States That Require Certain Authorized Recipients to Undergo Training and/or Completion of Educational Courses Before Accessing PMP Data

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Introduction

This compilation of statutes and regulations only includes those states that *require* some type of training or educational course by certain authorized users before they can access the prescription monitoring program. Most states offer *optional* training courses for users, and those states are not included in this document.

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Kentucky
§ 218A.202
§ 218A.240

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

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

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(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) The chief medical officer of a hospital or long-term-care facility, an employee of the hospital or long-term-care facility as designated by the chief medical officer and who is working under his or her specific direction, or a physician designee if the hospital or facility has no chief medical officer, if the officer, employee, or designee certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current or prospective patient or resident in the hospital or facility;

(g) 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;

(h) 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;

(i) 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; or

(j) A medical examiner engaged in a death investigation pursuant to KRS 72.026.

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

§ 218A.240 Controlled substances; duties and authority of state and local officers, Cabinet for Health and Family Services, and Kentucky Board of Pharmacy; civil proceedings; identification of trends; identification of prescribers, dispensers, and patients for licensing board; review of hospital's or health care facility's prescribing and dispensing practices

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(7) (a) The Cabinet for Health and Family Services shall proactively use the data compiled in the electronic system created in KRS 218A.202 for investigations, research, statistical analysis, and educational purposes and shall proactively identify trends in controlled substance usage and other potential problem areas. **Only cabinet personnel who have undergone training for the electronic system and who have been approved to use the system shall be authorized access to the data and reports under this subsection.** The cabinet shall notify a state licensing board listed in KRS 218A.205 if a report or analysis conducted under this subsection indicates that further investigation about improper, inappropriate or illegal prescribing or dispensing may be necessary by the board. The board shall consider each report and may, after giving due consideration to areas of practice, specialties, board certifications, and appropriate standards of care, request and receive a follow-up report or analysis containing relevant information as to the prescriber or dispenser and his or her patients.

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Louisiana
§ 40:1007
§ 40:1008

West's Louisiana Statutes Annotated (2014)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1007. Access to prescription monitoring information

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E. The following persons, after successful completion of the educational courses identified in R.S. 40:1008, may access prescription monitoring information at no cost and in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar protected health information under federal and state law and regulation:

(1) Persons authorized to prescribe or dispense controlled substances or drugs of concern, or their delegates as defined by rule, for the purpose of providing medical or pharmaceutical care for their patients, or for verifying their prescribing records.

(2) Designated representatives from the professional licensing, certification, or regulatory agencies of this state or another state charged with administrative oversight of those professionals engaged in the prescribing or dispensing of controlled substances or other drugs of concern.

(3) Designated representatives from the Louisiana Medicaid program regarding Medicaid program recipients.

(4) Designated representatives of the board and any vendor or contractor establishing or maintaining the prescription monitoring program.

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West's Louisiana Statutes Annotated (2014)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1008. Education and treatment

A. The board shall, in consultation with and upon the recommendation of the advisory council, implement the following education courses:

(1) An orientation course during the implementation phase of the prescription monitoring program.

(2) A course for persons who are authorized to access the prescription monitoring information, but who did not participate in the orientation course.

(3) A course for persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached occupational standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the prescription monitoring program.

(4) A continuing education course for health care providers or professionals on prescribing practices, pharmacology, and the identification, treatment, and referral of a patient addicted to or abusing controlled substances or drugs monitored by the prescription monitoring program.

B. The board shall, in consultation with and upon recommendation of the advisory council, implement an educational program to inform the public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the prescription monitoring program.

C. The board shall, upon reasonable suspicion, refer potential or alleged impaired prescribers and dispensers to the appropriate professional licensing or certification agency to ensure intervention, treatment, and ongoing monitoring and follow-up.

