States that Mandate the Use of an Advisory Committee, Council, Task Force, or Working Group

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Introduction

Thirty states and D.C. currently require an advisory commission, council, task force, or working group dedicated to the operation of the state prescription monitoring program. Some of these commissions are limited in scope and duration, but all serve an important function in the operation, maintenance, and/or improvement of the prescription monitoring program.

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Alabama
§ 20-2-212

Code of Alabama (2016)
Title 20. Food, Drugs, and Cosmetics.
Chapter 2. Controlled Substances.
Article 10. . Controlled Substances Prescription Database.

§ 20-2-212. Controlled substances prescription database program; powers and duties of department; trust fund; committee membership and meetings.

The department is hereby authorized to establish, create, and maintain a controlled substances prescription database program. In order to carry out its responsibilities under this article, the department is hereby granted the following powers and authority:

(1) To adopt regulations, in accordance with the Alabama Administrative Procedure Act, governing the establishment and operation of a controlled substances prescription database program.

(2) To receive and to expend for the purposes stated in this article funds in the form of grants, donations, federal matching funds, interagency transfers, and appropriated funds designated for the development, implementation, operation, and maintenance of the controlled substances prescription database. The funds received pursuant to this subdivision shall be deposited in a new fund that is hereby established as a separate special revolving trust fund in the State Treasury to be known as the Alabama State Controlled Substance Database Trust Fund. No monies shall be withdrawn or expended from the fund for any purpose unless the monies have been appropriated by the Legislature and allocated pursuant to this article. Any monies appropriated shall be budgeted and allocated pursuant to the Budget Management Act in accordance with Article 4 (commencing with Section 41-4-80) of Chapter 4 of Title 41, and only in the amounts provided by the Legislature in the general appropriations act or other appropriations act.

(3) To enter into one or more contracts with the State Board of Pharmacy for the performance of designated operational functions for the controlled substances prescription database, including, but not limited to, the receipt, collection, input, and transmission of controlled substances prescription data and such other operational functions as the department may elect.

(4) To create a Controlled Substances Prescription Database Advisory Committee. The mission of the advisory committee is to consult with and advise the State Health Officer on matters related to the establishment, maintenance, and operation of the database, access to the database information, how access is to be regulated, and security of information contained in the database. The committee shall consist of one representative designated by each of the following organizations:

a. The Medical Association of the State of Alabama.

b. The Alabama Dental Association.

c. The Alabama Pharmacy Association.

d. The Alabama Veterinary Medicine Association.

e. The State Health Officer, or his or her designee.

f. The Alabama Hospital Association.

g. The Executive Director of the Alabama State Board of Pharmacy.

h. The Executive Director of the Board of Medical Examiners.

i. The Alabama Optometric Association.

j. One representative from each of the certifying boards established under the Alabama Uniform Controlled Substances Act.

k. The Alabama Medicaid Agency.

l. The Alabama Podiatry Association.

m. The Alabama Department of Mental Health.

(5) If a member of the Controlled Substances Prescription Database Advisory Committee is unable to attend a meeting, the organization which appointed that member may designate one of its employees or agents as a proxy. A proxy may participate in all deliberations of the committee and vote on all questions considered by the advisory committee. Designations of a proxy must be in writing, must specify by name the individual who will serve as proxy, and must specify the date of the meeting at which the proxy is authorized to serve. There must be a separate written proxy designation for each meeting at which a proxy will serve.

(6) The membership of the committee shall be inclusive and reflect the racial, gender, geographic, urban/rural and economic diversity of the state. The committee shall annually report to the Legislature by the second legislative day of each regular session the extent to which the committee has complied with the diversity provisions provided for in this subdivision.

(7) Members of the Controlled Substances Prescription Database Advisory Committee may participate in a meeting by means of conference telephone, video conference, or similar communications equipment by means of which all persons participating in the meeting

may hear each other at the same time. Participation by such means shall constitute presence in person at a meeting for all purposes, including the establishment of a quorum. Telephone or video conference or similar communications equipment shall also allow members of the public the opportunity to simultaneously listen to or observe the meetings.

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Arizona
§ 36-2603

Arizona Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 28. Controlled Substances Prescription Monitoring Program
Article 1. General Provisions

§ 36-2603. Computerized central database tracking system task force; membership

A. The board shall appoint a task force to help it administer the computerized central database tracking system. The chairperson of the board shall chair the task force. The task force shall include the following members:

1. Pharmacists, medical practitioners and other licensed health care providers.

2. Representatives of professional societies and associations for pharmacists, medical practitioners and other licensed health care providers.

3. Representatives of professional licensing boards.

4. Representatives of the Arizona health care cost containment system administration.

5. Representatives of state and federal agencies that have an interest in the control of controlled substances.

6. Criminal prosecutors.

B. The task force shall meet to establish the procedures and conditions relating to the release of prescription information pursuant to § 36-2604. The task force shall meet at least once each year and at the call of the chairperson.

C. Task force members serve at the pleasure of the board and are not eligible to receive compensation or reimbursement of expenses.

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Arkansas
§ 20-7-605
ADC 007.07.4-V

West's Arkansas Code Annotated (2016)
Title 20. Public Health and Welfare
Subtitle 2. Health and Safety (Chapters 6 to 44)
Chapter 7. State Board of Health--Department of Health
Subchapter 6. Prescription Drug Monitoring Program Act

§ 20-7-605. Prescription Drug Monitoring Program Advisory Committee--Creation--Members

(a) The Prescription Drug Monitoring Program Advisory Committee shall be created by the State Board of Health upon the Department of Health procuring adequate funding to establish the program.

(b) The mission of the advisory committee is to consult with and advise the Department of Health on matters related to the establishment, maintenance, operation, and evaluation of the prescription drug monitoring program.

(c) The committee shall consist of:

(1) One (1) representative designated by each of the following organizations:

(A) The Arkansas Academy of Physician Assistants;

(B) The Arkansas Association of Chiefs of Police;

(C) The Arkansas Drug Director;

(D) The Arkansas Medical Society;

(E) The Arkansas Nurses Association;

(F) The Arkansas Optometric Association;

(G) The Arkansas Osteopathic Medical Association;

(H) The Arkansas Pharmacists Association;

(I) The Arkansas Podiatric Medical Association;

(J) The Arkansas Prosecuting Attorneys Association;

(K) The Arkansas Sheriffs Association;

(L) The Arkansas State Dental Association;

(M) The Arkansas Veterinary Medical Association;

(N) The State Board of Health;

(O) The Arkansas Public Defender's Commission; and

(P) A mental health provider or certified drug and alcohol counselor; and

(2) One (1) consumer appointed by the Governor.

West's Arkansas Administrative Code (2016)
Title 007. Department of Health
Division 07. Pharmacy Services
Rule 4. Regulations Pertaining to Prescription Drug Monitoring Program

007.07.4-V. Prescription Drug Monitoring Program Advisory Committee

(a) The State Board of Health shall create the Prescription Drug Monitoring Program Advisory Committee upon the Department of Health's procuring adequate funding to establish the Prescription Drug Monitoring Program.

(b) The mission of the advisory committee is to consult with and advise the Department of Health on matters related to the establishment, maintenance, operation, and evaluation of the Prescription Drug Monitoring Program.

(c) The committee shall consist of:

(1) One (1) representative designated by each of the following organizations:

(A) The Arkansas Academy of Physician Assistants;

(B) The Arkansas Association of Chiefs of Police;

(C) The Arkansas Drug Director;

(D) The Arkansas Medical Society;

(E) The Arkansas Nurses Association;

(F) The Arkansas Optometric Association;

(G) The Arkansas Osteopathic Medical Association;

(H) The Arkansas Pharmacists Association;

(I) The Arkansas Podiatric Medical Association;

(J) The Arkansas Prosecuting Attorneys Association;

(K) The Arkansas Sheriffs Association;

(L) The Arkansas State Dental Association;

(M) The Arkansas Veterinary Medical Association;

(N) The State Board of Health;

(O) The Arkansas Public Defender Commission; and

(P) A mental health provider or certified drug and alcohol counselor; and

(2) One (1) consumer appointed by the Governor.

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Colorado
§ 12-42.5-408.5

West's Colorado Revised Statutes Annotated (2016)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-408.5. Examination and analysis of prescription drug monitoring program--recommendations to executive director

(1) The executive director of the department of regulatory agencies shall create a prescription drug monitoring program task force or consult with and request assistance from the Colorado team assembled by the governor's office to develop a strategic plan to reduce prescription drug abuse, or its successor group, in order to:

(a) Examine issues, opportunities, and weaknesses of the program, including how personal information is secured in the program and whether inclusion of personal identifying information in the program and access to that information is necessary; and

(b) Make recommendations to the executive director on ways to make the program a more effective tool for practitioners and pharmacists in order to reduce prescription drug abuse in this state.

(2) If the executive director convenes a task force or obtains assistance from the Colorado team, the applicable group shall submit annual reports to the executive director and the general assembly detailing its findings and recommendations. Notwithstanding section 24-1-136(11), C.R.S., the requirement in this section to report to the general assembly continues indefinitely.

(3) If the executive director convenes a task force, the members of the task force serve on a voluntary basis and are not entitled to compensation or expense reimbursement.

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Connecticut
§ 21a-254a

Connecticut General Statutes Annotated (2016)
Title 21A. Consumer Protection
Chapter 420B. Dependency-Producing Drugs
Part I. General Provisions

§ 21a-254a. Appointment of prescription drug monitoring working group. Membership

The Commissioner of Consumer Protection shall appoint a prescription drug monitoring working group for the purpose of advising the commissioner on the implementation of the electronic prescription drug monitoring program established pursuant to section 21a-254, including the adoption of regulations by the commissioner. Such advice shall include, but not be limited to, recommendations on how to effectively use the data collected pursuant to such program to detect fraud while protecting the legitimate use of controlled substances. The working group shall include, but not be limited to: (1) A physician, licensed pursuant to chapter 370, specializing in internal medicine; (2) a board certified oncologist; (3) a person licensed to perform advanced level nursing practice activities pursuant to subsection (b) of section 20-87a; (4) a representative from an acute care hospital licensed pursuant to chapter 368v; (5) a state police officer appointed in accordance with section 29-4; (6) a municipal police chief; (7) a representative from the Division of Criminal Justice; (8) a representative from a hospice licensed by the Department of Public Health or certified pursuant to 42 USC 1395x; (9) a pain management specialist, as defined in section 38a-492i; (10) a pharmacist licensed pursuant to section 20-590, 20-591 or 20-592; and (11) a representative from the Department of Mental Health and Addiction Services.

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District of Columbia
§ 48-853.02
17 DCMR § 10316

West's District of Columbia Code Annotated 2001 Edition (2016)
Division VIII. General Laws.
Title 48. Foods and Drugs.
Subtitle II. Prescription Drugs.
Chapter 8G. Prescription Drug Monitoring Program.

§ 48-853.02. Program establishment; Director's authority.

(a) There is established the Prescription Drug Monitoring Program within the Department. The Program shall:

(1) Establish, maintain, and administer an electronic system to monitor the dispensing of covered substances;

(2) Provide dispensers with a basic file layout to enable electronic transmission of the information required under this chapter; and

(3) Establish and maintain a process for verifying the credentials of and authorizing the use of prescription information by those individuals and agencies listed in § 48-853.05(b) and (c).

(b) The Director may contract with another District agency or a private vendor as may be necessary for the implementation and maintenance of the Program. Any such contractor shall be bound to comply with the provisions regarding confidentiality of data in this chapter and shall be subject to the penalties specified in this chapter.

(c) The Director shall also establish a multi-discipline advisory committee, which shall function under the Department to assist in the implementation and evaluation of the Program.

