Evaluation of PMP – Report to Legislature

Research current through May 2016.

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Introduction

As part of the evaluation process, some states require that the prescription monitoring program, or the advisory committee for the program, make a report to the legislature regarding the effectiveness of the program, typically on an annual basis. Effectiveness measures include a reduction in the inappropriate use of controlled substances and a reduction in the ability of consumers to obtain controlled substances illegally.

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Alaska
§ 17.30.200 (eff. until July 16, 2017)
§ 17.30.200 (eff. July 17, 2017)

West's Alaska Statutes Annotated (2016)
Title 17. Food and Drugs
Chapter 30. Controlled Substances
Article 5. Controlled Substance Prescription Database

§ 17.30.200. Controlled substance prescription database

<Text of Section Effective until July 16, 2017>

. . .

(m) To assist in fulfilling the program responsibilities, performance measures shall be reported to the legislature annually. Performance measures may include outcomes detailed in the federal prescription drug monitoring program grant regarding efforts to

(1) reduce the rate of inappropriate use of prescription drugs by reporting education efforts conducted by the Board of Pharmacy;

(2) reduce the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit;

(3) increase coordination among prescription drug monitoring program partners; and

(4) involve stakeholders in the planning process.

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West's Alaska Statutes Annotated (2016)
Title 17. Food and Drugs
Chapter 30. Controlled Substances
Article 5. Controlled Substance Prescription Database

§ 17.30.200. Controlled substance prescription database

<Text of Section Effective July 17, 2017>

. . .

(m) To assist in fulfilling the program responsibilities, performance measures shall be reported to the legislature annually. Performance measures

(1) may include outcomes detailed in the federal prescription drug monitoring program grant regarding efforts to

(A) reduce the rate of inappropriate use of prescription drugs by reporting education efforts conducted by the Board of Pharmacy;

(B) reduce the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit;

(C) increase coordination among prescription drug monitoring program partners;

(D) involve stakeholders in the planning process;

(2) shall include information related to the

(A) security of the database; and

(B) reductions, if any, in the inappropriate use or prescription of controlled substances resulting from the use of the database.

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Arizona
SB 1370, Sec. 6

On or before July 1, 2016 and for two years following that date, the Arizona state board of pharmacy shall report the change in registration for and access to the controlled substances prescription monitoring program's central database tracking system. The report shall also include statistical data regarding the change in utilization of the tracking system by the type of licensed medical practitioner from January 1, 2016 to the date of the report and any relevant information and data from the Arizona prescription drug misuse and abuse initiative being conducted by the Arizona criminal justice commission. The board shall deliver the report to the president of the senate, the speaker of the house of representatives and the governor and shall provide a copy to the secretary of state.

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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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Delaware
16 § 4798

West's Delaware Code Annotated (2016)
Title 16. Health and Safety
Part IV. Food and Drugs
Chapter 47. Uniform Controlled Substances Act
Subchapter VII. Miscellaneous

§ 4798. The Delaware Prescription Monitoring Program

. . .

(o) The Office of Controlled Substances shall design and implement an evaluation component to identify cost-benefits of the Prescription Monitoring Program, including its effect on diversion and abuse of controlled substances and drugs of concern, and other information relevant to policy, research and education involving controlled substances and drugs of concern monitored by the Prescription Monitoring Program.

(1) The Office of Controlled Substances shall report to the General Assembly the information obtained pursuant to this subsection on an annual basis.

(2) To the extent such information is made available to the Office of Controlled Substances, the report may include information and data, including surveys, polls, or other data from multi-disciplinary experts and stakeholders, relating to the negative or positive impact of the prescription monitoring program on appropriate prescribing practices of controlled substances and drugs of concern.

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Illinois
720 § 570/320

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

. . .

(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.

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Indiana
§ 35-48-7-16
§ 12-23-18-8

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

§ 35-48-7-16.

(a) Before October 1, 2014, the Indiana professional licensing agency shall:

(1) study the impact of including all prescription drugs in the INSPECT program; and

(2) report the findings to the legislative council in an electronic format under IC 5-14-6.

