by Governor;

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	first time to a patient and a report from an adjacent state if the practitioner has access to such system and shall review said reports no less than once every three months when the practitioner continuously prescribes or dispenses opioids - Does not apply to the prescribing or dispensing of an opioid for a supply of four days or less - No requirement to access PMP when prescribing an opioid to a patient in a nursing facility or in hospice care	effective January 1, 2017
NY AB 355	Amends Public Health Law § 3309-a to provide that the commissioner shall establish standards and review and implement requirements for the performance of continuing medical education on pain management, palliative care, and addiction and further provides that curricula shall include I-STOP and DEA requirements for prescribing controlled substances	2/22/2016 – Amend and recommit to health
NY SB 4348	Amends Public Health Law § 3309-a to provide that the commissioner shall establish standards and review and implement requirements for the performance of continuing medical education on pain management, palliative care, and addiction and further provides that curricula shall include I-STOP and DEA requirements for prescribing controlled substances	2/2/2016 – Advanced to third reading
OH HB 523	- Creates § 4729.771 which requires that each retail marijuana dispensary shall submit certain specific information regarding medical marijuana dispensed to a patient to the PMP - Amends § 4729.80 to allow the use of delegates from a retail marijuana dispensary - Amends § 4729.81 to provide that the board shall notify the medical marijuana control commission if the board determines that a violation may have been committed by a retail marijuana dispensary - Amends § 4729.82 to include the medical marijuana control commission among those who may request that identifiable patient information be retained longer than three years - Amends § 4729.83 to provide that the board shall not impose any charge related to establishment or maintenance of the PMP on a retail marijuana dispensary - Amends § 4729.84 to add retail marijuana dispensaries	4/19/2016 – Referred to committee

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	- Amends § 4729.85 to provide that information in the report to the legislature shall include information from retail marijuana dispensaries and include an aggregate of the information submitted to the board regarding medical marijuana - Amends § 4729.86 to include retail marijuana dispensaries	
OH SB 300	- Creates § 4732.42 which requires psychologists authorized to prescribe to register with the PMP - Creates § 4732.45 which requires psychologists or their delegates to check the PMP prior to initially prescribing a drug and, if the psychologist practices in a county that adjoins another state, the psychologist or delegate shall also request a report from that state - If the treatment continues for more than 90 days after the initial report is requested, the psychologist or delegate shall make periodic requests for reports until the course of treatment has ended; requests shall be made at intervals not exceeding 90 days	4/12/2016 – Refer to health and human services committee
OK HB 2485	- Amends 63 § 2-309D to provide that PMP information may be provided to a court with juvenile docket responsibilities where the information is relevant to the safety of a child or children in the home in a proceeding pursuant to the provisions of the Oklahoma Children's Code - Further provides that this section shall not prevent access, at the discretion of the director, to various entities, including child welfare workers employed by the Department of Human Services in furtherance of deprived child investigations	2/2/2016 – Second reading; referred to judiciary and civil procedure
OK HB 2979	Amends 63 § 2-309B, definitions, to include a handgun license as a form of identification that may be used from which to obtain a recipient's identification number	2/2/2016 – Second reading; referred to alcohol, tobacco, and controlled substances
OK HB 3201	Amends 63 § 2-309D to provide that designated legal, communications, and analytical employees of the Bureau shall have access to PMP information	4/26/2016 – Approved by Governor; effective on approval

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OK SB 1539	Amends 63 § 2-302 to provide that practitioners in a pain management clinic shall be required to check the PMP prior to prescribing, administering, or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol	2/3/2016 – Second reading; referred to health and human services
OR HB 4124	- Amends § 431A.865 to provide that the PMP may disclose data to a practitioner or pharmacist, or the practitioner or pharmacist's staff, through a health information technology system to access information about a patient if: the practitioner, pharmacist, or member of staff is authorized to access the information in the HIT system; the information is not permanently retained in the HIT; the HIT system meets any privacy and security requirements and other criteria, including criteria required by HIPAA - Further provides that the PMP may disclose data to the state medical examiner or delegate of the medical examiner, for the purpose of conducting a medicolegal investigation or autopsy	4/4/2016 – Signed by Governor; on passage
PA HB 1699	Requires that a prescribing health care practitioner check the PMP to determine whether a patient may be under treatment with an opioid drug product by another health care practitioner	3/22/2016 – Referred to health
PA SB 3	- Creates new chapter regarding medical marijuana which requires that practitioners consult the PMP prior to issuing or modifying a certification for the use of medical marijuana for the purpose of reviewing the controlled substance history of a patient - Requires that the department review the caregiver applicant's federal and commonwealth criminal history and prescription monitoring information to determine if the caregiver has a history of drug abuse or a history of drug diversion prior to approving an application to be a caregiver - Requires that practitioners consult the PMP each time prior to authorizing the use of medical marijuana for a patient and each time prior to changing the form of medical marijuana for a patient AMENDMENT - Creates new chapter regarding medical marijuana which requires that practitioners consult the PMP prior to issuing a certification for the use of medical marijuana to	4/17/2016 – Approved by Governor; effective May 17, 2016

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	determine the controlled substance history of a patient and prior to recommending a change of amount or form of medical marijuana - Provides that a practitioner may consult the PMP to: 1) determine whether a patient may be under treatment with a controlled substance by another physician or other person; 2) allow the practitioner to review the patient's controlled substance history; or 3) provide to the patient, or the caregiver on behalf of the patient, a copy of the patient's controlled substance history - Requires that the department review the PMP relating to the caregiver and shall deny the application of a caregiver if he or she has a history of drug abuse or diverting controlled substances or illegal drugs	
RI HB 7518	Amends § 21-28-3.32 to remove warrant requirement for law enforcement and provide that the information in the PMP may be provided to local, state, and federal law enforcement or prosecutorial officials engaged in the administration, investigation, or enforcement of the laws governing prescription drugs provided that the data requested is in connection with a bona fide specific controlled substance or additional drug-related investigation	4/13/2016 – Committee recommends passage
RI HB 7847	Amends § 21-28-3.32 to allow disclosure to any vendor, agent, contractor, or designee who operates an electronic health record or clinical management system for the purpose of sharing data with practitioners, pharmacists, or licensed health care facilities or designees	5/4/2016 – Committee recommends passage
RI SB 2713	Amends the law enforcement access provisions of § 21-28-3.32 to remove search warrant requirement	3/31/2016 – Committee recommended measure be held for further study
RI SB 2897	Amends § 21-28-3.32 to provide that PMP information will be disclosed to any vendor, agent, contractor, or designee who operates an electronic health record or clinical management system for the purpose of sharing data with practitioners, pharmacists, or licensed health care facilities or designees	5/3/2016 – Committee recommended measure be held for further study
SC SB 1035	Creates § 40-47-37 which, among other things, requires that a licensee who establishes a physician-patient	5/5/2016 –

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	relationship solely via telemedicine shall comply with all relevant federal and state laws, including participation in the PMP AMENDMENT does not affect PMP provisions	Read third time and returned to Senate with amendments
TN HB 1864	- Amends § 53-10-306 to allow provision of PMP information to personnel of a drug court treatment program to the extent it relates to a current participant in the program - "Personnel of a drug court treatment program" includes a judge of a drug court treatment program, and any person employed by the program and designated by the judge to have access to the information - Changes expiration of statute from June 30, 2016 to June 30, 2018	2/2/2016 – Taken off notice for calendar in subcommittee
TN HB 2267	Amends § 53-10-309 to provide that all information released from the database for the annual report to the legislature shall be in the aggregate and such report may be transmitted in an electronic format	1/27/2016 – Assigned to business and utilities subcommittee
TN HB 2361	Amends § 53-10-310 to provide that, unless otherwise exempted, all prescribers or their delegates shall check the PMP prior to prescribing a designated controlled substance to a human patient	3/15/2016 – Taken off notice for calendar in subcommittee
TN HB 2423	Amends § 53-11-309 to change "advanced practice nurse with a certificate of fitness" to "advanced practice nurse with a license" wherever it appears in the statute	5/2/2016 – Companion bill became Pub. Ch. 980
TN HB 2447	- Creates new section that requires that, upon receiving notification from the office of vital records of the death of an individual from a possible overdose of prescription opiates, the committee must investigate and, if possible, identify from the PMP those prescribers who may be associated with an individual's death and shall refer the names of those prescribers to the appropriate regulatory board to investigate whether: 1) the prescriber acted in good faith and in accordance with the applicable community standards of practice; 2) a pattern of over-prescribing exists that warrants corrective action - Amends § 68-3-502 to provide that the office of vital records shall provide a copy of a death certificate for an individual whose cause of death is identified as an	5/2/2016 – Companion bill became Pub. Ch. 959

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	overdose of opiates for which a prescription is required under state or federal law to the PMP advisory committee	
TN HB 2571	- Amends § 53-10-301 to change the name of the act to the "Tennessee Prescription Safety Act of 2016" - Amends § 53-10-302 to add new definition for "dispensing practice," which means an individual pharmacy licensed by the board of pharmacy - Amends § 53-10-302 to amend the definition of "healthcare practitioner extender" to provide that the prescriber or dispenser shall be responsible for actions taken by their agents - Amends § 53-10-302 to amend the definition of "law enforcement personnel" to include U.S. Attorneys - Amends § 53-10-303 to remove provision that the executive director of the board of pharmacy shall serve as database manager - Amends § 53-10-304 to provide that the executive director of the database shall be responsible for determining staffing - Amends § 53-10-305 to provide that information regarding who has accessed the PMP, and the information they obtained from the PMP, is retained for at least one year or a period determined by the committee - Amends § 53-10-306 to include U.S. Attorneys as law enforcement personnel; removes requirement that officer or agent's supervisor be the chief of police, county sheriff, or judicial district drug task force director; adds U.S. Attorney to list of persons to whom list of preapproved personnel may be sent - Amends § 53-10-306 to remove reference to pilot program in subsection related to provision of PMP information to drug court judge - Amends § 53-10-306 to remove provision that a healthcare practitioner extender's request for PMP information be related to a current or bona fide prospective patient to whom the prescriber or dispenser has prescribed or dispensed, is prescribing or dispensing, or is considering prescribing or dispensing a controlled substance - Amends § 53-10-307 to delete the provision related to failure to submit dispensing information due to technical difficulties	5/2/2016 – Companion bill became Pub. Ch. 1002

