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

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

Introduction

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

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

Back to Top ↑

Alabama

§ 34-24-604
ADC 540-X-4-.03
ADC 540-X-12-.05
ADC 540-X-18-.05
ADC 540-X-19-.03
ADC 540-X-19-.04

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

§ 34-24-604. (Final placement and text of 2014 legislation is subject to editorial action of the Code Commissioner) Annual registration.

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

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

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

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

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

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

(3) Proof of an Alabama controlled substances certificate.

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

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

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

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

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

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

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Alabama Administrative Code (2014)
Alabama Board of Medical Examiners
Chapter 540-X-4. Controlled Substances Certificate

540-X-4-.03. Renewal Of An Alabama Controlled Substances Certificate.

(1) Renewal of an Alabama Controlled Substances Certificate shall be annually on or before December 31 of each year.

(2) An applicant for renewal of an Alabama Controlled Substances Certificate shall submit to the Board the required certificate fee of $150.00.

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

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

Alabama Administrative Code (2014)
Alabama Board of Medical Examiners
Chapter 540-X-12. Qualified Alabama Controlled Substances Registration Certificate (Qacsc)

540-X-12-.05. Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC).

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

(2) The Board shall not renew the QACSC of any P.A. when an administrative fine has been assessed by the Board until such fine is paid in full. In the event that the fine is subsequently reduced or set aside on judicial review, the P.A. shall be entitled to a prompt refund of the amount of the fine, but shall not be entitled to interest thereon.

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

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

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

Alabama Administrative Code (2014)
Alabama Board of Medical Examiners
Chapter 540-X-18. Qualified Alabama Controlled Substances Registration Certificate (Qacsc) for Certified Registered Nurse Practitioners (Crnp) and Certified Nurse Midwives (Cnm)

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

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

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

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

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

Alabama Administrative Code (2014)
Alabama Board of Medical Examiners
Chapter 540-X-19. Pain Management Services

540-X-19-.03. Pain Management Registration Required.

(1) Beginning January 1, 2014, and continuing every year thereafter, all physicians who provide pain management services must obtain a pain management registration from the Board.

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

(3) To obtain a pain management registration, a physician applicant shall submit the following to the Board:

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

(b) Proof of a current Drug Enforcement Administration (DEA) registration.

(c) Proof of an Alabama Controlled Substance Certificate (ACSC).

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

(e) The results of a criminal background check.

1. Each applicant shall submit to a criminal history background check by providing fingerprints and executing a criminal history information release using forms provided by the Board.

2. Fingerprints provided by each applicant shall be submitted to the Alabama Bureau of Investigation (ABI), which is responsible for forwarding the fingerprints to the Federal Bureau of Investigation (FBI) for a national criminal history record check.

3. The Board shall keep information received pursuant to this section confidential, except that such information received and relied upon in denying the registration of a physician to provide pain management services in this state may be disclosed as may be necessary to support the denial.

(f) A list of all registrants who own, co-own, operate or provide pain management services in the physician applicant's practice location.

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

(h) Payment of the initial registration fee as set forth below in these rules under paragraph (6).

(i) A certification listing the current name of the physician who serves as the medical director.

(j) Any other information requested by the Board related to the qualifications for providing pain management services.

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Alabama Administrative Code (2014)
Alabama Board of Medical Examiners
Chapter 540-X-19. Pain Management Services

540-X-19-.04. Ownership And Operation.

(1) All registrants must provide pain management services at a location owned and operated by one of the following:

(a) One or more physicians licensed to practice medicine in Alabama.

(b) A business entity registered with the Alabama Secretary of State's Office.

(c) A governmental entity or body, or political subdivision, or any combination thereof, including state universities and schools.

(2) In order to be registered, a physician shall certify that each practice location is under the direction of a medical director who shall be a physician who possesses a current, unrestricted license to practice medicine or osteopathy in Alabama.

(3) Every registrant providing pain management services is required to register with the Alabama Department of Public Health (ADPH) in order to obtain access to the Alabama Prescription Drug Monitoring Program (PDMP) maintained by the ADPH.

Back to Top ↑

Arizona
§ 36-2606

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

§ 36-2606. Registration; requirements

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

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

2. Not transferable or assignable.

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

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

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

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

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

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

Back to Top ↑

California
Health & Safety § 11165.1

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

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

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

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

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

(i) Materially falsifying an application for a subscriber.

