



Prescription Drug Monitoring Programs – Bill Status Update

Research current through November 13, 2015.

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© 2015 Research is current as of November 13, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software, individual state legislative websites and direct communications with state PDMP representatives. Please contact Heather Gray at (703) 836-6100, ext. 114 or hgray@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 420 Park Street, Charlottesville, VA 22902.

Bills		
Bill No.	Description	Status and Date of Last Action
US HR 6	Requires the Secretary to authorize Medicare Drug Integrity Contractors (MEDICs) to respond to requests for information from state PMPs in an effort to prevent fraud, waste, and abuse	7/13/2015 – Received in the Senate and read twice and referred to committee on health, education, labor, and pensions
US HR 953	<ul style="list-style-type: none"> - Planning and implementation grants for states - States receiving the grant shall establish a comprehensive response to opioid abuse, including a comprehensive PMP that includes: 1) data sharing with other states; 2) educating physicians, residents, medical students, and other prescribers on the PMP - Requires that states receiving grants have an integrated opioid abuse response program that: 1) ensures that each prescriber and dispenser registers with the PMP; 2) each prescriber and dispenser consults the PMP before prescribing a controlled substance; 3) that each dispenser reports the dispensing of controlled substances to the PMP with certain exceptions defined by the state; and 4) not fewer than four times each year, provide each prescriber an informational report showing how their prescribing patterns compare with their peers - Priority considerations include those states that ensure PMP data is available within 24 hours and ensure that prescribers and dispensers are notified by the PMP when overuse or misuse of a controlled substance by a patient is suspected - Grants awarded by the Attorney General in coordination with the Secretary of Health and Human Services and the Director of the Office of National Drug Control Policy 	4/29/2015 – Referred to the subcommittee on Higher Education and Workforce Training
US HR 1725	<ul style="list-style-type: none"> - Reauthorizes NASPER funding - Allows funds to be used to improve, maintain, and operate an existing PMP 	9/9/2015 – Received in the Senate and read twice and referred to Committee on

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	<ul style="list-style-type: none"> - Requires that states plan to apply the latest advances in HIT to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that states plan to achieve interoperability with at least one HIT system, such as an EHR, HIE, or e-prescribing system - Requires that states achieve interoperability between border states and include timelines for full implementation of such interoperability and also describe how it will achieve interoperability with HITs, as allowed by state law - Requires the state to report to the secretary on: interoperability with federal departments and agencies; interoperability with HITs such as EHRs, HIEs, and e-prescribing systems; and whether or not the state provides automatic, real-time or daily information about patients to providers - Requires states to provide the secretary with aggregate data to enable the secretary to evaluate the success of the state's program - Requires states to provide de-identified data to researchers - Requires states to take steps to facilitate use of the system, educate prescribers and dispensers regarding the benefits of using the system, and facilitate linkage to the state substance abuse agency and substance use disorder services - Appropriates \$10,000,000 for fiscal years 2016 - 2020 	Health, Education, Labor, and Pensions
US HR 2046	Amends § 7332(b) of Title 38 to provide that the secretary of Veterans' Affairs shall participate in each state PMP, including by providing such information to the program of an individual before filling an opiate prescription for such individual	5/11/2015 – Referred to Subcommittee on Health
US HR 2536	<ul style="list-style-type: none"> - Creates the “Recovery Enhancement for Addiction Treatment Act” - Provides that qualifying practitioners for medication-assisted treatment can submit a second notification of the need and intent of the qualifying practitioner to treat an unlimited number of patients as long as they agree to fully participate in the PMP in the state in which they are licensed 	6/16/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations

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US HR 2805	<ul style="list-style-type: none"> - Creates the Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015 - Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP - Amends language to allow funds to be used for the purpose of improving or maintaining the program - Requires that states have a plan in place to apply the latest advances in health information technology in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires states to provide a timeline for achieving interoperability with other states and with the PMP and HIT systems - Requires a report to be made to the secretary on interoperability and data collection intervals - Requires states receiving funding to facilitate prescriber and dispenser use of the PMP, educate prescribers and dispensers on the benefits of the system, and facilitate linkage to the state substance abuse agency and substance abuse disorder services 	7/9/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations
US HR 3719	<ul style="list-style-type: none"> - Reauthorizes NASPER funding - Allows funds to be used to improve, maintain, and operate an existing PMP - Requires that states plan to apply the latest advances in HIT to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that states plan to achieve interoperability with at least one HIT system, such as an EHR, HIE, or e-prescribing system - Requires that states achieve interoperability between border states and include timelines for full implementation of such interoperability and also describe how it will achieve interoperability with HITs, as allowed by state law - Requires the state to report to the secretary on: interoperability with federal departments and agencies; interoperability with HITs such as EHRs, HIEs, and e-prescribing systems; and whether or not the state provides automatic, real-time or daily information about patients to providers 	11/3/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations

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	<ul style="list-style-type: none"> - Requires states to provide the secretary with aggregate data to enable the secretary to evaluate the success of the state's program or to provide a report to Congress - Requires states to provide de-identified data to researchers - Requires states to take steps to facilitate use of the system, educate prescribers and dispensers regarding the benefits of using the system, and facilitate linkage to the state substance abuse agency and substance use disorder services - Appropriates \$10,000,000 for fiscal years 2016 - 2020 	
US HR 3889	21 USC 823 § 303 is amended to require practitioners to complete training prior to granting or renewing the registration of a practitioner to dispense, or conduct research with, Schedule II – V controlled substances including training regarding tools to manage adherence and diversion of controlled substances, including PMPs	11/3/2015 – Referred to House judiciary
US S 480	<ul style="list-style-type: none"> - Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP in addition to the previously existing allowances - Requires that applicants have a plan to apply the latest advances in HIT in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Includes provisions regarding interoperability 	2/12/2015 – Read twice and referred to Committee on Health, Education, Labor, and Pensions
US S 524	<ul style="list-style-type: none"> - Planning and implementation grants for states - States receiving the grant shall establish a comprehensive response to opioid abuse, including a comprehensive PMP that includes: 1) data sharing with other states; 2) educating physicians, residents, medical students, and other prescribers on the PMP - Requires that states receiving grants have an integrated opioid abuse response program that: 1) ensures that each prescriber and dispenser registers with the PMP; 2) each prescriber and dispenser consults the PMP before prescribing a controlled substance; 3) that each dispenser reports the dispensing of controlled substances to the PMP with certain exceptions defined by the state; and 4) not fewer than four times each year, provide each prescriber an informational report showing how their prescribing patterns compare with their peers 	2/12/2015 – Read twice and referred to Committee on Judiciary

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	<ul style="list-style-type: none"> - Priority considerations include those states that ensure PMP data is available within 24 hours and ensure that prescribers and dispensers are notified by the PMP when overuse or misuse of a controlled substance by a patient is suspected - Grant applications submitted to the Attorney General 	
US S 636	<ul style="list-style-type: none"> - Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP in addition to the previously existing allowances - Requires that applicants have a plan to apply the latest advances in HIT in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that the database: be interoperable with the PMPs of other states; be interoperable with electronic health records and e-prescribing, where appropriate; provide automatic, real-time or daily information about a patient when requested by a practitioner; require practitioners to use the database information to help determine whether to prescribe or renew a controlled substance prescription; require dispensers, or their designees where permitted, to enter data required by the Secretary, including patient name, the date and prescription dose - Provides that information required to be submitted shall include information with respect to methadone dispensed to a patient but further provides that no information relating to a patient's methadone use may be used to conduct a criminal investigation or substantiate any criminal charges against a patient - Requires the program to provide the Secretary with aggregate data and other information to enable the Secretary to evaluate the program's success or prepare and submit the report to Congress - Authorizes appropriations of \$7,000,000 for each of fiscal years 2016 through 2020 - Requires health care practitioners and dispensers who participate in or are employed by a Federal health care program or federally funded health care program, including Indian Health Service, the Department of Veterans Affairs, 	3/3/2015 – Read twice and referred to Committee on Health, Labor, Education, and Pensions

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	<p>the Department of Defense, etc., to use the PMP if the PMP is available to the practitioner or dispenser</p> <ul style="list-style-type: none"> - Creates 1 year pilot project which awards grants for the purpose of developing a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns through a review of PMPs - Amends 21 USC § 823(g)(2)(B) to allow a practitioner to treat more than 30 patients for maintenance and detoxification treatment if the practitioner agrees to fully participate in the state PMP 	
US S 1641	<ul style="list-style-type: none"> - Creates guidelines for the management of opioid therapy by the Department of Veterans Affairs and Department of Defense which includes a requirement that health care providers with the VA or DOD retrieve information from the state PMP before initiating opioid therapy to treat a patient - Requires the secretary to ensure access by health care providers of the DOD to information on controlled substances, include opioids and benzodiazepines, prescribed to veterans who receive care outside the DOD through the PMP of each state, including by entering into an MOU with each state to ensure access - Requires the secretary to require DOD health care providers to submit prescription information to the state PMP 	6/23/2015 – Sponsor introductory remarks on measure; read twice and referred to committee
AL HB 393	<ul style="list-style-type: none"> - Amends § 20-2-214 to provide that de-identified data may be provided upon request for bona fide statistical, research, or educational purposes - Amends § 20-2-215 to include statistical, research, or educational purposes as legitimate uses for prescription information 	4/2/2015 – Read first time; referred to Public Safety and Homeland Security
AL SB 175	Amends § 20-2-213 to delete veterinarians from the reporting requirement	6/2/2015 – Pending third reading on day 28; favorable from Health
AL SB 333	<ul style="list-style-type: none"> - Amends § 20-2-214 to allow the provision of de-identified data for statistical, research, or educational purposes - Amends § 20-2-215 to provide that information may be used for statistical, research, or educational purposes 	4/17/2015 – Read first time and referred to Senate committee