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Massachusetts
94C § 24A

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

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

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(c) For the purposes of monitoring the prescribing and dispensing of all schedule II to V, inclusive, controlled substances and additional drugs, as authorized in subsection (a), the department shall promulgate regulations including, but not limited to, (1) a requirement that each pharmacy that delivers a schedule II to V, inclusive, controlled substance or a substance classified as an additional drug by the department to the ultimate user shall submit to the department, by electronic means, information regarding each prescription dispensed for a drug included under subsection (a); and (2) a requirement that each pharmacy collects and reports, for each prescription dispensed for a drug under subsection (a), a customer identification number and other information associated with the customer identification number, as specified by the department. Each pharmacy shall submit the information in accordance with transmission methods and frequency requirements promulgated by the department; provided, however, that the information shall be submitted at least once every 7 days. The department may issue a waiver to a pharmacy that is unable to submit prescription information by electronic means. The waiver shall permit the pharmacy to submit prescription information by other means promulgated by the department; provided, however, that all information required in this section is submitted in this alternative format.

The department shall promulgate rules and regulations relative to the use of the prescription monitoring program by registered participants, which shall include requiring participants to utilize the prescription monitoring program prior to the issuance, to a patient for the first time, of a prescription for a narcotic drug that is contained in schedule II or III. The department may require participants to utilize the prescription monitoring program prior to the issuance, to a patient for the first time, of benzodiazepines or any other schedule IV or V prescription drug, which is commonly abused and may lead to physical or psychological dependence or which causes patients with a history of substance dependence to experience significant addictive symptoms. The regulations shall specify the circumstances under which such narcotics may be prescribed without first utilizing the prescription monitoring program. The regulations may also specify the circumstances under which support staff may use the prescription monitoring program on be-half of a registered participant. **When promulgating the rules and regulations, the department shall also require that pharmacists be trained in the use of the prescription**

monitoring program as part of the continuing education requirements mandated for licensure by the board of registration in pharmacy, under section 24A of chapter 112. The department shall also study the feasibility and value of expanding the prescription monitoring program to include schedule VI prescription drugs.

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Montana

Per the state PDMP representative, Montana requires all authorized users to complete a training program before being granted access.

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Nevada
§ 453.1545

West's Nevada Revised Statutes Annotated (2014)
Title 40. Public Health and Safety (Chapters 439-461A)
Chapter 453. Controlled Substances
Uniform Controlled Substances Act
General Provisions

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

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

(a) Be designed to provide information regarding:

(1) The inappropriate use by a patient of controlled substances listed in schedules II, III and IV to pharmacies, practitioners and appropriate state agencies to prevent the improper or illegal use of those controlled substances; and

(2) Statistical data relating to the use of those controlled substances that is not specific to a particular patient.

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

(c) Not infringe on the legal use of a controlled substance for the management of severe or intractable pain.

(d) Include the contact information of each person who elects to access the database of the program pursuant to subsection 2, including, without limitation:

(1) The name of the person;

(2) The physical address of the person;

(3) The telephone number of the person; and

(4) If the person maintains an electronic mail address, the electronic mail address of the person.

2. The Board shall provide Internet access to the database of the program established pursuant to subsection 1 to each practitioner who is authorized to write prescriptions for and each person who is authorized to dispense controlled substances listed in schedule II, III or IV who:

(a) Elects to access the database of the program; and

(b) Completes the course of instruction described in subsection 7.

3. The Board and the Division must have access to the program established pursuant to subsection 1 to identify any suspected fraudulent or illegal activity related to the dispensing of controlled substances.

4. The Board or the Division shall report any activity it reasonably suspects may be fraudulent or illegal to the appropriate law enforcement agency or occupational licensing board and provide the law enforcement agency or occupational licensing board with the relevant information obtained from the program for further investigation.

5. The Board and the Division may cooperatively enter into a written agreement with an agency of any other state to provide, receive or exchange information obtained by the program with a program established in that state which is substantially similar to the program established pursuant to subsection 1, including, without limitation, providing such state access to the database of the program or transmitting information to and receiving information from such state. Any information provided, received or exchanged as part of an agreement made pursuant to this section may only be used in accordance with the provisions of this chapter.