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

(iii) Suspended or revoked federal DEA registration.

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

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

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

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

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

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

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

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

Back to Top ↑

Colorado
§ 12-42.5-403

West's Colorado Revised Statutes Annotated (2014)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-403. Prescription drug use monitoring program

(1) The board shall develop or procure a prescription controlled substance electronic program to track information regarding prescriptions for controlled substances dispensed in Colorado, including the following information:

(a) The date the prescription was dispensed;

(b) The name of the patient and the practitioner;

(c) The name and amount of the controlled substance;

(d) The method of payment;

(e) The name of the dispensing pharmacy; and

(f) Any other data elements necessary to determine whether a patient is visiting multiple practitioners or pharmacies, or both, to receive the same or similar medication.

(1.5)(a) By January 1, 2015, or by an earlier date determined by the director of the division, every practitioner in this state who holds a current registration issued by the federal Drug Enforcement Administration and every pharmacist shall register and maintain a user account with the program.

(b) When registering with the program or at any time thereafter, a practitioner or pharmacist may authorize up to three designees to access the program under Section 12-42.5-404(3)(b), (3)(c), or (3)(d), as applicable, on behalf of the practitioner or pharmacist if:

(I)(A) The authorized designee of the practitioner is employed by, or is under contract with, the same professional practice as the practitioner; or

(B) The authorized designee of the pharmacist is employed by, or is under contract with, the same prescription drug outlet as the pharmacist; and

(II) The practitioner or pharmacist takes reasonable steps to ensure that the designee is sufficiently competent in the use of the program; and

(III) The practitioner or pharmacist remains responsible for:

(A) Ensuring that access to the program by the practitioner's designee is limited to the purposes authorized in Section 12-42.5-404(3)(b) or (3)(c) or that access to the program by the pharmacist's designee is limited to the purposes authorized in Section 12-42.5-404(3)(d), as the case may be, and that access to the program occurs in a manner that protects the confidentiality of the information obtained from the program; and

(B) Any negligent breach of confidentiality of information obtained from the program by the practitioner's or pharmacist's designee.

(c) A practitioner or pharmacist is subject to penalties pursuant to Section 12-42.5-406 for violating the requirements of paragraph (b) of this subsection (1.5).

(d) Any individual authorized as a designee of a practitioner or pharmacist pursuant to paragraph (b) of this subsection (1.5) shall register as a designee of a practitioner or pharmacist with the program for program data access in accordance with Section 12-42.5-404(3)(b), (3)(c), or (3)(d), as applicable, and board rules.

(2) Each practitioner and each dispensing pharmacy shall disclose to a patient receiving a controlled substance that his or her identifying prescription information will be entered into the program database and may be accessed for limited purposes by specified individuals.

(3) The board shall establish a method and format for prescription drug outlets to convey the necessary information to the board or its designee. The method must not require more than a one-time entry of data per patient per prescription by a prescription drug outlet.

(4) The division may contract with any individual or public or private agency or organization in carrying out the data collection and processing duties required by this part 4.

Back to Top ↑

Connecticut

§ 21a-317
ADC § 21a-408-2
ADC § 21a-408-38

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

§ 21a-317. Registration required

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

Regulations of Connecticut State Agencies (2014)
Title 21A. Consumer Protection
Department of Consumer Protection (2)
Palliative Use of Marijuana

Sec. 21a-408-2. Physician requirements for issuing written certifications to the department

(a) The department shall only accept written certifications from physicians for the palliative use of marijuana when the physician:

(1) Holds an active license under chapter 370 of the Connecticut General Statutes and is in good standing;

(2) Holds an active department controlled substance practitioner registration, is in good standing and is eligible to prescribe schedule II controlled substances;

(3) Holds an active federal Drug Enforcement Administration controlled substance registration, is in good standing and is eligible to prescribe schedule II controlled substances;

(4) Is registered with, and able to access, the Prescription Monitoring Program; and

(5) Is not engaged in any conduct prohibited by the Act or sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies.

