STATES THAT REQUIRE ALL LICENSED PRESCRIBERS AND/OR DISPENSERS TO REGISTER WITH THE STATE PMP DATABASE

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Arizona

Arizona Revised Statutes Annotated (2012)
Title 36. Public Health and Safety
Chapter 28. Controlled Substances Prescription Monitoring Program
Article 1. General Provisions

§ 36-2606. Registration; requirements

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

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

2. Not transferable or assignable.

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

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

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

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

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

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

Arizona Administrative Code (2012)
Title 4. Professions and Occupations
Chapter 23. Board of Pharmacy
Article 5. Controlled Substances Prescription Monitoring Program

R4-23-501. Controlled Substances Prescription Monitoring Program Registration

A. Under A.R.S. § 36-2606, a medical practitioner who is issued a license under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 21, 25, or 29 and possesses a current DEA registration under the Federal Controlled Substances Act shall have a current CSPMP registration issued by the Board.

B. Application. To obtain a CSPMP registration, a person shall submit a completed application on a form furnished by the Board that includes:

1. Applicant's name, address, mailing address, if different, e-mail address, telephone number, facsimile number, license number issued under A.R.S. Title 32, Chapter 7, 11, 13, 14, 15, 16, 17, 21, 25, or 29, and DEA registration number;

2. Whether the applicant's license and DEA registration listed in subsection (B)(1) are current and in good standing, and if not, the status of the license and registration; and

3. Date signed and applicant's verified signature.

C. Registration. Within seven business days of receipt of a completed application specified in subsection (B), the Board office shall determine whether an application is complete. If the application is complete, the Board office shall issue a registration number and mail a current renewal receipt to the applicant. If the application is incomplete, the Board office shall issue a notice of incompleteness. An applicant with an incomplete application shall comply with the requirements of R4-23-202(F)(2) and (3).

D. Registration renewal. As specified in A.R.S. § 36-2606(C), the Board shall automatically suspend the registration of any registrant that fails to renew the registration on or before May 1 of the year in which the renewal is due. The Board shall vacate a suspension if the registrant submits a renewal application. A suspended registrant is prohibited from accessing information in the prescription monitoring program database.

E. Pharmacy registration and renewal. Each pharmacy with a current Board-issued pharmacy permit and a current DEA registration is automatically registered in the CSPMP. Existing pharmacy permittees who possess a current DEA registration will receive a registration receipt before the implementation date of the CSPMP. For pharmacy permits issued on or after the CSPMP implementation date, the Board will issue a registration receipt when issuing the pharmacy's permit. Each pharmacy shall renew the CSPMP registration on or before May 1 of

the year in which the renewal is due. The Board shall automatically suspend the registration of any registrant that fails to renew the registration on or before the date on which the renewal is due. The Board shall vacate a suspension if the registrant submits a renewal application. A suspended registrant is prohibited from accessing information in the prescription monitoring program database.

F. CSPMP database access. A medical practitioner or pharmacy that chooses to use the CSPMP database shall request a user name and password in writing from the CSPMP Director. Upon receipt of the request, the CSPMP Director or designee shall issue a user name and password provided the medical practitioner or pharmacy is in compliance with the registration requirements of this Section.

Kentucky

Baldwin's Kentucky Revised Statutes Annotated (2012)
Title XVIII. Public Health
Chapter 218A. Controlled Substances

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

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

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

(3) Every dispenser within the Commonwealth who is licensed to prescribe or dispense a controlled substance other than by the Board of Pharmacy, or any other dispenser who has obtained a license, permit, or other authorization to operate from the Kentucky Board of Pharmacy, shall report to the Cabinet for Health and Family Services the data required by this section as prescribed by the cabinet by administrative regulation until July 1, 2013, at which time the report shall be filed with the cabinet within one (1) day of the dispensing, except that reporting shall not be required for:

(a) A drug, other than any Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone, administered directly to a patient; or

(b) A drug, other than any Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone, dispensed by a practitioner at a facility licensed by the cabinet provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours.

(4) Data for each controlled substance that is dispensed shall include but not be limited to the following:

(a) Patient identifier;

(b) National drug code of the drug dispensed;

(c) Date of dispensing;

(d) Quantity dispensed;

(e) Prescriber; and

(f) Dispenser.