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AK HB 79	Amends definitions	1/26/2015 – Read first time; referred to Judiciary
AK SB 30	Amends definitions	3/31/2015 – Passed Senate; referred to House Judiciary
AZ HB 2036	- Amends § 32-1501 to make it unprofessional conduct for a naturopathic physician to fail or refuse to include a copy of a patient’s PMP report in the medical record when providing a certificate of debilitating condition for medical marijuana	4/10/2015 – Signed by Governor; effective July 3, 2015
AZ HB 2141	- Amends § 36-2604 to allow receipt of PMP information by a medical examiner - Amends definition of “delegate” to include a forensic pathologist, medical death investigator, or other qualified person assigned duties in connection with a death investigation	1/20/2015 – In House committee
AZ SB 1031	- Adds new section to require health care professionals authorized to prescribe medications to check the PMP before prescribing a controlled substance to a member of the Arizona Health Care Cost Containment System (AHCCCS) with the exception of oncologists and hematologists prescribing medications to treat pain associated with cancer or progressive sickle cell disease - Also requires pharmacists to check the PMP prior to filling a controlled substance prescription for an AHCCCS member	1/12/2015 – In House committee
AZ SB 1290	Amends § 23-1026 – doesn’t affect PMP provisions	4/10/2015 – Signed by Governor; effective July 3, 2015
AZ SB 1370	- Adds § 32-3219 which provides that a medical practitioner regulatory board shall notify the Board of Pharmacy monthly of any initial licensures for practitioners who intend to apply for registration under the controlled substances act and any renewals for the purpose of registering the practitioner with the PMP	3/23/2015 – Signed by Governor; effective December 31, 2015

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	<ul style="list-style-type: none"> - For purposes of this statute, medical practitioner means any person licensed and authorized by law to prescribe and use drugs and devices for the treatment of humans - Requires the medical practitioner regulatory board to advise each medical practitioner receiving an initial license who intends to apply for registration under the controlled substances act of his or her responsibility to register with the PMP - Amends § 36-2604 to allow receipt of PMP information by the county medical examiner or alternate medical examiner or delegate authorized by the medical examiner or alternate medical examiner - Amends § 36-2604 to provide that delegate includes an unlicensed person employed in the office of or in a hospital with a prescriber or dispenser - Amends § 36-2604 to provide that delegate includes a forensic pathologist, medical death investigator, or other qualified person in connection with a death investigation - Amends § 36-2606 to provide that each medical practitioner who possesses an Arizona registration under the controlled substances act must have a current PMP registration - Further provides that the Board of Pharmacy shall register medical practitioners upon receipt of notice from the medical practitioner regulatory board and shall notify the practitioner of the person’s registration and access to the system and how to use the system - Repeals § 36-2611 which terminates the program in 2017 	
AR HB 1350	<ul style="list-style-type: none"> - Amends §§ 20-7-603 and 20-7-604 to exempt veterinarians from reporting dispensing data to PMP - Amends § 20-7-605 to remove a representative of the AR Veterinary Medical Assn. from the program advisory committee 	4/22/2015 – Died in Senate at Sine Die adjournment
AR HB 1604	<p>Purpose of the bill is to create the Combatting Prescription Drug Abuse Act and to amend the laws concerning the PMP</p> <p>AMENDMENT #1</p> <ul style="list-style-type: none"> - Adds definition of “opioid” to § 20-7-603 - Amends § 20-7-604 to require the department to develop algorithms within the database that will alert a practitioner if his or her patient is being prescribed opioids by more 	4/22/2015 – Died in House committee at Sine Die adjournment

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	<p>than three physicians within any 30 day period, dependent on funding</p> <ul style="list-style-type: none"> - Amends § 20-7-604 to allow a prescriber to delegate access to the database to persons under his or her supervision - Adds § 20-7-615 that requires prescribers who have been found by his/her licensing board to be in violation of a rule or law involving prescription drugs to register with the PMP and query the PMP before writing a prescription for an opioid; allows licensing board to remove requirement after a period of time if it deems it appropriate - Creates the “Combatting Prescription Drug Abuse Act” which includes a requirement that prescribers check the PMP on a patient receiving treatment for chronic, non-malignant pain at least every six months 	
AR SB 129	<ul style="list-style-type: none"> - Adds new section § 12-18-621 to allow the Dept. of Human Services to petition a circuit court to allow an investigator to access the PMP for a record concerning a person - Department must show probable cause that the person is or was in possession of one or more prescription drugs; the person gave birth to a baby; and the person or the baby tested positive for one or more prescription drugs at the time of birth of the baby 	4/8/2015 – Signed by Governor
AR SB 698	<ul style="list-style-type: none"> - Amends § 20-7-603 to add definitions for “certified law enforcement prescription drug diversion investigator” and “qualified law enforcement agency” - Amends § 20-7-604 to add a provision that a certified law enforcement prescription drug diversion investigator may be granted access to the PMP upon providing the identification credentials assigned by the department and the case number of the investigation - Amends § 20-7-604 to provide that a qualified law enforcement agency shall submit an annual report to the department of the data accessed by all drug diversion investigators including written verification that the inquiries were part of a lawful diversion investigation and the disposition of the investigation - Further provides that the department will create a verification form for use by the qualified law enforcement agency to be submitted within 30 days of receipt of the 	4/2/2015 – Signed by Governor; effective July 10, 2015

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	<p>form by the qualified law enforcement agency and that failure to submit the verification form will result in the immediate suspension of PMP database access by the qualified agency and its certified investigators</p> <ul style="list-style-type: none"> - Amends § 20-7-606 to provide that information in the database can be accessed by a certified law enforcement prescription drug diversion investigator of a qualified law enforcement agency - Amends § 20-7-607 to provide that if information of misuse or abuse is identified, in addition to other parties being notified, the department will notify the Office of Diversion Control of the US DEA 	
AR SB 717	<ul style="list-style-type: none"> - Amends § 20-7-607 to provide that the department may review PMP information, including a review to determine if a prescriber or dispenser is prescribing or dispensing controlled substances in a manner that may represent misuse or abuse and may notify the licensing board of the prescriber or dispenser if such information of misuse or abuse is identified - Provides that the department may only notify the licensing board after the board has provided the department with the parameters for triggering a notification from the department to the board - Amends § 20-7-607 to allow the use of delegates if such delegate has been granted access by a delegate account - Amends § 20-7-603 to provide definition of opioid that means a drug or medication that relieves pain - Amends § 20-7-604 to provide that the department shall create a process for patients to address errors - Further amends § 20-7-604 to provide that the department shall develop an algorithm to alert a practitioner if his/her patient is being prescribed opioids by more than three physicians within any 30 day period, if funding is available - Further amends § 20-7-604 to provide that the department shall limit access to only those employees whose access is reasonably necessary to carry out this section, but that a prescriber may delegate access to persons under his supervision or employment - Creates § 20-7-615 to provide that a prescriber with a prescription drug violation shall be required to register with the PMP and access prescription information before 	4/8/2015 – Signed by Governor

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	<p>writing a prescription for an opioid and provides that the board may remove the requirement after an interval of time if appropriate</p> <p>- Creates § 20-7-707 which provides that a prescriber treating a patient for chronic, non-malignant pain shall check the PMP for the patient at least every six months</p>	
CA AB 611	<p>- Amends Health and Safety Code § 11165.1 to allow an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs, for the purpose of investigating a license holder, to obtain approval to access information online</p> <p>- Amends Health and Safety Code § 11165.1 to change “practitioner or pharmacist” to “authorized subscriber”</p> <p>AMENDMENT #1</p> <p>- Additionally amends Health and Safety Code § 11165.1 to provide that an application for access to the program may be denied for any subscriber who has accessed the information for any reason other than investigating the holder of a professional license</p> <p>AMENDMENT #2</p> <p>- Amends Health and Safety Code § 11165.1 to remove requirement that an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs submit an application to obtain access to the PMP</p>	4/21/2015 – In committee; set, first hearing; hearing cancelled at request of author
CA AB 679	<p>- Amends Health and Safety Code § 11165.1 to change the deadline for practitioners and pharmacists to register with the PMP from January 1, 2016 to July 1, 2016</p>	10/11/2015 – Signed by Governor; chaptered by Secretary of State; effective on signing
CA SB 482	<p>Makes technical changes to Health and Safety Code § 11165</p> <p>AMENDMENT #1</p> <p>- Removes technical changes to § 11165</p> <p>- Creates Health and Safety Code § 11165.4 which requires a prescriber to consult the PMP before prescribing a Schedule II or III substance for the first time to that patient and at least annually when that substance remains a part of the patient’s treatment</p>	5/28/2015 – In Assembly; read first time; held at desk