West's District of Columbia Municipal Regulations (2016)
Title 17. Business, Occupations, and Professionals
Chapter 103. Prescription Drug Monitoring Program

10316. The PDMP Advisory Committee.

10316.1 The PDMP Advisory Committee ("Committee") shall consist of seven (7) members, three (3) of which shall be ex officio members. The Director of the Department of Health ("Director") shall appoint the remaining four (4) members, who may be from the public or

private sectors, who may serve without residency restrictions, and who shall represent multiple disciplines and stakeholders in the area of prescription drug abuse. Membership of the Committee shall be as follows:

(a) The Director, or his or her subordinate designee, who shall serve as chairperson;

(b) The Executive Director for the Board of Medicine or his or her subordinate designee;

(c) The Executive Director for the Board of Pharmacy or his or her subordinate designee; and

(d) Four (4) members who shall represent multiple disciplines and stakeholders in the area of prescription drug abuse, and include representation from the medical and pharmacy practices, the Metropolitan Police Department, and a consumer member.

10316.2 All actions of the Committee shall be taken pursuant to a vote of a majority of the members of the Committee. A majority of the appointed members shall constitute a quorum.

10316.3 The chairperson shall only vote in cases of a tie among Committee members.

10316.4 Each appointed member of the Committee shall serve at the pleasure of the Director. Public members of the Committee shall serve a maximum term of nine (9) years from the date of appointment.

10316.5 Members of the Committee shall not be compensated for time expended in performing Committee duties.

10316.6 The Committee shall convene at least two (2) times per year to advise the Director:

(a) On the implementation and evaluation of the Program;

(b) On the establishment of criteria for indicators of possible misuse or abuse of covered substances;

(c) On standardization of the methodology that should be used for analysis and interpretation of prescription monitoring data;

(d) In determining the most efficient and effective manner in which to disclose the findings to proactively inform prescribers regarding the indications of possible abuse or misuse of covered substances;

(e) On identifying drugs of concern that demonstrate a potential for abuse and that should be monitored; and

(f) Regarding the design and implementation of educational courses for:

(1) Persons who are authorized to access the prescription monitoring information;

(2) Persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached professional standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the Program;

(3) Prescribers on prescribing practices, pharmacology, and identifying, treating, and referring patients addicted to or abusing controlled substances or drugs monitored by the Program; and

(4) The public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the Program.

10316.7 The Committee shall keep minutes of all its meetings.

10316.8 Pursuant to Section 2(b) of the Open Meetings Act, effective March 31, 2011 (D.C. Law 18-350; D.C. Official Code § 2-575(b)), and for the purposes set forth therein, the Committee may also meet in closed session.

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Georgia
§ 16-13-61

West's Code of Georgia Annotated (2016)
Title 16. Crimes and Offenses
Chapter 13. Controlled Substances
Article 2. Regulation of Controlled Substances
Part 2. Controlled Substances Prescription Monitoring

§ 16-13-61. Electronic Database Review Advisory Committee; establishment; membership

(a) There is established an Electronic Database Review Advisory Committee for the purposes of consulting with and advising the agency on matters related to the establishment, maintenance, and operation of how prescriptions are electronically reviewed pursuant to this part. This shall include, but shall not be limited to, data collection, regulation of access to data, evaluation of data to identify benefits and outcomes of the reviews, communication to prescribers and dispensers as to the intent of the reviews and how to use the data base, and security of data collected.

(b) The advisory committee shall consist of ten members as follows:

(1) A representative from the agency;

(2) A representative from the Georgia Composite Medical Board;

(3) A representative from the Georgia Board of Dentistry;

(4) A representative with expertise in personal privacy matters, appointed by the president of the State Bar of Georgia;

(5) A representative from a specialty profession that deals in addictive medicine, appointed by the Georgia Composite Medical Board;

(6) A pain management specialist, appointed by the Georgia Composite Medical Board;

(7) An oncologist, appointed by the Georgia Composite Medical Board;

(8) A representative from a hospice or hospice organization, appointed by the Georgia Composite Medical Board;

(9) A representative from the State Board of Optometry; and

(10) The consumer member appointed by the Governor to the State Board of Pharmacy pursuant to subsection (b) of Code Section 26-4-21.

(c) Each member of the advisory committee shall serve a three-year term or until the appointment and qualification of such member's successor.

(d) The advisory committee shall elect a chairperson and vice chairperson from among its membership to serve a term of one year. The vice chairperson shall serve as the chairperson at times when the chairperson is absent.

(e) The advisory committee shall meet at the call of the chairperson or upon request by at least three of the members and shall meet at least one time per year. Five members of the committee shall constitute a quorum.

(f) The members shall receive no compensation or reimbursement of expenses from the state for their services as members of the advisory committee.

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Illinois
720 § 570/320
77 ADC 2080.20

West's Smith-Hurd Illinois Compiled Statutes Annotated (2016)
Chapter 720. Criminal Offenses
Offenses Against the Public
Act 570. Illinois Controlled Substances Act
Article III. Registration and Control of Manufacture, Distribution and Dispensing

570/320. Advisory committee

§ 320. Advisory committee.

(a) There is created a Prescription Monitoring Program Advisory Committee to assist the Department of Human Services in implementing the Prescription Monitoring Program created by this Article and to advise the Department on the professional performance of prescribers and dispensers and other matters germane to the advisory committee's field of competence.

(b) The Clinical Director of the Prescription Monitoring Program shall appoint members to serve on the advisory committee. The advisory committee shall be composed of prescribers and dispensers as follows: 4 physicians licensed to practice medicine in all its branches; one advanced practice nurse; one physician assistant; one optometrist; one dentist; one podiatric physician; and 3 pharmacists. The Clinical Director of the Prescription Monitoring Program may appoint a representative of an organization representing a profession required to be appointed. The Clinical Director of the Prescription Monitoring Program shall serve as the chair of the committee.

(c) The advisory committee may appoint its other officers as it deems appropriate.

(d) The members of the advisory committee shall receive no compensation for their services as members of the advisory committee but may be reimbursed for their actual expenses incurred in serving on the advisory committee.

(e) The advisory committee shall:

(1) provide a uniform approach to reviewing this Act in order to determine whether changes should be recommended to the General Assembly;

(2) review current drug schedules in order to manage changes to the administrative rules pertaining to the utilization of this Act;

(3) review the following: current clinical guidelines developed by health care professional organizations on the prescribing of opioids or other controlled substances; accredited continuing education programs related to prescribing and dispensing; programs or information developed by health care professional organizations that may be used to assess patients or help ensure compliance with prescriptions; updates from the Food and Drug Administration, the Centers for Disease Control and Prevention, and other public and private organizations which are relevant to prescribing and dispensing; relevant medical studies; and other publications which involve the prescription of controlled substances;

(4) make recommendations for inclusion of these materials or other studies which may be effective resources for prescribers and dispensers on the Internet website of the inquiry system established under Section 318;

(5) on at least a quarterly basis, review the content of the Internet website of the inquiry system established pursuant to Section 318 to ensure this Internet website has the most current available information;

(6) on at least a quarterly basis, review opportunities for federal grants and other forms of funding to support projects which will increase the number of pilot programs which integrate the inquiry system with electronic health records; and

(7) on at least a quarterly basis, review communication to be sent to all registered users of the inquiry system established pursuant to Section 318, including recommendations for relevant accredited continuing education and information regarding prescribing and dispensing.

(f) The Clinical Director of the Prescription Monitoring Program shall select 5 members, 3 physicians and 2 pharmacists, of the Prescription Monitoring Program Advisory Committee to serve as members of the peer review subcommittee. The purpose of the peer review subcommittee is to advise the Program on matters germane to the advisory committee's field of competence, establish a formal peer review of professional performance of prescribers and dispensers, and develop communications to transmit to prescribers and dispensers. The deliberations, information, and communications of the peer review subcommittee are privileged and confidential and shall not be disclosed in any manner except in accordance with current law.

(1) The peer review subcommittee shall periodically review the data contained within the prescription monitoring program to identify those prescribers or dispensers who may be prescribing or dispensing outside the currently accepted standards in the course of their professional practice.

(2) The peer review subcommittee may identify prescribers or dispensers who may be prescribing outside the currently accepted medical standards in the course of their professional practice and send the identified prescriber or dispenser a request for information regarding their prescribing or dispensing practices. This request for

information shall be sent via certified mail, return receipt requested. A prescriber or dispenser shall have 30 days to respond to the request for information.

(3) The peer review subcommittee shall refer a prescriber or a dispenser to the Department of Financial and Professional Regulation in the following situations:

(i) if a prescriber or dispenser does not respond to three successive requests for information;

(ii) in the opinion of a majority of members of the peer review subcommittee, the prescriber or dispenser does not have a satisfactory explanation for the practices identified by the peer review subcommittee in its request for information; or

(iii) following communications with the peer review subcommittee, the prescriber or dispenser does not sufficiently rectify the practices identified in the request for information in the opinion of a majority of the members of the peer review subcommittee.

(4) The Department of Financial and Professional Regulation may initiate an investigation and discipline in accordance with current laws and rules for any prescriber or dispenser referred by the peer review subcommittee.

(5) The peer review subcommittee shall prepare an annual report starting on July 1, 2017. This report shall contain the following information: the number of times the peer review subcommittee was convened; the number of prescribers or dispensers who were reviewed by the peer review committee; the number of requests for information sent out by the peer review subcommittee; and the number of prescribers or dispensers referred to the Department of Financial and Professional Regulation. The annual report shall be delivered electronically to the Department and to the General Assembly. The report prepared by the peer review subcommittee shall not identify any prescriber, dispenser, or patient.

West's Illinois Administrative Code (2016)
Title 77. Public Health
Chapter X(4). Department of Human Services
Subchapter E. Controlled Substances Activities
Part 2080. Electronic Prescription Monitoring Program

2080.20. Incorporation by Reference and Definitions.

No incorporations by reference in this Part include any later amendments or editions. The definitions that apply to this Part are those found in the Act.

. . .

"Prescription Monitoring Program Advisory Committee" or "PMPAC" means a committee consisting of licensed healthcare providers representing all professions that are licensed to prescribe or dispense controlled substances. The committee serves in a consultant context regarding longitudinal evaluations of compliance with evidence based clinical practice and controlled substances. The committee makes recommendations regarding scheduling of controlled substances and recommendations concerning continuing education designed to improve the health and safety of the citizens of Illinois regarding pharmacotherapies of controlled substances.

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Indiana
§ 35-48-7-17

West's Annotated Indiana Code (2016)
Title 35. Criminal Law and Procedure
Article 48. Controlled Substances
Chapter 7. Central Repository for Controlled Substances Data

§ 35-48-7-2.5. INSPECT oversight committee; establishment; members; duties; member terms

Sec. 17.(a) The INSPECT oversight committee is established.

(b) The committee consists of the following members:

(1) The president of the board or the president's designee, who shall serve as the chairperson of the committee.

(2) The commissioner of the state department of health or the commissioner's designee.

(3) The superintendent of the state police department or the superintendent's designee.

(4) The attorney general or the attorney general's designee.

(5) Two (2) lay members who are authorized users of the INSPECT program appointed by the president pro tempore of the senate, not more than one (1) of whom may be affiliated with the same political party.

(6) Two (2) lay members who are authorized users of the INSPECT program appointed by the speaker of the house of representatives, not more than one (1) of whom may be affiliated with the same political party.

(c) The committee shall provide recommendations to the board concerning the implementation of policies, standards, and rules that promote the effective operation of the program.

(d) The committee shall meet:

(1) at least once each calendar year; and

(2) at the call of the chairperson.

(e) Except as provided in subsection (f), the term of a member of the committee appointed under this section is four (4) years. The term of a member of the committee expires July 1, but a member may continue to serve on the committee until a successor is appointed.

(f) The initial terms for the members appointed under this section are as follows:

(1) One (1) member appointed under subsection (b)(5) has a term of four (4) years.

(2) One (1) member appointed under subsection (b)(6) has a term of three (3) years.

(3) One (1) member appointed under subsection (b)(5) has a term of two (2) years.

(4) One (1) member appointed under subsection (b)(6) has a term of one (1) year.

This subsection expires July 1, 2019.

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Iowa
§ 124.555

Iowa Code Annotated (2016)
Title IV. Public Health
Subtitle 1. Alcoholic Beverages and Controlled Substances
Chapter 124. Controlled Substances
Division VI. Drug Prescribing and Dispensing--Information Program

§ 124.555. Advisory council established

An advisory council shall be established to provide oversight to the board and the program and to comanage program activities. The board and advisory council shall jointly adopt rules specifying the duties and activities of the advisory council and related matters.