(b) The study under subsection (a) must include the following:

(1) The efficacy of including drugs other than controlled substances in the INSPECT program.

(2) Recommended parameters for the inclusion of drugs other than controlled substances.

(3) Analysis of any security concerns related to patient and provider privacy.

(4) Technology requirements.

(5) Regulatory impact analysis.

(6) Fiscal impact analysis.

(c) The:

(1) state department of health;

(2) office of the secretary of family and social services;

(3) department of homeland security; and

(4) Indiana office of technology (IC 4-13.1-2);

shall assist the Indiana professional licensing agency with the study required by this section.

West's Annotated Indiana Code (2016)
Title 12. Human Services
Article 23. Addiction Services
Chapter 18. Methadone Diversion Control and Oversight Program

§ 12-23-18-8 "Dispense"

Sec. 8. (a) As used in this section, "dispense" means to deliver a controlled substance to an ultimate user.

(b) Subject to the federal patient confidentiality requirements under 42 CFR Part 2, when an opioid treatment program dispenses a controlled substance designated by the Indiana board of pharmacy under IC 35-48-2-5 through 35-48-2-10, the opioid treatment program shall provide the following information upon request from the division:

(1) The medications dispensed by the program.

(2) The medication delivery process, which includes whether the medication was in liquid, film, or another form.

(3) The number of doses dispensed of each medication.

(4) The dosage quantities for each medication.

(5) The number of patients receiving take home medications.

(6) The number of days of supply dispensed.

(7) Patient demographic information for each medication, including gender, age, and time in treatment.

(8) The dispenser's United States Drug Enforcement Agency registration number.

(9) The average number of patients served by:

(A) the opioid treatment program annually; and

(B) each employed or contracted prescriber of the opioid treatment program.

(10) The annual ratio of employed or contracted prescribers to patients served at each opioid treatment program.

(11) The number of patients and the average length of treatment for each medication dispensed by the opioid treatment program.

(12) The number of patients completing an opiate treatment program treatment service having transitioned to opioid abstinence, including the use of long acting, nonaddictive medication for relapse prevention.

(13) The number of patients demonstrating improvement in functioning, as defined by the division, while in treatment at an opiate treatment program.

(14) An annual submission of each opiate treatment program's policy concerning:

(A) the use of INSEPCT (as defined in IC 35-48-7-5.2);

(B) the protocol for addressing patients who are found, using INSPECT data, to have prescriptions for a controlled substance, including benzodiazepines or other opiate medications; and

(C) the protocol for addressing patients who have illicit urine drug screens indicating the use of a controlled substance, including benzodiazepines or other opiates, whether prescribed or not.

(15) The number of patients denied access to services due to inability to pay, including the demographic information of the patient concerning race.

(c) An opioid treatment program shall provide the information required under this section to the division in a manner prescribed by the division.

(d) The division shall annually report the information collected under this section to the legislative council in an electronic format under IC 5-14-6 not later than October 1.

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Iowa
§ 124.554
§ 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

§ 124.554. Rules and reporting

1. The board and advisory council shall jointly adopt rules in accordance with chapter 17A to carry out the purposes of, and to enforce the provisions of, this division. The rules shall include but not be limited to the development of procedures relating to:

a. Identifying each patient about whom information is entered into the program.

b. An electronic format for the submission of information from pharmacies.

c. A waiver to submit information in another format for a pharmacy unable to submit information electronically.

d. An application by a pharmacy for an extension of time for transmitting information to the program.

e. The submission by an authorized requestor of a request for information and a procedure for the verification of the identity of the requestor.

f. Use by the board or advisory council of the program request records required by section 124.553, subsection 2, to document and report statistical information.

g. Including all schedule II controlled substances and those substances in schedules III and IV that the advisory council and board determine can be addictive or fatal if not taken under the proper care and direction of a prescribing practitioner.

h. Access by a pharmacist or prescribing practitioner to information in the program pursuant to a written agreement with the board and advisory council.

i. The correction or deletion of erroneous information in the program.