(5) The data shall be provided in the electronic format specified by the Cabinet for Health and Family Services unless a waiver has been granted by the cabinet to an individual dispenser. The cabinet shall establish acceptable error tolerance rates for data. Dispensers shall ensure that reports fall within these tolerances. Incomplete or inaccurate data shall be corrected upon notification by the cabinet if the dispenser exceeds these error tolerance rates.

(6) The Cabinet for Health and Family Services shall only disclose data to persons and entities authorized to receive that data under this section. Disclosure to any other person or entity, including disclosure in the context of a civil action where the disclosure is sought either for the purpose of discovery or for evidence, is prohibited unless specifically authorized by this section. The Cabinet for Health and Family Services shall be authorized to provide data to:

(a) A designated representative of a board responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other person who is authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

(b) Employees of the Office of the Inspector General of the Cabinet for Health and Family Services who have successfully completed training for the electronic system and who have been approved to use the system, Kentucky Commonwealth's attorneys and assistant Commonwealth's attorneys, county attorneys and assistant county attorneys, a peace officer certified pursuant to KRS 15.380 to 15.404, a certified or full-time peace officer of another state, or a federal peace officer whose duty is to enforce the laws of this Commonwealth, of another state, or of the United States relating to drugs and who is engaged in a bona fide specific investigation involving a designated person;

(c) A state-operated Medicaid program in conformity with subsection (7) of this section;

(d) A properly convened grand jury pursuant to a subpoena properly issued for the records;

(e) A practitioner or pharmacist, or employee of the practitioner's or pharmacist's practice acting under the specific direction of the practitioner or pharmacist, who requests information and certifies that the requested information is for the purpose of:

1. Providing medical or pharmaceutical treatment to a bona fide current or prospective patient; or

2. Reviewing and assessing the individual prescribing or dispensing patterns of the practitioner or pharmacist or to determine the accuracy and completeness of information contained in the monitoring system;

(f) In addition to the purposes authorized under paragraph (a) of this subsection, the Kentucky Board of Medical Licensure, for any physician who is:

1. Associated in a partnership or other business entity with a physician who is already under investigation by the Board of Medical Licensure for improper prescribing or dispensing practices;

2. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring; or

3. In a designated geographic area for which a report on another physician in that area indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring in that area;

(g) In addition to the purposes authorized under paragraph (a) of this subsection, the Kentucky Board of Nursing, for any advanced practice registered nurse who is:

1. Associated in a partnership or other business entity with a physician who is already under investigation by the Kentucky Board of Medical Licensure for improper prescribing or dispensing practices;

2. Associated in a partnership or other business entity with an advanced practice registered nurse who is already under investigation by the Board of Nursing for improper prescribing practices;

3. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring; or

4. In a designated geographic area for which a report on a physician or another advanced practice registered nurse in that area indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring in that area; or

(h) A judge or a probation or parole officer administering a diversion or probation program of a criminal defendant arising out of a violation of this chapter or of a criminal defendant who is documented by the court as a substance abuser who is eligible to participate in a court-ordered drug diversion or probation program.

(7) The Department for Medicaid Services shall use any data or reports from the system for the purpose of identifying Medicaid providers or recipients whose prescribing, dispensing, or usage of controlled substances may be:

(a) Appropriately managed by a single outpatient pharmacy or primary care physician; or

(b) Indicative of improper, inappropriate, or illegal prescribing or dispensing practices by a practitioner or drug seeking by a Medicaid recipient.