1. The council shall consist of eight members appointed by the governor. The members shall include three licensed pharmacists, four physicians licensed under chapter 148, and one licensed prescribing practitioner who is not a physician. The governor shall solicit recommendations for council members from Iowa health professional licensing boards, associations, and societies. The license of each member appointed to and serving on the advisory council shall be current and in good standing with the professional's licensing board.

2. The council shall advance the goals of the program, which include identification of misuse and diversion of controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g", and enhancement of the quality of health care delivery in this state.

3. Duties of the council shall include but not be limited to the following:

a. Ensuring the confidentiality of the patient, prescribing practitioner, and dispensing pharmacist and pharmacy.

b. Respecting and preserving the integrity of the patient's treatment relationship with the patient's health care providers.

c. Encouraging and facilitating cooperative efforts among health care practitioners and other interested and knowledgeable persons in developing best practices for prescribing and dispensing controlled substances and in educating health care practitioners and patients regarding controlled substance use and abuse.

d. Making recommendations regarding the continued benefits of maintaining the program in relationship to cost and other burdens to the patient, prescribing practitioner,

pharmacist, and the board. The council's recommendations shall be included in reports required by section 124.554, subsection 2.

e. One physician and one pharmacist member of the council shall include in their duties the responsibility for monitoring and ensuring that patient confidentiality, best interests, and civil liberties are at all times protected and preserved during the existence of the program.

4. Members of the advisory council shall be eligible to request and receive actual expenses for their duties as members of the advisory council, subject to reimbursement limits imposed by the department of administrative services, and shall also be eligible to receive a per diem compensation as provided in section 7E.6, subsection 1.

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Kansas
§ 65-1689
§ 65-1690
§ 65-1691

West's Kansas Statutes Annotated (2016)
Chapter 65. Public Health
Article 16. Regulation of Pharmacists

§ 65-1689. Same; advisory committee created; members; terms

(a) There is hereby created the prescription monitoring program advisory committee which, subject to the oversight of the board, shall be responsible for the operation of the prescription monitoring program. The advisory committee shall consist of at least nine members appointed by the board as follows:

(1) Two licensed physicians, one nominated by the Kansas medical society and one nominated by the Kansas association of osteopathic medicine;

(2) two licensed pharmacists nominated by the Kansas pharmacists association;

(3) one person representing the Kansas bureau of investigation nominated by the attorney general;

(4) one person representing the university of Kansas school of medicine nominated by the dean of such school;

(5) one person representing the university of Kansas school of pharmacy nominated by the dean of such school;

(6) one licensed dentist nominated by the Kansas dental association; and

(7) one person representing the Kansas hospital association nominated by such association. The board may also appoint other persons authorized to prescribe or dispense scheduled substances and drugs of concern, recognized experts and representatives from law enforcement.

(b) The appointments to the advisory committee shall be for terms of three years.

(c) The advisory committee shall elect a chairperson from among its members who shall serve a one-year term. The chairperson may serve consecutive terms.

(d) The advisory committee, in accordance with K.S.A. 75-4319, and amendments thereto, may recess for a closed or executive meeting when it is considering matters relating to identifiable patients or providers.

(e) Upon the expiration of the term of office of any member of the advisory committee on or after the effective date of this act, and in any case of a vacancy existing on or after the effective date of this act, a successor shall be appointed by the board pursuant to this section.

(f) All members of the advisory committee shall serve without compensation.

West's Kansas Statutes Annotated (2016)
Chapter 65. Public Health
Article 16. Regulation of Pharmacists

§ 65-1690. Same; advisory committee in cooperation with other entities

(a) The prescription monitoring program advisory committee shall work with each entity charged with administrative oversight of those persons engaged in the prescribing or dispensing of scheduled substances and drugs of concern to develop a continuing education program for such persons about the purposes and uses of the prescription monitoring program.

(b) The advisory committee shall work with the Kansas bar association to develop a continuing education program for attorneys about the purposes and uses of the prescription monitoring program.

(c) The advisory committee shall work with the Kansas bureau of investigation to develop a continuing education program for law enforcement officers about the purposes and uses of the prescription monitoring program.

West's Kansas Statutes Annotated (2016)
Chapter 65. Public Health
Article 16. Regulation of Pharmacists

§ 65-1691. Same; board consultation with advisory committee; annual report

In consultation with and upon recommendation of the prescription monitoring program advisory committee, the board shall review the effectiveness of the prescription monitoring program and submit an annual report to the senate standing committee on public health and welfare and the house standing committee on health and human services.

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Kentucky
Executive Order

Executive Order of the Governor to create an Advisory Council for the Kentucky All Schedule Prescription Electronic Reporting System dated 10/14/2011

WHEREAS, abuse, misuse, diversion and illegal sale of prescription drugs are some of the largest threats facing the safety and welfare of the citizens of Kentucky; and

WHEREAS, the Kentucky All Schedule Prescription Electronic Reporting System (KASPER) tracks reported controlled substance prescriptions dispensed within the state; and

WHEREAS, KASPER is a reporting system designed to be a source of information for practitioners and pharmacists, as well as an investigative tool for law enforcement; and

WHEREAS, the reporting component of KASPER was originally designed as a paper and fax based system, but in 2005 was converted to a Web-based version of KASPER to provide real time access to the data; and

WHEREAS, Kentucky was at the forefront in the development of prescription drug tracking system, creating a model that has been followed by other states; and

WHEREAS, it is of paramount importance to the safety and welfare of the citizens of Kentucky that the KASPER program continues to be a leading edge tool to assist health care practitioners, licensure agencies and law enforcement in the fight against prescription drug abuse and diversion:

NOW THEREFORE, I, Steven L. Beshear, Governor of the Commonwealth of Kentucky, by virtue of the authority vested in me by KRS 12.029, do hereby Order and Direct the following:

1. There is hereby created and established the KASPER Advisory Council, (hereinafter referred to as "the Council"), which shall provide advice, guidance and recommendations to the agencies charged with responsibility under KRS Chapter 218A to monitor the prescribing and dispensing of controlled substances.

2. The Council shall consist of eleven (11) members appointed by the Governor as follows:

a. Four (4) physicians – one general practitioner, one specialist in pain medicine, one oncologist, and one psychiatrist – to be appointed from lists provided by the Kentucky Board of Medical Licensure containing the names of three retired or active physicians for each of the four areas of practice;

b. One (1) advanced practice registered nurse to be appointed from a list provided by the Kentucky Board of Nursing containing the names of three retired or active Advanced Practice Registered Nurses;

c. One (1) substance abuse and mental health professional to be appointed from a list of three (3) retired or active practitioners provided by the Cabinet for Health and Family Services;

d. One (1) community mental health center representative to be appointed from a list of three (3) provided by the Cabinet for Health and Family Services;

e. Three (3) pharmacists to be appointed from a list provided by the Kentucky Board of Pharmacy containing the names of three active or retired pharmacists from each of the following general geographic areas in Kentucky:1) the area west of Interstate 65; 2) the area east of Interstate 75; and 3) the area between Interstates 65 and 75.

f. One (1) dentist to be appointed from a list of three (3) retired or active dentists provided by the Kentucky Board of Dentistry.

The lists of recommendations for appointment to the council shall be delivered to the Governor no later than October 24, 2011.

3. Members of the Council shall be appointed initially to staggered terms and thereafter to four (4) year terms. The Governor also shall appoint one (1) member to serve as Chair and one (1) member to serve as Vice Chair.

4. The duties of the Council shall include, but not be limited to, developing recommendations for guidelines that will enable the KASPER program to focus on potential problem areas and proactively generate information useful to the particular prescriber and dispenser licensing boards to assist the boards in expanding their enforcement activities of identifying and eliminating drug abuse, misuse, diversion and illegal prescription and sale of prescription drugs by their respective licensees.

5. The Council shall work in cooperation with the affected professional licensing boards of practitioners and pharmacists, law enforcement, substance abuse and mental health treatment professionals and other stakeholders. One (1) representative of the following shall serve as ex officio, non-voting members of the Council: Office of Attorney General, Kentucky Board of Medical Licensure, Kentucky Board of Pharmacists, Kentucky Board of Nursing, Kentucky State Police, Kentucky Office of Drug Control Policy, Kentucky Medical Association, Kentucky Coalition of Nurse Practitioners and Nurse Midwives, Kentucky Osteopathic Association, Kentucky Pharmacy Association, Kentucky Hospital Association, and the Kentucky Poison Control Collaborative.
6. The Council shall meet at regular intervals, and no less than quarterly for the first year of its existence, and at the call of the Chair.

7. Support staff, facilities, and resources for the meetings of the Council shall be provided as directed by the Secretary of the Cabinet for Health and Family Services.

8. Members of the Council shall serve at the pleasure of the Governor, without compensation, but shall be reimbursed for actual expenses incurred in the connection with the discharge of their official duties.

9. All cabinets, departments, commissions, boards, agencies, and officers of the state, or any political subdivision thereof, are hereby authorized and directed to cooperate with the Council in implementing the provisions of this Order.

10. This Executive Order shall be effective immediately upon its signing and shall remain in full force and effect until amended or rescinded by subsequent Executive Order.

Received and filed in the Secretary of State's Office on October 14, 2011.

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Louisiana
§ 40:1005
ADC Title 46, Part LIII, § 2909

West's Louisiana Statutes Annotated (2016)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1005. Advisory council

A. The advisory council shall consist of the following members, each of whom may appoint a designee:

(1) The president of the Louisiana State Board of Medical Examiners.

(2) The president of the Louisiana State Board of Dentistry.

(3) The president of the Louisiana State Board of Nursing.

(4) The president of the Louisiana State Board of Optometry Examiners.

(5) Repealed by Acts 2013, No. 27, § 2, eff. May 23, 2013.

(6) The president of the Louisiana Academy of Physicians Assistants.

(7) The president of the Louisiana Board of Pharmacy.

(8) The superintendent of the Louisiana State Police.

(9) The administrator of the United States Drug Enforcement Administration.

(10) The speaker of the Louisiana House of Representatives.

(11) The president of the Louisiana Senate.

(12) The chairman of the House Committee on Health and Welfare.

(13) The chairman of the Senate Committee on Health and Welfare.

(14) The secretary of the Department of Health and Hospitals.

(15) The president of the Louisiana State Medical Society.

(16) The president of the Louisiana Dental Association.

(17) The president of the Louisiana Association of Nurse Practitioners.

(18) The president of the Optometry Association of Louisiana.

(19) The president of the Louisiana Pharmacists Association.

(20) The president of the Louisiana Independent Pharmacies Association.

(21) The president of the National Association of Chain Drug Stores.

(22) The president of the Louisiana Sheriffs' Association.

(23) The president of the Louisiana District Attorneys Association.

(24) The president of the Pharmaceutical Research and Manufacturers of America.

(25) The president of the Louisiana Academy of Medical Psychologists.

(26) Repealed by Acts 2013, No. 27, § 2, eff. May 23, 2013.

B. The members of the advisory council shall serve at the pleasure of their respective appointing authorities, eleven of whom shall constitute a quorum for the transaction of all business. The members shall elect a chairman and vice chairman whose duties shall be established by the advisory council. The board shall fix a time and place for regular meetings of the advisory council, which shall meet at least quarterly. The advisory council shall establish policies and procedures necessary to carry out its duties.

C. The board shall seek, and the advisory council shall provide, information and advice regarding the development and operation of the electronic monitoring system, including but not limited to the following:

(1) Which controlled substances should be monitored.

(2) Which drugs of concern demonstrate a potential for abuse and should be monitored.

(3) Design and implementation of educational courses identified in R.S. 40:1008.

(4) The methodology to be used for analysis and interpretation of prescription monitoring information.

(5) Design and implementation of a program evaluation component.

(6) Identification of potential additional members to the advisory council.

