Prescription Drug Monitoring Program – Bill Status Update

Research current through January 16, 2015.

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	Bills	
Bill No.	**Description**	**Status and Date of Last Action**
US HR 5587	Authorizes the Secretary of Health and Human Services to 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 the PMP in the states receiving such grants - states receiving grants shall make the information in the PMP available to state regulators and licensing boards	9/19/2014 – Referred to committee
US S 1657	- Amends grant language to require: 1) that states receiving or applying for grants shall ensure that the PMP is interoperable with the PMPs of another state and federal agencies and across appropriate state agencies, interoperable with electronic health records and e-prescribing, and provides real-time or daily information; 2) that states require practitioners to use the database, and require dispensers to enter data - Requires reporting of methadone dispensed - Creates pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and dispensing patterns through a review of PMP data	5/14/2014 – Committee hearings held
US S 2504	- Reauthorizes appropriations for the Harold Rogers grants - Requires a report from the GAO to Congress regarding the effectiveness of the Harold Rogers Prescription Drug Monitoring Program	6/19/2014 – Read twice and referred to committee
US S 2529	- Reauthorizes NASPER - Requires states to have a plan to apply the latest advances in health information technology and to have at least one health information technology system - Requires implementation of interoperability	6/25/2014 – Read twice and referred to committee
US S 2645	- Allows qualifying practitioners to obtain a waiver to treat an unlimited number of patients with buprenorphine opioid treatment if the practitioner agrees to fully participate in the state PMP - Requires a report by the GAO to the legislature including an evaluation of the use of PMPs by waived practitioners to maximize patient safety and care and prevent diversion of opioid medication	7/23/2014 – Referred to Senate committee

US S 2839	- Provides planning and implementation grants to prepare a comprehensive plan for and implement an integrated opioid abuse response initiative - States receiving the grant shall establish a comprehensive response to opioid abuse which includes a comprehensive PMP to track dispensing of Schedule II-IV substances including data sharing with other states and educating physicians, residents, medical students, and other prescribers on the PMP - Recipients of the grant shall ensure that each prescriber of Schedule II-IV controlled substances registers with the PMP and consults the PMP before prescribing a Schedule II-IV controlled substance - Recipients of the grant shall also ensure that each dispenser of Schedule II-IV controlled substances registers with the PMP, consults the PMP prior to dispensing a Schedule II-IV substance, and reports each dispensing of a Schedule II-IV substance with limited exceptions as defined by the state - Recipients of the grant shall ensure that no fewer than four times each year, the administrator of the PMP shall prepare and provide to each prescriber of Schedule II-IV substances an informational report that shows how the prescribing patterns of the prescriber compare to prescribing patterns of his/her peers and said administrator shall refer the prescriber to educational resources on appropriate prescribing if the prescriber repeatedly falls outside the expected norms - Grant recipients shall also ensure that the prescriber licensing board receives a report describing any prescribers that repeatedly fall outside the expected norms - Recipients shall require consultation with the Single State Authority for Substance Abuse - Recipients shall establish requirements for how data will be collected and analyzed to determine the effectiveness of the program - Attorney General shall give priority to states that ensures the capability of data sharing with other states; ensures that data recorded in the PMP is available within 24 hours, to the extent possible; and ensures that the PMP notifies prescribers and dispensers when overuse or misuse of a controlled substance by a patient is suspected	9/17/2014 – Read twice and referred to committee
AZ HB 2141	- Amends § 36-2604 to allow receipt of PMP information by a medical examiner	1/20/2015 –