(8) A person who receives data or any report of the system from the cabinet shall not provide it to any other person or entity except as provided in this section, in another statute, or by order of a court of competent jurisdiction and only to a person or entity authorized to receive the data or the report under this section, except that:

(a) A person specified in subsection (6)(b) of this section who is authorized to receive data or a report may share that information with any other persons specified in subsection (6)(b) of this section authorized to receive data or a report if the persons specified in subsection (6)(b) of this section are working on a bona fide specific investigation involving a designated person. Both the person providing and the person receiving the data or report under this paragraph shall document in writing each person to whom the data or report has been given or received and the day, month, and year that the data or report has been given or received. This document shall be maintained in a file by each agency engaged in the investigation;

(b) A representative of the Department for Medicaid Services may share data or reports regarding overutilization by Medicaid recipients with a board designated in subsection (6)(a) of this section, or with a law enforcement officer designated in subsection (6)(b) of this section;

(c) The Department for Medicaid Services may submit the data as evidence in an administrative hearing held in accordance with KRS Chapter 13B; and

(d) A practitioner, pharmacist, or employee who obtains data under subsection (6)(e) of this section may share the report with the patient or person authorized to act on the patient's behalf and place the report in the patient's medical record, with that individual report then being deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record in lieu of the disclosure restrictions otherwise imposed by this section.

(9) The Cabinet for Health and Family Services, all peace officers specified in subsection (6)(b) of this section, all officers of the court, and all regulatory agencies and officers, in using the data

for investigative or prosecution purposes, shall consider the nature of the prescriber's and dispenser's practice and the condition for which the patient is being treated.

(10) The data and any report obtained therefrom shall not be a public record, except that the Department for Medicaid Services may submit the data as evidence in an administrative hearing held in accordance with KRS Chapter 13B.

(11) Intentional failure by a dispenser to transmit data to the cabinet as required by subsection (3), (4), or (5) of this section shall be a Class B misdemeanor for the first offense and a Class A misdemeanor for each subsequent offense.

(12) Intentional disclosure of transmitted data to a person not authorized by subsection (6) to subsection (8) of this section or authorized by KRS 315. 121, or obtaining information under this section not relating to a bona fide specific investigation, shall be a Class B misdemeanor for the first offense and a Class A misdemeanor for each subsequent offense.

(13) (a) The Commonwealth Office of Technology, in consultation with the Cabinet for Health and Family Services, may submit an application to the United States Department of Justice for a drug diversion grant to fund a pilot or continuing project to study, create, or maintain a real-time electronic monitoring system for Schedules II, III, IV, and V controlled substances.

(b) The pilot project shall:

1. Be conducted in two (2) rural counties that have an interactive real-time electronic information system in place for monitoring patient utilization of health and social services through a federally funded community access program; and

2. Study the use of an interactive system that includes a relational data base with query capability.

(c) Funding to create or maintain a real-time electronic monitoring system for Schedules II, III, IV, and V controlled substances may be sought for a statewide system or for a system covering any geographic portion or portions of the state.

(14) Provisions in this section that relate to data collection, disclosure, access, and penalties shall apply to the pilot project authorized under subsection (13) of this section.

(15) The Cabinet for Health and Family Services may, by promulgating an administrative regulation, limit the length of time that data remain in the electronic system. Any data removed from the system shall be archived and subject to retrieval within a reasonable time after a request from a person authorized to review data under this section.

(16) (a) The Cabinet for Health and Family Services shall work with each board responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other persons who are authorized to prescribe, administer, or dispense controlled substances for the development of a continuing education program about the purposes and uses of the electronic system for monitoring established in this section.

(b) The cabinet shall work with the Kentucky Bar Association for the development of a continuing education program for attorneys about the purposes and uses of the electronic system for monitoring established in this section.

(c) The cabinet shall work with the Justice and Public Safety Cabinet for the development of a continuing education program for law enforcement officers about the purposes and uses of the electronic system for monitoring established in this section.

(17) If the cabinet becomes aware of a prescriber's or dispenser's failure to comply with this section, the cabinet shall notify the licensing board or agency responsible for licensing the prescriber or dispenser. The licensing board shall treat the notification as a complaint against the licensee.

(18) The cabinet shall promulgate administrative regulations to implement the provisions of this section. Included in these administrative regulations shall be an error resolution process allowing a patient to whom a report had been disclosed under subsection (8) of this section to request the correction of inaccurate information contained in the system relating to that patient.