Louisiana Administrative Code (2016)
Title 46. Professional and Occupational Standards
Part LIII. Pharmacists
Chapter 29. Prescription Monitoring Program
Subchapter A. General Operations

§ 2909. Advisory Council

A. The advisory council shall consist of the following members, each of whom may appoint a designee:

1. the president of the Louisiana State Board of Medical Examiners;

2. the president of the Louisiana State Board of Dentistry;

3. the president of the Louisiana State Board of Nursing;

4. the president of the Louisiana State Board of Optometry Examiners;

5. The president of the Louisiana State Board of Veterinary Medicine;

6. the president of the Louisiana Academy of Physician Assistants;

7. the president of the Louisiana Board of Pharmacy;

8. the superintendent of the Louisiana State Police;

9. the administrator of the United States Drug Enforcement Administration;

10. the speaker of the Louisiana House of Representatives;

11. the president of the Louisiana Senate;

12. the chairman of the House Committee on Health and Welfare;

13. the chairman of the Senate Committee on Health and Welfare;

14. the secretary of the Department of Health and Hospitals;

15. the President of the Louisiana State Medical Society;

16. the President of the Louisiana Dental Association;

17. the president of the Louisiana Association of Nurse Practitioners;

18. the president of the Optometry Association of Louisiana;

19. the president of the Louisiana Pharmacists Association;

20. the president of the Louisiana Independent Pharmacies Association;

21. the president of the National Association of Chain Drug Stores;

22. the president of the Louisiana Sheriffs' Association;

23. the president of the Louisiana District Attorneys Association;

24. the president of the Pharmaceutical Research and Manufacturers of America;

25. the president of the Louisiana Academy of Medical Psychologists;

26. the president of the Louisiana Veterinary Medical Association.

B. The members of the advisory council shall serve at the pleasure of their respective appointing authorities, 11 of whom shall constitute a quorum for the transaction of business. The members shall elect a chairman and vice chairman whose duties shall be established by the advisory council. The board shall fix a time and place for regular meetings of the advisory council, which shall meet at least quarterly. The advisory council shall establish policies and procedures necessary to carry out its duties.

C. The board shall seek, and the advisory council shall provide, information and advice regarding the development and operation of the electronic monitoring system, including but not limited to the following:

1. which controlled substances should be monitored;

2. which drugs of concern demonstrate a potential for abuse and should be monitored;

3. design and implementation of educational courses identified in R.S. 40:1008;

4. the methodology to be used for analysis and interpretation of prescription monitoring information;

5. design and implementation of a program evaluation component;

6. identification of potential additional members to the advisory council.

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Maine

Per the Maine prescription monitoring program administrator, Maine has an advisory committee which meets twice per year.

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Maryland
Health-General § 21-2A-05 (eff. until September 30, 2016)
Health-General § 21-2A-05 (eff. October 1, 2016)
Health-General § 21-2A-07 (eff. until September 30, 2016)
Health-General § 21-2A-07 (eff. October 1, 2016)
ADC 10.47.07.05

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics)
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-05. Advisory Board on Prescription Drug Monitoring

<Text of Section Effective Until September 30, 2016>

In general

(a) There is an Advisory Board on Prescription Drug Monitoring in the Department.

Board members

(b) The Board shall consist of the following members:

(1) The Secretary, or the Secretary's designee;

(2) The President of the Maryland Board of Pharmacy, or the President's designee;

(3) The Chair of the Maryland Board of Physicians, or the Chair's designee;

(4) The President of the Maryland Board of Nursing, or the President's designee;

(5) The Chairman of the Maryland Health Care Commission, or the Chairman's designee;

(6) Four physicians and one nurse practitioner with expertise in clinical treatment using controlled dangerous substances, including pain management, substance abuse, and behavioral disorders, appointed by the Secretary after consultation with:

(i) For the physician appointments, the Medical and Chirurgical Faculty of Maryland, the Maryland Physical Medicine and Rehabilitation Society, the Maryland Society of Anesthesiologists, the Maryland-D.C. Society of Clinical Oncology, the Hospice and Palliative Care Network of Maryland, and the Maryland Chapter of the American Academy of Pediatrics; and

(ii) For the nurse practitioner appointment, the Maryland Nurses Association;
(7) One pediatrician, appointed by the Secretary after consultation with the Maryland Chapter of the American Academy of Pediatrics;

(8) Three pharmacists who represent the perspective of independent and chain pharmacies, appointed by the Secretary after consultation with the Maryland Pharmacists Association, the Maryland Association of Chain Drug Stores, and any other appropriate organization;

(9) A local law enforcement official, appointed by the Secretary after consultation with the Maryland Chiefs of Police Association and the Maryland Sheriff's Association; and

(10) Two Maryland residents who represent the perspective of patients, appointed by the Secretary.

Chair

(c) The Secretary shall designate the chair of the Board.

Term and vacancies

(d)(1) The term of a member appointed by the Secretary is 3 years.

(2) The terms of members appointed by the Secretary are staggered as required by the terms provided for members of the Board on October 1, 2011.

(3) If a vacancy occurs during the term of an appointed member, the Secretary shall appoint a successor who shall serve until the term expires.

Compensation and reimbursement for expenses

(e) A member of the Board:

(1) May not receive compensation as a member of the Board; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

Meetings and recommendations to Secretary

(f) The Board shall:

(1) Meet not fewer than three times annually;

(2) Make recommendations to the Secretary relating to the design and implementation of the Program, including recommendations relating to:

(i) Regulations;

(ii) Legislation; and

(iii) Sources of funding, including grant funds under the Harold Rogers Prescription Drug Monitoring Program and other sources of federal, private, or State funds;

(3) Provide annually to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly a report that includes:

(I) The number of prescribers registered with and using the Program;

(II) The number of dispensers registered with and using the Program;

(III) The number of disclosures made to federal law enforcement agencies or State or local law enforcement agencies;

(IV) An analysis of the impact of the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State; and

(V) Any recommendations related to modification or continuation of the Program; and

(4) Provide ongoing advice and consultation on the implementation and operation of the Program, including recommendations relating to:

(i) Changes in the Program to reflect advances in technology and best practices in the field of electronic health records and electronic prescription monitoring;

(ii) Changes to statutory requirements; and

(iii) The design and implementation of an ongoing evaluation component of the Program.

Consultation with stakeholders and professionals

(g) The Secretary and the Board shall consult with stakeholders and professionals knowledgeable about prescription drug monitoring programs as appropriate to obtain input and guidance about implementation of the Program.

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-05. Advisory Board on Prescription Drug Monitoring

<Text of Section Effective October 1, 2016>

In general

(a) There is an Advisory Board on Prescription Drug Monitoring in the Department.

Board members

(b) The Board shall consist of the following members:

(1) The Secretary, or the Secretary's designee;

(2) The President of the Maryland Board of Pharmacy, or the President's designee;

(3) The Chair of the Maryland Board of Physicians, or the Chair's designee;

(4) The President of the Maryland Board of Nursing, or the President's designee;

(5) The Chairman of the Maryland Health Care Commission, or the Chairman's designee;

(6) Four physicians and one nurse practitioner with expertise in clinical treatment using controlled dangerous substances, including pain management, substance abuse, and behavioral disorders, appointed by the Secretary after consultation with:

(i) For the physician appointments, the Medical and Chirurgical Faculty of Maryland, the Maryland Physical Medicine and Rehabilitation Society, the Maryland Society of Anesthesiologists, the Maryland-D.C. Society of Clinical Oncology, the Hospice and Palliative Care Network of Maryland, and the Maryland Chapter of the American Academy of Pediatrics; and

(ii) For the nurse practitioner appointment, the Maryland Nurses Association;

(7) One pediatrician, appointed by the Secretary after consultation with the Maryland Chapter of the American Academy of Pediatrics;

(8) Three pharmacists who represent the perspective of independent and chain pharmacies, appointed by the Secretary after consultation with the Maryland Pharmacists Association, the Maryland Association of Chain Drug Stores, and any other appropriate organization;

(9) A local law enforcement official, appointed by the Secretary after consultation with the Maryland Chiefs of Police Association and the Maryland Sheriff's Association; and

(10) Two Maryland residents who represent the perspective of patients, appointed by the Secretary.

Chair

(c) The Secretary shall designate the chair of the Board.

Term and vacancies

(d)(1) The term of a member appointed by the Secretary is 3 years.

(2) The terms of members appointed by the Secretary are staggered as required by the terms provided for members of the Board on October 1, 2011.

(3) If a vacancy occurs during the term of an appointed member, the Secretary shall appoint a successor who shall serve until the term expires.

Compensation and reimbursement for expenses

(e) A member of the Board:

(1) May not receive compensation as a member of the Board; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

Meetings and recommendations to Secretary

(f) The Board shall:

(1) Meet not fewer than three times annually;

(2) Make recommendations to the Secretary relating to the design and implementation of the Program, including recommendations relating to:

(i) Regulations;

(ii) Legislation; and

(iii) Sources of funding, including grant funds under the Harold Rogers Prescription Drug Monitoring Program and other sources of federal, private, or State funds;

(3) Provide annually to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly a report that includes:

(i) The number of prescribers and prescriber delegates registered with and using the Program;

(ii) The number of pharmacists and pharmacist delegates registered with and using the Program;

(iii) The number of disclosures made to federal law enforcement agencies or State or local law enforcement agencies;

(iv) An analysis of the impact of the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State; and

(v) Any recommendations related to modification or continuation of the Program; and

(4) Provide ongoing advice and consultation on the implementation and operation of the Program, including recommendations relating to:

(i) Changes in the Program to reflect advances in technology and best practices in the field of electronic health records and electronic prescription monitoring;

(ii) Changes to statutory requirements; and

(iii) The design and implementation of an ongoing evaluation component of the Program.

Consultation with stakeholders and professionals

(g) The Secretary and the Board shall consult with stakeholders and professionals knowledgeable about prescription drug monitoring programs as appropriate to obtain input and guidance about implementation of the Program.

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2A. Prescription Drug Monitoring Program

§ 21-2A-07. Technical advisory committee

<Text of Section Effective Until September 30, 2016>

In general

(a) There is a technical advisory committee to the Program.

Purpose of committee

(b) The purpose of the technical advisory committee is to:

(1) Review requests for information from the Program under § 21-2A-06(b)(3), (5), (6), (8) and (9) of this subtitle; and

(2) Provide clinical guidance and interpretation to the Program regarding indications of possible misuse or abuse of a monitored prescription drug under § 21-2A-06(c)(2) of this subtitle.

Committee members

(c) The technical advisory committee consists of the following members, appointed by the Secretary:

(1) A board certified anesthesiologist licensed and practicing in the State, nominated by the Maryland Society of Anesthesiologists;

(2) A certified addiction medicine specialist licensed and practicing in the State, nominated by the Maryland Society for Addiction Medicine;

(3) A pharmacist licensed and practicing in the State;

(4) A medical professional, licensed and practicing in the State, who is treating cancer patients; and

(5) A board certified physician specializing in the treatment of patients with pain, licensed and practicing in the State, nominated by the Maryland Society of Physical Medicine and Rehabilitation.

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-07. Technical advisory committee

<Text of Section Effective October 1, 2016>

In general

(a) There is a technical advisory committee to the Program.

Purpose of committee

(b) The purpose of the technical advisory committee is to:

(1) Review requests for information from the Program under § 21-2A-06(b)(3), (4), (5), (6), (8), or (9) of this subtitle; and

(2) Provide clinical guidance and interpretation to the Program regarding indications of possible misuse or abuse of a monitored prescription drug or a possible violation of law or a possible breach of professional standards by a prescriber or a dispenser under § 21-2A-06(c) and (d) of this subtitle.

Committee members

(c) The technical advisory committee consists of members appointed by the Secretary, including:

(1) A board certified anesthesiologist licensed and practicing in the State, nominated by the Maryland Society of Anesthesiologists;

(2) A certified addiction medicine specialist licensed and practicing in the State, nominated by the Maryland Society for Addiction Medicine;

(3) A pharmacist licensed and practicing in the State;

(4) A medical professional, licensed and practicing in the State, who is treating cancer patients;

(5) A board certified physician specializing in the treatment of patients with pain, licensed and practicing in the State, nominated by the Maryland Society of Physical Medicine and Rehabilitation;

(6) Two medical professionals, licensed and practicing in the State with expertise or experience in providing care for patients with substance-related or mental health disorders;

(7) A dentist licensed and practicing in the State; and

(8) A medical professional licensed and practicing in the State in the field of internal medicine or family practice.