	- Amends definition of "delegate" to include a forensic pathologist, medical death investigator, or other qualified person assigned duties in connection with a death investigation	In House committee
AZ SB 1031	- Adds new section to require health care professionals authorized to prescribe medications to check the PMP before prescribing a controlled substance to a member of the Arizona Health Care Cost Containment System (AHCCCS) with the exception of oncologists and hematologists prescribing medications to treat pain associated with cancer or progressive sickle cell disease - Also requires pharmacists to check the PMP prior to filling a controlled substance prescription for an AHCCCS member	1/12/2015 – In House committee
IA LD 1217	Requires nonresident pharmacies to submit evidence that the pharmacy has submitted an application to register with the PMP in order to obtain an Iowa nonresident pharmacy license	1/2/2015 – Prefiled
IA LD 1298	- Amends § 124.553 to require pharmacists and practitioners to obtain PMP information before prescribing or renewing a prescription for a controlled substance or filling such a prescription if s/he believes or has reason to believe that a patient is at risk of diversion, misuse, or abuse - Amends immunity provision to provide that a practitioner acting reasonably and in good faith is immune	1/2/2015 – Prefiled
KY HCR 24	House Concurrent Resolution to urge Missouri to implement a prescription drug database	1/8/2015 – In judiciary committee
MD HB 3	- Amends § 21-2A-04 to specify that regulations shall be adopted requiring a prescriber and dispenser to query the PMP before prescribing or dispensing a monitored drug to a patient - Adds new section to require a prescriber or dispenser to query the PMP prior to prescribing or dispensing a monitored drug to a patient; allows a delegate to query the program on the practitioner's behalf; provides limited circumstances when query is not required - Amends § 21-2A-08 to remove immunity from disciplinary action for certain actions - Amends § 21-2A-09 to provide that a prescriber or dispenser who violates the new section is subject to disciplinary action	1/14/2015 – First reading Health and Government Operations
MO HB 130	- Adds new sections to create PMP	1/8/2015 –

	- Requires monitoring of Schedule II-IV controlled substances - Provides for funding via grants, gifts, and donations - Requires dispensing information to be submitted every 7 days - Provides that information is confidential and not subject to public records laws - Provides for unsolicited reports to law enforcement and licensing boards - Allows receipt of PMP information by the following: in-state and out-of-state prescribers and dispensers; patients; board of pharmacy; any state board charged with regulating a professional with authority to prescribe or dispense; local, state, and federal law enforcement, both in-state and out-of-state, based on a specific case number and under a subpoena or court order; family support division of the department of social services regarding Medicaid program recipients; judge or other judicial authority under a subpoena or court order; personnel of the department for administrative and enforcement purposes - Allows provision of deidentified data - Provides immunity for pharmacists and prescribers - Provides penalties for failure to submit information, and for knowingly disclosing or using information wrongly - Requires the creation of three types of training courses - Requires the department to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and to encourage individual patients who are identified and who have become addicted to receive addiction treatment - Provides sunset provisions - Establishes a two-year pilot program for the reporting of fraudulent prescriptions	Read second time in the House
MO SB 63	- Amends § 195.050 to require all registrants who dispense controlled substances to maintain records and report the dispensing to the PMP - Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding through appropriation, gifts, grants, and donations - Requires reporting of dispensing information every 7 days	1/7/2015 – First read

	- Provides data is confidential and not subject to public records laws - Allows unsolicited reports to be sent to law enforcement or licensing boards - Allows receipt of PMP information by the following: in-state and out-of-state prescribers and dispensers; patients; board of pharmacy; any state board charged with regulating a professional that has authority to prescribe or dispense controlled substances; in-state and out-of-state local, state, and federal law enforcement or prosecutorial officials based on a specific case and under a subpoena or court order; family support division within the department of social services regarding Medicaid program recipients; judge or other judicial authority under a subpoena or court order; personnel of the department for administration and enforcement of these provisions - Allows provision of deidentified data - Provides penalties for failure to submit dispensing information, and for knowingly disclosing or using such information wrongly - Includes three types of training courses for individuals - Requires the department to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and encourage patients who are identified and who have become addicted to monitored substances to received addiction treatment	
MO SB 111	- Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding through appropriations - Allows receipt of PMP information to the following: patients; state boards charged with regulating a professional that has authority to prescribe or dispense controlled substances; local, state, and federal law enforcement or prosecutorial officials, both in-state and out-of-state, based on a specific case number and under a subpoena or court order; judge or other judicial authority with subpoena or court order; department for purposes of enforcement and administration of these provisions - Allows provision of deidentified data - Provides that dispensers are not allowed to access information in the PMP, only submit information to the PMP	1/7/2015 – First read