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	- Amends § 53-10-308 to provide that any data released pursuant to this section or § 53-10-306, other than de-identified aggregate data or data released to personnel of the department or a health-related board, is limited to reports of drugs prescribed to specific patients by specific prescribers - Amends § 53-10-310 to provide that a new episode of treatment means a prescription that has not been prescribed or dispensed by that prescriber or dispensing practice within the previous 12 months - Amends § 53-10-310 to include prescribers in the requirement to check the PMP if the prescriber or dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance for fraudulent, illegal, or medically inappropriate purposes - Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions or dispensings of a controlled substance which do not exceed an amount adequate to treat the patient for a single, seven-day treatment period with no refills - Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions to be administered directly to a patient during the course of inpatient treatment at a mental health hospital - Bill deletes automatic repeal of changes made to PMP statutes under Chapter 880 of the Public Acts of 2012, which provides for expiration of the changed provisions on June 30, 2016 - Bill deletes expiration provision of June 30, 2016 in Chapter 791 of the Public Acts of 2014	
TN SB 1834	- Amends § 53-10-306 to allow provision of PMP information to personnel of a drug court treatment program to the extent it relates to a current participant in the program - "Personnel of a drug court treatment program" includes a judge of a drug court treatment program, and any person employed by the program and designated by the judge to have access to the information - Changes expiration of statute date from June 30, 2016 to June 30, 2018	2/16/2016 – Assigned to general subcommittee of the Senate judiciary committee

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TN SB 1850	- Creates new section that requires that, upon receiving notification from the office of vital records of the death of an individual from a possible overdose of prescription opiates, the committee must investigate and, if possible, identify from the PMP those prescribers who may be associated with an individual's death and shall refer the names of those prescribers to the appropriate regulatory board to investigate whether: 1) the prescriber acted in good faith and in accordance with the applicable community standards of practice; 2) a pattern of over-prescribing exists that warrants corrective action - Amends § 68-3-502 to provide that the office of vital records shall provide a copy of a death certificate for an individual whose cause of death is identified as an overdose of opiates for which a prescription is required under state or federal law to the PMP advisory committee	4/27/20106 – Signed by Governor; effective on signing
TN SB 1982	Amends § 53-10-309 to provide that all information released from the database for the annual report to the legislature shall be in the aggregate and such report may be transmitted in an electronic format	1/25/2016 – Passed on second consideration; refer to Senate judiciary committee
TN SB 2050	Amends § 53-10-310 to provide that, unless otherwise exempted, all prescribers or their delegates shall check the PMP prior to prescribing a designated controlled substance to a human patient	1/25/2016 – Placed on second consideration, refer to Senate health and welfare committee
TN SB 2123	Amends § 53-11-309 to change "advanced practice nurse with a certificate of fitness" to "advanced practice nurse with a license" wherever it appears in the statute	4/27/2016 – Signed by Governor; effective July 1, 2016
TN SB 2552	- Amends § 53-10-301 to change the name of the act to the "Tennessee Prescription Safety Act of 2016" - Changes "prescribers" and "dispensers" to "healthcare practitioners" throughout Act - Changes "healthcare practitioner extender" to "healthcare practitioner delegate" throughout Act	4/27/2016 – Signed by Governor; effective on signing

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	- Amends § 53-10-302, definitions, to add new definition for "director" which means the director of the controlled substance database, who shall be a Tennessee licensed pharmacist designated by the commissioner, to administer, maintain, and direct the operation and function of the PMP - Amends § 53-10-302, definitions, to amend the definition of "healthcare practitioner" to mean a person licensed, registered, or otherwise permitted to prescribe, distribute, or dispense a controlled substance; a pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, or dispense, or administer a controlled substance; or a certified registered nurse anesthetist - Amends § 53-10-302, definitions, to delete definition of "healthcare practitioner extender" and replace it with "healthcare practitioner delegate," which means any person authorized to practice under Title 63, and up to two unlicensed persons per healthcare practitioner and who have the ability to check the PMP as directed by a healthcare practitioner; the healthcare practitioner is responsible for actions taken by their delegates - Amends § 53-10-302, definitions, to amend the definition of "law enforcement personnel" to delete federal law enforcement officers and include drug enforcement administration agents - Amends § 53-10-302, definitions, to add definition for "operations committee" which means the committee created to consult with and confirm or deny decisions made by the commissioner - Amends § 53-10-302, definitions, to amend definition of "wholesaler" and include within that definition a definition of "wholesale distributor" which means a person primarily engaged in the wholesale distribution of drugs or devices and does not include licensed third-party logistics providers - Amends § 53-10-303 to remove provision that the executive director of the board of pharmacy shall serve as database manager and delete the executive director of the board of pharmacy, director of the department of health's division of health-related boards, and executive director of the board of medical examiners as board members	

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	- Further amends § 53-10-303 to delete references to board investigators' duties, but provides that if an investigator in the service of a health-related board has reason to believe during an investigation that a healthcare practitioner is in violation of a criminal law, the investigator is authorized to report the conduct to the appropriate law enforcement personnel - Amends § 53-10-304 to provide that the director of the database shall be responsible for determining staffing - Amends § 53-10-304 to provide as an additional purpose of the database to increase the quality of patient care by equipping healthcare practitioners with accurate, timely information that practitioners can use to determine if a patient may require counseling or intervention for substance abuse - Amends § 53-10-304 to provide that reporting is not required for drug samples or complimentary drugs dispersed to patients adequate to treat the patient for a maximum of 48 hours or samples of Schedule IV or V substances in quantities limited to treat the patient for a maximum of 72 hours or a sample of a non-narcotic Schedule V substance adequate to treat the patient for a maximum of 14 days - Amends § 53-10-304 to provide that drugs dispensed by a veterinarian need not be reported as long as the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of five days - Amends § 53-10-305 to provide that veterinarians shall submit dispensing information every 14 days - Amends § 53-10-305 to provide that information regarding who has accessed the PMP, and the information they obtained from the PMP, is retained for at least one year - Amends § 53-10-306 regarding access by healthcare practitioners, delegates, pharmacists, medical examiners, including the purposes for which they may request information - Amends § 53-10-306 to allow receipt of aggregate PMP information by personnel of the bureau of TennCare - Amends § 53-10-306 regarding access by law enforcement personnel and to include DEA agents and	

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	special agents in charge in the list of law enforcement personnel entitled to access or to whom access must be reported - Amends § 53-10-306 provide that any information used in a criminal or administrative action shall be placed under seal or have patient names and all other personally identifying information of patients redacted - Amends § 53-10-306 to remove reference to pilot program in subsection related to provision of PMP information to drug court judge - Amends § 53-10-307 to delete board of pharmacy rulemaking authority - Amends § 53-10-308 to delete consultation requirement, petition requirement, and review requirement - Amends § 53-10-308 to provide that the committee or commissioner may release PMP data regarding healthcare practitioners, delegates, or patients to department personnel or law enforcement - Amends § 53-10-308 to provide that any data released pursuant to this section or § 53-10-306, other than de-identified aggregate data or data released to personnel of the department or a health-related board, is limited to reports of drugs prescribed to specific patients or prescribed by specific providers - Amends § 53-10-309 to delete requirement that report include data on prescribing and dispensing patterns and to change date of report to March 1, 2017 and every March 1 thereafter - Amends § 53-10-310 regarding duties of healthcare practitioners to query the PMP prior to prescribing or dispensing a specified controlled substance at the beginning of each new episode of treatment and annually thereafter when that substance remains part of the treatment and provides that a delegate may query the PMP on behalf of the practitioner - Amends § 53-10-310 to provide that a new episode of treatment means a prescription that has not been prescribed by that healthcare practitioner within the previous 12 months - Amends § 53-10-310 to include prescribers in the requirement to check the PMP if the prescriber or	

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	dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance for fraudulent, illegal, or medically inappropriate purposes - Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions prescribed or dispensed as non-refillable prescriptions for surgical procedures - Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions to be administered directly to a patient during the course of inpatient treatment at a mental health hospital - Amends § 53-10-311 to create the operations committee, set out the members of the committee, and outline the duties of the committee, which include approving all rules, agreements, and policies concerning access to the PMP, dissemination of data and control over that data, and the control, sharing, and dissemination of data with other states or other entities acting on behalf of a state and provides that, notwithstanding anything in this part to the contrary, the commissioner may enter into agreements with the federal CDC, other states, and other entities acting on behalf of a state for the purposes of sharing and dissemination of data - Bill deletes automatic repeal of changes made to PMP statutes under Chapter 880 of the Public Acts of 2012, which provides for expiration of the changed provisions on June 30, 2016 - Bill deletes expiration provision of June 30, 2016 in Chapter 791 of the Public Acts of 2014	
UT HB 114	- Amends § 58-37f-201 to provide that the purpose of the database is to contain, in addition to prescription information, data reported regarding poisoning or overdose, data regarding convictions for driving under the influence of a prescribed controlled substance or impaired driving, and data reported regarding certain violations of the controlled substances act - Further provides that the information in the database shall be used to identify, in addition to other factors already listed, individuals admitted to a general acute hospital for poisoning or overdose involving a prescribed controlled substance, and individuals convicted for driving under the	3/21/2016 – Signed by Governor; effective May 10, 2016