(b) A physician issuing a written certification shall:

(1) Have a bona fide physician-patient relationship with the qualifying patient;

(2) Conduct an assessment and evaluation of the patient in order to develop a treatment plan for the patient, which shall include an examination of the patient and the patient's medical history, prescription history and current medical condition, including an in-person physical examination;

(3) Diagnose the patient as having a debilitating medical condition;

(4) Be of the opinion that the potential benefits of the palliative use of marijuana would likely outweigh the health risks of such use to the qualifying patient;

(5) Have prescribed, or have had a reasonable basis for determining that it is not in the best interest of the patient to prescribe, prescription drugs to address the symptoms or effects for which the written certification is being issued;

(6) Be reasonably available to provide follow-up care and treatment to the qualifying patient including, but not limited to, physical examinations, to determine the efficacy of marijuana for treating the qualifying patient's debilitating medical condition or the symptom of the debilitating medical condition for which the written certification was issued;

(7) Comply with generally accepted standards of medical practice except to the extent such standards would counsel against certifying a qualifying patient for marijuana; and

(8) Explain the potential risks and benefits of the palliative use of marijuana to the qualifying patient and, if the qualifying patient lacks legal capacity, to a parent, guardian or person having legal custody of the qualifying patient, prior to submitting the written certification.

(c) A physician shall not delegate the responsibility of diagnosing a patient or determining whether a patient should be issued a written certification. Employees under the direct supervision of the physician may assist with preparing a written certification so long as the final written certification is reviewed and approved by the physician before it is submitted to the department.

(d) If a physician provides instructions for the use of marijuana to the patient, or includes instructions as part of the written certification, the physician shall also securely transmit such instructions to the qualifying patient's designated dispensary facility.

Regulations of Connecticut State Agencies (2014)
Title 21A. Consumer Protection
Department of Consumer Protection (2)
Palliative Use of Marijuana

Sec. 21a-408-38. Rights and responsibilities of dispensaries

(a) A dispensary, in good faith, may sell and dispense marijuana to any qualifying patient or primary caregiver that is registered with the department. Except as otherwise provided by sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies, the dispensary dispensing the marijuana shall include the date of dispensing and the dispensary's signature or initials on the dispensary facility's dispensing record log.

(b) All dispensaries shall register with the department to access the prescription monitoring program.

(c) A dispensary shall review a qualifying patient's controlled substance history report within the prescription monitoring program before dispensing any marijuana to the qualifying patient or the qualifying patient's primary caregiver.

(d) A dispensary shall exercise professional judgment to determine whether to dispense marijuana to a qualifying patient or primary caregiver if the dispensary suspects that dispensing marijuana to the qualifying patient or primary caregiver may have negative health or safety consequences for the qualifying patient or the public.

(e) A dispensary may dispense a portion of a qualifying patient's one-month supply of marijuana. The dispensary may dispense the remaining portion of the one-month supply of marijuana at any time except that no qualifying patient or primary caregiver shall receive more than a one-month supply of marijuana in a one-month period.

(f) A dispensary, or dispensary technician, shall require the presentation of a registration certificate together with another valid photographic identification issued to a qualifying patient or primary caregiver, prior to selling marijuana to such qualifying patient or primary caregiver.

(g) A dispensary shall document a qualifying patient's self-assessment of the effects of marijuana in treating the qualifying patient's debilitating medical condition or the symptoms thereof. A dispensary facility shall maintain such documentation electronically for at least three years following the date the patient ceases to designate the dispensary facility and such documentation shall be made available in accordance with section 21a-408-70 of the Regulations of Connecticut State Agencies.

Back to Top ↑

Delaware
16 § 4798

West's Delaware Code Annotated (2014)
Title 16. Health and Safety
Part IV. Food and Drugs
Chapter 47. Uniform Controlled Substances Act
Subchapter VII. Miscellaneous

§ 4798. The Delaware Prescription Monitoring Program

<Text of section effective upon the availability of appropriations, or of other adequate funding to implement and maintain the Prescription Monitoring Program and upon 3-1-2014. See Historical and Statutory Notes below.>

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

Back to Top ↑

Idaho
§ 37-2726
§ 37-2716

West's Idaho Code Annotated (2014)
Title 37. Food, Drugs, and Oil
Chapter 27. Uniform Controlled Substances
Article III

§ 37-2726. Filing prescriptions--Database

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(3) The board shall require prescribers, except veterinarians, to annually register with the board to obtain online access to the controlled substances prescriptions database.