6. Information obtained from the program relating to a practitioner or a patient is confidential and, except as otherwise provided by this section and NRS 239.0115, must not be disclosed to any person. That information must be disclosed:

(a) Upon the request of a person about whom the information requested concerns or upon the request on behalf of that person by his or her attorney; or

(b) Upon the lawful order of a court of competent jurisdiction.

7. The Board and the Division shall cooperatively develop a course of training for persons who elect to access the database of the program pursuant to subsection 2 and require each

such person to complete the course of training before the person is provided with Internet access to the database pursuant to subsection 2.

8. A practitioner who is authorized to write prescriptions for each person who is authorized to dispense controlled substances listed in schedule II, III or IV who acts with reasonable care when transmitting to the Board or the Division a report or information required by this section or a regulation adopted pursuant thereto is immune from civil and criminal liability relating to such action.

9. The Board and the Division may apply for any available grants and accept any gifts, grants or donations to assist in developing and maintaining the program required by this section.

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New Jersey

Pursuant to the state PMP representative, New Jersey requires authorized users to receive training prior to accessing the PMP database.

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New Mexico
ADC 16.19.29

Code of New Mexico Rules (2014)
Title 16. Occupational and Professional Licensing
Chapter 19. Pharmacists
Part 29. Controlled Substance Prescription Monitoring Program

16.19.29. CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM

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16.19.29.12 REGISTRATION FOR ACCESS TO PRESCRIPTION INFORMATION:

A. Practitioners with individual drug enforcement administration (DEA) issued numbers will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued to the practitioner. One subaccount per practitioner account is authorized for an agent of the practitioner. The agent designated by the practitioner will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued to the agent.

B. Pharmacies with DEA issued numbers will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued. Pharmacies will designate one individual who will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued to the individual. Pharmacies will not be permitted to obtain a subaccount.

C. All registrations will be renewed every three years by completing and submitting a new application.

D. All registrants to the prescription monitoring program will complete a web based training program approved by the board.

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Ohio
ADC 4723-9-02
ADC 4723-9-13

Baldwin's Ohio Administrative Code Annotated (2014)
4723 Nursing Board
Chapter 4723-9. Prescriptive Authority

4723-9-02 Requirements for a course of study in advanced pharmacology

(A) To be acceptable to the board, a course of study shall meet the following requirements:

(1) Be a minimum of forty-five contact hours in length and include content which ensures sufficient preparation for the safe and effective prescribing of drugs and therapeutic devices;

(2) Include content which is specific to the participant's nursing specialty and which includes all of the following:

(a) A minimum of thirty-six hours of training, obtained from a single provider, in:

(i) Pharmacokinetic principles and clinical application; and

(ii) Principles of the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;

(b) A combined six hours of instruction in:

(i) The fiscal and ethical implications of prescribing drugs and therapeutic devices; and

(ii) The state and federal laws that apply to the authority to prescribe;

(c) Six hours of instruction that is specific to schedule II controlled substances, including instruction in all of the following:

(i) Indications and contraindications for the use of schedule II controlled substances in drug therapies, including risk, evaluation and mitigation strategies for the use of opiates in the treatment of chronic pain for non-terminal conditions, and the need for periodic assessment and documentation of the patient's functional status;

(ii) The most recent guidelines and recommendations for pain management therapies and education, as established by state and national organizations such as the Ohio pain initiative, the American pain society and the United States food and drug administration (FDA);

(iii) The most recent guidelines and recommendations for stimulant therapies utilized in the management of attention-deficit or hyperactivity disorder, as adopted by state and national organizations such as the American academy of pediatrics;

(iv) Fiscal and ethical implications of prescribing schedule II controlled substances;