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	influence of a controlled substance, driving while impaired, in whole or in part, by a controlled substance, or certain violations of the controlled substances act - Amends § 58-37f-703 to provide that, when the division receives a report from a court relating to conviction of driving under the influence of, or while impaired by, a prescribed controlled substance, the division shall enter information supplied in the report into the database, including the date on which the person was convicted - Creates § 58-37f-704 which provides that, beginning July 1, 2016, if the division receives a report regarding certain violations of the controlled substances act, the division shall enter the information supplied in the report into the database daily	
UT HB 149	- Creates § 26-4-10.5 which provides that, if a medical examiner determines that the cause of death for an individual aged 12 or older is the result of a poisoning or overdose from a prescribed controlled substance, the medical examiner shall send a written report to the Division of Occupational and Professional Licensing within three business days that includes the name of the decedent, each drug or other substance found in the decedent's system that may have contributed to the poisoning or overdose, and the name of each person the medical examiner has reason to believe may have prescribed a controlled substance to the decedent - Amends § 58-37f-301 to provide that the following law enforcement officers may have non-identifying information, limited to gender, year of birth, and ZIP code, regarding individuals for whom a controlled substance has been prescribed or to whom a controlled substance has been dispensed: a law enforcement officer engaged in a joint investigation with the division and a law enforcement officer to whom the division has referred a suspected criminal violation of controlled substance law - Further amends § 58-37f-301 to allow receipt of PMP data by a parole or probation officer - Amends § 58-37f-702 to provide that the division shall take certain actions if it receives a report from a medical examiner pursuant to § 26-4-10.5	3/21/2016 – Signed by Governor; effective October 31, 2016

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UT HB 150	- Amends § 58-37f-301 to allow an individual to request that the division provide PMP information to a third party designated by the individual each time a controlled substance prescription for the individual is dispensed; information provided shall only be the fact that a controlled substance was dispensed, without identifying the substance, and the date the substance was dispensed - Further provides that the individual may direct the division discontinue providing information to the third party and the division shall notify the third party that the individual has so directed and shall discontinue providing such information	3/23/2016 – Signed by Governor; effective May 10, 2016
UT HB 239	- Creates § 58-37f-303 which provides that, no later than January 1, 2017, the division shall make opioid prescription information in the PMP available to an electronic data system user via the user's electronic data system - Electronic data system means a software product or an electronic service used by a prescriber to manage electronic health records or a pharmacist to manage the dispensing of prescription drugs - Amends § 58-37f-601 to add information in the database accessed under § 58-37f-303 to the list of actions that might give rise to criminal or civil liability	3/21/2016 – Signed by Governor; effective May 10, 2016
UT HB 375	- Creates § 58-37f-303 which provides that a prescriber or dispenser of an opioid for outpatient usage shall diligently access and review the database - Further provides that the division, in collaboration with prescriber and dispenser licensing boards, shall develop a system that gathers and reports to prescribers and dispensers the progress and results of their individual access and review of the database and reduce or waive the division's continuing education requirements regarding opioid prescriptions for prescribers and dispensers whose utilization of the system contribute to life-saving and public safety purposes - Further provides that if a dispenser's review of the system indicates that a patient seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally recognized standards, the dispenser shall attempt to contact the prescriber to obtain the prescriber's	3/25/2016 – Signed by Governor; effective May 10, 2016

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	informed, current, and professional opinion as to whether the prescribed opioid is medically justified - Amends § 58-37f-701, immunity, to provide that an individual who has accessed and reviewed PMP information may not be held civilly liable for such actions, or lack of action, which are protected and not subject to civil discovery	
UT HB 400	- Creates § 58-37f-303 to provide that an individual authorized to prescribe or dispense an opioid replacement drug to a patient in an opioid treatment program shall access the PMP once every two weeks for a patient receiving the opioid replacement drug - Further provides that failure to check the PMP has engaged in unprofessional practice under the individual's license	3/10/2016 – Filed in House
UT HCR 9	Concurrent resolution of the General Assembly seeking to have methadone prescriptions and methadone doses dispensed by certified outpatient opioid treatment programs reported to the PMP	3/10/2016 – Filed in House
UT SB 54	Amends § 58-37f-301 to allow provision of PMP information to a probation or parole officer employed by the Department of Corrections or by a political subdivision without a search warrant	3/10/2016 – Filed in Senate
UT SB 58	- Creates § 58-31b-803 which provides that an advanced practice registered nurse may prescribe or administer a Schedule II controlled substance without a consultation or referral plan if, among other requirements, prior to the first time prescribing or administering a Schedule III substance for chronic pain or a Schedule II controlled substance, unless treating the patient in a licensed general acute hospital, checks information about the patient in the PMP and periodically thereafter checks information about the patient in the PMP	3/21/2016 – Signed by Governor; effective May 10, 2016
UT SB 73	- Creates § 26-58-103, state electronic verification system, which requires, in part, that an electronic verification system created in connection with medical marijuana transmit an individual's cannabis product purchase history to the PMP - Creates § 26-58-201 which provides, in part, that a physician who recommends medical marijuana for a patient shall, among other things, look up in the individual	3/10/2016 – Filed in Senate

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	in the PMP to check for potential interactions or warning signs	
UT SB 89	- Creates § 58-37f-204 which requires that the division shall establish a process for cannabidiol dispensary agents to submit information at a specified time during each 24-hour period regarding the dispensing of cannabidiol which information includes the name of the recommending physician, the date of the recommendation, the date dispensed, the name of the individual with the medical cannabidiol card, positive identification of the individual, the amount dispensed, etc. - Provides that an individual can request their own cannabidiol dispensing records from the PMP - Creates § 58-67-807 which provides, in part, that a physician who recommends cannabidiol for a patient must consult the PMP prior to making such recommendation	3/10/2016 – Filed in Senate
UT SB 136	- Amends § 58-37f-301 to allow provision of PMP information to a board member if: a) the board member is assigned to monitor a licensee on probation; b) the board member is limited to obtaining information from the database regarding the specific licensee on probation - Further allows provision of information to a member of a diversion committee if: a) the diversion committee member is limited to obtaining information from the database regarding the person whose conduct is subject to the committee's consideration, and b) the conduct that is the subject of the committee's consideration includes a violation or a potential violation of the controlled substances act or another relevant violation or potential violation under this title - Further allows provision of information to employees of the Department of Health in the medical examiner's office	3/23/2016 – Signed by Governor; effective May 10, 2016
VT HB 687	Amends 18 § 4289 to provide that the department of health shall provide each registered prescriber with a report on his or her prescribing history over the previous three months as compared to other prescribers in the same region with the same licensure and scope of practice, which quarterly report shall include information about the type of controlled substances prescribed, the amount prescribed, the number of refills authorized, and the number of unique patients receiving a prescription for a controlled substance	1/27/2016 – Read first time; referred to committee on human services

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	for each prescriber; the data shall be aggregated totals and shall contain no personally identifiable information	
VT HB 814	- Creates 18 § 4214a to require practitioners treating patients for chronic pain, and who have issued a prescription for a 30-day supply of an opioid, to check the PMP prior to issuing a subsequent 30-day prescription for an opioid and shall screen the patient for signs of a substance use disorder - Amends 18 § 4289 to provide that practitioners shall query the PMP at least once every 30 days, prior to prescribing a refill for patients who are receiving ongoing treatment with a Schedule II – IV controlled substance opioid; when starting a patient on a Schedule II – IV controlled substance for non-palliative long-term pain therapy of 90 days or more for a non-opioid, or of 30 days or more for an opioid	1/29/2016 – Read first time; referred to committee on human services
VT HB 821	- Amends 18 § 4218 to provide that the VT state police drug diversion unit shall have access to information from the PMP - Further provides that the commissioner of public safety shall, annually on or before January 15, report to the house committees on human services and on judiciary and the senate committees on health and welfare and judiciary regarding the activities of the VT state police drug diversion unit during the preceding year and shall include the number and types of investigations undertaken during the preceding year as well as recognizable trends the commissioner expects for the upcoming year - Amends 18 § 4282 to amend the definition for "health care provider" to include veterinarians - Amends 18 § 4284 to provide that the department shall provide information to a drug diversion investigator or a detective with the VT state police drug diversion unit, who shall access the PMP only for the purpose of investigating allegations of improper or inappropriate prescription practices by a health care provider and shall only obtain de-identified information regarding individual patients	1/29/2016 – Read first time; referred to committee on human services
VT SB 201	- Creates 18 § 4214a to require practitioners treating patients for chronic pain, and who have issued a prescription for a 30-day supply of an opioid, to check the PMP prior to issuing a subsequent 30-day prescription for	1/5/2016 – Read first time; referred to committee on