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West's Idaho Code Annotated (2014)
Title 37. Food, Drugs, and Oil
Chapter 27. Uniform Controlled Substances
Article III

§ 37-2716. Registration requirements

(a) Every person who manufactures, distributes, or dispenses any controlled substance within this state or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance within this state, must obtain annually a registration issued by the board in accordance with its rules. A copy of each registration issued shall be transmitted by the board to the director of the Idaho state police.

(b) Every prescriber, except veterinarians, must annually register with the board to obtain online access to the controlled substances prescriptions database. Such registration shall be completed upon renewal for existing controlled substance registrants and at the time of registration for first-time registrants.

(c) Persons registered by the board under this chapter to manufacture, distribute, dispense, or conduct research with controlled substances may possess, manufacture, distribute, dispense, or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this article.

(d) The following persons need not register and may lawfully possess controlled substances under this chapter:

(1) An agent or employee of any registered manufacturer, distributor, or dispenser of any controlled substance if he is acting in the usual course of his business or employment;

(2) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;

(3) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a practitioner or in lawful possession of a schedule V substance.

(e) The board may waive by rule the requirement for registration of certain manufacturers, distributors, or dispensers if it finds it consistent with the public health and safety.

(f) A separate registration is required at each principal place of business or professional practice where the applicant manufactures, distributes, or dispenses controlled substances.

(g) The board may inspect the establishment of a registrant or applicant for registration in accordance with the board rule.

Back to Top ↑

Kentucky

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

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

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

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

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

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

201 KAR 5:130. Controlled substances

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

(a) Have a current and valid DEA number;

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

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

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

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

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

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

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

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

1. History and eye examination;

2. Diagnostic, therapeutic, and laboratory results;

3. Evaluations and consultations;

4. Treatment objectives;

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

6. Treatments;

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

8. Instructions and agreements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Back to Top ↑

Maine
L.D. 1840

Sec. 2. Online applications and renewals for prescribers of controlled substances; electronic coding; access for prescribers and their delegates. The Department of Health and Human Services, Controlled Substances Prescription Monitoring Program, referred to in this section as "the program," shall update the enrollment mechanism for prescribes of controlled substances who are registering with the program or are renewing registration. The update must enable prescribers to be enrolled in the program automatically when applying for or renewing a professional license and must establish the electronic code necessary to update the program's computer system accordingly. The update must allow a federal Drug Enforcement Administration number to be entered during the online application or renewal process and must notify an applicant that in providing the federal number the applicant is automatically registered with the program. The program shall update its computer system to allow subaccount holders and delegated account holders access to the database using the online application process. The program shall update its computer system to enable licensing data to be extracted on a scheduled basis from the agency's licensing management system and securely transferred to the program in order to enroll in the program unregistered licensees who have federal Drug Enforcement Administration numbers and e-mail addresses.

Back to Top ↑

Massachusetts
94C § 7A

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

§ 7A. Registration as participant in prescription monitoring program

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

Back to Top ↑

Mississippi
ADC § 30-17-2640:1.15

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

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

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

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

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

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

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

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

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Back to Top ↑

New Hampshire
§ 318-B:33

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

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

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

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

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

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

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

(b) Prescriber's DEA number.

(c) Date of dispensing.

(d) Prescription number.

(e) Number of refills granted.

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

(g) Quantity dispensed.

(h) Number of days supply of drug.

(i) Patient's name.

(j) Patient's address.

(k) Patient's date of birth.

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

(m) Date prescription was written by prescriber.

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

(o) Source of payment for prescription.

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

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

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

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

Back to Top ↑

New Mexico

ADC 16.5.57
ADC 16.10.14
ADC 16.16.15
ADC 16.17.5
ADC 16.19.20
ADC 16.21.9

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

16.5.57. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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

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

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

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

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

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

16.10.14. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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

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

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

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

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

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Code of New Mexico Rules (2014)
Title 16. Occupational and Professional Licensing
Chapter 16. Optometric Practitioner
Part 15. Management of Pain with Controlled Substances

16.16.15. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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

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

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

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

(2) for an established patient during the continuous use of controlled substances, a PMP shall be requested a minimum of once every six months.