	- Requires dispensers to have a prominently posted sign alerting consumers that all controlled substance prescriptions shall be reported to the bureau of narcotics and dangerous drugs and screened for violations - Has requirements for dispensers regarding the dispensing of controlled substances, how long dispenser must wait before dispensing, requiring contact from the department within a certain time period before a substance may be dispensed - Requires the provision of a report to the general assembly annually - Provides penalties for wrongly disclosing or using PMP information	
MS HB 261	Amends § 73-21-127 to provide that data is not subject to disclosure and is not subject to civil subpoena, and shall not be discoverable, disclosed, or compelled to be produced in a civil proceeding, and shall not be deemed admissible as evidence in a civil proceeding for any reason	1/12/2015 – In judiciary committee
MT SB 7	Allows board to collect fees from prescribers and dispensers beyond the current July 1, 2015 sunset date and increases the maximum amount that can be collected from each individual to $30	1/20/2015 – In House human services committee
ND HB 1149	Amends § 19-03.5-09 to require that each professional board responsible for licensing individuals authorized to prescribe or dispense controlled substances adopt rules requiring individuals licensed under their jurisdiction to use the PMP	1/12/2015 – Committee hearing at 10:00
NJ SB 1998	- Amends § 45:1-45 to require the submission of information regarding the identification of an individual other than the patient who picks up a prescription - Amends § 45:1-45 to require submission of data within 7 days - Amends § 45:1-46 to allow provision of unsolicited reports to practitioners and pharmacists if a patient is suspected of diversion, misuse, or abuse and modifies terms regarding provision of unsolicited reports to law enforcement and licensing boards - Provides that pharmacists and practitioners will be registered with the PMP upon issuance or renewal of controlled dangerous substances registration - Allows receipt of PMP information to the following: pharmacists; practitioners; delegates; medical residents as authorized by a faculty member of a medical teaching facility; medical examiner; PMP in another state;	12/18/2014 – Senate amendment passed

	designated representatives of certain licensing boards; state, federal, or municipal law enforcement officer acting pursuant to a court order; grand jury with subpoena; licensed mental health practitioner providing treatment for substance abuse patients with written consent of the patient - Allows interstate sharing of PMP information - Allows provision of deidentified data - Requires the department to establish a process for patients, authorized agents, parents of a minor child, legal guardians, or legal counsel for a patient can directly request and obtain access to PMP data - Amends § 45:1-48 to provide immunity to mental health practitioners and licensed health care practitioners - Amends § 45:1-49 to include mental health practitioners and licensed health care practitioners among those subject to penalties - Provides additional penalties for wrongly obtaining or attempting to obtain PMP information; knowingly disclosing and wrongly using data - Adds new section requiring a practitioner or delegate to access the PMP on a patient the first time the practitioner or delegate prescribes a controlled substance to a patient and not less than quarterly thereafter if the patient continues to receive prescriptions for controlled dangerous substances - Requires prescriber to access the PMP if s/he has a reasonable belief that the patient may be seeking a controlled substance for a reason other than the treatment of a medical condition - Prohibits a pharmacist from dispensing a controlled substance without first checking the PMP if s/he has a reasonable belief that the patient is seeking the controlled substance for a reason other than the treatment of a medical condition - Prohibits a pharmacist from dispensing a controlled substance to a person other than the patient unless the person receiving the prescription provides personal identifying information, which information shall be submitted to the PMP - Provides exceptions to the access requirement - Adds a new section creating a pilot program to test the practicality and effectiveness of integrating the PMP with electronic health records	