Code of Maryland Regulations (2016)
Title 10. Department of Health and Mental Hygiene
Subtitle 47. Alcohol and Drug Abuse Administration
Chapter 07. Prescription Drug Monitoring Program

.05 Disclosure of Prescription Monitoring Program Data

. . .

J. Technical Advisory Committee Review.

(1) Before the Program discloses prescription monitoring data under §§C-E, G, and H of this regulation, the Technical Advisory Committee shall:

(a) Review the request for disclosure; and

(b) Within 10 business days of submission of the request to the Technical Advisory Committee for review, submit to the Program, in written form, clinical guidance and interpretation of the prescription monitoring data requested to:

(i) Assist the Secretary's decision on how to respond to a judicial subpoena, administrative subpoena, or other request; and

(ii) Be made available for use by the recipient of prescription monitoring data should the request for disclosure be authorized.

(2) Notwithstanding §J(1) of this regulation, the Program may disclose prescription monitoring data to the authorized administrator of another state's prescription drug monitoring program for disclosure to a prescriber, a dispenser, a licensed health care practitioner authorized by a prescriber or a dispenser, or a patient in a manner consistent with §§B(1)-(4) and F of this regulation.

(3) Before the Program discloses prescription monitoring data to a prescriber or dispenser under §B(5) of this regulation, the Technical Advisory Committee shall:

(a) Review any prescription monitoring data upon which the Program's report to a prescriber or dispenser is based; and

(b) Within 10 business days of submission of the data to the Technical Advisory Committee for review, submit to the Program:

(i) Clinical guidance regarding indications of possible misuse or abuse; and

(ii) Interpretation of the prescription monitoring data that indicates possible misuse or abuse.

(4) If the Technical Advisory Committee has not provided clinical guidance and interpretation in accordance with §J(1) or (3) of this regulation within 10 business days of submission of the request or data to the Technical Advisory Committee for review, the Department may:

(a) Proceed as if the Technical Advisory Committee does not have clinical guidance or interpretation to provide regarding the request or data at issue; and

(b) Respond to the original request for disclosure under §§C-E, G, and H of this regulation, or report potential misuse or abuse of a monitored prescription drug to a prescriber or dispenser under §B(5) of this regulation.

(5) The Department shall establish procedures, which may include but not be limited to secure electronic messaging, for the timely disclosure of prescription monitoring data to the Technical Advisory Committee and the receipt of responses from the Technical Advisory Committee to ensure that the review process is conducted with all possible expediency.

(6) For all purposes, including but not limited to confidentiality, security, redisclosure, and admissibility as evidence, the reports of the Technical Advisory Committee shall be considered as one and the same with the prescription monitoring data upon which the Committee's reports are based.

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Code of Massachusetts Regulations (2016)
Title 105: Department of Public Health
Chapter 700.000: Implementation of M.g.l. C. 94C

700.012: Prescription Monitoring Program

. . .

(B) Prescription Monitoring Program Advisory Council.

(1) The Commissioner of the Department of Public Health may establish a Prescription Monitoring Program Advisory Council to advise the Department on the implementation of 105 CMR 700.012. The membership of the Advisory Council may include, but need not be limited to, representatives of the Department of Public Health; Executive Office of Health and Human Services; Executive Office of Public Safety; Boards of Registration responsible for licensing professionals authorized to prescribe or dispense controlled substances, including the Boards of Registration in Medicine, Pharmacy, Dentistry, Podiatry, Veterinary Medicine, Optometry, Nursing and Physician Assistants; representatives of associations or societies representing professions authorized to prescribe or dispense controlled substances, patient interests, privacy interests; and a person with expertise in the design or operation of a secure automated data system.

(2) The Prescription Monitoring Program Advisory Council may assist the Department and Boards of Registration, as appropriate, in designing education programs for the appropriate use of prescription monitoring program information.

(C) Prescription Monitoring Program Medical Review Group.

(1) The Commissioner may establish the Prescription Monitoring Program Medical Review Group to advise the Department on accepted medical practice standards related to the disclosure of information pursuant to subsection 105 CMR 700.012(D)(4)(b). The Medical Review Group shall advise the Department in the evaluation of prescription information and clinical aspects of the implementation of 105 CMR 700.012.

(2) Members of the Medical Review Group shall be licensed health care practitioners and pharmacists and, to the extent feasible, at least one member shall be licensed in the same discipline as the practitioner whose records are under review. Practitioners serving on the

Medical Review Group must have a valid Controlled Substances Registration for Schedules II through VI pursuant to M.G.L. c. 94C, § 7.

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Michigan
§ 333.7112
§ 333.7113

Michigan Compiled Laws Annotated (2016)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 71. General Provisions

§ 333.7112. Advisory commission; per diem, terms, vacancies, meetings, reports

Sec. 7112. (1) Members of the controlled substances advisory commission shall receive per diem compensation as established annually by the legislature and shall be reimbursed for expenses incurred pursuant to section 1216.

(2) The members of the controlled substances advisory commission shall serve for terms of 2 years. An individual shall not serve more than 2 terms and a partial term, consecutive or otherwise. A vacancy shall be filled for the balance of the unexpired term in the same manner as the original appointment.

(3) The controlled substances advisory commission shall meet at least once each 3 months and shall report on its activities and make recommendations as described in section 7113 to the administrator, the governor, and the legislature at least annually.

Michigan Compiled Laws Annotated (2016)
Chapter 333. Health
Public Health Code
Article 7. Controlled Substances
Part 71. General Provisions

§ 333.7113. Advisory commission; powers and duties

Sec. 7113. (1) The controlled substances advisory commission shall monitor indicators of controlled substance abuse and diversion. If that data shows that Michigan exceeds the average national per capita consumption of a controlled substance, the controlled substances advisory commission shall investigate and determine if there is a legitimate reason for the excess consumption. If the controlled substances advisory commission determines there is not a legitimate reason for the excess consumption, the controlled substances advisory commission shall recommend to the administrator a plan of action to overcome the problem. The controlled substances advisory commission may also

recommend action to the administrator if other indicators show that a special problem is developing with any controlled substance available by prescription.

(2) The controlled substances advisory commission shall publicly issue an annual report to the administrator, the governor, and the legislature on the current status of the abuse and diversion of controlled substances in this state. The report shall also identify existing efforts to overcome the abuse and diversion of controlled substances in this state and make recommendations for needed legislative, administrative, and interagency activities.

(3) The controlled substances advisory commission may include in the report required by subsection (2) recommendations for action that involve licensing, law enforcement, substance abuse treatment and prevention, education, professional associations, pharmaceutical manufacturers, and other relevant individuals and agencies.

(4) By December 31, 1993, the department of commerce, in consultation with the Michigan pharmacists association, shall establish a standardized data base format consistent with the standards of the national council for prescription drug programs that may be used by dispensing pharmacies or a practitioner described in section 7334(2) to transmit the prescription-related information required under section 7334 to the department of commerce electronically or on storage media including, but not limited to, disks, tapes, and cassettes. The controlled substances advisory commission shall approve or revise the standardized data base format within 3 months after the department of commerce establishes the format. Upon commission approval or revision, the department of commerce shall implement transmission of information under the format and prescription-related information required under section 7334 may be transmitted to the department of commerce electronically or on storage media.

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Minnesota
§ 152.126 (eff. until July 31, 2016)
§ 152.126 (eff. August 1, 2016)

Minnesota Statutes Annotated (2016)
Health (Ch. 144-159)
Chapter 152. Drugs; Controlled Substances
Prescriptions

§ 152.126. Prescription monitoring program.

<Text of Section Effective July 31, 2016>

. . .

Subd. 3. Prescription Monitoring Program Advisory Task Force. (a) The board shall appoint an advisory task force consisting of at least one representative of:

(1) the Department of Health;

(2) the Department of Human Services;

(3) each health-related licensing board that licenses prescribers;

(4) a professional medical association, which may include an association of pain management and chemical dependency specialists;

(5) a professional pharmacy association;

(6) a professional nursing association;

(7) a professional dental association;

(8) a consumer privacy or security advocate;

(9) a consumer or patient rights organization; and

(10) an association of medical examiners and coroners.

(b) The advisory task force shall advise the board on the development and operation of the prescription monitoring program, including, but not limited to:

(1) technical standards for electronic prescription drug reporting;

(2) proper analysis and interpretation of prescription monitoring data;

(3) an evaluation process for the program; and

(4) criteria for the unsolicited provision of prescription monitoring data by the board to prescribers and dispensers.

(c) The task force is governed by section 15.059. Notwithstanding section 15.059, subdivision 5, the task force shall not expire.

. . .

Minnesota Statutes Annotated (2016)
Health (Ch. 144-159)
Chapter 152. Drugs; Controlled Substances
Prescriptions

§ 152.126. Prescription monitoring program

<Text of Section Effective August 1, 2016>

. . .

Subd. 3. Prescription Monitoring Program Advisory Task Force. (a) The board shall appoint an advisory task force consisting of at least one representative of:
(1) the Department of Health;

(2) the Department of Human Services;

(3) each health-related licensing board that licenses prescribers;

(4) a professional medical association, which may include an association of pain management and chemical dependency specialists;

(5) a professional pharmacy association;

(6) a professional nursing association;

(7) a professional dental association;

(8) a consumer privacy or security advocate;

(9) a consumer or patient rights organization; and

(10) an association of medical examiners and coroners.

(b) The advisory task force shall advise the board on the development and operation of the prescription monitoring program, including, but not limited to:

(1) technical standards for electronic prescription drug reporting;

(2) proper analysis and interpretation of prescription monitoring data;

(3) an evaluation process for the program; and

(4) criteria for the unsolicited provision of prescription monitoring data by the board to prescribers and dispensers.

(c) The task force is governed by section 15.059. Notwithstanding any other provisions of law to the contrary, the task force shall not expire.

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Montana
§ 37-7-1510

West's Montana Code Annotated (2015)
Title 37. Professions and Occupations
Chapter 7. Pharmacy
Part 15. Prescription Drug Registry

§ 37-7-1510. Prescription drug registry--advisory group

(1) The board shall establish an advisory group to provide information and advice about the development and operation of the registry, including but not limited to information on:

(a) the criteria for reporting information from the registry to prescribers and pharmacists;

(b) the design and implementation of educational courses about the registry;

(c) standards for evaluating the effectiveness of the registry; and

(d) administrative rules for establishing and maintaining the registry.

(2) The advisory group consists of but is not limited to representatives of:

(a) health care licensing boards that oversee health care providers who have authority to prescribe or dispense drugs;

(b) associations that represent health care professionals who have authority to prescribe or dispense drugs;

(c) associations that advocate for patients;

(d) entities involved in tribal health services or issues; and

(e) the department of justice provided for in 2-15-2001.

(3) The advisory group may identify other individuals for appointment to the group.

(4) The board shall establish rules for the conduct of advisory group business.

(5) The advisory group may not receive or access confidential health care information contained in the registry.

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Nevada
§ 453.1545

West's Nevada Revised Statutes Annotated (2015)
Title 40. Public Health and Safety (Chapters 439-461A)
Chapter 453. Controlled Substances
Uniform Controlled Substances Act
General Provisions

§ 453.1545. Board and Division required to develop computerized program to track prescriptions for controlled substances and course of training for persons who access program; Board required to provide certain practitioners Internet access to database of program; reporting of illegal activity; agreements with state agency to receive or exchange information obtained by program; confidentiality of information obtained from program; immunity from liability for practitioner who transmits certain required information and reports; gifts, grants and donations

1. The Board and the Division shall cooperatively develop a computerized program to track each prescription for a controlled substance listed in schedule II, III or IV that is filled by a pharmacy that is registered with the Board or that is dispensed by a practitioner who is registered with the Board. The program must:

. . .

(b) Be administered by the Board, the Investigation Division, the Division of Public and Behavioral Health of the Department and various practitioners, representatives of professional associations for practitioners, representatives of occupational licensing boards and prosecuting attorneys selected by the Board and the Investigation Division.

. . .