(v) State and federal laws that apply to the authority to prescribe schedule II controlled substances, including state medical board of Ohio rules governing controlled substances and the treatment of chronic pain, and Ohio state board of pharmacy rules governing the manner of issuance of a prescription;

(vi) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse, addiction and diversion, recognition of abuse, addiction and diversion, types of assistance available for prevention of abuse, addiction and diversion, **the use of the Ohio automated rx reporting system (OARRS)**, and other methods of establishing safeguards against abuse and diversion; and

(d) Up to three hours of instruction specific to schedule II controlled substances as set forth in paragraphs (A)(2)(c)(iii) and (A)(2)(c)(iv) of this rule may be credited toward satisfying the six hours of instruction required by paragraphs (A)(2)(b)(i) and (A)(2)(b)(ii) of this rule.

(3) Include a process for interaction of the participants with instructional personnel;

(4) Include a process for evaluating the participants' learning of the content required by this rule that includes:

(a) Successful completion of case studies or written assignments;

(b) Successful completion of a comprehensive written examination;

(c) A mechanism to assure the security of the evaluation process; and

(5) Be faculty-directed and obtained either from:

(a) An accredited educational institution acceptable to the board; or

(b) A continuing education program in pharmacology that meets the requirements of Chapter 4723-14 of the Administrative Code.

Baldwin's Ohio Administrative Code Annotated (2014)
4723 Nursing Board
Chapter 4723-9. Prescriptive Authority

4723-9-13 Instruction specific to schedule II controlled substances

(A) All clinical nurse specialists, certified nurse practitioners, and certified nurse-midwives, who hold a certificate to prescribe, including an externship certificate, prior to the effective date of this rule must obtain six contact hours of instruction specific to schedule II controlled substances on or before August 31, 2013 in order to be eligible to renew their certificate to prescribe, and present documentation satisfactory to the board of having completed the instruction.

(B) To meet this requirement, the course of instruction must:

(1) Include the following content:

(a) Indications and contraindications for the use of schedule II controlled substances in drug therapies, including risk, evaluation and mitigation strategies for the use of opiates in the treatment of chronic pain for non-terminal conditions, and the need for periodic assessment and documentation of the patient's functional status;

(b) The most recent guidelines and recommendations for pain management therapies and education, as established by state and national organizations such as the Ohio pain initiative, the American pain society and the United States food and drug administration (FDA);

(c) The most recent guidelines and recommendations for stimulant therapies utilized in the management of attention-deficit or hyperactivity disorder, as adopted by state and national organizations such as the American academy of pediatrics;

(d) Fiscal and ethical implications of prescribing schedule II controlled substances;

(e) State and federal laws that apply to the authority to prescribe schedule II controlled substances, including state medical board of Ohio rules governing controlled substances and the treatment of chronic pain, and Ohio state board of pharmacy rules governing the manner of issuance of a prescription; and

(f) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse, addiction and diversion, recognition of abuse, addiction and diversion, types of assistance available for prevention of abuse, addiction and diversion, **the use of the Ohio automated rx reporting system (OARRS)**, and other methods of establishing safeguards against abuse and diversion;

(2) Meet the requirements of Chapter 4723-14 of the Administrative Code; and

(3) Be at minimum six hours in length.

(C) Applicants must submit documentation of successful completion to the board in the form of an original certificate, issued by the provider of the course of instruction that includes:

(1) Name of the attendee;

(2) Title of the program;

(3) Date of the program;

(4) Name and address of the provider and OBN approver number, if applicable; and

(5) Verification of completion of at least six hours each of sixty minutes in duration.

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Pennsylvania
35 § 872.5 (eff. June 30, 2015)

Purdon's Pennsylvania Statutes and Consolidated Statutes (2014)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program (Abc-Map) Act

§ 872.5. Powers and duties of board

<Text of Section Effective June 30, 2015>

The board shall have the following powers and duties:

. . .