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Code of New Mexico Rules (2014)
Title 16. Occupational and Professional Licensing
Chapter 17. Osteopathic Medicine and Surgery Practitioners
Part 5. Prescribing and Distribution of Controlled Substances

16.17.5. PRESCRIBING AND DISTRIBUTION OF CONTROLLED SUBSTANCES

. . .

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

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

B. A health care practitioner shall, before prescribing, ordering, administering or dispensing a controlled substance listed in schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when the patient is a new patient of the practitioner.

C. Prescription monitoring reports shall be requested and reviewed a minimum of once every six months during the continuous use of opioids for each established patient. The practitioner shall

document the review of these reports.

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

16.19.20. CONTROLLED SUBSTANCES

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16.19.20.8 REGISTRATION REQUIREMENTS: Persons required to register:

A. manufacture - term includes repackagers;

B. distributors - term includes wholesale drug distributors;

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

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

E. scientific investigators or researchers;

F. analytical laboratories and chemical analysis laboratories;

G. teaching institutes;

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

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

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

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

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

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

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

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

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

16.21.9. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

. . .

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

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

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

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

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

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Back to Top ↑

Ohio

§ 4715.14 (eff. Jan. 1, 2015)
§ 4723.486 (eff. Jan. 1, 2015)
§ 4725.16 (eff. Jan. 1, 2015)
§ 4729.12 (eff. Jan. 1, 2015)
§ 4730.48 (eff. Jan. 1, 2015)
HB 483 Sec. 747.30

Baldwin's Ohio Revised Code Annotated (2014)
Title XLVII. Occupations--Professions
Chapter 4715. Dentists; Dental Hygienists
Licensing and Registration

§ 4715.14 Registration of dentists; renewal; fee; failure to register; roster

<Text of Section Effective January 1, 2015>

(A)(1) Each person who is licensed to practice dentistry in Ohio shall, on or before the first day of January of each even-numbered year, register with the state dental board. The registration shall be made on a form prescribed by the board and furnished by the secretary, shall include the licensee's name, address, license number, and such other reasonable information as the board may consider necessary, and shall include payment of a biennial registration fee of two hundred forty-five dollars. Except as provided in division (E) of this section, this fee shall be paid to the treasurer of state. Subject to division (C) of this section, a registration shall be in effect for the two-year period beginning on the first day of January of the even-numbered year and ending on the last day of December of the following odd-numbered year, and shall be renewed in accordance with the standard renewal procedure of sections 4745.01 to 4745.03 of the Revised Code.

(2)(a) Except as provided in division (A)(2)(b) of this section, in the case of a licensee seeking registration who prescribes or personally furnishes opioid analgesics or benzodiazepines, the licensee shall certify to the board whether the licensee has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(2)(a) of this section does not apply if either of the following is the case:

(i) the state board of pharmacy notifies the state dental board pursuant to section 4729.861 of the Revised Code that the licensee has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(3) If a licensee certifies to the state dental board that the licensee has been granted access to the drug database and the board finds through an audit or other means that the licensee has not been granted access, the board may take action under section 4715.30 of the Revised Code.

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Baldwin's Ohio Revised Code Annotated (2014)
Title XLVII. Occupations--Professions
Chapter 4723. Nurses
Certificates to Prescribe

§ 4723.486 Renewal of non-externship certification

<Text of Section Effective January 1, 2015>

(A) A certificate to prescribe issued under section 4723.48 of the Revised Code that is not issued as an externship certificate is valid for two years, unless otherwise provided in rules adopted under section 4723.50 of the Revised Code or earlier suspended or revoked by the board. The board of nursing shall renew certificates to prescribe according to procedures and a renewal schedule established in rules adopted under section 4723.50 of the Revised Code.

(B) Except as provided in division (C) of this section, the board may renew a certificate to prescribe if the holder submits to the board all of the following:

(1) Evidence of having completed during the previous two years at least twelve hours of continuing education in advanced pharmacology, or, if the certificate has been held for less than a full renewal period, the number of hours required by the board in rules adopted under section 4723.50 of the Revised Code;

(2) The fee required under section 4723.08 of the Revised Code for renewal of a certificate to prescribe;

(3) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.