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New Hampshire
§ 318-B:38

Revised Statutes Annotated of the State of New Hampshire (2016)
Title XXX. Occupations and Professions
Chapter 318-B. Controlled Drug Act
Controlled Drug Prescription Health and Safety Program

§ 318-B:38 Advisory Council Established.

I. There is hereby established an advisory council to assist the board in carrying out its duties under this subdivision. The members of the council shall be as follows:

(a) A representative of the board of medicine, appointed by such board.

(b) A representative of the pharmacy board, appointed by such board.

(c) A representative of the board of dental examiners, appointed by such board.

(d) A representative of the New Hampshire board of nursing, appointed by such board.

(e) A representative of the board of veterinary medicine, appointed by such board.

(f) The attorney general, or designee.

(g) The commissioner of the department of health and human services, or designee.

(h) A representative of the New Hampshire Medical Society, appointed by the society.

(i) A representative of the New Hampshire Dental Society, appointed by the society.

(j) A representative of the New Hampshire Association of Chiefs of Police, appointed by the association.

(k) A representative of a retail pharmacy, appointed jointly by the New Hampshire Pharmacists Association, the New Hampshire Independent Pharmacy Association, and the New Hampshire Association of Chain Drug Stores.

(l) Two public members appointed by the governor's commission on alcohol and drug abuse prevention, treatment, and recovery, one of whom may be a member of the commission.

(m) A representative of the New Hampshire Hospital Association, appointed by the association.

II. The council shall:

(a) Develop criteria for reviewing the prescribing and dispensing information collected.

(b) Develop criteria for reporting matters to the applicable health care regulatory board for further investigation.

(c) Develop criteria for notifying practitioners who are engaged in obtaining controlled substances from multiple prescribers or dispensers.

(d) Collect information on the outcomes and impact of the program including: satisfaction of users of the program, impact on prescribing patterns, impact on referrals to regulatory boards, and other relevant measures.

(e) Assist the board in meeting its responsibilities in RSA 318-B:32, I to implement and operate the program.

(f) Assist the board in adopting and revising the rules under RSA 541-A to implement the program.

III. The council may meet as often as necessary to effectuate its goals. The first meeting shall be called by the representative of the pharmacy board within 45 days of the effective date of this subdivision. At the first meeting, a chairman shall be elected by the members.

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New York
Public Health Law §3309-a

McKinney's Consolidated Laws of New York Annotated (2016)
Public Health Law
Chapter 45. Of the Consolidated Laws
Article 33. Controlled Substances
Title I. General Provisions

§ 3309-a. Prescription pain medication awareness program

1. There is hereby established within the department a prescription pain medication awareness program to educate the public and health care practitioners about the risks associated with prescribing and taking controlled substance pain medications.

2. Within the amounts appropriated, the commissioner, in consultation with the commissioner of the office of alcoholism and substance abuse services, shall:

(a) Develop and conduct a public health education media campaign designed to alert youth, parents and the general population about the risks associated with prescription pain medications and the need to properly dispose of any unused medication. In developing this campaign, the commissioner shall consult with and use information provided by the work group established pursuant to subdivision (b) of this section and other relevant professional organizations. The campaign shall include an internet website providing information for parents, children and health care professionals on the risks associated with taking opioids and resources available to those needing assistance with prescription pain medication addiction. Such website shall also provide information regarding where individuals may properly dispose of controlled substances in their community and include active links to further information and resources. The campaign shall begin no later than September first, two thousand twelve.

(b) Establish a work group, no later than June first, two thousand twelve, which shall be composed of experts in the fields of palliative and chronic care pain management and addiction medicine. Members of the work group shall receive no compensation for their services, but shall be allowed actual and necessary expenses in the performance of their duties pursuant to this section. The work group shall:

(i) Report to the commissioner regarding the development of recommendations and model courses for continuing medical education, refresher courses and other training materials for licensed health care professionals on appropriate use of prescription pain medication. Such recommendations, model courses and other training materials shall be submitted to the commissioner, who shall make such information available for the use in medical education, residency programs, fellowship programs, and for use in continuing medication education programs no later than January first, two thousand thirteen. Such recommendations also shall

include recommendations on: (A) educational and continuing medical education requirements for practitioners appropriate to address prescription pain medication awareness among health care professionals; (B) continuing education requirements for pharmacists related to prescription pain medication awareness; and (C) continuing education in palliative care as it relates to pain management, for which purpose the work group shall consult the New York state palliative care education and training council;

(ii) No later than January first, two thousand thirteen, provide outreach and assistance to health care professional organizations to encourage and facilitate continuing medical education training programs for their members regarding appropriate prescribing practices for the best patient care and the risks associated with overprescribing and underprescribing pain medication;

(iii) Provide information to the commissioner for use in the development and continued update of the public awareness campaign, including information, resources, and active web links that should be included on the website; and

(iv) Consider other issues deemed relevant by the commissioner, including how to protect and promote the access of patients with a legitimate need for controlled substances, particularly medications needed for pain management by oncology patients, and whether and how to encourage or require the use or substitution of opioid drugs that employ tamper-resistance technology as a mechanism for reducing abuse and diversion of opioid drugs.

3. On or before September first, two thousand twelve, the commissioner, in consultation with the commissioner of the office of alcoholism and substance abuse services, the commissioner of education, and the executive secretary of the state board of pharmacy, shall add to the workgroup such additional members as appropriate so that the workgroup may provide guidance in furtherance of the implementation of the I-STOP act. For such purposes, the workgroup shall include but not be limited to consumer advisory organizations, health care practitioners and providers, oncologists, addiction treatment providers, practitioners with experience in pain management, pharmacists and pharmacies, and representatives of law enforcement agencies.

4. The commissioner shall report to the governor, the temporary president of the senate and the speaker of the assembly no later than March first, two thousand thirteen, and annually thereafter, on the work group's findings. The report shall include information on opioid overdose deaths, emergency room utilization for the treatment of opioid overdose, the utilization of pre-hospital addiction services and recommendations to reduce opioid addiction and the consequences thereof. The report shall also include a recommendation as to whether subdivision two of section thirty-three hundred forty-three-a of this article should be amended to require practitioners prescribing or dispensing certain identified schedule V controlled substances to comply with the consultation requirements of such subdivision.

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North Carolina

Per the North Carolina prescription monitoring program administrator, North Carolina has an active advisory committee.

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West's North Dakota Century Code Annotated (2015)
Title 19. Foods, Drugs, Oils, and Compounds
Chapter 19-03.5. Prescription Drug Monitoring Program

§ 19-03.5-07. Advisory council

1. An advisory council is established to advise and make recommendations to the board regarding how to best use the program to improve patient care and foster the goal of reducing misuse, abuse, and diversion of controlled substances; to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances; and to provide advice and recommendations to the board regarding any other matters as requested by the board. The advisory council may have access to central repository information to fulfill its duties.

2. The advisory council must consist of:

a. One dispenser selected by the board;

b. One physician selected by the North Dakota medical association;

c. One prescriber selected by the board of nursing;

d. A designee of the attorney general;

e. A designee of the department of human services;

f. One prescriber selected by the North Dakota board of medicine;

g. One prescriber selected by the North Dakota nurses association; and

h. Any other prescriber or dispenser determined by the board to be necessary to meet a mandate of, or avoid a delay in implementing, an appropriations measure. The number of additional members selected by the board must be limited to the number necessary to meet the mandate or avoid the delay of an appropriation.

3. The advisory council shall make recommendations to the board regarding:

a. Safeguards for the release of information to individuals who have access to the information contained in the central repository;

b. The confidentiality of program information and the integrity of the patient's relationship with the patient's health care provider;

c. Advancing the purposes of the program, including enhancement of the quality of health care delivery in this state; and

d. The continued benefits of maintaining the program in relationship to the cost and other burdens to the state.

4. The board may provide reimbursement of expenses and per diem to members of the advisory council within the limits provided in state law.

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Oregon
§ 431A.890
§ 431A.895

West's Oregon Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 431A. Public Health Programs and Activities
Prescription Monitoring Program
(Commission)

§ 431A.890. Prescription Monitoring Program Advisory Commission; purposes; membership appointments

(1) The Prescription Monitoring Program Advisory Commission is created for the purposes of:

(a) Studying issues related to the prescription monitoring program established under ORS 431.962;

(b) Reviewing the program's annual report and making recommendations to the Oregon Health Authority regarding the operation of the program; and

(c) Developing criteria used to evaluate program data.

(2) The commission shall consist of 11 members appointed by the authority as follows:

(a) A person nominated by the Pain Management Commission;

(b) A person who dispenses controlled substances nominated by an association representing pharmacists;

(c) A practicing dentist nominated by an association representing dentists;

(d) A practicing physician nominated by an association representing physicians;

(e) A practicing doctor of osteopathy nominated by an association representing osteopathic physicians and surgeons;

(f) A nurse authorized to prescribe controlled substances nominated by an association representing nurses;

(g) A practicing naturopathic physician nominated by an association representing naturopathic physicians;

(h) A practicing optometrist, nominated by an association representing optometrists;

(i) A representative of the authority with expertise in administering addiction services; and

(j) Two members of the public, one of whom must be an expert in information technology.

West's Oregon Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 431A. Public Health Programs and Activities
Prescription Monitoring Program
(Commission)

§ 431A.895. Prescription Monitoring Program Advisory Commission; terms of office; vacancies in office

(1) The term of office of each member of the Prescription Monitoring Program Advisory Commission is four years, but a member serves at the pleasure of the Oregon Health Authority. Before the expiration of the term of a member, the authority shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the authority shall make an appointment to become immediately effective.

(2) The commission shall elect one of its members to serve as chairperson.

(3) The commission shall meet at least once annually at a time and place specified by the chairperson of the commission. The commission may meet at other times and places specified by the call of the chairperson or of a majority of the members of the commission.

(4) The commission may adopt rules necessary for the operation of the commission.

(5) A majority of the members of the commission constitutes a quorum for the transaction of business.

(6) Official action by the commission requires the approval of a majority of the members of the commission.

(7) The authority shall provide staff support to the commission.

(8) Members of the commission are not entitled to compensation, but may be reimbursed for actual and necessary travel and other expenses incurred by them in the performance of their official duties in the manner and amounts provided for in ORS 292.495. Claims for

expenses incurred in performing functions of the commission shall be paid out of funds appropriated to the authority for that purpose.

(9) All agencies of state government, as defined in ORS 174.111, are directed to assist the commission in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the commission consider necessary to perform their duties.

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Pennsylvania
35 § 872.4
35 § 872.5

Purdon's Pennsylvania Statutes and Consolidated Statutes (2016)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program (Abc-Map) Act

§ 872.4. ABC-MAP Board

(a) Creation.--The ABC-MAP Board is created in the Department of Health.

(b) Board composition.--The board shall consist of the following individuals or their designees:

(1) The Secretary of Health, who shall serve as chairperson.

(2) The Secretary of Human Services.

(3) The Secretary of Drug and Alcohol Programs.

(4) The Secretary of State.

(5) The Insurance Commissioner.

(6) The Secretary of Aging.

(7) The Commissioner of the Pennsylvania State Police.

(8) The Attorney General.

(9) The Physician General, if the Secretary of Health is not a physician.

(c) Term limits.--Each member of the board shall serve for the duration of their elected or appointed position.

(d) Meetings.--The board shall meet at least once a year for the purpose of assessing the costs and benefits of the program and effectuating any necessary changes. The board may meet more frequently at the discretion of the chairperson.

Purdon's Pennsylvania Statutes and Consolidated Statutes (2016)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program (Abc-Map) Act

§ 872.5. Powers and duties of board

The board shall have the following powers and duties:

(1) Evaluate and secure a vendor of an electronic prescription monitoring system for the purpose of carrying out the provisions of this act.

(2) Appoint an advisory group comprised of dispensers, prescribers, law enforcement officials, addiction specialists, patient and privacy advocates and individuals with expertise considered important to the operation of the program. All members shall have varying perspectives and will provide input and recommendations to the board regarding the establishment and maintenance of the program. The advisory group shall not exceed 12 members.

(3) Create a written notice to be used by prescribers and used or displayed by dispensers to provide notice to patients that information regarding prescriptions for controlled substances is being collected by the program and that the patient has a right to review and correct the information with the program. The notice must include all of the following:

(i) The manner in which the patient may access the patient's personal information. The notice shall state that one-time quarterly patient access shall be at no cost.