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	<ul style="list-style-type: none"> - Provides that, if a patient has an existing prescription for a Schedule II or III substance, the physician shall not prescribe another controlled substance until the prescriber determines that there is a legitimate need for the additional substance - Requires a dispenser to access the PMP prior to dispensing a Schedule II or III substance for the first time to a patient and if the patient has an existing prescription for a Schedule II or III substance, the dispenser shall not dispense until s/he checks the PMP - Provides that failure to consult the PMP as required is cause for disciplinary action <p>AMENDMENT #2</p> <ul style="list-style-type: none"> - Removes requirement that dispensers check the PMP prior to dispensing a Schedule II or III substance - Amends disciplinary provision to remove reference to dispenser's licensing board - Deletes references to "dispenser" throughout section 	
CT HB 5778	To amend § 21a-317 to require every practitioner who distributes, administers, or dispenses or who proposes to engage in distributing, prescribing, administering, or dispensing any controlled substance within CT to use the PMP	1/21/2015 – Referred to Joint Committee on General Law
CT HB 6265	To amend title 19a to increase monitoring of prescription drugs to prevent persons from obtaining multiple prescriptions for the same drug from different health care providers	2/27/2015 – Public hearing scheduled for 3/4
CT HB 6279	To amend the general statutes to require that health care providers authorized to prescribe controlled substances a) complete continuing education courses in prescription drugs and pain management, b) register for access to the PMP before being permitted to renew their licenses, and c) utilize the PMP or risk revocation of their license	2/27/2015 – Public hearing scheduled for 3/4
CT HB 6856	<ul style="list-style-type: none"> - Amends § 21a-254 to allow the use of licensed health care professional as delegates - Amends § 21a-254 to require mandatory use of the PMP prior to prescribing a greater than 72-hour supply of any controlled substance to a patient and shall review the PMP not less than every 90 days when prescribing continuous or long term treatment with controlled substances 	6/30/2015 – Signed by Governor; effective October 1, 2015

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CT HB 7062	Amends § 21a-254 to require that dispensing data be reported electronically within 24 hours after dispensing	6/3/2015 – Emergency certification
CT SB 28	Amends § 21a-317 to provide that the commissioner shall not issue or renew the license of a practitioner who distributes, administers, or dispenses a controlled substance unless that practitioner is registered with the PMP (This description represents the bill as substituted.) SUBSTITUTE bill deletes all PMP provisions	6/22/2015 – Transmitted by Secretary of State to Governor; Public Act 15-219
CT SB 933	Amends § 21a-317 to provide that the commissioner shall not issue or renew the license of a practitioner who distributes, administers, or dispenses a controlled substance unless that practitioner is registered with the PMP	2/20/2015 – Public hearing scheduled for 2/24
CT SB 1502	Amends § 21a-254 to require that, prior to July 1, 2016, all dispensers shall report dispensing information to the PMP weekly and on and after July 1, 2016, dispensing information shall be reported immediately but not more than 24 hours	6/30/2015 – Signed by Governor; changes to PMP effective October 1, 2015
DC LB 371	- Amends the PDMP Act to replace the word “act” with “title” and creates Title II, Prescription Drug Repository	10/16/2015 – Notice of public hearing published
2016 FL HB 313	- Amends § 893.055 to add the administration or dispensing of a controlled substance in a rehabilitative hospital, an assisted living facility, or a nursing home to a patient, as needed, to a patient if the patient was transferred to the facility after surgery and the patient’s physician ordered the provision of the substance, as needed, as an exemption to the PMP reporting requirements	11/10/2015 – On committee agenda
2016 FL HB 4021	- Makes technical changes to § 893.055 and § 893.0551	10/7/2015 – Referred to various committees
FL HB 4041	Makes technical changes to §§ 893.055 and 893.0551	3/3/2015 – Introduced; referred to Criminal Justice Subcommittee, Justice Appropriations Subcommittee,

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		Health and Human Services Committee, and Judiciary Committee
FL HB 5003	Amends § 893.055 to provide that for fiscal year 2015-2016 only, the department may use state funds appropriated in the 2016 General Appropriations Act to administer the PMP	4/2/2015 – Laid on the table
FL SB 616	Amends §§ 893.055 and 893.0551 to make technical changes to cross-reference	11/4/2015 – Referred to various committees
FL SB 1294	Makes technical changes to §§ 893.055 and 893.0551	3/3/2015 – Introduced
FL SB 2502	Amends § 893.055 to add a provision that provides that the department may, for fiscal year 2015-2016 only, use state funds appropriated by the General Appropriations Act to administer the PMP	6/23/2015 – Signed by Governor; effective July 1, 2015
FL SB 7066	<ul style="list-style-type: none"> - Amends § 381.986 to require that the Univ. of Florida College of Pharmacy establish and maintain a safety and efficacy research program for the use of low-THC cannabis products to treat qualifying conditions, and that such program must include information from the PMP for qualifying patients and requires the department to provide access to the PMP to the Univ. of Florida as needed for their research - Amends § 893.055 to provide that persons engaged in research at the Univ. of Florida pursuant to § 381.986 shall have access to the PMP for qualified patients - Amends § 893.0551 to provide that persons engaged in research at the Univ. of Florida pursuant to § 381.986 shall have access to PMP data 	4/29/2015 – Retained on special order calendar
GA HB 233	Amends § 16-13-58 to remove provision that allows funding through the use of funds from the disposition of forfeited property	5/6/2015 – Signed by Governor; effective July 1, 2015
GA HB 430	Makes technical amendment to § 16-13-60 SUBSTITUTE does not affect PMP provisions	4/2/2015 –

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		House withdrawn, recommitted
HI HB 251	Adds the “Prescription Monitoring Program Compact” Chapter to allow the sharing of PMP data with other jurisdictions	1/26/2015 – Referral to committee
HI HB 1176	<ul style="list-style-type: none"> - Amends § 329-1 to include new definitions for “chronic pain therapy,” “pharmacist delegate,” “practitioner,” and “practitioner delegate” - Amends § 329-101 to require all practitioners who administer, prescribe, or dispense controlled substances to register with the PMP - Amends § 329-101 to require all practitioners who prescribe or dispense Schedule II – IV substances, in any quantity, to use the PMP beginning Jan. 1, 2016 - Amends § 329-101 to require all practitioners and practitioner delegates to request PMP information prior to prescribing or dispensing a controlled substance to a new patient and at least three times per year for a patient who receives chronic pain therapy - Amends § 329-104 to allow receipt of PMP information by regulatory agencies, delegates, and medical examiner or physician designee regarding the death of a person <p>AMENDMENT #2 removes all provisions related to PMP</p>	3/19/2015 – Committee on Health deferred the measure; committee on Consumer Protection deferred the measure
HI SB 810	<ul style="list-style-type: none"> - Amends § 329-104 to allow receipt of PMP information by regulatory agencies, delegates, and medical examiner or physician designee regarding the death of a person - Amends § 329-104 to allow the provision of de-identified data - Amends § 329-1 to add definitions of “chronic pain therapy,” “pharmacist delegate,” “practitioner,” and “practitioner delegate” - Amends § 329-101 to require all practitioners to register with the PMP - Amends § 329-101 to require all practitioners who prescribe or dispense Schedule II – IV controlled substances, in any quantity, to use the PMP - Amends § 329-101 to require all practitioners and practitioner delegates to request PMP information prior to prescribing or dispensing a controlled substance to a new patient and at least three times per year for a patient that receives chronic pain therapy 	3/18/2015 – Committee on Health recommends that the measure be deferred

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	<p>AMENDMENT #1</p> <ul style="list-style-type: none"> - Deletes definition of “practitioner” - Amends registration requirement to state that all practitioners must register with the PMP as part of their renewal process for a controlled substance registration beginning Jan. 1, 2016 - Deletes the requirement in § 329-101 that practitioners who prescribe or dispense are required to use the PMP - Includes an exception to the access requirement if the patient is a new patient to whom the practitioner administers, prescribes, or dispenses a supply of seven days or less of a controlled substance in an emergency room or department <p>AMENDMENT #2</p> <ul style="list-style-type: none"> - Adds definition of “practitioner” back into bill - Changes definition of “chronic pain therapy” to “chronic opioid therapy” - Makes the effective date January 7, 2059 to encourage further discussion - Makes technical, non-substantive amendments for the purpose of clarity and consistency 	
HI SB 1229	<ul style="list-style-type: none"> - Amends § 329-104 to allow receipt of PMP information by regulatory agencies, delegates, and medical examiner or physician designee regarding the death of a person - Amends § 329-104 to allow the provision of de-identified data 	2/11/2015 – Committee deferred the measure
ID HB 4	Amends the language of § 37-2716 requiring prescribers, except veterinarians, to register with the PMP to change it from “must annually” to “shall also” and deletes the requirement that it be completed upon renewal or initial registration	3/5/2015 – Signed by Governor; effective July 1, 2015
ID HB 7	Amends § 37-2726 to clarify that an order for the release of PMP data must be issued by a judge	3/5/2015 – Signed by Governor; effective July 1, 2015
ID HB 90	Repeals and recodifies § 9-340C regarding public records	3/26/2015 – Signed by Governor; effective July 1, 2015