(C)(1) Except as provided in division (C)(2) of this section, in the case of a certificate holder seeking renewal who prescribes opioid analgesics or benzodiazepines, the holder shall certify to the board whether the holder has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(2) The requirement in division (C)(1) of this section does not apply if either of the following is the case:

(a) The state board of pharmacy notifies the board of nursing pursuant to section 4729.861 of the Revised Code that the certificate holder has been restricted from obtaining further information from the database.

(b) The state board of pharmacy no longer maintains the drug database.

(3) If a certificate holder certifies to the board of nursing that the holder has been granted access to the drug database and the board finds through an audit or other means that the holder has not been granted access, the board may take action under section 4723.28 of the Revised Code.

(D) The continuing education in pharmacology required under division (B)(1) of this section must be received from an accredited institution recognized by the board. The hours of continuing education required are in addition to any other continuing education requirement that must be completed pursuant to this chapter.

Baldwin's Ohio Revised Code Annotated (2014)
Title XLVII. Occupations--Professions
Chapter 4725. Optometrists; Dispensing Opticians
Admission to Practice

§ 4725.16 Continuing professional education; annual renewal of certificates; delinquent classification; reinstatement

<Text of Section Effective January 1, 2015>

(A)(1) Each certificate of licensure, topical ocular pharmaceutical agents certificate, and therapeutic pharmaceutical agents certificate issued by the state board of optometry shall expire annually on the last day of December, and may be renewed in accordance with this section and the standard renewal procedure established under Chapter 4745. of the Revised Code.

(2) An optometrist seeking to continue to practice optometry shall file with the board an application for license renewal. The application shall be in such form and require such pertinent professional biographical data as the board may require.

(3)(a) Except as provided in division (A)(3)(b) of this section, in the case of an optometrist seeking renewal who holds a topical ocular pharmaceutical agents certificate and who prescribers or personally furnishes opioid analgesics or benzodiazepines, the optometrist shall certify to the board whether the optometrist has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(3)(a) of this section does not apply if either of the following is the case:

(i) The state board of pharmacy notifies the state board of optometry pursuant to section 4729.861 of the Revised Code that the certificate holder has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(c) If an optometrist certifies to the state board of optometry that the optometrist has been granted access to the drug database and the board finds through an audit or other means that the optometrist has not been granted access, the board may take action under section 4725.19 of the Revised Code.

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Baldwin's Ohio Revised Code Annotated (2014)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Registration of Pharmacists

§ 4729.12 Identification card; display of license; renewal; renewal after lapse

<Text of Section Effective January 1, 2015>

An identification card issued by the state board of pharmacy under section 4729.08 of the Revised Code entitles the individual to whom it is issued to practice as a pharmacist or as a pharmacy intern in this state until the next annual renewal date.

Identification cards shall be renewed annually on the fifteenth day of September, according to the standard renewal procedure of Chapter 4745. of the Revised Code.

Each pharmacist and pharmacy intern shall carry the identification card or renewal identification card while engaged in the practice of pharmacy. The license shall be conspicuously exposed at the principal place where the pharmacist or pharmacy intern practices pharmacy.

A pharmacist or pharmacy intern who desires to continue in the practice of pharmacy shall file with the board an application in such form and containing such data as the board may require for renewal of an identification card. An application filed under this section may not be withdrawn without the approval of the board. **If the board finds that the applicant's card has not been revoked or placed under suspension and that the applicant has paid the renewal fee, has continued pharmacy education in accordance with the rules of the board, has been granted access to the drug database established and maintained by the board pursuant to section 4729.75 of the Revised Code (unless the board has restricted the applicant from obtaining any further information from the database or the board no longer maintains the database), and is entitled to continue in the practice of pharmacy, the board shall issue a renewal identification card to the applicant.**

When an identification card has lapsed for more than sixty days but application is made within three years after the expiration of the card, the applicant shall be issued a renewal identification card without further examination if the applicant meets the requirements of this section and pays the fee designated under division (E) of section 4729.15 of the Revised Code.

Baldwin's Ohio Revised Code Annotated (2014)
Title XLVII. Occupations--Professions
Chapter 4730. Physician Assistants

§ 4730.48 Expiration of certificate to prescribe; application for renewal

<Text of Section Effective January 1, 2015>

(A)(1) Except in the case of a provisional certificate to prescribe, a physician assistant's certificate to prescribe expires on the same date as the physician assistant's certificate to practice as a physician assistant, as provided in section 4730.14 of the Revised Code. The certificate to prescribe may be renewed in accordance with this section.