(5) Develop policies and procedures to:

(i) Require more frequent reporting of prescription medication information under section 7 [FN2] should technology permit and so long as there is little or no fiscal impact to the Commonwealth or those required to report. Any change in the frequency of reporting shall be made in collaboration with the Board of Pharmacy and the Board of Pharmacy's members to ensure that a pharmacy is able to accommodate the change.

(ii) Evaluate the information in the system.

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

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

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

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

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

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South Carolina

Pursuant to their website, the South Carolina Department of Health and Environmental Control requires all practitioners and pharmacists requesting direct access to the PMP database to complete a SCRIPTS online training course prior to submitting an access request form.

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Utah
§ 58-37f-402

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

§ 58-37f-402. Online tutorial and test relating to the database--Fees--Rulemaking authority--Continuing professional education credit

(1) The division shall develop an online tutorial and an online test for registration to use the database that provides instruction regarding, and tests, the following:

(a) the purpose of the database;

(b) how to access and use the database;

(c) the law relating to:

(i) the use of the database; and

(ii) the information submitted to, and obtained from, the database; and

(d) basic knowledge that is important for all people who prescribe controlled substances to know in order to help ensure the health and safety of an individual to whom a controlled substance is prescribed.

(2) The division shall design the test described in this section as follows:

(a) an individual shall answer all of the questions correctly in order to pass the test;

(b) an individual shall be permitted to immediately retake the portion of the test that the individual answers incorrectly as many times as necessary for the individual to pass the test; and

(c) after an individual takes the test, the test software shall:

(i) immediately inform the individual of the number of questions that were answered incorrectly;

(ii) provide the correct answers;

(iii) replay the portion of the tutorial that relates to the incorrectly answered questions; and

(iv) ask the individual the incorrectly answered questions again.

(3) The division shall design the tutorial and test so that it is possible to take the tutorial and complete the test in 20 minutes or less, if the individual answers all of the questions correctly on the first attempt.

(4) The division shall ensure that the tutorial and test described in this section are fully functional and available for use online on or before November 1, 2010.

(5) The division shall impose a fee, in accordance with Section 63J-1-504, on an individual who takes the test described in this section, to pay the costs incurred by the division to:

(a) develop, implement, and administer the tutorial and test described in this section; and

(b) fulfill the other duties imposed on the division under this part.

(6) The division may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

(a) develop, implement, and administer the tutorial and test described in this section; and

(b) fulfill the other duties imposed on the division under this part.

(7) The Department of Health shall assist the division in developing the portion of the test described in Subsection (1)(d).

(8) Completing the online tutorial and passing the online test described in this section shall count as 1/2 hour of continuing professional education under Subsection 58-37-6.5(2).

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Vermont
18 § 4282
ADC 12-5-21:4

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

§ 4282. Definitions

As used in this chapter:

(1) "Dispenser" shall mean any person who "dispenses" or engages in "dispensing" as those terms are defined in 26 V.S.A. § 2022(5).

(2) "Health care provider" shall mean an individual licensed, certified, or authorized by law to provide professional health care service in this state to an individual during that individual's medical or dental care, treatment, or confinement.

(3) "VPMS" shall mean the Vermont prescription monitoring system established under this chapter.

(4) "Delegate" means an individual employed by a health care provider or pharmacy or in the Office of the Chief Medical Examiner and authorized by a health care provider or dispenser or by the Chief Medical Examiner to request information from the VPMS relating to a bona fide current patient of the health care provider or dispenser or to a bona fide investigation or inquiry into an individual's death.

(5) "Department" means the Department of Health.

(6) "Drug diversion investigator" means an employee of the Department of Public Safety whose primary duties include investigations involving violations of laws regarding prescription drugs or the diversion of prescribed controlled substances, and who has completed a training program established by the Department of Health by rule that is designed to ensure that officers have the training necessary to use responsibly and properly any information that they receive from the VPMS.