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<p>IL HB 1</p>	<ul style="list-style-type: none"> - Amends 720 § 570/314.5 to modify the parameters for when a person might be medication shopping from 6 or more prescribers or 6 or more pharmacies to 3 - Amends 720 § 570/316 to amend the data required to be submitted to the PMP by dispensers - Amends 720 § 570/316 to change the data collection interval from weekly to daily - Amends 720 § 570/316 to require the appointment of a full-time clinical director of the PMP - Amends 720 § 570/316 to require the Department to adopt rules establishing pilot initiatives involving a cross-section of hospitals to increase electronic integration of hospital's EHR with the PMP - Amends 720 § 570/317 to amend the data required to be submitted to the PMP by dispensers - Amends 720 § 570/317 to require prescribers to designate one or more medical specialties or fields when registering with the PMP - Amends 720 § 570/318 to require that the PMP automatically create an account for a prescriber or dispenser when s/he obtains or renews his or her controlled substance license and further requires the PMP to send the prescriber or dispenser information regarding the system - Amends 720 § 570/318 to allow a prescriber or dispenser to appoint a designee to consult the system as long as certain requirements are met - Amends 720 § 570/318 to require the PMP to maintain a website that includes certain information related to prescribing opioids and education - Amends 720 § 570/318 to require the PMP to regularly send updates to registered users regarding prescribing issues - Amends 720 § 570/319 to change "must" to "shall" adopt rules - Amends 720 § 570/320 to modify the provisions related to the advisory council <p>(This summary represents the bill text as amended.)</p>	<p>8/24/2015 – Governor amendatory veto</p> <p>9/9/2015 – Amendatory veto overridden both Houses; effective on passage</p>
<p>IL HB 3221</p>	<p>Amends 720 § 570/318 to include freestanding emergency centers and freestanding rapid treatment emergency centers as entities that can receive a unique identifier to access the PMP</p>	<p>4/24/2015 – Re-referred to Rules Committee</p>

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	<p>AMENDMENT #1 - Removes provision that the board can establish a provisional certification of need permit application by emergency rule and provides that they can establish such certificate by rule</p> <p>AMENDMENT #2 if adopted would delete provision related to PMPs</p> <p>AMENDMENT #3 if adopted would delete provision related to PMPs</p>	
IL HB 3991	Appropriates \$25,000,000 from the General Revenue Fund for the provision of opioid addiction services and preventative education, opioid antidote programming and distribution, and administration of the PMP	3/12/2015 – Assigned to Appropriations-Human Services Subcommittee
IL SB 1692	Amends 720 § 570/318 to include freestanding emergency centers and freestanding rapid treatment emergency centers as entities that can receive a unique identifier to access the system	2/20/2015 – Referred to Assignments
IN HB 1553	Amends § 35-48-7-8.1 to require dispensers to report the dispensing of any product containing ephedrine or pseudoephedrine to the PMP	1/20/2015 – First reading; referred to committee on Public Health
IN HB 1631	Amends § 35-48-7-5 to include a valid photo exempt identification card as a form of identification from which an identification number may be obtained	5/5/2015 – Signed by Governor; effective January 1, 2016
IN SB 117	Amends § 35-48-7-5 to include a valid commercial identification card as a form of identification from which an identification number may be obtained	1/6/2015 – First reading; referred to committee on Homeland Security & Transportation
IN SB 168	Amends § 35-48-7-11.1 to allow receipt of PMP information by a person with a temporary medical permit	5/5/2015 – Signed by Governor; effective July 1, 2015

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IN SB 199	Amends § 35-48-7-11.5 to provide that boards that regulate health care providers must establish prescribing norms and dispensing guidelines that, if violated, justify the unsolicited dissemination of reports	5/4/2015 – Signed by Governor; effective on passage
IN SB 358	<ul style="list-style-type: none"> - Creates § 35-48-7-2.5 which defines “committee” as the INSPECT oversight committee - Amends § 35-48-7-8.1 to provide that if a pharmacy is closed the day following dispensing, the information must be reported by the end of the next business day - Amends § 35-48-7-8.1 to provide that the board will consider the recommendations of the committee concerning the program - Amends § 35-48-7-10.1 to provide that the board cannot execute a contract with a vendor unless the contract has been approved by the committee - Amends § 35-48-7-12.1 to provide that the executive director of the Indiana professional licensing agency may hire a person to serve as the director of the INSPECT program, with the chairperson’s approval - Creates § 35-48-7-17 to create the INSPECT oversight committee designed to provide recommendations to the board regarding implementation of policies, standards, and rules that promote effective operation of the program 	4/30/2015 – Signed by Governor; effective July 1, 2015
IA LD 1217 IA SSB 1021	Requires nonresident pharmacies to submit evidence that the pharmacy has submitted an application to register with the PMP in order to obtain an Iowa nonresident pharmacy license	3/5/2015 – Voted Human Resources
IA LD 1298 IA SSB 1020	<ul style="list-style-type: none"> - Amends § 124.553 to require pharmacists and practitioners to obtain PMP information before prescribing or renewing a prescription for a controlled substance or filling such a prescription if s/he believes or has reason to believe that a patient is at risk of diversion, misuse, or abuse - Amends immunity provision to provide that a practitioner acting reasonably and in good faith is immune 	1/21/2015 – Senate Lobbyist Lounge Human Resources
KS HB 2122	Amends § 65-1682 to include advanced practice nurses in the definition of practitioner	1/23/2015 – Referred to committee on Health and Human Services

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KS SB 69	Amends § 65-1682 to include advanced practice nurses in the definition of practitioner	1/26/2015 – Hearing scheduled for 1/29
KY HB 3	Amends § 218A.202 to include information on medical marijuana, including that such information be reported to the PMP	2/3/2015 – Posted in committee
KY HCR 24	House Concurrent Resolution to urge Missouri to implement a prescription drug database	1/8/2015 – In judiciary committee
LA HB 174	Amends § 40:978 to provide that the dispensing limitations on a Schedule II or III opioid prescription written by an out-of-state prescriber do not apply if the dispensing pharmacist can view the prescriber's PMP information in the prescriber's state	6/23/2015 – Signed by Governor; effective June 23, 2015
LA HB 304	- Amends § 40:1007 to remove the restriction that PMPs in other states provide that the information is not subject to public records law and not subject to civil subpoena to now state that the information may be used by PMPs in other states in a manner consistent with this section - Amends § 40:1007 to provide that PMP information is not subject to civil subpoena from the board	5/29/2015 – Signed by Governor; effective August 1, 2015
LA SB 143	Amends § 40:1046 to require that prescribers and dispensers of marijuana, tetrahydrocannabinols, or chemical derivatives of tetrahydrocannabinols review a patient's information in the PMP prior to such prescribing or dispensing	6/29/2015 – Signed by Governor; effective June 29, 2015
ME HP 221	- Creates 22 § 7250-A to require prescribers to check the PMP before prescribing or authorizing the refill of a controlled substance prescription - Amends 22 § 7251 to provide that failure to comply with the mandatory access requirements will make the prescriber subject to discipline	4/14/2015 – Pursuant to Joint Rule 310.3, placed in Legislative Files (Dead)
ME HP 684	Requires that prescribers prescribing an extended release hydrocodone bitartrate check the PMP prior to prescribing	5/20/2015 – Reports read; on motion of senator, the majority ought not to pass report accepted; please in

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		legislative files (Dead)
ME HP 801	Resolves that an administrative rule submitted to the legislature outside the normal acceptance period by adopted by the legislature as the regulation is needed immediately for the preservation of the public health and safety	5/26/2015 – Became law without Governor’s signature; effective on approval
MD HB 3	<ul style="list-style-type: none"> - Amends § 21-2A-04 to specify that regulations shall be adopted requiring a prescriber and dispenser to query the PMP before prescribing or dispensing a monitored drug to a patient - Adds new section to require a prescriber or dispenser to query the PMP prior to prescribing or dispensing a monitored drug to a patient; allows a delegate to query the program on the practitioner’s behalf; provides limited circumstances when query is not required - Amends § 21-2A-08 to remove immunity from disciplinary action for certain actions - Amends § 21-2A-09 to provide that a prescriber or dispenser who violates the new section is subject to disciplinary action 	3/17/2015 – Unfavorable report by Health and Government Operations
MD SB 223	Amends § 21-2A-07 to make a technical correction to a cross-reference	4/14/2015 – Signed by Governor; effective on signing
MD SB 757	<ul style="list-style-type: none"> - Amends § 21-2A-06 to provide that the PMP will release PMP information to licensing entities, other than the state board of physicians - Amends § 21-2A-06 to allow provision of PMP information to the State Board of Physicians upon the issuance of an administrative subpoena for the purposes of furthering an existing investigation - Amends § 21-2A-06 to provide that the PMP will release PMP information to the following entities on approval of the secretary for the purpose of furthering a bona fide individual case review: state or local child fatality review team; local drug overdose fatality review team; the 	5/12/2015 – Approved by Governor; effective October 1, 2015