(2) A person seeking to renew a certificate to prescribe shall, on or before the thirty-first day of January of each even-numbered year, apply for renewal of the certificate. The state medical board shall send renewal notices at least one month prior to the expiration date. The notice may be sent as part of the notice sent for renewal of the certificate to practice.

(3) Applications for renewal shall be submitted to the board on forms the board shall prescribe and furnish. An application for renewal of a certificate to prescribe may be submitted in conjunction with an application for renewal of a certificate to practice.

(4)(a) Except as provided in division (A)(4)(b) of this section, in the case of a applicant who prescribes opioid analgesics or benzodiazepines, the applicant shall certify to the board whether the applicant has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(4)(a) of this section does not apply if either of the following is the case:

(i) the state board of pharmacy notifies the state medical board pursuant to section 4729.861 of the Revised Code that the applicant has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the

applicant has not been granted access, the board may take action under section 4730.25 of the Revised Code.

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Sec. 747.30. Prescriber access to OARRS.

As used in this section, "licensed health professional authorized to prescribe drugs" means an individual who is authorized by law to prescribe drugs, dangerous drugs, or drug therapy-related devices in the course of the individual's professional practice, including only the following: a dentist licensed under Chapter 4715. of the Revised Code, an advanced practice registered nurse who holds a certificate to prescribe issued under Chapter 4723. of the Revised Code, an optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate, a physician assistant who holds a certificate to prescribe issued under Chapter 4730. of the Revised Code, and a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

Not later than January 1, 2015, each licensed health professional authorized to prescribe drugs who prescribes opioid analgesics or benzodiazepines and each pharmacist licensed under Chapter 4729. of the Revised Code shall obtain access to the drug database established and maintained by the State Board of Pharmacy pursuant to section 4729.75 of the Revised Code, unless the Board has restricted the professional or pharmacist from obtaining information from the database or the Board no longer maintains the database. Failure to comply with this section constitutes grounds for certificate or license suspension.

Back to Top ↑

Rhode Island
§ 21-28-3.32

West's General Laws of Rhode Island Annotated (2014)
Title 21. Food and Drugs
Chapter 28. Uniform Controlled Substances Act
Article III. Regulation of Manufacturing, Distributing, Prescribing, Administering, and Dispensing Controlled Substances

§ 21-28-3.32. Electronic prescription database

. . .

(l) All practitioners shall, as a condition of the initial registration or renewal of the practitioner's authority to prescribe controlled substances, register with the prescription drug monitoring database maintained by the department of health.

Back to Top ↑

Tennessee

§ 53-10-305 (eff. until Jan. 1, 2016)
§ 53-10-305 (eff. Jan. 1, 2016)

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

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

<Text of Section Effective Until Jan. 1, 2016>

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

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

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

<Text of Section Effective January 1, 2016>

(a) All prescribers with DEA numbers who prescribe controlled substances and dispensers in practice providing direct care to patients in Tennessee for more than fifteen (15) calendar days per year shall be registered in the controlled substance database. New licensees shall have up to thirty (30) calendar days after notification of licensure to register in the database. Licensed veterinarians who never prescribe a controlled substance in an amount intended to treat a non-human patient for more than forty-eight (48) hours shall

not be required to register in the database.

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Back to Top ↑

Utah
§ 58-37f-401

West's Utah Code Annotated (2014)
Title 58. Occupations and Professions
Chapter 37F. Controlled Substance Database Act
Part 4. Registration and Training

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

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

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

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

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

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

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

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

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

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

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

Back to Top ↑

Vermont
18 §4289
ADC 12-5-102:2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) query the VPMS; and

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

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

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

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

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4. Diversion Control Program

Each treatment provider must develop:

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

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

• Routine toxicology screens

• Pill call backs (for counting)

• Bubble packing of prescriptions

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

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

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Back to Top ↑

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

West's Annotated Code of Virginia (2014)
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2522.1. Requirements of Prescribers.

<Text of section effective July 1, 2015>

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

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

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

Back to Top ↑

West Virginia

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

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

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

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

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

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

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

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

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

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

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

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

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

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Back to Top ↑