Kentucky Administrative Regulations (2012)
Title 201. General Government Cabinet
Chapter 9. Board of Medical Licensure

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

Section 1. (1) Effective July 20, 2012, every licensee who holds a valid Drug Enforcement Administration (DEA) permit to prescribe or dispense controlled substances to humans in the Commonwealth of Kentucky must be registered with the Cabinet for Health and Family Services to use the KASPER system;

(2) Any licensee who obtains a DEA permit to prescribe or dispense controlled substances to humans in the Commonwealth of Kentucky following July 20, 2012 shall register, within three (3) working days of the date of issuance of the DEA permit, with the Cabinet of Health and Family Services to use the KASPER system;

(3) Every licensee who holds a valid DEA permit to prescribe or dispense controlled substances to humans in the Commonwealth of Kentucky shall maintain registration with the Cabinet for Health and Family Services to use the KASPER system continuously during their licensure within the Commonwealth of Kentucky;

(4) Failure of a licensee to register with the Cabinet for Health and Family Services to use the KASPER system within the time designated or to maintain such registration continuously during their licensure, as required by Sections (1) – (3), above, shall constitute violations of KRS 311.595(9) and (12) and shall provide a basis for disciplinary action against their Kentucky licenses pursuant to KRS 311.595.

Section 2. (1) In order to lawfully prescribe or dispense controlled substances within the Commonwealth of Kentucky, a licensee must hold a valid DEA permit to do so and must be registered with the Cabinet for Health and Family Services to use the KASPER system;

(2) Failure to be registered with the Cabinet for Health and Family Services to use the KASPER system at any time while the licensee holds a valid DEA permit to prescribe or dispense controlled substances to humans within the Commonwealth of Kentucky shall constitute a violation of KRS 311.595(9) and (12) which constitutes an immediate danger to the public health, safety, or welfare, for the purposes of KRS 311.592 and 13B.125.

(3) If the Board receives documentation from the Cabinet for Health and Family Services that a licensee holds a valid DEA permit to prescribe or dispense controlled substances to humans within the Commonwealth of Kentucky, but is not currently registered with the Cabinet to use the KASPER system, the Board shall:

(a) immediately send written notice, by certified mail, to the physician that the physician must register with the Cabinet for Health and Family Services to use the KASPER system within seven (7) days of receipt of the written notice;
(b) confirm with the Cabinet for Health and Family Services that the physician registered with the Cabinet to use the KASPER system; and,

(c) if the physician failed to register with the Cabinet for Health and Family Services to use the KASPER system within the seven (7) days following receipt of the written notice, the appropriate Inquiry Panel or its Chair shall promptly issue an emergency order restricting that licensee from prescribing or dispensing controlled substances within the Commonwealth of Kentucky until such time as the licensee has registered with the Cabinet to use the KASPER system;

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

receipt of such written verification, the Panel or its Chair will immediately issue an order terminating the emergency order issued pursuant to this section;

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

Section 3. If a licensee should prescribe or dispense controlled substances within the Commonwealth of Kentucky during any period when the licensee is not registered with the Cabinet to use the KASPER system, each instance of prescribing or dispensing shall constitute a separate violation of KRS 311.595(12) and (9), as illustrated by KRS 311.597(1)(b) and will serve as the basis for disciplinary sanctions pursuant to KRS Chapter 311.595.

Maine

Maine Revised Statutes Annotated (2012)
Title 22. Health and Welfare
Subtitle 4. Human Services
Part 3. Drug Abuse
Chapter 1603. Controlled Substances Prescription Monitoring

§ 7249. Reporting of prescription monitoring information

1. Information required. Each dispenser shall submit to the department, by electronic means or other format specified in a waiver granted by the department, specific items of information regarding dispensed controlled substances determined by the office from the following list:

A. The dispenser identification number;

B. The date the prescription was filled;

C. The prescription number;

D. Whether the prescription is new or is a refill;

E. The National Drug Code (NDC) for the drug dispensed;

F. The quantity dispensed;

G. The dosage;

H. The patient identification number;

I. The patient name;

J. The patient address;

K. The patient date of birth;

L. The prescriber identification number;

M. The date the prescription was issued by the prescriber; and

N. The department-issued serial number if the department chooses to establish a serial prescription system.

2. Frequency. Each dispenser shall submit the information required under subsection 1 as frequently as specified by the department.