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	an opioid and shall screen the patient for signs of a substance use disorder - Amends 18 § 4289 to provide that practitioners shall query the PMP at least once every 30 days, prior to prescribing a refill for patients who are receiving ongoing treatment with a Schedule II – IV controlled substance opioid; when starting a patient on a Schedule II – IV controlled substance for non-palliative long-term pain therapy of 90 days or more for a non-opioid, or of 30 days or more for an opioid	health and welfare
VT SB 243	FINAL BILL - Amends 18 § 4284(g) and (h) to provide that consultation shall be with the Controlled Substances and Pain Management Advisory Council - Amends 18 § 4289(a) to include treatment of acute pain in the list of conditions for which evidence-based standards must be developed and further provides that licensing authorities shall submit their standards to the Commissioner of Health, who shall review for consistency across health care providers and notify the applicable licensing authority of any inconsistencies identified - Deletes original requirement in 18 § 4289(c) that dispensers register with the PMP and requirement in Amdmt. #1 that dispensers query the PMP - New 18 § 4289(c) requires that health care providers query the PMP in certain circumstances except in the event of electronic or technological failure - New 18 § 4289(d) requires dispensers who dispense Schedule II – IV controlled substances to register with PMP and further provides that, except in the event of electronic or technological failure, dispensers shall query the PMP in accordance with rules adopted by the Commissioner of Health - Further provides that dispensers shall report dispensing information to the PMP within 24 hours or one business day after dispensing - Amends 18 § 4289(e) to provide that the Commissioner of Health shall consult with the Controlled Substances Pain Management Advisory Council to adopt rules regarding mandatory queries, including whether providers should be	5/4/2016 – Passed by Senate and House

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	required to query the PMP prior to writing a prescription for an opioid in Schedule II – IV - Deletes 18 § 4289(f) regarding the requirement that licensing entities for dispensers adopt standards regarding mandatory queries and reporting to the PMP - Bill requires that the Commissioner of Health, after consultation with the Board of Pharmacy, retail pharmacists, and the Controlled Substances and Pain Management Advisory Council, adopt rules regarding the circumstances in which dispensers shall query the PMP, which shall include: 1) prior to dispensing a prescription for a Schedule II – IV opioid to a patient who is new to the pharmacy; 2) when an individual pays cash for a Schedule II – IV opioid prescription when the individual has prescription drug coverage on file; 3) when a patient requests an early refill of a Schedule II – IV opioid prescription; 4) when the dispenser is aware that the patient is being prescribed a Schedule II – IV opioid by more than one prescriber; and 5) an exception for a hospital-based dispenser dispensing a quantity of a Schedule II – IV opioid that is sufficient to treat a patient for 48 hours or fewer - Bill requires that all physicians, osteopathic physicians, dentists, pharmacists, advanced practice registered nurses, optometrists, and naturopathic physicians with a DEA registration number, with a pending application for a DEA registration number, or who dispense controlled substances complete at least two hours of continuing education for each licensing period beginning on or after July 1, 2016 on several topics, including the appropriate use of the PMP - Amends 33 § 2004 to change the fee from 0.5 percent to 1.5 percent and adds to the list of programs funded by such fees - Amends 33 § 2004a to add to the list of programs funded by fees - Creates 18 § 4255, Controlled Substances and Pain Management Advisory Council, including the list of members, and provide the duties of the council, including providing advice to the Commissioner concerning the appropriate use of the PMP	

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VA HB 290	- Amends § 54.1-2523.1 to provide that the director shall develop, in consultation with an advisory panel, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method for analysis of data collected by the PMP using the criteria for indicators of misuse to identify unusual patterns of prescribing and dispensing of covered substances by individual prescribers or dispensers or potential misuse of a covered substance by a recipient - Further provides that, in cases in which analysis of data collected by the PMP using criteria for indicators of misuse indicates an unusual pattern of prescribing or dispensing of a covered substance by a prescriber or dispenser or potential misuse by a recipient, the director may: 1) disclose information about the unusual prescribing or dispensing by a prescriber or dispenser to a) the enforcement division of the Department of Health Professions or b) an agent who has completed the VA state police drug diversion school; or 2) disclose information about a recipient to a) the prescriber or prescribers who have prescribed a covered substance to the recipient for the purpose of intervention to prevent such misuse or b) an agent who has completed the VA state police drug diversion school	2/16/2016 – Left in health, welfare, and institutions
VA HB 293	- Amends § 54.1-2522.1 to provide that a prescriber or his or her delegate shall, at the time of initiating a new course of treatment to a patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than 14 days, request PMP information - Provides that the requirement does not apply for prescriptions for: patients receiving hospice or palliative care; patients as part of treatment for a surgical or invasive procedure and such prescription is not refillable; patients during an inpatient hospital admission or at discharge; nursing home patients or patients in an assisted living facility that uses a sole source pharmacy - Amends § 54.1-2522.2 to provide that prescribers and dispensers may delegate access authority to individuals who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser	3/11/2016 – Signed by Governor; effective July 1, 2016

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	and are licensed, registered, or certified by a health regulatory board or have routine access to confidential patient data and have signed a patient data confidentiality agreement	
VA HB 657	- Amends § 54.1-2523.1 to provide that the director shall develop, in consultation with an advisory panel, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method for analysis of data collected by the PMP using the criteria for indicators of misuse to identify unusual patterns of prescribing and dispensing of covered substances by individual prescribers or dispensers or potential misuse of a covered substance by a recipient - Further provides that, in cases in which analysis of data collected by the PMP using criteria for indicators of misuse indicates an unusual pattern of prescribing or dispensing of a covered substance by a prescriber or dispenser or potential misuse by a recipient, the director may: 1) disclose information about the unusual prescribing or dispensing by a prescriber or dispenser to a) the enforcement division of the Department of Health Professions or 2) disclose information about a recipient to a) the prescriber or prescribers who have prescribed a covered substance to the recipient for the purpose of intervention to prevent such misuse or b) an agent who has completed the VA state police drug diversion school	3/1/2016 – Approved by Governor; effective July 1, 2016
VA HB 829	Amends § 54.1-2523 to provide that the PMP may provide information to the board of medicine about prescribers who meet a certain threshold for prescribing covered substances for the purpose of requiring relevant education, which threshold shall be determined by the board of medicine in consultation with the program	3/11/2016 – Signed by Governor; effective July 1, 2016
VA HB 1044	- Amends § 54.1-2520 to provide that the advisory committee shall provide guidance to the director regarding information disclosed about a Medicaid recipient - Amends § 54.1-2523 to provide for disclosure of PMP information regarding a Medicaid recipient to a physician or pharmacist licensed in Virginia who is employed by the VA Medicaid managed care program which information shall only be used to determine eligibility for and to	3/11/2016 – Signed by Governor; effective July 1, 2016

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	manage the care of a specific recipient in a Patient Utilization Management Safety or similar program and notice shall be provided to recipients that information may be requested	
VA SB 287	- Amends § 54.1-2521 to provide that dispensing information shall be submitted to the department within 24 hours or the dispenser's next business day, whichever comes later - Amends § 54.1-2523 to provide that the director may disclose PMP data to a prescriber for the establishing the treatment history of a recipient when such recipient is either under the care and treatment by the prescriber or the prescriber is consulting on or initiating treatment of such recipient - Further provides that the director may disclose PMP data to a dispenser for the purpose of establishing the prescription history to assist the dispenser in: 1) determining the validity of a prescription or 2) when providing clinical consultation on the care and treatment of the recipient - Amends § 54.1-2525 to provide that nothing shall prohibit a person who prescribes or dispenses a reported substance from redisclosing information obtained from the PMP to another prescriber or dispenser who has prescribed or dispensed a covered substance to a recipient or a person who prescribes a covered substance from placing information obtained from the PMP in the recipient's medical record	3/7/2016 – Approved by Governor; changes to data collection interval effective January 1, 2017
VA SB 491	- Amends § 54.1-2520 to provide that the advisory committee shall provide guidance to the director regarding information disclosed about a Medicaid recipient - Amends § 54.1-2523 to provide for disclosure of PMP information regarding a Medicaid recipient to a physician or pharmacist licensed in Virginia who is employed by the VA Medicaid managed care program which information shall only be used to determine eligibility for and to manage the care of a specific recipient in a Patient Utilization Management Safety or similar program and notice shall be provided to recipients that information may be requested	3/29/2016 – Signed by Governor; effective July 1, 2016

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VA SB 513	- Amends § 54.1-2522.1 to provide that a prescriber or his or her delegate shall, at the time of initiating a new course of treatment to a patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than 14 days, request PMP information - Provides that the requirement does not apply for prescriptions for: patients receiving hospice or palliative care; patients as part of treatment for a surgical or invasive procedure and such prescription is not refillable; patients during an inpatient hospital admission or at discharge; nursing home patients or patients in an assisted living facility that uses a sole source pharmacy - Amends § 54.1-2522.2 to provide that prescribers and dispensers may delegate access authority to individuals who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser and are licensed, registered, or certified by a health regulatory board or have routine access to confidential patient data and have signed a patient data confidentiality agreement	3/1/2016 – Approved by Governor; effective July 1, 2016
WA HB 1103	- Amends § 70.225.040 to allow receipt of PMP information by personnel of a test site pursuant to an agreement between the test site and the patient's prescriber or dispenser - Adds new section that provides the test site must be located in Washington state, licensed, and certified as a drug testing laboratory - Adds new section that provides that test sites may not store data received from the PMP in any form AMENDMENT #1 - Removes requirement that the test site be physically located in Washington - Adds provision that test sites cannot receive any form of compensation for providing services	3/10/2016 – By resolution, reintroduced and retained in present status
WA HB 1106	- Appropriates $64,000 of the Medicaid fraud penalty account for the purpose of integrating the PMP into the coordinated care electronic tracking program where said integration must provide PMP data to emergency personnel when the patient registers in the emergency department - Such exchange may be a private or public joint venture, including the use of the state HIE	3/10/2016 – By resolution, reintroduced and retained in present status