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	maternal mortality review program; or a medical review committee	
MA HB 1935	Amends 94C § 24A to change data collection interval from weekly to 24 hours at the end of each business day	1/20/2015 – Senate concurred
MA HB 3650	Amends 94C § 24A to change data collection interval from weekly to 24 hours	7/17/2015 – Governor returned to House with vetoes and amendments to certain sections (PMP section not affected) 7/30/2015 – Multiple sections passed over veto
MA HB 3674	Requires the secretary of health and human services, in collaboration with the department of public health and safety, to conduct or provide for an examination of the prescribing and treatment history of persons in Massachusetts who suffered a fatal opioid overdose in 2014 and make a report and, in conducting such examination, information shall be provided, including PMP data, and a report will be made no later than February 1, 2016	8/5/2015 – Signed by Governor; effective 7/1/2015
MA HB 3675	Requires the secretary of health and human services, in collaboration with the department of public health and safety, to conduct or provide for an examination of the prescribing and treatment history of persons in Massachusetts who suffered a fatal opioid overdose in 2014 and make a report and, in conducting such examination, information shall be provided, including PMP data, and a report will be made no later than one year after the effective date of the act	7/20/2015 – Incorporated into HB 3650
MA HB 3817	Amends 94C § 24A to require that the regulations proposed require every practitioner to use the PMP prior to prescribing an opiate	10/23/2015 – Hearing scheduled for Nov. 16, 2015
MA SB 1041	- Amends 94C § 18 to provide that prescriptions for narcotic substances that pose a heightened level of public health risk shall only be issued by practitioners with a	7/22/2015 – Hearing scheduled for 7/28/2015

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	<p>specialty designation who are currently enrolled in and compliant with all requirements of the PMP</p> <ul style="list-style-type: none"> - Creates new section 94C § 18A that requires a practitioner intending to issue a prescription to a patient that exceeds the days' supply limitations to use the PMP prior to issuing such prescription - Additionally provides that, prior to issuing an initial prescription for an opioid drug identified as posing a heightened risk to the public health, a practitioner must use the PMP - Amends 94C § 24A to require that participants who are authorized to prescribe high risk drugs to use the PMP prior to issuing such prescription - Further provides that the department shall bi-annually conduct a random audit of prescriptions using the PMP to determine whether such prescriptions have been issued in compliance with the law 	
MA SB 1045	Amends 94C § 24A to change data collection interval from weekly to 24 hours	9/17/2015 – Hearing scheduled for Sept. 24
MA SB 1930	Amends 94C § 24A to change data collection interval from weekly to 24 hours	5/21/2015 – See, HB 3401 (not related to PMPs)
MA SB 2020	<ul style="list-style-type: none"> - Creates 94C § 18A to require that practitioner utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B to require the secretary to promulgate rules to create procedures to record the voluntary non-opiate directive form in the PMP; a non-opioid directive form is a form executed by a patient stating that the patient shall not be administered or offered a prescription for an opiate - Creates 94C § 24B to provide that the department shall annually determine, through use of the PMP, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners within categories of prescribers 	10/1/2015 – Passed to be engrossed in Senate

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MI HB 4207	Amends § 333.16315 to modify the terms of the health professions regulatory fund which helps fund the PMP	2/17/2015 – Referred to committee on Health Policy
MI HB 4811	<ul style="list-style-type: none"> - Amends § 733.7333a to provide that the department shall provide data to certain individuals and entities rather than may - Further amends § 733.7333a to provide that information shall be provided to a state, federal, or municipal employee or agent whose duty is to enforce state or federal laws related to drugs, prescription drug diversion, or health care fraud - Allows provision of information to a PMP in another state with whom MI has an agreement for the mutual exchange of information - Provides that information may only be used for bona fide criminal, civil or administrative investigatory or evidentiary purposes relating to drugs, prescription drug diversion, or health care fraud - Provides that information received by any individual or entity that includes patient identifiers may not be shared with any other person except a state, federal, or municipal employee or agent whose duty is to enforce the laws of the state or US relating to drugs, prescription drug diversion, or health care fraud - Provides that reporting is mandatory for veterinarians, pharmacists, prescribers, and dispensing prescribers - Creates new subsection that requires the department to include in the PMP a system for monitoring controlled substances prescribed in the state and sharing that information with other states and to provide a format for prescribers to report prescribing data to the system - Provides that prescribers must use the PMP prior to prescribing a controlled substance to a patient for the first time, whether the patient is new or existing; at least annually before prescribing a controlled substance for a patient, unless a more frequent utilization is otherwise required; at least once during every 12-week period before prescribing a controlled substance to a patient if the prescriber is treating the patient on a protracted basis, which means in excess of a 12-week period; before 	8/19/2015 – Printed bill filed

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	<p>prescribing a controlled substance to a patient if the patient exhibits behaviors of concern to the prescriber</p> <ul style="list-style-type: none"> - Creates a definition for “behaviors of concern,” which includes selling prescription drugs, forging or altering a prescription, stealing or borrowing a controlled substance, etc. 	
MI SB 68	Amends § 333.16315 to modify the terms of the health professions regulatory fund which helps fund the PMP	4/30/2015 – Referred to committee of the whole with substitute
MN HF 850	<ul style="list-style-type: none"> - Creates new § 256B.0638, Opioid Prescribing Improvement Program, that includes a requirement that prescribers who are notified that their prescribing practices aren’t in alignment with community standards submit a quality improvement plan that includes appropriate use of the PMP - If the prescriber’s prescribing patterns haven’t improved within a year after receiving notice, the commissioner may require the prescriber to participate in additional quality improvement efforts, including mandatory use of the PMP 	2/12/2015 – Introduction and first reading; referred to Health and Human Services Finance
MN HF 1476	<ul style="list-style-type: none"> - Amends definition of “dispense” in § 152.126 to include the direct administration of any medication for the treatment of opioid addiction to a patient in an opioid treatment center - Amends § 152.126 to require that a dispenser of any medication used for the treatment of opioid addiction must submit all data as required - Amends § 245A.192 to require that license holders for opioid treatment centers ensure that dispensing data is submitted to the PMP 	3/5/2015 – Introduction and first reading; referred to Health and Human Services Reform
MN HF 1535	<ul style="list-style-type: none"> - Amends § 245A.192 to provide that opioid treatment programs must develop and maintain a policy and procedure that requires ongoing monitoring of PMP data for each client and include how the program will meet the other requirements - Amends § 245A.192 to require that, if a patient is administered or dispensed a medication for the treatment of opioid addiction, the license holder must: 1) notify the client in writing upon admission that the commissioner of human services and the medical director will monitor the 	5/22/2015 – Approved by Governor

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	<p>patient's PMP; 2) the medical director or his/her delegate must review the PMP prior to a client being ordered any controlled substance, including medications for the treatment of opioid addiction, and every 90 days thereafter; 3) a copy of the PMP data must be retained in the file; 4) if the PMP data includes a recent history of multiple prescribers or multiple prescriptions for controlled substances, the physician's review of the data and subsequent actions must be documented in the client's file within 72 hours and must contain the medical director's determination of whether or not the data places the client at risk of harm and, further, the provider must conduct a query of the PMP monthly; 5) and if the provider believes the data places the client at risk of harm, must seek permission from the client to discuss the client's opioid treatment with his/her other providers and, if the information is not obtained within 7 days, the medical director must document whether or not changes to the client's medication dose or number of take-home doses are necessary until the information is obtained</p>	
<p>MN HF 1652</p>	<ul style="list-style-type: none"> - Amends definition of "controlled substance" in § 152.126 to delete tramadol and include gabapentin - Amends § 152.126 to remove the provision that disallows use of PMP data to substantiate a disciplinary action against a prescriber - Removes requirement that data retained beyond 24 months be de-identified - Amends access subsection to remove provision that prescriber can access the PMP for a patient to whom the prescriber is providing emergency treatment - Amends access subsection to provide that the prescriber can access data on a patient for whom the prescriber is providing medical treatment and removes requirement that patient consent to such access - Amends access subsection to provide remove provision that pharmacist may access data to the extent the information relates to a current patient for whom the pharmacist is providing pharmaceutical care and states that pharmacist can access data as is necessary and when being consulted by a prescriber 	<p>3/23/2015 – Committee report, to adopt as amended and re-refer to Health and Human Services Reform</p>

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	<ul style="list-style-type: none"> - Amends access subsection to allow the use of delegates by board personnel and limits access of specific boards and their delegates to limit it to being for the purpose of conducting an investigation into a complaint that a licensee is impaired by use of a controlled substance, has engaged in criminal activity, or has engaged in prohibited behavior - Adds new provision to access subsection to allow receipt of data by personnel or designees of health-related licensing boards assigned to conduct an investigation into a specific licensee based on a complaint alleging the licensee is prescribing inappropriately - Requires that prescribers and pharmacists register with the PMP by April 1, 2016 - Deletes repeal provision <p>AMENDMENT #1</p> <ul style="list-style-type: none"> - Deletes provision that requires prescribers and pharmacists to register with the PMP <p>AMENDMENT #2</p> <ul style="list-style-type: none"> - Leaves in provision that prescriber can access the PMP for a patient to whom the prescriber is providing emergency treatment - Leaves in access subsection to provide that the prescriber can access data on a patient for whom the prescriber is providing medical treatment and removes requirement that patient consent to such access <p>All other provisions of original bill and Amendment #1 remain.</p>	
MN HF 1972	Makes technical change to § 245A.192	4/14/2015 – Indefinitely postponed
MN SF 825	<ul style="list-style-type: none"> - Creates new § 256B.0638, Opioid Prescribing Improvement Program, that includes a requirement that prescribers who are notified that their prescribing practices aren't in alignment with community standards submit a quality improvement plan that includes appropriate use of the PMP - If the prescriber's prescribing patterns haven't improved within a year after receiving notice, the commissioner may require the prescriber to participate in additional quality improvement efforts, including mandatory use of the PMP 	3/11/2015 – Committee report to pass as amended and re-refer to Finance