2. Beginning January 1, 2007, and annually by January 1 thereafter, the board and advisory council shall present to the general assembly and the governor a report prepared

consistent with section 124.555, subsection 3, paragraph "d", which shall include but not be limited to the following:

a. The cost to the state of implementing and maintaining the program.

b. Information from pharmacies, prescribing practitioners, the board, the advisory council, and others regarding the benefits or detriments of the program.

c. Information from pharmacies, prescribing practitioners, the board, the advisory council, and others regarding the board's effectiveness in providing information from the program.

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
§ 65-1691

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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Louisiana
§ 40:1010

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

§ 1010. Evaluation; data analysis; reporting

A. The board shall, in consultation with and upon recommendation of the advisory council, design and implement an evaluation component to identify cost benefits of the prescription monitoring program and other information relevant to policy, research, and education involving controlled substances and drugs monitored by the prescription monitoring program.

B. The board shall report to the appropriate legislative oversight committees on a periodic basis, but in no case less than annually, the cost benefits and other information contained in Subsection A of this Section.

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Maine
SP 671, § 39

State of Maine
SP 671
Sec. 39. Department of Health and Human Services Implementation report.

The Department of Health and Human Services shall report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and over occupational and professional regulation matters, no later than January 31, 2018, with progress on implementing the provisions of this Act. The report must contain information on the following:

1. Registration of prescribers and dispensers in the Controlled Substances Prescription Monitoring Program under the Maine Revised Statutes, Title 22, chapter 1603;

2. Data regarding the checking and using of the Controlled Substances Prescription Monitoring Program by data requestors;

3. Data from professional boards regarding the implementation of continuing education requirements for prescribers of opioid medication;

4. Effects on the prescriber workforce;

5. Changes in the numbers of patients taking more than 100 morphine milligram equivalents of opioid medication per day;

6. Data regarding the total number of opioid medication pills prescribed;

7. Progress on electronic prescribing of opioid medication; and

8. Improvements to the Controlled Substances Prescription Monitoring Program through the request for proposals process including feedback from prescribers and dispensers on those improvements.

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Maryland
Health – General § 21-2A-05 (eff. until Sept. 30, 2016)
Health – General § 21-2A-05 (eff. Oct. 1, 2016)
HB 255, Sec. 3
HB 437, Sec. 5
HB 437, Sec. 6

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>

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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
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>

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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.

State of Maryland
H.B. 255

Section 3. AND BE IT FURTHER ENACTED, That the Department of Legislative Services shall:

(1) conduct a direct full evaluation of the Prescription Drug Monitoring Program on or before December 1, 2017; and

(2) prepare and submit a full evaluation report in accordance with the requirements established under § 8-405(e) and (f) of the State Government Article.

State of Maryland
HB 437

Section 5. AND BE IT FURTHER ENACTED, That the Department of Health and Mental Hygiene shall report, subject to § 2-1246 of the State Government Article, to the Senate Finance Committee, the House Health and Government Operations Committee, and the Joint Committee on Behavioral Health and Opioid Use Disorders, regarding the ongoing implementation and use of the Prescription Drug Monitoring Program, including:

(1) on or before December 1, 2016:

(i) the technical capacity for the Program to analyze prescription drug monitoring data for possible violations of law and possible breaches of professional standards by a prescriber or a dispenser; and

(ii) an analysis of the possibility of reporting possible violations of law or possible breaches of professional standards by a prescriber or a dispenser to law enforcement agencies, licensing entities, or units of the Department of Health and Mental Hygiene; and

(2) on or before September 1, 2017:

(i) in consultation with the Advisory Board on Prescription Drug Monitoring, the status of the implementation of providing education and notice of a possible violation of law or a possible breach of professional standards to prescribers and dispensers as authorized under § 21-2A-06(d) of the Health-General Article, as enacted by Section 4 of this Act; and

(ii) a recommendation on whether the authority of the Program to report possible violations of law or possible breaches of professional standards should be expanded to allow reporting to law enforcement agencies, licensing boards, or units of the Department of Health and Mental Hygiene.