(ii) An explanation of the program and the program's authorized users.

(iii) The program's record retention policies.

(iv) An explanation that prescription information is confidential and is not subject to the act of February 14, 2008 (P.L. 6, No. 3), known as the Right-to-Know Law.

(v) Any cost associated with accessing the information more than once during each calendar quarter.

(4) Phase in an enforcement process so that dispensers and prescribers may transition and have adequate time to make the necessary changes to their operating systems.

(5) Develop policies and procedures to:

(i) Require more frequent reporting of prescription medication information under section 7 should technology permit and so long as there is little or no fiscal impact to the Commonwealth or those required to report. Any change in the frequency of reporting shall

be made in collaboration with the Board of Pharmacy and the Board of Pharmacy's members to ensure that a pharmacy is able to accommodate the change.

(ii) Evaluate the information in the system.

(iii) Allow for authorized department personnel to conduct internal reviews, analyses and interpret the data contained in the system.

(iv) Safeguard the release of information to authorized users and department personnel and ensure the privacy and confidentiality of patients and patient information.

(v) Aid prescribers in identifying at-risk individuals and referring them to drug addiction treatment professionals and programs.

(vi) Establish professionally developed criteria, with the advice of the advisory group, that generates referrals of prescription monitoring information to the appropriate licensing board in the Department of State. A referral may only be generated when the system produces an alert that there is a pattern of irregular data for a dispenser or prescriber which appears to deviate from the clinical standard.

(vii) Provide training to prescribers and dispensers on the use of the system.

(viii) Assist professional organizations whose members prescribe, monitor or treat patients or dispense controlled substances to patients to develop educational programs for those members relating to prescribing practices, pharmacology, controlled substance abuse and clinical standards, including:

(A) identification of those at risk for controlled substance abuse; and

(B) referral and treatment options for patients.

(ix) Permit individuals employed by prescribers, pharmacies and dispensers to query the system as designees so long as each individual designee has a unique identifier when accessing the system and set explicit standards to qualify individuals authorized to query the system and to ensure the security of the system when used by a designee.

(x) Keep pace with technological advances that facilitate the interoperability of the system with other states' prescription drug monitoring systems and electronic health information systems.

(xi) Evaluate the costs and benefits of the program.

(xii) Convene the advisory group at least annually.

(xiii) Direct the department to operate and maintain the program on a daily basis.

(xiv) Review the program for the purpose of compiling statistics, research and educational materials and outreach.

(xv) Identify any controlled substance that has been shown to have limited or no potential for abuse and therefore should not be reported to the program.

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South Dakota
§ 34-20E-15
§ 34-20E-16
§ 34-20E-17

South Dakota Codified Laws (2016)
Title 34. Public Health and Safety
Chapter 34-20E. Prescription Drug Monitoring Program

§ 34-20E-15. Advisory council established

An advisory council is established to advise and make recommendations to the board regarding how to best use the program to improve patient care and foster the goal of reducing misuse, abuse, and diversion of controlled substances; to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances; and to provide advice and recommendations to the board regarding any other matters as requested by the board. The advisory council shall serve without compensation. The advisory council may have access to central repository information to fulfill its duties.

South Dakota Codified Laws (2016)
Title 34. Public Health and Safety
Chapter 34-20E. Prescription Drug Monitoring Program

§ 34-20E-16. Membership of advisory council

The advisory council shall consist of:

(1) One dispenser selected by the board;

(2) One prescriber selected by the Board of Medical and Osteopathic Examiners;

(3) One prescriber selected by the Board of Nursing;

(4) One prescriber selected by the Board of Dentistry;

(5) One prescriber selected by the Board of Examiners in Optometry;

(6) One prescriber selected by the South Dakota Academy of Physician Assistants;

(7) One member selected by the South Dakota Association of Healthcare Organizations;

(8) One member of the South Dakota State Medical Association;

(9) One member of the South Dakota Nurses Association;

(10) One member of the South Dakota Pharmacists Association;

(11) A designee of the attorney general;

(12) A designee of the Department of Health; and

(13) Any other prescriber or dispenser determined by the board to be necessary to meet a mandate of, or avoid a delay in implementing, an appropriations measure. The number of additional members that the board may select is limited to the number necessary to meet the mandate or avoid the delay of an appropriation.

South Dakota Codified Laws (2016)
Title 34. Public Health and Safety
Chapter 34-20E. Prescription Drug Monitoring Program

§ 34-20E-17. Recommendations of advisory council

The advisory council shall make recommendations to the board regarding:

(1) Safeguards for the release of information to persons who have access to the information contained in the central repository;

(2) The confidentiality of program information and the integrity of the patient's relationship with the patient's health care provider;

(3) Advancing the purposes of the program, including enhancement of the quality of health care delivery in this state; and

(4) The continued benefits of maintaining the program in relationship to the cost and other burdens to the state.

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Tennessee
§ 53-10-303
§ 53-10-311

West's Tennessee Code Annotated (2016)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2016

§ 53-10-303. Controlled substance database committee; membership; meetings; duties and responsibilities

(a) There is created the controlled substance database committee. The committee members shall be:

(1) One (1) of the governor-appointed licensed members of each of the following healthcare professional licensure boards or committees to be chosen by the licensing board or committee:

(A) The board of medical examiners;

(B) The board of osteopathic examination;

(C) The board of dentistry;

(D) The board of podiatric medical examiners;

(E) The board of optometry;

(F) The board of veterinary medical examiners;

(G) The board of nursing;

(H) The board of medical examiners' committee on physician assistants; and

(I) The board of pharmacy; and

(2) One (1) of the members of the board of pharmacy and one (1) of the members of the board of medical examiners who were appointed to those boards to represent the general public. The boards shall choose those representatives.

(b) The committee shall have a chair and vice chair, who shall be elected annually from its members.

(c) The committee shall meet at least annually and as often as deemed necessary either at the call of the chair or upon request of at least three (3) members of the committee. A quorum for purposes of official actions by the committee shall be seven (7) members.

(d) The members of the committee chosen to serve by the respective licensure boards and committees, while serving on this committee, shall be deemed to be performing official duties as members of their respective board or committee and shall be entitled to the same per diem and travel reimbursements as they would receive for performing their duties for their respective board or committee. The respective board or committee of each member shall pay those per diems and travel reimbursement.

(e) At all times, except when considering, reviewing, discussing, advising or taking action in reference to specifically named individuals or healthcare practitioners identified from information contained in, or reported to the database, the committee shall be subject to title 8, chapter 44, part 1, regarding public meetings.

(f) The commissioner shall have the authority to promulgate rules, pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, necessary for implementation of this part. Pursuant to § 53-10-311, the commissioner may promulgate rules regarding:

(1) Establishing, maintaining and operating the database;

(2) Access to the database and how access is obtained;

(3) Control and dissemination of data and information in the database; and

(4) The control, sharing, and dissemination of data and information in the database with other states or other entities acting on behalf of a state.

(g) The committee shall advise the commissioner of health with respect to any contemplated rulemaking under this part. The committee may make formal recommendations to the commissioner.

(h)(1) The committee and the commissioner shall have the right to examine database information to identify unusual patterns of prescribing, distributing, or dispensing controlled substances that appear to be higher than normal, taking into account the particular specialty, circumstances, patient-type, or location of the healthcare practitioner.

(2) If the committee or the commissioner determines that a healthcare practitioner has an unusually high pattern of prescribing, distributing, or dispensing controlled substances that is not explained by other factors, the committee or the commissioner shall refer the healthcare practitioner to the appropriate licensing board.

(3) If an investigator in service of a health-related board as licensed under title 63 or title 68 has reason to believe during any part of an investigation that a healthcare practitioner is in violation of a criminal law, the investigator is authorized to report the conduct to the appropriate law enforcement personnel.

West's Tennessee Code Annotated
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2016

§ 53-10-311. Sharing and dissemination of data in database; agreements with other states and entities

(a) There is created an operations committee. The committee shall be composed of:

(1) The board of medical examiners' medical director for special projects;

(2) An epidemiologist employed by the department of health;

(3) The executive director of the board of pharmacy;

(4) The director of the controlled substance database;

(5) A member of the controlled substance database committee;

(6) The executive director of the board of nursing as an ex officio non-voting member; and

(7) The executive director of the board of medical examiners as an ex officio non-voting member.

(b)(1) The commissioner shall have the duty to convene the operations committee at least annually and request approval by that committee of actions taken under the authority granted by this part prior to those actions becoming final. The operations committee shall meet at such other times as needed and as convened by the commissioner to confirm or deny decisions made by the commissioner pursuant to the authority granted to the commissioner by this part.

(2) The operations committee's approval shall be necessary for all rules, agreements, and policies concerning:

(A) Access to the database and how that access is obtained;

(B) Dissemination of data and information in the database and control over that data; and

(C) The control, sharing and dissemination of data and information in the database with other states or other entities acting on behalf of a state.

(3) The operations committee's approval shall not be necessary for any rules, agreements, or policies that concern the daily operations decisions, which may be delegated to the director of the database, concerning establishing, maintaining, or operating the database. The operations committee shall not set fees.

(4) The operations committee may make formal recommendations to the commissioner with respect to any contemplated rulemaking under this part, which does not require its approval.

(c) Three (3) voting members of the operations committee shall constitute a quorum for official actions. A majority of those voting members present shall be necessary to approve an action proposed by the commissioner.

(d) The operations committee shall not be subject to the provisions of title 8, chapter 44, part 1, regarding public meetings.

(e)(1) Notwithstanding this part to the contrary, the commissioner is authorized to enter into agreements with the federal centers for disease control and prevention (CDC), other states, or other entities acting on behalf of a state for the purposes of sharing and dissemination of data and information in the database.

(2) Any information disseminated pursuant to this subsection (e) shall be for:

(A) Analysis of controlled substance prescriptions for public health research by other state or federal entities charged with protecting the public health; or

(B) Interstate data sharing; provided, the sharing shall only be consistent with the requirements of § 53-10-306.

(3) The commissioner shall have any agreements that the commissioner enters into with the CDC, other states, or other entities acting on behalf of a state or federal government, approved by the operations committee prior to that agreement becoming final.

(4) All agreements entered into by the commissioner subject to this subsection (e) shall be governed by a contract entered into between the two (2) parties.

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Texas
Health & Safety § 481.351
Health & Safety § 481.352
Health & Safety § 481.353
Health & Safety § 481.354

Vernon's Texas Statutes and Codes Annotated (2015)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter I. Interagency Prescription Monitoring Work Group

§ 481.351. Interagency Prescription Monitoring Work Group

The interagency prescription monitoring work group is created to evaluate the effectiveness of prescription monitoring under this chapter and offer recommendations to improve the effectiveness and efficiency of recordkeeping and other functions related to the regulation of dispensing controlled substances by prescription.

Vernon's Texas Statutes and Codes Annotated (2015)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter I. Interagency Prescription Monitoring Work Group

§ 481.352. Members

The work group is composed of:

(1) the director or the director's designee;

(2) the commissioner of state health services or the commissioner's designee;

(3) the executive director of the Texas State Board of Pharmacy or the executive director's designee;

(4) the executive director of the Texas Medical Board or the executive director's designee;

(5) the executive director of the Texas Board of Nursing or the executive director's designee; and

(6) the executive director of the Texas Physician Assistant Board or the executive director's designee.

Vernon's Texas Statutes and Codes Annotated (2015)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter I. Interagency Prescription Monitoring Work Group

§ 481.353. Meetings

(a) The work group shall meet at least quarterly.

(b) The work group is subject to Chapter 551, Government Code.

(c) The work group shall proactively engage stakeholders and solicit and take into account input from the public.

Vernon's Texas Statutes and Codes Annotated (2015)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter I. Interagency Prescription Monitoring Work Group

§ 481.354. Report

Not later than December 1 of each even-numbered year, the work group shall submit to the legislature its recommendations relating to prescription monitoring.