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MN SF 1172	<p>- Creates new § 256B.0638, Opioid Prescribing Improvement Program, that includes a requirement that prescribers who are notified that their prescribing practices aren't in alignment with community standards submit a quality improvement plan that includes appropriate use of the PMP</p> <p>- If the prescriber's prescribing patterns haven't improved within a year after receiving notice, the commissioner may require the prescriber to participate in additional quality improvement efforts, including mandatory use of the PMP</p> <p>AMENDMENT doesn't affect PMP provisions</p>	3/11/2015 – Committee report to pass as amended and re-refer to Finance
MN SF 1218	Amends § 245A.192 to make technical correction	5/11/2015 – Signed by Governor; various effective dates
MN SF 1356	<p>- Amends § 245A.192 to require that opioid treatment programs develop and maintain a policy and procedure that requires the ongoing monitoring of the data from the PMP for each client</p> <p>- If medication for the treatment of opioid addiction is dispensed, the license holder must notify the client in writing upon admission that the commissioner of human services and the medical director will be monitoring the PMP; the medical director or his/her delegate must review the PMP prior to a client being ordered any controlled substance, including medications used for the treatment of opioid addiction, and at least every 90 days thereafter; a copy of the PMP data must be maintained in the file</p> <p>- Provides that when the PMP data contains a recent history of multiple prescribers or multiple prescriptions for controlled substances, the physician's review of the data must be documented in the client's individual file within 72 hours and must contain the medical director's determination of whether or not the prescriptions place the client at risk of harm and the actions to be taken in response to the PMP findings and provider must conduct subsequent reviews once per month</p> <p>- If the medical director believes the use of a controlled substance places a client at risk of harm, the program must seek the client's consent to discuss the client's opioid treatment with other providers and must seek consent for</p>	5/12/2015 – HF1535 substituted on general orders

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	<p>the other prescriber to disclose to the program’s medical director the client’s condition that formed the basis of the other prescriptions; if the information isn’t obtained within seven days, the medical director must document whether or not changes to the client’s medication dose or number of take-home doses are necessary until the information is obtained</p> <p>(This description represents the bill after the adoption of Senate amendments)</p>	
MN SF 1440	<ul style="list-style-type: none"> - Amends definition of “controlled substance” in § 152.126 to delete tramadol and include gabapentin - Amends § 152.126 to remove the provision that disallows use of PMP data to substantiate a disciplinary action against a prescriber - Removes requirement that data retained beyond 24 months be de-identified - Amends access subsection to remove provision that prescriber can access the PMP for a patient to whom the prescriber is providing emergency treatment - Amends access subsection to provide that the prescriber can access data on a patient for whom the prescriber is providing medical treatment and removes requirement that patient consent to such access - Amends access subsection to provide remove provision that pharmacist may access data to the extent the information relates to a current patient for whom the pharmacist is providing pharmaceutical care and states that pharmacist can access data as is necessary and when being consulted by a prescriber - Amends access subsection to allow the use of delegates by board personnel and limits access of specific boards and their delegates to limit it to being for the purpose of conducting an investigation into a complaint that a licensee is impaired by use of a controlled substance, has engaged in criminal activity, or has engaged in prohibited behavior - Adds new provision to access subsection to allow receipt of data by personnel or designees of health-related licensing boards assigned to conduct an investigation into a specific licensee based on a complaint alleging the licensee is prescribing inappropriately 	3/26/2015 – Referred to Rules and Administration

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	<ul style="list-style-type: none"> - Requires that prescribers and pharmacists register with the PMP by April 1, 2016 - Deletes repeal provision <p>AMENDMENT #1 changes language to provide that only permissible users identified in certain clauses may directly access the data electronically</p>	
MN SF 1458	<ul style="list-style-type: none"> - Creates § 256B.0638, the Opioid Prescribing Improvement Program, that includes a requirement that prescribers who are notified that their prescribing practices aren't in alignment with community standards submit a quality improvement plan that includes appropriate use of the PMP - If the prescriber's prescribing patterns haven't improved within a year after receiving notice, the commissioner may require the prescriber to participate in additional quality improvement efforts, including mandatory use of the PMP 	5/22/2015 – Signed by Governor; effective July 1, 2016
MN SF 1733	<ul style="list-style-type: none"> - Amends § 152.126 to provide that dispensing does not include the direct administration of any medication used for the treatment of opioid addiction to a patient at an opioid treatment center - Further amends § 152.126 to provide that a dispenser of any medication used to treat opioid addiction must submit all data required - Amends § 245A.192 to require that the data submitted by a license holder concerning medication used for the treatment of opioid addiction include the name of the prescriber, the name and strength of the medication prescribed, the quantity prescribed, and the quantity dispensed and that the license holder ensure that data is submitted in accordance with § 152.126 	3/16/2015 – Referred to committee
MS HB 261	Amends § 73-21-127 to provide that data is not subject to disclosure and is not subject to civil subpoena, and shall not be discoverable, disclosed, or compelled to be produced in a civil proceeding, and shall not be deemed admissible as evidence in a civil proceeding for any reason	2/3/2015 – Died in committee
MS SB 2738	- Amends § 73-21-127 to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe controlled substances shall be subject to discipline, including actions against the individual's license, registrations, or permit, or an administrative penalty, or both, for failure to obtain drug monitoring information	2/3/2015 – Died in committee

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	<p>prior to dispensing or prescribing controlled substances and specified non-controlled substances</p> <ul style="list-style-type: none"> - Amends § 73-21-127 to delete the repeal provision 	
MO HB 130	<ul style="list-style-type: none"> - Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding via grants, gifts, and donations - Requires dispensing information to be submitted every 7 days - Provides that information is confidential and not subject to public records laws - Provides for unsolicited reports to law enforcement and licensing boards - Allows receipt of PMP information by the following: in-state and out-of-state prescribers and dispensers; patients; board of pharmacy; any state board charged with regulating a professional with authority to prescribe or dispense; local, state, and federal law enforcement, both in-state and out-of-state, based on a specific case number and under a subpoena or court order; family support division of the department of social services regarding Medicaid program recipients; judge or other judicial authority under a subpoena or court order; personnel of the department for administrative and enforcement purposes - Allows provision of deidentified data - Provides immunity for pharmacists and prescribers - Provides penalties for failure to submit information, and for knowingly disclosing or using information wrongly - Requires the creation of three types of training courses - Requires the department to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and to encourage individual patients who are identified and who have become addicted to receive addiction treatment - Provides sunset provisions - Establishes a two-year pilot program for the reporting of fraudulent prescriptions <p>AMENDMENT #1 Deletes pilot program section</p>	4/15/2015 – Public hearing held
MO HB 816	<ul style="list-style-type: none"> - Adds new sections to create PMP 	4/7/2015 – Reported do pass

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	<ul style="list-style-type: none"> - Requires monitoring of Schedule II-IV controlled substances - Provides for funding through gifts, grants, and donations - Requires submission of data every seven days - Provides for unsolicited reports to law enforcement and licensing/regulatory boards - Allows receipt of PMP information to the following: both in-state and out-of-state prescribers and dispensers; patient; state board of pharmacy; any state licensing or regulatory board; in-state and out-of-state local, state, and federal law enforcement and prosecutorial officials based on a specific case and under a subpoena or court order; family support division within the department of social services for MO HealthNet recipients; judge or other judicial authority under subpoena or court order - Allows provision of de-identified data - Provides penalties for failure to submit dispensing information, and for knowingly disclosing or using such information wrongly - Includes three types of training courses for individuals - Requires the department to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and encourage patients who are identified and who have become addicted to monitored substances to received addiction treatment 	
MO HB 1077	Creates statute related to pain management clinics that requires the Department of Health and Senior Services to promulgate rules and regulations, including a requirement that clinics participate in any PMP in Missouri	5/11/2015 – Reported do pass
MO SB 63	<p>[To see description of original bill, please see the NAMSDDL archives] SUBSTITUTE #1</p> <ul style="list-style-type: none"> - Adds definitions of “prescriber” and “prescription drug monitoring program” - Requires that the program use an existing aggregation platform and that all information be kept separate from any other data source, shall not be entered into any other database outside the control of the department, nor shall it be entered into any national prescription drug monitoring database 	5/15/2015 – Calendar for third reading with House committee substitute