	- Adds new section requiring a report to the legislature regarding an assessment of the design, implementation, requirements, and costs associated with a real time PMP	
OH HB 394	- Amends § 4715.14 to include another exception to the PMP registration requirement for dentists - Amends § 4723.486 to include another exception to the PMP registration requirement for nurses - Amends § 4725.16 to include another exception to the PMP registration requirement for optometrists - Amends § 4729.12 to require pharmacists to certify that they are registered with the PMP on the renewal application - Amends § 4729.85 regarding the preparation and presentation of reports to the legislature, the governor, and certain committees - Amends § 4729.86 to allow prescribers and pharmacists to provide PMP information the patient or the patient's personal representative and to include the information in the patient's medical record - Amends § 4730.48 to include another exception to the PMP registration requirement for physician assistants - Amends § 4731.281 to include another exception to the PMP registration requirement for physicians, osteopaths, and podiatrists - Amends § 4715.302 to include definitions for opioid analgesic and benzodiazepine - Amends § 4723.487 to include definitions for opioid analgesic and benzodiazepine - Amends § 4725.092 to remove statutory access requirement for optometrists - Amends § 4730.53 to include definitions for opioid analgesic and benzodiazepine - Amends § 4731.055 to include definitions for opioid analgesic and benzodiazepine	12/19/2014 – Signed by Governor; effective on signing
OH SB 276	- Amends § 4715.14 to include another exception to the PMP registration requirement for dentists - Amends §4723.486 to include another exception to the PMP registration requirement for nurses - Amends § 4725.16 to include another exception to the PMP registration requirement for optometrists - Amends § 4729.12 to require pharmacists to certify that they are registered with the PMP on the renewal application	12/19/2014 – Signed by Governor; effective on signing

	- Amends § 4729.85 regarding the preparation and presentation of reports to the legislature, the governor, and certain committees - Amends § 4729.86 to allow prescribers and pharmacists to provide PMP information to the patient or the patient's personal representative and to include the information in the patient's medical record - Amends § 4730.48 to include another exception to the PMP registration requirement for physician assistants - Amends § 4731.281 to include another exception to the PMP registration requirement for physicians, osteopaths, and podiatrists - Amends § 4715.302 to include definitions for opioid analgesic and benzodiazepine - Amends § 4723.487 to include definitions for opioid analgesic and benzodiazepine - Amends § 4725.092 to remove statutory access requirement for optometrists - Amends § 4730.53 to include definitions for opioid analgesic and benzodiazepine - Amends § 4731.055 to include definitions for opioid analgesic and benzodiazepine	
OK SB 140	Amends 63 § 2-309D to allow receipt of PMP information by designated employees of the Bureau	2/2/2015 – First reading
OR SB 71	Amends § 431.964 to remove data collection interval time period and provide that the time within which to report dispensing information shall be adopted by rule	1/12/2015 – Introduction and first reading; referred to President's desk
OR SB 289	Provides a repeal date for the advisory commission of June 30, 2020	1/12/2015 – Introduction and first reading; referred to President's desk
SC SB 102	Exempts licensed retail pharmacies and entities located in Canada, the United Kingdom, the Republic of Ireland, the Commonwealth of Australia, and New Zealand from the reporting requirements	1/13/2015 – Referred to committee on medical affairs
VA HB 1810	Amends § 54.1-2523 to provide that PMP data shall not be available for civil subpoena, nor shall such information be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall the information be deemed	1/13/2015 – Referred to committee for courts of justice

	admissible as evidence in any civil proceeding for any reason	
VA HB 1841	- Amends § 54.1-2522.1 to require that prescribers be registered with the PMP - Deletes requirement that there be a treatment agreement between prescriber and patient before prescriber is required to access PMP - Creates § 54.1-2522.2 to require that all dispensers be registered with the PMP and to require that dispensers check the PMP before dispensing any benzodiazepine or opiate expected to last more than 90 days - Amends § 54.1-2523 to provide additional circumstances when it's appropriate for a dispenser to receive PMP information	1/13/2015 – Referred to committee for courts of justice
VA HB 1979	Adds new section providing that if a person is arrested for a crime involving a controlled substance, where the dispensing of such substance is required to be reported to the PMP, the arresting officer must cause a PMP report to be requested to identify the prescriber and shall cause the prescriber to be notified of such arrest unless such notification would jeopardize an ongoing criminal investigation	1/13/2015 – Referred to committee for courts of justice
VA HB 2136	Amends § 54.1-2522.1 to provide that prescribers shall check the PMP at the time of initiating a new course of treatment that includes prescription of a benzodiazepine or opiate expected to last more than 30 days and at least once annually as long as such prescription remains a part of the patient's treatment	1/14/2015 – Referred to committee on health, welfare, and institutions
VA SB 817	Amends § 54.1-2523 to allow receipt of information by probation and parole officers	1/14/2015 – Assigned to education sub: health professions
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	1/23/2015 – Scheduled for public hearing in the House committee on health care and wellness at 10:00
WA SB 5027	- Amends § 70.225.040 to allow receipt of PMP information by personnel of a test site pursuant to an	1/12/2015 –