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WA HB 2192	Repeals the PMP	3/10/2016 – By resolution, reintroduced and retained in present status
WA HB 2730	- Amends § 70.225.040 to provide that the department may provide PMP data to persons authorized to prescribe or dispense controlled substances and legend drugs - Further amends § 70.225.040 to provide that the department may provide PMP data to a health care facility or entity for the purpose of providing medical or pharmaceutical care to the patients of the facility or entity if: 1) the facility or entity is licensed by the department; and 2) the facility or entity is a trading partner with the state's health information exchange - Further provides that the department may provide PMP data to a health care provider group of five or more providers for purposes of providing medical or pharmaceutical care to the patients of the group if: 1) all the providers in the provider group are licensed by the department; and 2) the provider group is a trading partner with the state's health information exchange	3/31/2016 – Signed by Governor; effective June 9, 2016
WA SB 5290	Amends § 70.225.040 to allow provision of PMP data to local, state, and federal officials and officials of federally recognized tribes	3/10/2016 – By resolution, reintroduced and retained in present status
WA SB 5815	Creates new section that requires naturopaths to register with the PMP	3/10/2016 – By resolution, reintroduced and retained in present state; referred to appropriations
WA SB 6051	- Appropriates $64,000 of the Medicaid fraud penalty account for the purpose of integrating the PMP into the coordinated care electronic tracking program where said integration must provide PMP data to emergency personnel when the patient registers in the emergency department - Such exchange may be a private or public joint venture, including the use of the state HIE	3/10/2016 – By resolution, reintroduced and retained in present status

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WV HB 4293	- Amends § 60A-9-4 to require the reporting of opioid antagonists to the PMP - Amends § 60A-9-5 to change "prescriber" to "practitioner" - Deletes requirement that all practitioners who prescribe or dispense Schedule II – IV controlled substances shall have online or other form of electronic access to the PMP - Amends § 60A-9-5a to require that all practitioners who prescribe or dispense Schedule II – IV substances register with the PMP and have online or other form of electronic access to the PMP - Changes "prescriber" to "practitioner" - Amends § 60A-9-7, penalties, to provide that no practitioner required to register with and access the PMP shall be granted a license to practice in his or her respective field or be granted a renewal of an existing license without first certifying that he or she has registered with the PMP - Further provides penalties for failure to register with and have access to the PMP - Amends funding provisions of § 60A-9-8	2/20/2016 – Referred to judiciary committee
WV HB 4395	- Amends § 16-1-4 to delete requirement that the board develop policies and procedures that will allow physician treating patients through an opioid treatment program to access the PMP - Creates § 16-5X-4 which requires that, prior to dispensing or prescribing medication-assisted treatment medications, the treating physician shall query the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP at each physical examination, which shall occur no less than quarterly - Amends § 60A-9-5 to allow access to PMP information by duly authorized agents of the Office of Health Facility Licensure and Certification for use in certification, licensure, and regulation of health facilities	2/4/2016 – To House select committee on prevention and treatment of substance abuse
WV SB 454	- Amends § 16-1-4 to delete requirement that the board develop policies and procedures that will allow physician treating patients through an opioid treatment program to access the PMP	3/15/2016 – Approved by Governor; effective June 12, 2016

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	- Creates § 16-5Y-5 which requires that, prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient's physical examination - Amends § 60A-9-4 to require the reporting of opioid antagonists to the PMP - Amends § 60A-9-5 to change "prescriber" to "practitioner" - Deletes provision that all practitioners who prescribe or dispense Schedule II – IV controlled substances shall have online access to the PMP - Amends § 60A-9-5a to require all practitioners who prescribe or dispense Schedule II – IV controlled substances to register with the PMP and obtain and maintain online access to the PMP - Provides that practitioners must register within 30 days of obtaining a new license and prohibits a licensing board from renewing a practitioner's license without proof of the practitioner's registration - Changes "prescriber" to "practitioner" - Amends § 60A-9-7 to amend penalty provisions, including penalties for willfully disclosing PMP information, unauthorized access or use of PMP information, failure of a practitioner to register with the PMP, and failure to query the PMP when required - Amends funding provisions of § 60A-9-8	
WV SB 460	- Amends § 16-1-4 to delete requirement that the board develop policies and procedures that will allow physician treating patients through an opioid treatment program to access the PMP - Creates § 16-5Y-5 which requires that, prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient's physical examination	3/1/2016 – Referred to judiciary on second reading

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	- Amends § 60A-9-5 to allow access to PMP information by duly authorized agents of the Office of Health Facility Licensure and Certification for use in certification, licensure, and regulation of health facilities - Amends member list of advisory committee	
WV SB 629	- Amends § 60A-9-3 to provide that the central repository shall include information regarding individuals participating in or patients of a pain management clinic and individuals or patients admitted to a hospital or emergency room related to a drug overdose - Creates § 60A-9-4b which provides that information in the reports concerning patients in a pain management clinic and individuals admitted to a hospital or emergency room related to an overdose be made available to hospitals and out-patient surgery centers which shall place the information in the patient's chart	2/18/2016 – To health and human resources
WV SB 651	- Amends § 60A-9-4 to include reports of emergency department overdose visits in the information to be reported to the PMP - Amends § 60A-9-5 to allow access to PMP information by the dean of a medical school or chief medical officer of a hospital, an employee of the medical school, hospital as designated by the dean or chief medical officer, or a physician designee if the hospital has no chief medical officer - Further amends § 60A-9-5 to provide that the board shall review PMP information to identify prescribers and dispensers who exceed certain parameters and further allows the board to report information to law enforcement, the DEA, and/or licensing boards of prescribers and dispensers whose activity is called into question - Further provides that the PMP review committee shall query the database monthly based on parameters established by the advisory committee and shall make determinations on a case-by-case basis - Provides that the licensing agency having jurisdiction over a prescriber or dispenser shall review each case referred to them on a monthly basis and report to the board of pharmacy the dispensation of each case and, further, the licensing agency shall de-identify the reports and aggregate them by type of dispensation and make public the number	2/20/2016 – Referred to health and human resources

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	of reports received and the total number of cases by dispensation	
WI AB 364	- Amends § 961.385 to amend the definitions of "administer," "patient," and "prescription order" and to add definitions for "agent," "business day," "deliver or delivery," and "dispense" - "Administer" means the direct application of a monitored prescription drug to the body of a patient by: 1) a practitioner or his/her agent; 2) a patient at the direction of a practitioner; or 3) a pharmacist - "Patient" is amended to include animal - "Prescription order" is amended to include prescriptions written by veterinarians - Changes data collection interval to daily - Amends disclosure provisions to provide that the board shall establish rules to permit the board to disclose records generated to relevant licensing boards and agencies, relevant agencies of other states, relevant law enforcement agencies, and relevant prosecutorial agencies if the circumstances indicate suspicious or critically dangerous conduct - Amends disclosure provisions to provide that the board shall establish rules to permit the board to provide PMP data to a practitioner, pharmacist, registered nurse, substance abuse counselor, or individual authorized to treat alcohol or substance dependency or abuse as a specialty if the individual is directly treating or rendering assistance to a patient or the individual is being consulted regarding the health of the patient by an individual who is directly treating or rendering assistance to the patient - Amends disclosure provisions to provide that the board shall establish rules to permit the provision of PMP data to a person who medically coordinates, directs, or supervises, or establishes standard operating procedures for, a practitioner, pharmacist, registered nurse, substance abuse counselor, or individual authorized to treat alcohol or substance dependency or abuse as a specialty if the person is evaluating the job performance of an individual specified above or is performing quality assessment and improvement activities, including outcomes evaluation or development of clinical guidelines, and if the disclosure	3/17/2016 – Signed by Governor; effective March 19, 2016

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	does not include personally identifiable information and is limited to only those records regarding the individual the person medically coordinates, directs, or supervises, or for whom the person establishes standard operating procedures - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit with a written request and the individual is engaged in an active and specific investigation and the record being requested is reasonably related to that investigation or prosecution - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit upon written request for the record and is monitoring the patient as part of a drug court - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to an agent of a practitioner or pharmacist - Amends provisions to provide that the board shall establish rules requiring a practitioner to review a patient's record prior to issuing a prescription, which provision shall expire 3 years after the effective date of this subdivision - Further provides that the requirement does not apply if the patient is receiving hospice care, the prescription is for a number of doses that is intended to last the patient three days or less and is not subject to refill, the substance is directly administered to the patient, emergency circumstances prevent practitioner from reviewing prior to issuing a prescription - Amends provision stating that pharmacies, pharmacists, and practitioners are not required to obtain PMP data to delete practitioners	
WI AB 365	- Creates § 961.37 to require that law enforcement officers report to his or her employer if the officer does any of the following: 1) encounters a situation where s/he reasonably suspects that a violation involving a monitored prescription drug is occurring or has occurred; 2) encounters an individual who the officer believes is undergoing or has immediately prior experienced an opioid-related drug	3/17/2016 – Signed by Governor; effective March 19, 2016