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	<ul style="list-style-type: none"> - Allows the department to contract with any other agency, a private vendor, or any state government that currently runs a PMP - Requires dispensers to submit dispensing information to the PMP at the time of filling a prescription - Allows prescribers – and requires all prescribers who hold themselves out to the public to be a specialist in pain management and who are prescribing a Schedule II substance – to submit prescription information to the PMP - Includes prescription information in confidentiality protections - Provides that the bureau of narcotics and dangerous drugs rather than the department shall review dispensation information and, if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, refer the matter to the appropriate law enforcement or professional licensing entity - Modifies access provisions to provide that data will only be given to the following individuals or entities: patient or bureau of narcotics registrant who requests his/her own dispensation information; board of pharmacy; any state board charged with regulating a professional that has the authority to prescribe or dispense controlled substances; local, state, and federal law enforcement or prosecutorial officials, both in-state and out-of-state, with a subpoena or court order; family support division regarding MO HealthNet program recipients; judge or other judicial authority with subpoena or court order; personnel of the bureau of narcotics and dangerous drugs for the administration and enforcement of this chapter - Provides that data will only be kept for a period of one year - Provides that dispensers are not allowed to access information in the PMP, only submit information to the PMP - Requires dispensers to have a prominently posted sign alerting customers that all controlled substance prescriptions shall be reported to the bureau of narcotics and dangerous drugs and screened for violations - Dispenser will receive a response from the department after submitting dispensing information that states either 	
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	<p>no concern detected, and the dispenser may dispense medications according to his/her professional judgment</p> <ul style="list-style-type: none"> - Provides that if dispenser receives a response from department that a concern is detected or if no response is received due to technical or other problem, the dispenser shall dispense or not dispense according to his/her professional judgment - Provides that when a dispenser submits dispensing information to the department, the department shall screen the database and the national database to determine if the prescription can be properly dispensed; if concern is detected, shall alert the dispenser of the nature of the concern and shall review the concerns generated, as time and staff permit, and if there is reasonable cause to believe that a person has obtained a prescription fraudulently, the department shall contact the prescribers, inform them of the concern, and request copies of controlled substance records concerning the prescriptions of concern; if it clear that a person has obtained prescription under false pretenses, the entire matter shall be referred to law enforcement - Provides that prescribers shall not have access to the data in the PMP, but shall only transmit information to it - Provides that when prescribing information is sent to the department, the department shall screen the PMP database to determine if the prescription may be properly prescribed and shall notify prescriber if no concern is detected or if a concern is detected, the nature of the concern - Adds that failure to submit prescribing information as required is a violation - Modifies penalty provisions to provide that anyone who unlawfully and knowingly accesses or discloses or knowingly uses such information in violation of this chapter is guilty of a class D felony until December 31, 2016 and a class E felony starting January 1, 2017 - Provides for a cause of action for persons whose information was unlawfully accessed, disclosed, or used to recover liquidated damages of \$25,000 in addition to compensatory economic and non-economic damages - Requires the department to annually provide a report to the general assembly regarding prescription information 	
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	<p>AMENDMENTS TO SUBSTITUTE</p> <ul style="list-style-type: none"> - Adds provision that data shall not be reported for controlled substances prescribed or dispensed where the ultimate user is under 18 years of age - Provides that the state board of pharmacy, state board of registration for healing arts, and state board of nursing may receive PMP data only to further an investigation based on a complaint - Allows provision of data to medical examiners and coroners for the purpose of investigating the cause of death of a person - Provides that, beginning August 28, 2017, data in the system shall be kept for a maximum of 180 days - Provides a sunset date of August 28, 2020 - Provides that nothing in the PMP database shall be the sole basis for probable cause to obtain an arrest or search warrant as part of a criminal investigation 	
MO SB 111	<ul style="list-style-type: none"> - Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding through appropriations - Allows receipt of PMP information to the following: patients; state boards charged with regulating a professional that has authority to prescribe or dispense controlled substances; local, state, and federal law enforcement or prosecutorial officials, both in-state and out-of-state, based on a specific case number and under a subpoena or court order; judge or other judicial authority with subpoena or court order; department for purposes of enforcement and administration of these provisions - Allows provision of deidentified data - Provides that dispensers are not allowed to access information in the PMP, only submit information to the PMP - Requires dispensers to have a prominently posted sign alerting consumers that all controlled substance prescriptions shall be reported to the bureau of narcotics and dangerous drugs and screened for violations - Has requirements for dispensers regarding the dispensing of controlled substances, how long dispenser must wait before dispensing, requiring contact from the department 	3/11/2015 – Bill combined with SB 63

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© 2015 Research is current as of November 13, 2015. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software, individual state legislative websites and direct communications with state PDMP representatives. Please contact Heather Gray at (703) 836-6100, ext. 114 or hgray@namsdl.org with any additional updates or information that may be relevant to this document. This document is intended for educational purposes only and does not constitute legal advice or opinion. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 420 Park Street, Charlottesville, VA 22902.

	<p>within a certain time period before a substance may be dispensed</p> <ul style="list-style-type: none"> - Requires the provision of a report to the general assembly annually - Provides penalties for wrongly disclosing or using PMP information <p>(See description under SB 63 for current language)</p>	
MT SB 7	<p>Allows board to collect fees from prescribers and dispensers beyond the current July 1, 2015 sunset date and increases the maximum amount that can be collected from each individual to \$30</p>	<p>4/29/2015 – Signed by Governor; effective July 1, 2015</p>
NE LB 471	<ul style="list-style-type: none"> - Amends current law to require the establishment of a PMP - Prohibits patients from opting out of the system - Requires all prescriptions to be reported to the system - Allows prescribers and dispensers to access the system - Appropriates \$500,000 to implement the changes 	<p>1/28/2015 – Notice of hearing for 2/11</p>
NE LR 231	<ul style="list-style-type: none"> - Resolves to study the effectiveness of the PMP currently housed within the Nebraska Health Information Initiative - Issues to be studied include: how the current program functions and its limitations; current usage of the program by providers and how to increase utilization; benefits and limitations of transitioning to a stand-alone PMP; funding options, including additional sources, and projected sustainability of funding; technological improvements or changes that would allow for interstate sharing of data; a review of Nebraska statutes to determine changes needed to address the ability of patients to opt out of the system, mandatory reporting by providers, and inclusion of information relating to all payors 	<p>5/21/2015 – Referred to Health and Human Services Committee</p>
NV AB 279	<ul style="list-style-type: none"> - Amends definition of “practitioner” under § 453.126 - Amends § 453.221 to add that the board may charge an additional fee for prescribing controlled substances to cover the cost of developing and maintaining the PMP - Amends § 453.1545 to provide that the program shall be designed to include contact information of each person who is provided access to the database - Further amends § 453.1545 to provide that the program shall be designed to include, for each person to whom a controlled substance is prescribed or dispensed, the name 	<p>4/11/2015 – Pursuant to Joint Standing Rule 14.3.1, no further action allowed</p>

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	<p>of the person, the physical address of the person, telephone number, the email address, and information regarding the substance dispensed</p> <ul style="list-style-type: none"> - Amends § 453.1545 to provide that the board shall provide internet access to the PMP to each practitioner or other person registered to prescribe or dispense controlled substances pursuant to law and who completes the course of instruction - Amends § 453.1545 to provide that each person registered to prescribe or dispense controlled substances shall submit such prescribing or dispensing information within 24 hours after prescribing or dispensing a controlled substance - Further amends § 453.1545 to include pharmacists in the requirement that the board and division - and each pharmacist - shall report any activity they reasonably suspect may be fraudulent or illegal to law enforcement or occupational licensing board - Amends § 453.1545 to provide that the board and division shall cooperatively develop a course of training for persons registered to prescribe or dispense controlled substances in Nevada - Amends immunity provisions of § 453.1545 to provide that a practitioner who acts with reasonable care in transmitting data to the board, division, a licensing board or law enforcement agency is immune from civil and criminal liability 	
<p>NV SB 114</p>	<ul style="list-style-type: none"> - Creates new section to provide that law enforcement shall have Internet access to the PMP if the officer's primary responsibility is drug investigations, the officer has been approved by his or her supervisor to have such access, the officer has completed a required training course, and the employer has submitted a certification for the officer to the board - Amends § 453.1545 to provide that occupational licensing boards shall have access to the PMP - Amends § 453.1545 to provide that the board may report any activity it suspects may indicate the inappropriate use by a patient of a controlled substance to the licensing board of each practitioner who has prescribed controlled substances for the patient 	<p>6/1/2015 – Approved by Governor</p>