(7) "Evidence-based" means based on criteria and guidelines that reflect high-quality, cost-effective care. The methodology used to determine such guidelines shall meet recognized standards for systematic evaluation of all available research and shall be free from conflicts of interest. Consideration of the best available scientific evidence does not preclude consideration

of experimental or investigational treatment or services under a clinical investigation approved by an institutional review board.

West's Vermont Administrative Code (2014)
Title 12. Agency of Human Services
Subtitle 5. Department of Health
General
Rule 21. Prescription Monitoring System

12-5-21:4. TRAINING

Section 4.1 Designation of Training Programs.

The Department, in consultation with the Advisory Committee and one or more individuals with medical expertise relating to prescribing controlled substances and treatment of drug addiction and dependence, will periodically designate one or more training programs for law enforcement officers relating to responsible and proper use of VPMS data. The Department will maintain a list of current trained law enforcement officers qualified to receive a report from a professional licensure board as authorized by 18 V.S.A. § 4284(b)(5).

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West Virginia
§ 60A-9-5
ADC § 15-3-4

West's Annotated Code of West Virginia (2014)
Chapter 60A. Uniform Controlled Substances Act
Article 9. Controlled Substances Monitoring

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

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

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West Virginia Code of State Rules (2014)
Title 15. West Virginia Board of Pharmacy
Legislative Rule (Ser. 3)
Series 3. Board of Pharmacy Rules for Continuing Education for Licensure of Pharmacists

§ 15-3-4. Continuing Pharmacy Education Requirements.

4.1. A licensed pharmacist shall complete a minimum of thirty (30) CPE hours every two (2) years, inclusive of any CPE requirements for consultant pharmacist registration, pharmacist immunization registration, and drug diversion training and best practice prescribing of controlled substances training, in order to renew his or her license to practice pharmacy in West Virginia, and each reporting period thereafter.

4.2. Hours earned may only be used to meet the requirements for one reporting period. Hours in excess of the number required at the end of each reporting period shall not be transferred or applied to future reporting periods to satisfy future CPE requirements. Hours earned in a new reporting period but used to meet the requirements of a prior reporting period may only be used for the prior reporting period.

4.3. Six (6) hours of the thirty (30) CPE hours required every two (2) years shall be obtained through a live presentation requiring the physical presence of the pharmacist at the CPE program.

4.4. Beginning July 1, 2014, unless a pharmacist has completed and timely provided to the board on the form to be provided by the board a waiver request attesting that he or she has not administered or dispensed a controlled substance during the entire previous reporting period, every pharmacist shall, as a prerequisite to license renewal, complete a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training during the previous reporting period.

4.4.1. Said three (3) hours of CPE shall be a part of the 30 hours of CPE required, and is not three (3) additional hours.

4.4.2. For purposes of this subsection, "drug diversion training and best practice prescribing of controlled substances training" means a training course of at least three (3) CPE hours which includes, at a minimum, all of the following:

(a). Drug diversion, including West Virginia statistics on prescription drug abuse and resulting deaths;

(b). Epidemiology of chronic pain and misuse of opioids;

(c). Indication for opioids in chronic pain treatment including, at a minimum, general characteristics, toxicities, and drug interactions;

(d). Patient evaluation and risk assessment and tools to assess risk and monitor benefits.

(e). Initiation and ongoing-management of chronic pain in patients treatment with opioid based therapies, including, at a minimum: treatment objectives; medication therapy management and collaborative practice; prescription of controlled substance agreements; urine screens and pill counts; patient education on safe use, storage and disposal of opioids; discontinuation of opioids; and documentation and medical records;

(f). Case study of a patient with chronic pain;

(g). Identification of diversion and drug seeking tactics and behaviors;

(h). Best practice methods for working with patients, prescribers, law enforcement, and others as appropriate, concerning patients suspected of drug seeking behavior and diversion;

(i). Compliance with controlled substances laws and rules; and

(j). How to register with and use the West Virginia Controlled Substances Monitoring Program established in West Virginia Code § 60A-9-1, et seq.

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