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	overdose or a deceased individual who the officer believes died as a result of using a narcotic drug; or 3) receives a report of a stolen controlled substance prescription - The officer must report the following information: 1) the name and date of birth of all of the following – a) individual suspected of the violation; b) individual who experienced an opioid-related drug overdose; c) individual who died as a result of using a narcotic drug; d) individual who filed the stolen prescription report; e) individual for whom a prescription drug related to the foregoing was prescribed; 2) name of the prescribing practitioner, the prescription number, and the name of the drug as it appears on the prescription order or container - The law enforcement agency receiving the report shall submit notice of the suspected violation, opioid related overdose, death as the result of using a narcotic drug, or the report of the stolen controlled substance prescription to the PMP - Amends § 961.385 to provide that the PMP may disclose information provided to the PMP by a law enforcement agency pursuant to § 961.37 to relevant pharmacists, practitioners, and others to whom the board may make disclosures	
WI AB 766	- Amends § 961.385 to provide that, beginning in 2017 and no later than October 1 of each year until October 2020, the board shall conduct a review of the PMP to evaluate the actual outcomes of the PMP compared with projected outcomes, as determined by the board, and said review shall include an evaluation of all of the following: 1) satisfaction with the program of pharmacists, pharmacies, practitioners, and other users of the program; 2) the program's impact on referrals of pharmacists, pharmacies, and practitioners to licensing or regulatory boards for discipline and to law enforcement agencies for investigation and possible prosecution - Further amends § 961.385 to provide that, beginning in 2017, no later than November 1 of each year, the board shall provide a report to the department of safety and professional services for the previous fiscal year that includes all of the following: 1) the results of the board's review outlined above; 2) an assessment of the trends and	3/17/2016 – Signed by Governor; effective March 19, 2016

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	changes in the use of monitored prescription drugs in this state; 3) the number of practitioners, by profession, and pharmacies submitting records to the board under the program; 4) the description of the number, frequency, and nature of submissions by law enforcement agencies; 5) a description of the number, frequency, and nature of requests for disclosure of records generated under the program; 6) the number of individuals receiving prescription orders from 5 or more practitioners or having monitored prescription drugs dispensed by 5 or more pharmacies within the same 90-day period; 7) the number of individuals receiving daily morphine milligram equivalents of 1 to 19 mg, 20 to 49 mg, 50 to 99 mg, and 100 or more mg; 8) the number of individuals to whom both opioids and benzodiazepines were dispensed within the same 90-day period	
WI SB 268	- Amends § 961.385 to amend the definitions of "administer" and "patient" and to add definitions for "agent," "business day," "deliver or delivery," and "dispense" - Changes data collection interval to daily - Amends disclosure provisions to provide that the board shall establish rules to permit the board to disclose records generated to relevant licensing boards and agencies, relevant agencies of other states, relevant law enforcement agencies, and relevant prosecutorial agencies if the circumstances indicate suspicious or critically dangerous conduct - Amends disclosure provisions to provide that the board shall establish rules to permit the board to provide PMP data to a practitioner, pharmacist, registered nurse, or substance abuse counselor if the individual is directly treating or rendering assistance to a patient or the individual is being consulted regarding the health of the patient by an individual who is directly treating the patient - Amends disclosure provisions to provide that the board shall establish rules to permit the provision of PMP data to a person who medically coordinates, directs, or supervises, or establishes standard operating procedures for, a practitioner, pharmacist, registered nurse, or substance abuse counselor if the person is evaluating the job	4/13/2016 – Failed to pass pursuant to Senate Joint Resolution 1

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	performance of the individual or is performing quality assessment and improvement activities and if the disclosure is limited to only those records regarding the individual the person medically coordinates, directs, or supervises, or for whom the person establishes standard operating procedures - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit with a written request and the individual is engaged in an active and specific investigation and the record being requested is reasonably related to that investigation or prosecution - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit upon written request for the record and is monitoring the patient as part of a drug court - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to an agent of a practitioner or pharmacist - Amends provisions to provide that the board shall establish rules requiring a practitioner to review a patient's record prior to issuing a prescription - Amends provision stating that pharmacies, pharmacists, and practitioners are not required to obtain PMP data to delete practitioners	
WI SB 269	- Creates § 961.37 to require that law enforcement officers report to his or her employer if the officer does any of the following: 1) encounters a situation where s/he reasonably suspects that a violation involving a monitored prescription drug is occurring or has occurred; 2) encounters an individual who the officer believes is undergoing or has immediately prior experienced an opioid-related drug overdose or a deceased individual who the officer believes died as a result of using a narcotic drug; or 3) receives a report of a stolen controlled substance prescription - The officer must report the following information: 1) the name and date of birth of all of the following – a) individual suspected of the violation; b) individual who	4/13/2016 – Failed to pass pursuant to Senate Joint Resolution 1

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	experienced an opioid-related drug overdose; c) individual who died as a result of using a narcotic drug; d) individual who filed the stolen prescription report; e) individual for whom a prescription drug related to the foregoing was prescribed; 2) name of the prescribing practitioner, the prescription number, and the name of the drug as it appears on the prescription order or container - The law enforcement agency receiving the report shall submit notice of the suspected violation, opioid related overdose, death as the result of using a narcotic drug, or the report of the stolen controlled substance prescription to the PMP - Amends § 961.385 to provide that the PMP may disclose information provided to the PMP by a law enforcement agency pursuant to § 961.37 to relevant pharmacists, practitioners, and others to whom the board may make disclosures	
WI SB 271	- Creates § 51.4223 to require that a physician or other health care provider authorized to prescribe methadone review a patient's PMP report for other methadone or pain medication use	4/13/2016 – Failed to pass pursuant to Senate Joint Resolution 1
WI SB 272	- Creates § 50.65 to provide that a physician or other health care provider at a pain clinic who is authorized to prescribe pain medication shall review a patient's PMP data for use of other pain medications prior to prescribing a pain medication for the patient	4/13/2016 – Failed to pass pursuant to Senate Joint Resolution 1
WI SB 716	- Amends § 961.385 to provide that, beginning in 2017 and no later than October 1 of each year until October 2020, the board shall conduct a review of the PMP to evaluate the actual outcomes of the PMP compared with projected outcomes, as determined by the board, and said review shall include an evaluation of all of the following: 1) satisfaction with the program of pharmacists, pharmacies, practitioners, and other users of the program; 2) the program's impact on referrals of pharmacists, pharmacies, and practitioners to licensing or regulatory boards for discipline and to law enforcement agencies for investigation and possible prosecution - Further amends § 961.385 to provide that, beginning in 2017, no later than November 1 of each year, the board	4/13/2016 – Failed to pass pursuant to Senate Joint Resolution 1

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	shall provide a report to the department of safety and professional services for the previous fiscal year that includes all of the following: 1) the results of the board's review outlined above; 2) an assessment of the trends and changes in the use of monitored prescription drugs in this state; 3) the number of practitioners, by profession, and pharmacies submitting records to the board under the program; 4) the description of the number, frequency, and nature of submissions by law enforcement agencies; 5) a description of the number, frequency, and nature of requests for disclosure of records generated under the program; 6) the number of individuals receiving prescription orders from 5 or more practitioners or having monitored prescription drugs dispensed by 5 or more pharmacies within the same 90-day period; 7) the number of individuals receiving daily morphine milligram equivalents of 1 to 19 mg, 20 to 49 mg, 50 to 99 mg, and 100 or more mg; 8) the number of individuals to whom both opioids and benzodiazepines were dispensed within the same 90-day period	
Regulation No.	**Description**	**Status**
80 FR 68126-01	- Proposed rule to revise the discharge planning requirements that hospitals, including long term care facilities and inpatient rehabilitation facilities, critical access hospitals, and home health agencies must meet in order to participate in Medicare and Medicaid programs - Encourages providers to consider using their state PMP during the evaluation of a patient's co-morbidities and past medical and surgical history - Soliciting comments on whether providers should be required to consult with their state's PMP and review a patient's risk of non-medical use of controlled substances and substance use disorders as indicated by the PMP report - Also soliciting comments on whether, as part of the medication reconciliation process, practitioners should be required to check their state PMP even if they are not going to prescribe controlled substances to the patient - Encourages practitioners to check their state PMP as part of the medication reconciliation process	11/3/2015 – Proposed rules

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	- Soliciting comments that provide specific information on the feasibility, costs, and patient benefits of using PMP systems in hospital discharge planning, and on workable implementation and enforcement standards for a possible mandatory requirement	
81 FR 17639-01	- Proposed rule to increase highest patient limit for qualified physicians to treat opioid use disorder - Includes requirements for a qualified practice setting which includes participation in a PDMP where operational and in accordance with state law - May require reporting the percentage of patients who had a PMP query in the past month	3/30/2016 – Proposed rules
AL 408686 (ADC 540-X-19-.05)	Requires that the medical director of a pain management clinic have a current registration with the PMP	12/31/2015 – Certified adopted rules; effective February 1, 2016
AR 401919 (ADC 060.000.1-2)	- Requires that prescribers check the PMP at least once every six months for patients with chronic, non-malignant pain - Requires that prescribers found to be in violation of a rule or law involving prescription drugs shall be required to register with the PMP and access prescription information prior to writing a prescription for an opioid	12/21/2015 – Adopted regulations; effective December 14, 2015
AR 401922 (ADC 060.00.1-19)	- Requires physicians operating a pain management program to check the prescriptive history of a patient at least every six months when that patient is being treated with controlled substances for chronic, non-malignant pain - Requires that prescribers who have been found to be in violation of a law or rule involving prescription drugs to register with the PMP and access patient information prior to writing a prescription for an opioid	12/21/2015 – Adopted regulations; effective December 14, 2015
AR 409927 (ADC 007.07.4-III, -IV, -VI, -VII)	- III – Adds definitions for "certified law enforcement prescription drug diversion investigator," "delegate," "opioid," and "qualified law enforcement agency" - IV – Sets out the requirements for law enforcement access to PMP information - VI – Adds certified law enforcement prescription drug diversion investigator, and the Department of Human Services or the Crimes Against Children Division of the Department of Arkansas State Police to the list of entities allowed receipt of PMP information	2/19/2016 – Adopted regulations; effective March 1, 2016