State of Maryland
HB 437

Section 6. AND BE IT FURTHER ENACTED, That, on or before November 1, 2016, the Department of Health and Mental Hygiene shall report, subject to § 2-1246 of the State Government Article, to the Joint Committee on Behavioral Health and Opioid Use Disorders on the feasibility and desirability of analyzing prescription monitoring data through the regular and ongoing use of statistical and advanced analytical techniques,

including outlier detection, cluster analysis, and unsupervised data analysis techniques, for the purpose of:
(1) understanding patterns in pain management care, patient opioid use, and treatment plans;

(2) detecting possible high risk opioid behavior;

(3) improving detection of multiple provider episodes; and

(4) facilitating the sharing of information contained in State health and criminal justice records, as allowed by State and federal law, and available from interstate data sources.

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Massachusetts
94C § 24A
HB 4056, § 58

Massachusetts General Laws Annotated (2016)
Part I. Administration of the Government
Title XV. Regulation of Trade
Chapter 94C. Controlled Substances Act

§ 24A. Electronic monitoring of the prescribing and dispensing of controlled substances and certain additional drugs

. . .

(k) The department shall submit an annual report on the effectiveness of the prescription monitoring program with the clerks of the house and senate, the chairs of the joint committee on public health, the chairs of the joint committee on health care financing and the chairs of the joint committee on public safety and homeland security.

. . .

State of Massachusetts
HB 4056
Sec. 58

(a) There shall be a special commission to study the incorporation of safe and effective pain treatment and prescribing practices into the professional training of students, except veterinarian students, that may prescribe controlled substances.

(b) The special commission shall consist of the following members or their designees: the chancellor of the University of Massachusetts medical school; the dean of Harvard Medical School; the dean of Boston University School of Medicine; the dean of Tufts University School of Medicine; a representative of The Massachusetts Associate of Physician Assistants, Inc.; a representative of the Massachusetts Nurses Association; a representative of the Massachusetts Medical Society; a representative of The Massachusetts Hospital Association, Inc.; a representative of the Massachusetts Pain Initiative; and 6 members to be appointed by the governor, 2 of whom shall be representatives of the pharmacy industry, 1 of whom shall be a representative of a nursing school and 1 of whom shall be a representative of a physician assistant training program. The governor shall appoint a chair of the committee; provided, however, that the first meeting of the commission shall take place on or before than June 1, 2016.

(c) The special commission shall develop recommendations to ensure future prescribers have an understanding of: (i) pain treatment; (ii) the development of a pain management treatment plan and safe prescribing practices of controlled substances; (iii) the effective use of the prescription monitoring program; (iv) substance use disorder symptoms and treatment options; (v) alternative pain management options; and (vi) state and federal laws and regulations related to controlled substances.

(d) The special commission shall submit its recommendations, together with drafts of any legislation, to the clerks of the house of representative and the senate, the chairs of the joint committee on higher education and the chairs of the joint committee on mental health and substance abuse on or before December 1, 2016.

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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)
HF 2402, Sec. 4

Minnesota Statutes Annotated
Health (Ch. 144-159)
Chapter 152. Drugs; Controlled Substances
Prescriptions
M.S.A. § 152.126
152.126. Prescription monitoring program

<Text of Section Effective until July 31, 2016>

. . .

(g) The board may participate in an interstate prescription monitoring program data exchange system provided that permissible users in other states have access to the data only as allowed under this section, and that section 13.05, subdivision 6, applies to any contract or memorandum of understanding that the board enters into under this paragraph. The board shall report to the chairs and ranking minority members of the senate and house of representatives committees with jurisdiction over health and human services policy and finance on the interstate prescription monitoring program by January 5, 2016.

. . .

(i) The board shall review the data submitted under subdivision 4 on at least a quarterly basis and shall establish criteria, in consultation with the advisory task force, for referring information about a patient to prescribers and dispensers who prescribed or dispensed the prescriptions in question if the criteria are met. The board shall report to the chairs and ranking minority members of the senate and house of representatives committees with jurisdiction over health and human services policy and finance on the criteria established under this paragraph and the review process by January 5, 2016. This paragraph expires August 1, 2016.