	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	First reading; referred to health care
Regulation No.	**Description**	**Status**
AL 371321 (uncodified)	Alabama Medicaid agency submitted a State Plan Amendment to expand Health Homes, one of the proposals of which is to work with PMPs to review health data on all Health Home recipients each month to improve the quality of care	8/29/2014 – Public notices
AR 374989 (ADC 016.15.4-II-E)	Allows a DHS investigator to petition for access to the PMP if the investigator demonstrates probable cause that the alleged offender has one or more prescription drugs, and the baby or the offender tested positive for prescription drugs at the time of birth of the baby	12/22/2014 – Adopted regulations; effective 2/2015
CO 380477 (3 ADC 709-1:IX)	Requires all dentists or academic dentists with a current DEA registration to register with the PMP	12/25/2014 – Notices of proposed rulemaking
CT 368305 (ADC 21a-254-2 to -6)	Propose to add nonresident pharmacies and medical practitioners to the existing groups of medical providers and pharmacies subject to the PMP regulations	8/5/2014 – Notices of intent to amend regulations
IL 361946 (77 ADC 2080.20, 50, 70, 100, 190, 210, 220 to 250)	- Requires hospitals to report any discharge or outpatient prescription exceeding a 72 hour supply to PMP within 7 days - Allows receipt of PMP information by prescribers, dispensers, and patients - Allows unsolicited or push reports to prescribers when a patient is identified as having 6 or more prescribers or 6 or more pharmacies, or both, for controlled substances within a continuous 30-day period - Allows direct access to prescribers, dispensers, hospital emergency departments, or freestanding healthcare facilities - Requires notice of any errors in reporting within 7 days after discovery of error	5/30/2014 – Proposed rules
IL 361947	- To implement the requirement that pharmacies in long-term care facilities report certain medications to the PMP - Requires submission of data by LTCF pharmacies weekly	5/30/2014 – Proposed rules

(77 ADC 2081.10 – 90)	- Includes list of medications required to be submitted	
IL 366174 (77 ADC 2080)	Rulemaking to ensure compliance with changes to the scheduling of controlled substances and exclusion of veterinarians from having to report	7/11/2014 – Regulatory agendas
IL 366175 (77 ADC 2080)	Rulemaking to include all medications dispensed by long term care pharmacies to residents in long term care facilities	7/11/2014 – Regulatory agendas
KY 367792 (902 KAR 20:430)	- Allows a behavioral health services organization to employ or have affiliation with a physician who prescribes FDA-approved drugs for the treatment of opioid addiction in adult patients, excluding methadone-based treatment - Requires that the physician document in the patient's record whether the patient is compliant with prescribed dosing as evidenced by the results of a KASPER report and drug testing	12/1/2014 – Administrative regulations as amended by promulgating agency
KY 375884 (201 KAR 9:270)	For physicians prescribing or dispensing buprenorphine-mono-product or buprenorphine combined with naloxone, must obtain and review a KASPER report immediately preceding the initial patient encounter - At least once every three months, the physician is required to obtain KASPER reports to help guide the treatment plan and, if the KASPER report indicates abnormal findings, the physician shall incorporate those findings into the clinical reasoning to support the continuation or modification of treatment	1/1/2015 – Administrative regulations amended after public hearing or receipt of written comments
LA 380099 (ADC 46:LIII.2901 and 2911)	Notice of intent to amend rules to remove tramadol as a drug of concern and revising the deadline by which pharmacies and other dispensers are required to report those transactions to the database	12/20/2014 – Notice of intent
ME 373954 (ADC 14-118 Ch. 11, § 5)	Changes data collection interval from weekly to daily	10/8/2014 – Proposals
MD 381957 (ADC 10.47.07.03 to 10.47.07.09)	- Purpose of this modification is to establish authority for the review of PMP data for indications of possible misuse or abuse of a monitored prescription drug - Amends ADC 10.47.07.03 to include different reporting fields - Amends ADC 10.47.07.04 to allow review of PMP data for indications of possible misuse or abuse	1/9/2015 – Proposed actions on regulations; comments accepted through 2/9/15