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	- VII – Adds provisions related to unsolicited reports	
AR 409935 (ADC 069.00.1-V-IX1)	Requires an optometrist who has been found to be in violation of a rule or law involving prescription drugs to register with the PMP and access prescription information prior to prescribing an opioid	11/23/2015 – Proposed regulations
AR 412297 (ADC 069.00.1-V-IX1)	Requires an optometrist who has been found to be in violation of a rule or law involving prescription drugs to register with the PMP and access prescription information prior to prescribing an opioid	2/19/2016 – Adopted regulations; effective February 6, 2016
AR 415764 (ADC 007.07.4-III, -IV, _VI, -VII)	- III – Adds definitions for "certified law enforcement prescription drug diversion investigator," "delegate," "opioid," and "qualified law enforcement agency" - IV – Sets out the requirements for law enforcement access to PMP information - VI – Adds certified law enforcement prescription drug diversion investigator, and the Department of Human Services or the Crimes Against Children Division of the Department of Arkansas State Police to the list of entities allowed receipt of PMP information - VII – Adds provisions related to unsolicited reports	2/19/2016 – Adopted regulations; effective March 1, 2016
AR 415764 (ADC 067.00.4-VIII, -XII)	- Allows APRNs to delegate access to the PMP for running requested reports to no more than two licensed nurses under his or her supervision or employment at each practice location - APRNs who have been found guilty by the board of a violation of a law or rule involving prescription drugs shall review a current PMP report prior to prescribing an opioid which shall be documented in the patient's medical record - Requires that the PMP be queried at least every six months when patient is being treated for chronic, non-malignant pain	4/22/2016 – Adopted regulations; effective March 26, 2016
CO 412723 (3 ADC 709-1:IX)	Provides that all dentists with a current DEA registration are required to register and maintain a user account with the PMP	2/25/2016 – Final regulations; effective March 16, 2016
CO 420610 (3 ADC 709-1:IX)	Provides that all dentists with a current DEA registration are required to register and maintain a user account with the PMP and failure to do so is a violation of law	3/25/2016 – Notices of proposed rulemaking

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DE 423935 (24 ADC CSA 9.0)	- Requires practitioners to query the PMP prior to issuing a subsequent prescription for an opioid analgesic for acute pain - Requires practitioners to query the PMP at least every six months, more frequently if clinically indicated, or whenever the patient is also being prescribed a benzodiazepine when prescribing for chronic pain - Further requires practitioners to query the PMP whenever the patient is assessed to potentially be at risk for substance abuse or demonstrates such things as loss of prescriptions, requests for early refills, or similar behavior	5/1/2016 – Proposed regulations
DC 402819 (17 ADC 10300 – 10316, 10399)	- Creates Chapter 103 of the DC Code of Regulations to implement the provisions of the PMP - Sec. 10300 provides there is no requirement to access the PMP and includes immunity provisions - Sec. 10301 provides for daily reporting of dispensing information, requires nonresident pharmacies to report, and exceptions to reporting requirements - Sec. 10302 includes cyclobenzaprine and products containing butalbital as covered substances - Sec. 10303 - 10305 provide standards and format for reporting and zero reporting and waiver of reporting requirements - Sec. 10306 sets out the requirements for prescribers, dispensers, and delegates to access PMP data and sets out the requirements for delegate use of the PMP - Sec. 10307 provides for mandatory disclosure to law enforcement and regulatory purposes upon request - Sec. 10308 sets out discretionary disclosures to patients, parent or legal guardian of a patient, regulatory authorities, Medicaid, medical examiner, de-identified data - Sec. 10309 provides for interstate sharing - Sec. 10310 provides for notice to consumers of prescriber or dispenser's intent to access PMP data - Sec. 10311 contains the confidentiality provisions - Sec. 10312 provides for corrections to PMP data - Sec. 10313 – 10315 are reserved - Sec. 10316 creates the advisory committee - Sec. 10399 contains definitions	12/11/2015 – Final rulemakings
FL 398937 (ADC	- Provides that, if a pharmacist has doubts or concerns about the validity of a prescription, he or she may attempt	12/8/2015 –

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64B16-27.831)	to resolve concerns be accessing the PMP in lieu of either initiating communication with the patient or the patient's representative to acquire information about the validity of the prescription or initiating communication with the prescriber or prescriber's agent - Further provides that all pharmacists shall complete a board-approved 2-hour continuing education course, which course shall include, among other topics, use of the PMP	Effective rules; effective December 24, 2015
FL 400022 (ADC 64K-1.003, 004, 005)	Department will develop rules establishing procedures for acquiring both direct and indirect access to the database, procedures for revoking access, standards for denial of requests for access, as well as any other measures related to access, database operation or database management identified during the rulemaking process	2/2/2016 – Effective rules; effective February 17, 2016
IL 408920 (77 ADC 2080.100)	Changes data collection interval from weekly to daily	3/11/2016 – Adopted rules; effective February 29, 2016
IL 414788 (77 ADC 2080)	To add naloxone as a selected, non-Schedule II – V product to be reported to the PMP when used by an emergency department, EMT, police department, school or community pharmacy as an opioid overdose agonist	1/15/2016 – Regulatory agendas
LA 403922 (ADC 46:XLV: 7717)	Requires that physicians check the PMP prior to issuing any written request or recommendation for marijuana	12/20/2015 – Rules; effective December 20, 2015
LA 403946 (ADC 40:I:2004, :2009, :2016, :2021, :2109, :2111)	- 2004 - Provides that providers should check the PMP prior to prescribing opioids for more than 14 days for neck pain without radicular pain or neurologic findings in worker's compensation cases - 2009 - Provides that providers should access the PMP if necessary when treating patients in worker's compensation cases for chronic pain management - 2016 - Provides that providers should check the PMP prior to prescribing opioids for more than 14 days for low back pain in worker's compensation cases - 2021 - Provides that physicians should access the PMP if necessary when treating patients for chronic pain management in worker's compensation cases	9/20/2015 – Notices of Intent

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	- 2109 – Provides that information regarding medications should be checked against the PMP for patients in worker's compensation cases - 2111 – Provides that chronic use of opioids should not be prescribed until the physician has reviewed the PMP for patients in worker's compensation cases - Further provides that physicians should review the PMP for a patient whenever drug screens are done	
ME 412877 (ADC 02-373 Ch. 2, § 5)	Requires the primary and secondary, if any, supervisory physicians for a physician assistant to conduct semi-annual evaluations of the physician assistant, which shall include a review of the PMP if the physician assistant prescribes controlled substances	12/23/2015 – Proposals
MD 418174 (ADC 02-373 Ch. 2, § 5)	Requires the primary and secondary, if any, supervisory physicians for a physician assistant to conduct semi-annual evaluations of the physician assistant, which shall include a review of the PMP if the physician assistant prescribes controlled substances	2/24/206 – Proposals
MD 409514 (COMAR 10.47.07.05)	Provides that the PMP shall disclose information to the following case review entities for the purpose of furthering an existing bona fide individual case review: State Child Fatality Review Team or local child fatality review team; local drug overdose fatality review team; the Maternal Mortality Review Program; a medical review committee	2/19/2016 – Final action on regulations; effective February 29, 2016
MS 413650 (ADC 30-20-3001:IV, V)	Requires all licensed pharmacists to register with PMP and adds action against pharmacists for failure to register	1/31/2016 – Final action on rules; effective January 15, 2016
MS 416827 (ADC 30-20-3001:XLIII)	- Amends regulation to provide that reporting of Schedule II – V dispensing information shall be every 24 hours or the next business day - Exempts substances dispensed directly by a veterinarian, direct administration of a controlled substance to a patient, and any quantity of a drug dispensed that is limited to an amount adequate to treat the patient for 48 hours or less - Requires that prescriptions dispensed to patients in nursing facilities, ICFMRs, and assisted living facilities are required to be reported - Provides that PMP information shall be provided to: pharmacists; practitioners; local, state, and federal law	2/29/2016 – Final action on rules; effective February 10, 2016

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	enforcement officials; regulatory and licensing boards; division of Medicaid; judicial authorities under grand jury subpoena; the patient; and PMPs in other states - Further provides that the Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the PMP for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing, or administering of controlled substances - Provides for the provision of de-identified information for research and educational purposes - Requires that pharmacists register with the PMP - Provides certain penalties for knowing disclosure of PMP information, or for purposely misusing or altering PMP information	
NV 396490 (NAC 639.926)	Requires pharmacies to submit dispensing information within one business day	4/5/2016 – Adopted regulations; effective April 4, 2016
NH 415228 (ADC Med 502)	Rules regarding the prescribing of opioids require practitioners to query the PMP unless the opioid is being administered or specific instances of acute prescribing	1/21/2016 – Notices
NH 419589 (ADC Med 502.05)	Requires prescribers who are required to register with the PMP, or his or her delegate, to query the PMP for a patient's initial prescription when prescribing Schedule II – IV opioids for the management or treatment of pain and then periodically, and at least twice per year, except when directly administered or when treating acute pain associated with serious traumatic injury, post-operatively, or with an acute medical condition, with clear, objective findings by the practitioner, for no more than 30 days	4/14/2016 – Notices – meeting continued to May 6, 2016
NH 421722 (ADC Pod 404)	Requires podiatrists to query the PMP when they initially prescribe Schedule II – IV opioids for the management and treatment of pain and conduct subsequent periodic queries at least twice a year	4/7/2016 – Notices of proposed rules
NH 421723 (ADC Opt 602)	Requires optometrists to query the PMP when they initially prescribe Schedule II – IV opioids for the management and treatment of pain and conduct subsequent periodic queries at least twice a year	4/7/2016 – Notices of proposed rules