3. Waiver. The department may grant a waiver of the electronic submission requirement under subsection 1 to any dispenser for good cause, including financial hardship, as determined by the department. The waiver must state the format and frequency with which the dispenser is required to submit the required information.

4. Immunity from liability. A dispenser is immune from liability for disclosure of information if the disclosure was made pursuant to and in accordance with this chapter.

5. Participation requirements. If less than 90% of the prescribers in a class of prescribers described in paragraphs A to F are registered in the program on January 1, 2014, then all the members of that class of prescribers shall register in the program by March 1, 2014. The following are the classes of prescribers that are subject to the provisions of this subsection:

A. Allopathic physicians licensed pursuant to Title 32, chapter 48, subchapter 2;

B. Osteopathic physicians licensed pursuant to Title 32, chapter 36;

C. Dentists licensed pursuant to Title 32, chapter 16, subchapter 3;

D. Physician assistants licensed pursuant to Title 32, chapter 48, subchapter 2;

E. Podiatrists licensed pursuant to Title 32, chapter 51; and

F. Advanced practice registered nurses licensed pursuant to Title 32, chapter 31, subchapter 3.

Massachusetts

Massachusetts General Laws Annotated (2012)
Part I. Administration of the Government (Ch. 1-182)
Title XV. Regulation of Trade (Ch. 93-110H)
Chapter 94C. Controlled Substances Act

<Text of Section Effective January 1, 2013>

§ 7A

Prior to obtaining or renewing a registration under section 7, a practitioner who prescribes controlled substances shall register as a participant in the prescription monitoring program established in section 24A. For the purposes of this section, a practitioner shall not include a veterinarian.

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New Hampshire

Revised Statutes Annotated of the State of New Hampshire (2012)
Title XXX. Occupations and Professions (Ch. 309 to 332-J)
Chapter 318-B. Controlled Drug Act

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

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

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

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

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

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

(b) Prescriber's DEA number.

(c) Date of dispensing.

(d) Prescription number.

(e) Number of refills granted.

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

(g) Quantity dispensed.

(h) Number of days supply of drug.

(i) Patient's name.

(j) Patient's address.

(k) Patient's date of birth.

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

(m) Date prescription was written by prescriber.

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

(o) Source of payment for prescription.

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

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

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

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

New Mexico

Code of New Mexico Rules (2012)
Title 16. Occupational and Professional Licensing
Chapter 19. Pharmacists
Part 20. Controlled Substances

16.19.20. CONTROLLED SUBSTANCES

16.19.20.1 ISSUING AGENCY: Regulation and Licensing Department - Board of Pharmacy, Albuquerque, NM.

16.19.20.2 SCOPE: All persons or entities that manufacture, distribute, dispense, administer, prescribe, deliver, analyze, or conduct research using controlled substances.

16.19.20.3 STATUTORY AUTHORITY: Section 30-31-11 of the Controlled Substances Act, "30-31-1 through 30-31-42 NMSA 1978, authorizes the Board of Pharmacy to promulgate regulations and charge reasonable fees for the registration and control of the manufacture, distribution and dispensing of controlled substances.

16.19.20.4 DURATION: Permanent.

16.19.20.5 EFFECTIVE DATE: July 15, 2002, unless a different date is cited at the end of a Section.

16.19.20.6 OBJECTIVE: The objective of Part 20 of Chapter 19 is to protect the public health and welfare of the citizens of New Mexico by controlling and monitoring access to controlled substances and to give notice of the Board's designation of particular substances as controlled substances.

16.19.20.7 DEFINITIONS: (Reserved)

16.19.20.8 REGISTRATION REQUIREMENTS: Persons required to register:

A. manufacture - term includes repackagers;

B. distributors - term includes wholesale drug distributors;

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

D. practitioners - includes a physician, doctor of oriental medicine, dentist, physician assistant, certified nurse practitioner, clinical nurse specialist, certified nurse-midwife, veterinarian, pharmacist, pharmacist clinician, certified registered nurse anesthetists, psychologists,

chiropractic examiner, euthanasia technicians or other person licensed or certified to prescribe and administer drugs that are subject to the Controlled Substances Act. **Practitioners must register with the New Mexico prescription monitoring program in conjunction with their controlled substance registration.**