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Vermont
18 § 4255

West's Vermont Statutes Annotated (2016)
Title Eighteen. Health
Part 5. Foods and Drugs
Chapter 84. Possession and Control of Regulated Drugs
Subchapter 3. Miscellaneous

§ 4255. Controlled Substances and Pain Management Advisory Council.

(a) There is hereby created a Controlled Substances and Pain Management Advisory Council for the purpose of advising the Commissioner of Health on matters related to the Vermont Prescription Monitoring System and to the appropriate use of controlled substances in treating acute and chronic pain and in preventing prescription drug abuse, misuse, and diversion.

(b)(1) The Controlled Substances and Pain Management Advisory Council shall consist of the following members:

(A) the Commissioner of Health or designee, who shall serve as chair;

(B) the Deputy Commissioner of Health for Alcohol and Drug Abuse Programs or designee;

(C) the Commissioner of Mental Health or designee;

(D) the Commissioner of Public Safety or designee;

(E) the Commissioner of Labor or designee;

(F) the Vermont Attorney General or designee;

(G) the Director of the Blueprint for Health or designee;

(H) the Medical Director of the Department of Vermont Health Access;

(I) the Chair of the Board of Medical Practice or designee, who shall be a clinician;

(J) a representative of the Vermont State Dental Society, who shall be a dentist;

(K) a representative of the Vermont Board of Pharmacy, who shall be a pharmacist;

(L) a faculty member of the academic detailing program at the University of Vermont's College of Medicine;

(M) a faculty member of the University of Vermont's College of Medicine with expertise in the treatment of addiction or chronic pain management;

(N) a representative of the Vermont Medical Society, who shall be a primary care clinician;

(O) a representative of the American Academy of Family Physicians, Vermont chapter, who shall be a primary care clinician;

(P) a representative from the Vermont Board of Osteopathic Physicians, who shall be an osteopath;

(Q) a representative from the Vermont Association of Naturopathic Physicians, who shall be a naturopathic physician;

(R) a representative of the Federally Qualified Health Centers, who shall be a primary care clinician selected by the Bi-State Primary Care Association;

(S) a representative of the Vermont Ethics Network;

(T) a representative of the Hospice and Palliative Care Council of Vermont;

(U) a representative of the Office of the Health Care Advocate;

(V) a representative of health insurers, to be selected by the three health insurers with the most covered lives in Vermont;

(W) a clinician who works in the emergency department of a hospital, to be selected by the Vermont Association of Hospitals and Health Systems in consultation with any nonmber hospitals;

(X) a clinician who specializes in occupational medicine, to be selected by the Commissioner of Health;

(Y) a clinician who specializes in physical medicine and rehabilitation, to be selected by the Commissioner of Health;

(Z) a member of the Vermont Board of Nursing Subcommittee on APRN Practice, who shall be an advanced practice registered nurse who has clinical experience that includes working with patients who are experiencing acute or chronic pain;

(AA) a representative from the Vermont Assembly of Home Health and Hospice Agencies;

(BB) a psychologist licensed pursuant to 26 V.S.A. chapter 55 who has experience in treating chronic pain, to be selected by the Board of Psychological Examiners;

(CC) a drug and alcohol abuse counselor licensed pursuant to 33 V.S.A. chapter 8, to be selected by the Deputy Commissioner of Health for Alcohol and Drug Abuse Programs;

(DD) a retail pharmacist, to be selected by the Vermont Pharmacists Association;

(EE) an advanced practice registered nurse full-time faculty member from the University of Vermont's College of Nursing and Health Sciences with a current clinical practice that includes caring for patients with acute or chronic pain;

(FF) a licensed acupuncturist with experience in pain management, to be selected by the Vermont Acupuncture Association;

(GG) a representative of the Vermont Substance Abuse Treatment Providers Association;

(HH) a consumer representative who is either a consumer in recovery from prescription drug abuse or a consumer receiving medical treatment for chronic noncancer-related pain; and

(II) a consumer representative who is or has been an injured worker and has been prescribed opioids.

(2) In addition to the members appointed pursuant to subdivision (1) of this subsection (b), the Council shall consult with the Opioid Prescribing Task Force, specialists, and other individuals as appropriate to the topic under consideration.

(c) Advisory Council members who are not employed by the State or whose participation is not supported through their employment or association shall be entitled to a per diem and expenses as provided by 32 V.S.A. § 1010.

(d)(1) The Advisory Council shall provide advice to the Commissioner concerning rules for the appropriate use of controlled substances in treating acute pain and chronic noncancer pain; the appropriate use of the Vermont Prescription Monitoring System; and the prevention of prescription drug abuse, misuse, and diversion.

(2) The Advisory Council shall evaluate the use of nonpharmacological approaches to treatment for pain, including the appropriateness, efficacy, and cost-effectiveness of using complementary and alternative therapies such as chiropractic, acupuncture, and massage.

(e) The Commissioner of Health may adopt rules pursuant to 3 V.S.A. chapter 25 regarding the appropriate use of controlled substances in treating acute pain and chronic noncancer pain; the appropriate use of the Vermont Prescription Monitoring System; and

the prevention of prescription drug abuse, misuse, and diversion, after seeking the advice of the Council.

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Virginia
§ 54.1-2520

West's Annotated Code of Virginia
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

§ 54.1-2520. Program establishment; Director's regulatory authority

A. The Director shall establish, maintain, and administer an electronic system to monitor the dispensing of covered substances to be known as the Prescription Monitoring Program. Covered substances shall include all Schedule II, III, and IV controlled substances, as defined in the Drug Control Act (§ 54.1-3400 et seq.), and any other drugs of concern identified by the Board of Pharmacy pursuant to § 54.1-3456.1.

B. The Director, after consultation with relevant health regulatory boards, shall promulgate, in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq.), such regulations as are necessary to implement the prescription monitoring program as provided in this chapter, including, but not limited to, the establishment of criteria for granting waivers of the reporting requirements set forth in § 54.1-2521.

C. The Director may enter into contracts as may be necessary for the implementation and maintenance of the Prescription Monitoring Program.

D. The Director shall provide dispensers with a basic file layout to enable electronic transmission of the information required in this chapter. For those dispensers unable to transmit the required information electronically, the Director shall provide an alternative means of data transmission.

E. The Director shall also establish an advisory committee within the Department to assist in the implementation and evaluation of the Prescription Monitoring Program. Such advisory committee shall provide guidance to the Director regarding information disclosed pursuant to subdivision C10 of § 54.1-2523.

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West's Annotated Code of West Virginia
Chapter 60A. Uniform Controlled Substances Act
Article 9. Controlled Substances Monitoring

§ 60A-9-5. Confidentiality; limited access to records; period of retention; no civil liability for required reporting

(a)(1) The information required by this article to be kept by the board is confidential and not subject to the provisions of chapter twenty-nine-b of this code or obtainable as discovery in civil matters absent a court order and is open to inspection only by inspectors and agents of the board, members of the West Virginia State Police expressly authorized by the Superintendent of the West Virginia State Police to have access to the information, authorized agents of local law-enforcement agencies as members of a federally affiliated drug task force, authorized agents of the federal Drug Enforcement Administration, duly authorized agents of the Bureau for Medical Services, duly authorized agents of the Office of the Chief Medical Examiner for use in post-mortem examinations, duly authorized agents of licensing boards of practitioners in this state and other states authorized to prescribe Schedules II, III, and IV controlled substances, prescribing practitioners and pharmacists and persons with an enforceable court order or regulatory agency administrative subpoena: *Provided*, That all law-enforcement personnel who have access to the Controlled Substances Monitoring Program database shall be granted access in accordance with applicable state laws and the board's legislative rules, shall be certified as a West Virginia law-enforcement officer and shall have successfully completed training approved by the board. All information released by the board must be related to a specific patient or a specific individual or entity under investigation by any of the above parties except that practitioners who prescribe or dispense controlled substances may request specific data related to their Drug Enforcement Administration controlled substance registration number or for the purpose of providing treatment to a patient: ***Provided, however,*** **That the West Virginia Controlled Substances Monitoring Program Database Review Committee established in subsection (b) of this section is authorized to query the database to comply with said subsection.**

. . .

(3) The board shall establish an advisory committee to develop, implement and recommend parameters to be used in identifying abnormal or unusual usage patterns of patients in this state. This advisory committee shall:

(A) Consist of the following members: A physician licensed by the West Virginia Board of Medicine, a dentist licensed by the West Virginia Board of Dental Examiners, a physician licensed by the West Virginia Board of Osteopathic Medicine, a licensed physician certified by the American Board of Pain Medicine, a licensed physician board certified in medical

oncology recommended by the West Virginia State Medical Association, a licensed physician board certified in palliative care recommended by the West Virginia Center on End of Life Care, a pharmacist licensed by the West Virginia Board of Pharmacy, a licensed physician member of the West Virginia Academy of Family Physicians, an expert in drug diversion and such other members as determined by the board.

(B) Recommend parameters to identify abnormal or unusual usage patterns of controlled substances for patients in order to prepare reports as requested in accordance with subsection (a), subdivision (2) of this section.

(C) Make recommendations for training, research and other areas that are determined by the committee to have the potential to reduce inappropriate use of prescription drugs in this state, including, but not limited to, studying issues related to diversion of controlled substances used for the management of opioid addiction.

(D) Monitor the ability of medical services providers, health care facilities, pharmacists and pharmacies to meet the twenty-four hour reporting requirement for the Controlled Substances Monitoring Program set forth in section three of this article, and report on the feasibility of requiring real-time reporting.

(E) Establish outreach programs with local law enforcement to provide education to local law enforcement on the requirements and use of the Controlled Substances Monitoring Program database established in this article.

(b) The board shall create a West Virginia Controlled Substances Monitoring Program Database Review Committee of individuals consisting of two prosecuting attorneys from West Virginia counties, two physicians with specialties which require extensive use of controlled substances and a pharmacist who is trained in the use and abuse of controlled substances. The review committee may determine that an additional physician who is an expert in the field under investigation be added to the team when the facts of a case indicate that the additional expertise is required. The review committee, working independently, may query the database based on parameters established by the advisory committee. The review committee may make determinations on a case-by-case basis on specific unusual prescribing or dispensing patterns indicated by outliers in the system or abnormal or unusual usage patterns of controlled substances by patients which the review committee has reasonable cause to believe necessitates further action by law enforcement or the licensing board having jurisdiction over the practitioners or dispensers under consideration. The review committee shall also review notices provided by the chief medical examiner pursuant to subsection (h), section ten, article twelve, chapter sixty-one of this code and determine on a case-by-case basis whether a practitioner who prescribed or dispensed a controlled substance resulting in or contributing to the drug overdose may have breached professional or occupational standards or committed a criminal act when prescribing the controlled substance at issue to the decedent. Only in those cases in which there is reasonable cause to believe a breach of professional or occupational standards or a criminal act may have occurred, the review committee shall notify the appropriate

professional licensing agency having jurisdiction over the applicable practitioner or dispenser and appropriate law-enforcement agencies and provide pertinent information from the database for their consideration. The number of cases identified shall be determined by the review committee based on a number that can be adequately reviewed by the review committee. The information obtained and developed may not be shared except as provided in this article and is not subject to the provisions of chapter twenty-nine-b of this code or obtainable as discovering in civil matters absent a court order.

(c) The board is responsible for establishing and providing administrative support for the advisory committee and the West Virginia Controlled Substances Monitoring Program Database Review Committee. The advisory committee and the review committee shall elect a chair by majority vote. Members of the advisory committee and the review committee may not be compensated in their capacity as members but shall be reimbursed for reasonable expenses incurred in the performance of their duties.

(d) The board shall promulgate rules with advice and consent of the advisory committee, in accordance with the provisions of article three, chapter twenty-nine-a of this code. The legislative rules must include, but shall not be limited to, the following matters:

(1) Identifying parameters used in identifying abnormal or unusual prescribing or dispensing patterns;

(2) Processing parameters and developing reports of abnormal or unusual prescribing or dispensing patterns for patients, practitioners and dispensers;

(3) Establishing the information to be contained in reports and the process by which the reports will be generated and disseminated; and

(4) Setting up processes and procedures to ensure that the privacy, confidentiality, and security of information collected, recorded, transmitted and maintained by the review committee is not disclosed except as provided in this section.

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