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NH 422342 (ADC Nur 501.06)	Applicable prescribers must query the PMP when they initially prescribe controlled substances for the management or treatment of pain in the community setting and then periodically and at least twice per year	4/14/2016 – Notices of proposed rules
NJ 408992 (NJAC 13:45A-35.1 – 35.11)	- 35.1 – Sets out purpose and scope of rules and delineates to whom the rules apply - 35.2 – Definitions - 35.3 – Sets out reporting requirements for pharmacies filling outpatient prescriptions for Schedule II – V controlled substances, including that dispensing information be reported daily - 35.4 – Requests for waivers or exemptions from reporting requirements - 35.5 – Provides that the data collection interval for reporting dispensing information is daily - 35.6 – Provides that the division shall provide PMP information to pharmacists, practitioners, delegates, medical resident, dental resident, designated representatives of certain specified licensing boards, designated representative of a state Medicaid or other government program, state or county medical examiner, deputy or assistant county medical examiner - Further provides that the division may provide PMP information to: properly convened grand jury pursuant to a subpoena; state, federal, or municipal law enforcement officer pursuant to a court order; PMP in another state with which the division has an interoperability agreement or which participates with the division in a system that facilitates the secure sharing of information between states - Requires that persons authorized to have online access to the PMP must register with the division - Provides that delegates may only share information with his or her delegating practitioner; that designated representatives from licensing boards, designated representatives from state Medicaid or other government programs, and the medical examiner, deputy or assistant medical examiner may share information with personnel from his or her agency in the performance of his or her duties	11/16/2015 – Rule proposals

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	- Allows the provision of de-identified data to public or private entities for statistical, research, or educational purposes - Allows the division to obtain unsolicited reports from the PMP and provide them to pharmacists, practitioners, and other licensed health care professionals - 35.7 – Requires that all persons authorized to have access to the PMP register with the division; further provides that the division shall register a practitioner to have online access to the PMP upon issuance or renewal of the practitioner's controlled dangerous substance registration - 35.8 – Sets out the requirements for delegates, including any licensure, certification, and employment requirements - 35.9 – Provides that a practitioner or practitioner delegate must access PMP information for a new or current patient: 1) the first time the practitioner prescribes a Schedule II substance for acute or chronic pain; 2) on a quarterly basis during the time a current patient continues to receive prescriptions for a Schedule II substance for acute or chronic pain - Provides that a pharmacist must access the PMP if the pharmacist has a reasonable belief that the person may be seeking a controlled substance, in whole or in part, for any purpose other than treatment of an existing medical condition - Provides exemptions to access requirements - 35.10 – Requires that individuals who designate a delegate shall establish, retain, and follow written procedures to document, as part of the patient record, the PMP look-up as required and any PMP information accessed for that patient - 35.11 – Sets out actions which may be deemed professional misconduct, including noncompliance with the rules, and further provides that certain actions, including knowing disclosure of PMP information, shall refer the violator to law enforcement	
NY 402536 (14 ADC 820.7)	- Creates new regulations related to residential services for treatment of individuals with substance use disorders - Requires that programs check the PMP prior to admitting a patient to determine any and all medications which may be prescribed to a patient or prospective patient	12/9/2015 – Notices of adopted; effective December 9, 2015

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NY 402537 (14 ADC 822.8)	- Repeals former Section 822 and enacts new regulations regarding standards for chemical dependence outpatient and opioid treatment programs - Requires programs to check the PMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient - Requires that patients admitted to opioid medical maintenance have verified stability in the PMP and that checks of the PMP be performed as clinically indicated	12/9/2015 – Notices of adoption; effective November 20, 2015
ND 411868 (ADC 54-05-03.1-10)	Requires that advanced practice nurses with prescriptive authority use the PMP in the following situations: 1) new client requiring a prescription for controlled substances; 2) every six months during treatment of a client with a controlled substance; 3) client requests early refills or pattern of taking more than prescribed dosage; 4) suspicion or known drug overuse, diversion, or abuse	1/21/2016 – Public hearing
OH 404161 (ADC 4731-11-11)	- Repeals and replaces prior version - Defines "delegate," "OARRS," "OARRS report," "personally furnish," and "reported drugs" - Sets out the standards of care for physicians: 1) when prescribing or personally furnishing a reported drug; 2) in considering whether the prescribing or personally furnishing of a reported drug is appropriate for a patient, the physician shall review a PMP (OARRS) report; 3) requires that a physician obtain and review a PMP report to help determine if it is appropriate to prescribe or personally furnish an opioid analgesic, benzodiazepine, or reported drug to a patient, unless an exception applies, but shall obtain a report if the patient's course of treatment with a reported drug other than an opioid analgesic or benzodiazepine has lasted more than 90 days, unless an exception applies - Provides a list of red flags that require the physician to obtain and review a PMP report - Requires 1) that a physician obtain and review a PMP report at least every 90 days for patients whose treatment with an opioid analgesic or benzodiazepine lasts more than 90 days; 2) that a physician obtain and review a PMP report at least annually for patients whose treatment with a reported drug other than an opioid analgesic or benzodiazepine lasts more than 90 days	12/10/2015 – Final filings; effective December 31, 2015

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	- Requires that if the physician practices primarily in a county that adjoins another state, the physician shall also request a report from the other state - Lists exceptions to review requirements	
OH 406668 (ADC 4723-9-12)	- Repeals and replaces prior version - Defines "APRN," "delegate," "OARRS," "OARRS report," and "reported drugs" - Sets out the standard of care for APRNs, which includes that an APRN consider obtaining and reviewing a PMP (OARRS) report when considering whether to prescribe or personally furnish a reported drug - Provides that an APRN shall obtain and review a PMP report if any red flags as set out in the regulation are noted - Requires an APRN to obtain and review a PMP report before initially prescribing a reported drug that is an opioid analgesic or benzodiazepine and shall obtain a report every 90 days if the patent continues to receive such prescriptions for more than 90 days - Requires an APRN to obtain and review a PMP report following a course of treatment for a period of more than 90 days if the treatment includes the prescribing or personally furnishing of reported drugs that are not opioid analgesics or benzodiazepines and at least annually thereafter as long as the course of treatment continues - Provides that if the APRN practices in a county that adjoins another state, the APRN shall also request a report from that state, if available	12/30/2015 – Final filings; effective February 1, 2016
OH 407088 (ADC 4729-37-07)	Amends regulation to require pharmacies to notify the board electronically if it is not open seven days per week and to notify the board electronically or in writing if the pharmacy stops dispensing controlled substances	12/29/2015 – Final filings; effective January 15, 2016
OR 411105 (ADC 410-121-4010, et seq.)	Proposing to permanently amend regulation to renumber it to OAR 333-023-0810 to revise the reporting requirements, as well as revise and renumber rules in OAR Chapter 410, division 121, pertaining to the PMP, to Chapter 333, division 23, since the public health division is responsible for the administration of the program	2/1/2016 – Administrative rules; effective February 1, 2016
OK 417711 (ADC 475:45-1-2)	Adds recipient's phone number to the list of reported information to the PMP	4/15/2016 – Submissions for review

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TN 408048 (ADC 1140-11-.01, -.03, -.04, -.07)	- Amends 1140-11-.01 to add definition of "ARCOS" - Amends 1140-11-.03 to provide a fee for each request from law enforcement and drug courts, unless an alternative arrangement has been reached - Amends 1140-11-.04 to require dispensing data to be submitted daily - Creates 1140-11-.07 which requires wholesalers and manufacturers to submit monthly ARCOS reports	10/31/2015 – Proposed rules
TX 412429 (22 TAC 315.1 – 315.14)	New rules proposed to give effect to SB 195 which transfers the PMP to the Board of Pharmacy	3/4/2016 – Adopted; effective March 10, 2016
UT 410908 (ADC R156-37f)	- Removes restriction that data be submitted in ASAP 1995 format - Amends dispensing data elements - Changes data collection interval to daily beginning January 1, 2016 - Amends access to information by law enforcement to provide that law enforcement must have a search warrant - Includes the means by which an individual may request their own PMP report - Deletes pilot program requirements	2/1/2016 – Notices of rule effective dates
VT 410730 (ADC 12-5-53:6.0, 7.0)	- Requires that physicians prescribing or dispensing buprenorphine from an office based opioid treatment setting shall register with the PMP and comply with the rule regarding system queries - Further requires that each MAT physician shall develop clinical practices to reduce the risk of diversion which shall include querying the PMP Requires that opioid treatment programs query the PMP as required by the Vermont Prescription Monitoring System Rule	4/19/2016 – Adopted rules; effective April 1, 2016
VA 409328 (18 VAC 76-20)	Propose to amend the regulations to update the required version for reporting data electronically and include several new data elements	11/16/2015 – Notices of intended regulatory action
WA 387037 (ADC 246-470-030, 040, 050, 060, 090)	Revise regulations to add tribal officials to the list of appropriate law enforcement prosecutors who can access the PMP for bona fide specific investigations	2/17/2016 – Proposed rules

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WI 389879 (ADC Phar. 18.01 – 18.14)	Requires that the name of the person as verified by checking an identification card or as known to the pharmacist or other person dispensing or delivering controlled substance to person be transmitted to the PMP	3/28/2016 – Rule orders filed with the Legislative Reference Bureau
WI 403847 (ADC Phar. 18.01 – 18.14)	Rules are intended to effect the changes implemented by 2015 Act 55 transferring the PMP from the Pharmacy Examining Board to the Controlled Substances Board	3/14/2016 – Notices of submission of proposed rules to the legislature

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