	- Amends ADC 10.47.07.05 to all a report to be sent to a prescriber or dispenser if review of the PMP data indicates possible abuse or misuse - Allows disclosure to another state's PMP for disclosure to a prescriber, dispenser, licensed health care practitioner, or a patient after information has been reviewed by technical advisory committee	
MI 375597 (ADC R418. 101008a)	- Requires that physicians seeking reimbursement for opioid treatment beyond 90 days submit a written report to the payer not later than 90 days after the initial opioid prescription fill for chronic pain and every 90 days thereafter - Report must include a review of data received from the PMP for identification of past history of narcotic use and any concurrent prescriptions - Allows providers to bill $25 to the payer for accessing the PMP	1/15/2015 – Filed with Secretary of State
MT 374785 (ARM 24.174.1704)	- Requires submission of dispensing information within eight days - Modifies zero reporting requirements	1/9/2015 – Approved by Board; pending publication by Secretary of State
NH 381657 (ADC Med 401.03)	Physicians authorized to prescribe Schedule II-IV controlled substances must register with the PMP	1/8/2015 – Notice of proposed rules
RI 376784 (ADC 31-2-6:3.0, 4.0)	- Requires that practitioners to check the PMP prior to starting any opioid for a patient the practitioner is treating for chronic pain - For patients the practitioner is maintaining on continuous opioid therapy for six months or longer, the practitioner is required to check the PMP at least every 12 months and documentation of the review shall be noted in the patient's chart - Practitioner shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump - Requires all practitioners, as a condition of their initial registration or renewal of the practitioner's authority to prescribe controlled substances, register with the PMP	11/11/2014 – Proposed rules
RI 381551 (ADC 31-2-6:3.0, 4.0)	- Amends ADC 31-2-6:3.0 to require a practitioner treating a patient for pain management to review the PMP prior to starting an opioid and shall review the PMP at least every 12 months if the patient is continued on the opioid for a period of six months or longer	1/6/2015 – Proposed rules

	- Requires practitioner to check the PMP prior to refilling or initiating therapy with an intrathecal pump - Amends ADC 31-2-6:4.0 to require all practitioners to register with the PMP	
UT 382274 (ADC R156-17b)	Amends pharmacy rule; no direct impact on PMP	1/15/2015 – Proposed rules
UT 382276 (ADC R156-37f)	- Amends definitions to include definition of "positive identification"	1/15/2015 – Proposed rules
VT 371707 (ADC 12-7-5:7502)	Requires all Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter	12/31/2014 – Adopted rules
WV 365548 (ADC 15-8-1 to -7)	- Amends definitions to include definitions of "CSMP" and "patient" - Amends access provisions for law enforcement - Amends access provisions for inspectors and agents of the Board - Allows practitioners or his/her delegate to access the PMP information of a prospective patient for the purpose of determining whether to accept the patient and provide treatment - Allows practitioner or delegate to check the PMP for information regarding a child-patient's breastfeeding mother, wet nurse, or other direct source of human breast milk when the patient is a newborn or child being fed human breast milk - Allows practitioners to keep a copy of the PMP report in the patient's file and may share the information with other providers treating the patient, or with the patient or his/her authorized guardian but such information is not subject to discovery in a civil case without a court order - Provides for unsolicited alerts to prescribers and dispensers whose patients exceed set parameters - Allows the review committee to refer information regarding practitioners who may have breached professional or occupational standards or committed a criminal act to the practitioners, their licensing board, or law enforcement	1/9/2015 – Notices of rule modification
WI 374500	Modifies definitions to allow inclusion of various temporary medical licenses (ex., camp physician license,	10/14/2014 –

(ADC Phar. 18.03)	locum tenens license, temporary physician license, etc.) in order that they might access the PMP without the necessity of becoming a delegate	Scope statements

Highlighted text indicates the bill has been enacted into law or the regulation has been adopted.
Red text indicates the legislature is no longer in session.
Blue text represents updates from the previous NAMSDL bill status update.