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Tennessee

West's Tennessee Code Annotated (2012)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Controlled Substance Monitoring Act of 2002

<Text of Section Effective January 1, 2013>

§ 53-10-305. Dispenser information; electronic transmission

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

(b)(1) Each dispenser or dispenser's agent shall, regarding each controlled substance dispensed, submit to the database all of the following information:

(A) Prescriber identifier;

(B) Dispensing date of controlled substance;

(C) Patient identifier;

(D) Controlled substance dispensed identifier;

(E) Quantity of controlled substance dispensed;

(F) Strength of controlled substance dispensed;

(G) Estimated days supply;

(H) Dispenser identifier;

(I) Date the prescription was issued by the prescriber;

(J) Whether the prescription was new or a refill;

(K) Source of payment; and

(L) Other relevant information as required by rule.

(2) The information in the database, as required by subdivision (b)(1), shall be submitted by a procedure and in a format established by the committee, at least once every seven (7) days for all the controlled substances dispensed during the preceding seven (7) day period.

(c) The committee shall have the authority to shorten the length of time dispensers are required to submit to the database through the promulgation of rules pursuant to the Uniform Administrative Procedures Act, compiled in Title 4, Chapter 5. When the committee shortens the length of time dispensers are required to submit to the database, the department shall provide notice to all dispensers who are registered in the database at least sixty (60) days prior to the date in which the rule goes into effect. If the committee shortens the length of time which dispensers must submit information to the database, a dispenser may provide to the committee a written statement indicating why it creates a hardship for that dispenser to submit information within that time period, and the committee may grant an extension up to seven (7) days within which that dispenser must submit the information to the database. Such a hardship extension shall be valid for two (2) years and may be renewed by the committee upon request of the dispenser.

(d) Any dispenser, except veterinarian dispensers, that uses a computerized system to record information concerning the dispensing of controlled substances, shall submit the required information to the database utilizing nationally recognized pharmacy telecommunications format standards.

(e) The board shall maintain the database in an electronic file or by other means established by the committee in such a manner as not to infringe on the legal use of controlled substances, and in such a manner as to facilitate use of the database by the committee for identification of:

(1) Prescribing and dispensing practices and patterns of prescribing and dispensing controlled substances; and

(2) Individuals, facilities or entities that receive prescriptions for controlled substances from prescribers, and who subsequently obtain dispensed controlled substances from a dispenser in quantities or with a frequency inconsistent with generally recognized standards of dosage for that controlled substance, or by means of forged or otherwise false or altered prescriptions.

(f) The committee or a designee appointed by the committee shall review information in the database. If the committee or its designee determines from review that a prescriber or dispenser may have committee a violation of the law, the committee shall notify the entity responsible for licensure, regulation, or discipline of that prescriber or dispenser and shall supply information required by the entity for an investigation of the violation of the law that may have occurred.

(g)(1) The committee shall by rule establish the electronic format in which the information required under this section shall be submitted to the database and shall allow for waiver of

electronic reporting for individual dispensers for whom it would cause undue hardship as determined by the committee. The waiver may be valid for two (2) years from ratification by the committee.

(A) The committee may authorize a designee to initially approve a waiver subject to ratification by the committee.

(2) The committee shall ensure the database system records and shall maintain for reference:

(A) Identification of each person who requests or receives information from the database;

(B) The information provided to each person; and

(C) The date and time the information is requested or provided.

(h) The committee shall make rules to:

(1) Effectively enforce the limitations on access to the database as described in this part; and

(2) Establish standards and procedures to ensure accurate identification of individuals requesting information or receiving information from the database without a request.

Utah

West's Utah Code Annotated (2012)
Title 58. Occupations and Professions
Chapter 37F. Controlled Substance Database Act
Part 4. Registration and Training

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

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

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

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

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

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

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

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

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

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

(6) Beginning on July 1, 2010, the division shall, in accordance with Section 63J-1-504, impose an annual database registration fee on an individual who registers to use the database, to pay the

startup and ongoing costs of the division for complying with the requirements of this section and Section 58-37f-402.