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State of Minnesota
H.F. 2402

Sec. 4. Study required; prescription monitoring program database.

(a) The Board of Pharmacy, in collaboration with the Prescription Monitoring Program Advisory Task Force, shall study the program database and report to the chairs and ranking minority members of the senate health and human services policy and finance division and the house of representatives health and human services policy and finance committees by December 15, 2014, with recommendations on: (1) requiring the use of the prescription monitoring by prescribers when prescribing or considering prescribing, and pharmacists when dispensing or considering dispensing, a controlled substance as defined in Minnesota Statutes, section 152.126, subdivision 1, paragraph (c); (2) allowing for the use of the prescription monitoring program database to identify potentially inappropriate prescribing of controlled substances; and (3) encouraging access to appropriate treatment for prescription drug abuse through the prescription monitoring program.

(b) The Board of Pharmacy, in collaboration with the prescription monitoring program advisory task force, shall conduct a study designed to assess the impact of the prescription monitoring program on the level of doctor-shopping activities and report to the chairs and ranking minority members of the senate and house of representatives committees and divisions with jurisdiction on health and human services policy and finance by December 15, 2016.

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Montana
§ 37-7-1514

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

§ 37-7-1514. Report to legislature

The board shall provide a report to the appropriate interim committees of the legislature each interim, including but not limited to information on:

(1) the cost of establishing and maintaining the registry;

(2) any grants, gifts, or donations received to assist in establishing and maintaining the registry;

(3) how registry information was used; and

(4) how quickly the board was able to answer requests for information from the registry.

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III. The pharmacy board shall report annually to the oversight committee on health and human services, the president of the senate, the speaker of the house of representatives, the governor, and the senate and house committees having jurisdiction over health and human services issues, relative to the effectiveness of the program established in section 2 of this act. The report shall also include the number of practitioners signed up for the program, the percentage of practitioners using the program, and a comparison of results and progress based on the use of the program.

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New Jersey
§ 45:1-50.1

New Jersey Statutes Annotated (2016)
Title 45. Professions and Occupations
Subtitle 1. Professions and Occupations Regulated by State Boards of Registration and Examination
Chapter 1. General Provisions
Article 3.3. Prescription Monitoring Program

§ 45:1-50.1. Annual report to legislature

The division shall annually submit a report to the Legislature, pursuant to section 2 of P.L.1991, c. 164 (C.52:14-19.1), which provides information on the nature and extent of registration with, and utilization of, the Prescription Monitoring Program, as well as recommendations for program improvement.

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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
H.B. 97, Sec. 12F.16(k)

Beginning September 1, 2016, and every two years thereafter, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services shall report on its participation with the Prescription Behavior Surveillance System to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety.

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Ohio
§ 4729.85

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Miscellaneous Provisions

§ 4729.85 Pharmacy board to file reports; contents

If the state board of pharmacy establishes and maintains a drug database pursuant to section 4729.75 of the Revised Code, the board shall prepare reports regarding the database and present or submit them in accordance with both of the following:

(A) The board shall present a biennial report to the standing committees of the house of representatives and the senate that are primarily responsible for considering health and human services issues. Each report shall include all of the following:

(1) The cost to the state of establishing and maintaining the database;

(2) Information from terminal distributors of dangerous drugs, prescribers, and the board regarding the board's effectiveness in providing information from the database;

(3) The board's timeliness in transmitting information from the database.

(B) The board shall submit a semiannual report to the governor, the president of the senate, the speaker of the house of representatives, the attorney general, the chairpersons of the standing committees of the house of representatives and the senate that are primarily responsible for considering health and human services issues, the department of public safety, the state dental board, the board of nursing, the state board of optometry, the state medical board, and the state veterinary medical licensing board. The state board of pharmacy shall make the report available to the public on its internet web site. Each report submitted shall include all of the following for the period covered by the report:

(1) An aggregate of the information submitted to the board under section 4729.77 of the Revised Code regarding prescriptions for controlled substances containing opioids, including all of the following:

(a) The number of prescribers who issued the prescriptions;

(b) The number of patients to whom the controlled substances were dispensed;

(c) The average quantity of the controlled substances dispensed per prescription;

(d) The average daily morphine equivalent dose of the controlled substances dispensed per prescription.

(2) An aggregate of the information submitted to the board under section 4729.79 of the Revised Code regarding controlled substances containing opioids that have been personally furnished to a patient by a prescriber, other than a prescriber who is a veterinarian, including all of the following:

(a) The number of prescribers who personally furnished the controlled substances;

(b) The number of patients to whom the controlled substances were personally furnished;

(c) The average quantity of the controlled substances that were furnished at one time;

(d) The average daily morphine equivalent dose of the controlled substances that were furnished at one time.

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Oregon
§ 431A.855

West's Oregon Revised Statutes Annotated (2015)
Title 36. Public Health and Safety
Chapter 431A. Public Health Programs and Activities
Prescription Monitoring Program
(Program)

§ 431A.855. Prescription monitoring program

. . .

(3) The authority shall submit an annual report to the commission regarding the prescription monitoring program established under this section.

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Pennsylvania
35 § 872.12

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

§ 872.12. Annual reports

(a) Board report.--Within two years of the effective date of this act and annually thereafter, the board shall submit a report to the General Assembly. The report shall also be made available on the department's publicly accessible Internet website and shall include all of the following:

(1) The number of times the system has been legally and illegally accessed.

(2) The rate at which prescribers are utilizing the system.

(3) Any impact on prescribing practices for controlled substances.

(4) The cost effectiveness of the frequency of data submission.

(5) The effectiveness of the interoperability with other states and electronic medical records.

(6) The number of law enforcement accesses via section 9(b)(3)[FN1] and the number of search warrants issued as a result.

(7) Other information as determined by the board.

(b) Other report.--Within two years of the effective date of this act and annually thereafter, the Office of Attorney General in conjunction with law enforcement shall submit an annual report to the General Assembly.

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Tennessee
§ 53-10-309

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

§ 53-10-309. Annual committee reporting

The commissioner or commissioner's designee shall report annually on the outcome of the program with respect to its effect on distribution and abuse of controlled substances, including recommendations for improving control and prevention of diversion of controlled substances in this state. The committee, its designee, or the commissioner shall also file an annual report with the health and welfare committee of the senate and the health committee of the house of representatives by March 1, 2017, and each March 1 thereafter, to include analysis about tracking the individuals or entities that access the database and the security measures taken to ensure that only authorized persons or entities access the database. In addition to the annual report submitted to the general assembly by the commissioner, authorized committee, board, or department personnel engaged in analysis of controlled substance prescription information as a part of the assigned duties and responsibilities of their employment shall release information from the database requested by a member of the general assembly that is related to research, statistical analysis, or education of healthcare practitioners relative to controlled substances. However, no report released pursuant to this section shall contain the name or other identifying information of a specific healthcare practitioner or specific healthcare practitioner delegate contained in the report. All information released from the database for such a report shall be in the aggregate.

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Texas

Health and Safety Code § 481.351
Health and Safety Code § 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

§ 481.354. 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
Uncodified

Report on Integration of Electronic Medical Records and the Vermont Prescription Monitoring System

On or before December 1, 2014, the Department of Health shall provide to the House Committees on Human Services and on Health Care, the Senate Committee on Health and Welfare, and the House and Senate Committees on Judiciary a report evaluating the potential for the integration of electronic medical records with the VPMS. The report shall include an assessment of the feasibility of the integration, identification of potential barriers to the integration, and an estimate of the costs associated with the integration.

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West Virginia
§ 60A-9-5

West's Annotated Code of West Virginia (2016)
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

. . .

(i) The board shall provide an annual report on the West Virginia Controlled Substance Monitoring Program to the Legislative Oversight Commission on Health and Human Resources Accountability with recommendations for needed legislation no later than January 1 of each year.

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