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	<ul style="list-style-type: none"> - Modifies the immunity provisions of § 453.1545 to provide that practitioners who make a good faith effort to comply with the applicable laws and regulations are immune as well as the Board, Division, and employees thereof are immune if they make a good faith effort to comply with the laws and regulations - Amends § 453.1545 to provide that the if board or division or a law enforcement agency becomes aware that the program has been intentionally accessed by a person or for a purpose not authorized by law, the applicable agency must notify any person whose information was wrongly accessed 	
NV SB 181	<p>Amends § 453.126 to include anesthesiologist assistant in definition of practitioner Proposed amendment does not affect PMP provisions</p>	5/23/2015 – Pursuant to Joint Standing Rule No. 14.3.4, no further action allowed
NV SB 288	<ul style="list-style-type: none"> - Amends § 453.1545 to provide that the program shall be designed to include contact information for each person who is provided access to the database - Further amends § 453.1545 to provide that each practitioner who is authorized to write prescriptions for and each person who is authorized to dispense controlled substances shall complete a course of training - Provides that internet access shall be granted to each practitioner who completes the course of instruction - Provides that each practitioner who is authorized to write prescriptions for controlled substances shall, to the extent the program allows, access the database at least once every six months to review the information concerning the practitioner that is listed in the database and notify the board if any such information is incorrect and verify to the board that s/he continues to have access to and has accessed the database as required 	5/27/2015 – Approved by Governor; effective on passage for preparatory administrative tasks and on January 1, 2016 for all other purposes
NV SB 459	<ul style="list-style-type: none"> - Amends § 453.1545 to provide that the program shall be designed to include contact information for each person who is required to access the database - Further amends § 453.1545 to create a new subsection that provides, to the extent funds are available, that the program will provide a means by which practitioners can 	5/5/2015 – Approved by Governor; effective on passage for preparatory

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	<p>designate in the database that s/he suspects that a particular patient is seeking controlled substances for an improper or illegal purpose and, if the board reviews the designation and determines that it is warranted, the board shall inform pharmacies, practitioners, and appropriate state agencies that the patient is seeking controlled substances for an improper or illegal purpose</p> <ul style="list-style-type: none"> - Also provides that, to the extent funds are available, the program shall include the ability to integrate patient database records with EHR - Requires that dispensers submit dispensing data no later than the end of the next business day following the dispensing with certain exceptions - Removes the provision regarding providing internet access to practitioners who elect to access the database and simply provides that internet access will be granted to practitioners who complete the training course - Amends § 639.23507 to require that practitioners obtain a PMP report when initiating a prescription for a Schedule II – IV controlled substance if the patient is a new patient or the prescription is for more than seven days and is part of a new course of treatment for the patient - Further amends § 639.23507 to create a new subsection that provides that a practitioner is deemed to be in compliance with the access requirement if s/he attempts and fails to obtain a PMP report and documents such attempt in the patient’s record - Adds new subsection to § 639.23507 to provide that the board shall adopt regulations to provide alternate methods of compliance for physicians providing service in a hospital emergency department, which may include allowing the hospital to designate hospital staff as delegates - Adds new penalty provisions to § 639.23507 - Adds definition of “initiating a prescription” to § 639.23507 which means originating a new prescription for a new patient or originating a new prescription to begin a new course of treatment for an existing patient and does not include any act concerning an ongoing prescription written to continue a course of treatment for a patient 	<p>administrative tasks and on October 1, 2015 for all other purposes</p>
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NH SB 31	<ul style="list-style-type: none"> - Amends § 318-B:31 to add additional exceptions to reporting requirements - Amends § 318-B:33 to provide that practitioners who prescribe but don't dispense must register with the program as a prescriber, practitioners who dispense but don't prescribe must register with the program as a dispenser, and those that prescribe and dispense must register as both - Amends § 318-B:34 to allow a practitioner to disclose program information about a patient to others who are authorized by state or federal law to receive it - Amends § 318-B:34 to allow the provision of de-identified data - Amends § 318-B:35(I)(b)(4) to repeal that subsection regarding interstate sharing - Amends § 318-B:35 to add a new subparagraph to allow the provision of PMP data to another PMP or through an interstate sharing data hub as long as there is an agreement in place with the other state to ensure the information is used pursuant to the laws of NH - Amends § 318-B:37 to change language from prescribers to practitioners - Amends § 318-B:32 to provide that information will be deleted within 36 months after initial prescription was dispensed - Amends § 196:3 to provide that the annual report from the board of pharmacy shall go to additional legislative entities and shall include the number of practitioners signed up for the program, compliance with using the system, and a comparison of prescribing practices - Creates committee to study certain issues relative to the controlled drug prescription health and safety program 	5/26/2015 – Signed by Governor; section creating committee becomes effective May 21, the remainder becomes effective July 20, 2015
NJ AB 3062	<ul style="list-style-type: none"> - Amends § 45:1-44 to add definitions for “CDS registration,” “certified medical assistant,” “dental resident,” “licensed health care professional,” “licensed pharmacist,” “medical resident,” “pharmacy permit holder,” and “registered dental assistant” - Amends § 45:1-45 to require that information on the person picking up the prescription be captured if the pharmacist has a reasonable belief that the person picking up the prescription is seeking the controlled substance, in 	3/26/2015 – Substituted by SB 1998/2119

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	<p>whole or in part, for any reason other than delivering the substance to the patient for whom it was written</p> <ul style="list-style-type: none"> - Further amends § 45:1-45 to provide that prescription data shall be reported every seven (7) days - Amends § 45:1-46 to provide that the division shall review database information to identify persons who may be abusing, misusing or diverting controlled substances and, if a patient is so identified, refer that information to the practitioners and pharmacists; also to identify whether a violation of law or regulation or breach of applicable standards of practice may have occurred - Amends § 45:1-46 to provide that the division shall register a practitioner with the PMP upon issuance or renewal of his/her CDS registration - Amends § 45:1-46 to provide that the following persons or entities shall have online access to the PMP: pharmacists, practitioners, delegates, medical and dental residents, certified medical assistants, dental assistants - Amends § 45:1-46 to provide that PMP information may also be provided to: MEs, another PMP, specified regulatory boards, law enforcement with a court order, Medicaid or other program, grand jury with subpoena, licensed mental health practitioner providing substance abuse treatment to patients at a residential or outpatient substance abuse treatment center with the written consent of the patient - Allows interstate sharing and de-identified data - Requires that the division establish a process by which patients, parents, guardians can directly request PMP data - Amends § 45:1-49 to provide additional penalties for knowing disclosure, wrongly using, or knowingly obtaining PMP information <p>(This description represents the bill after the adoption of Assembly amendments)</p>	
<p>NJ SB 1998</p>	<ul style="list-style-type: none"> - Amends § 45:1-45 to require the submission of information regarding the identification of an individual other than the patient who picks up a prescription - Amends § 45:1-45 to require submission of data within 7 days - Amends § 45:1-46 to allow provision of unsolicited reports to practitioners and pharmacists if a patient is 	<p>7/18/2015 – Approved by Governor; various effective dates</p>

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	<p> suspected of diversion, misuse, or abuse and modifies terms regarding provision of unsolicited reports to law enforcement and licensing boards - Provides that pharmacists and practitioners will be registered with the PMP upon issuance or renewal of controlled dangerous substances registration - Allows receipt of PMP information to the following: pharmacists; practitioners; delegates; medical residents as authorized by a faculty member of a medical teaching facility; medical examiner; PMP in another state; designated representatives of certain licensing boards; state, federal, or municipal law enforcement officer acting pursuant to a court order; grand jury with subpoena; licensed mental health practitioner providing treatment for substance abuse patients with written consent of the patient - Allows interstate sharing of PMP information - Allows provision of deidentified data - Requires the department to establish a process for patients, authorized agents, parents of a minor child, legal guardians, or legal counsel for a patient can directly request and obtain access to PMP data - Amends § 45:1-48 to provide immunity to mental health practitioners and licensed health care practitioners - Amends § 45:1-49 to include mental health practitioners and licensed health care practitioners among those subject to penalties - Provides additional penalties for wrongly obtaining or attempting to obtain PMP information; knowingly disclosing and wrongly using data - Adds new section requiring a practitioner or delegate to access the PMP on a patient the first time the practitioner or delegate prescribes a controlled substance to a patient and not less than quarterly thereafter if the patient continues to receive prescriptions for controlled dangerous substances - Requires prescriber to access the PMP if s/he has a reasonable belief that the patient may be seeking a controlled substance for a reason other than the treatment of a medical condition - Prohibits a pharmacist from dispensing a controlled substance without first checking the PMP if s/he has a </p>	
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	<p>reasonable belief that the patient is seeking the controlled substance for a reason other than the treatment of a medical condition</p> <ul style="list-style-type: none"> - Prohibits a pharmacist from dispensing a controlled substance to a person other than the patient unless the person receiving the prescription provides personal identifying information, which information shall be submitted to the PMP - Provides exceptions to the access requirement - Adds a new section creating a pilot program to test the practicality and effectiveness of integrating the PMP with electronic health records - Adds new section requiring a report to the legislature regarding an assessment of the design, implementation, requirements, and costs associated with a real time PMP <p>AMENDMENT #s 1 & 2</p> <ul style="list-style-type: none"> - Amends § 45:1-44 to include definitions for “CDS registration,” “certified medical assistant,” “licensed health care professional,” “licensed pharmacist,” “medical resident,” “mental health practitioner,” “pharmacy permit holder” - Amends § 45:1-46 access provisions to allow online access to data to pharmacists, practitioners, as many medical or dental residents as are authorized by a faculty member or a medical or dental teaching facility, to as many certified medical assistants as are authorized by a practitioner to access the information, to as many registered dental assistants as are authorized by a licensed dentist - Amends § 45:1-46 to provide that the following persons or entities shall have either online access or the division may provide access to PMP data through other means: ME or delegate, PMP of another state, designated representatives of certain state boards, law enforcement with a court order, designated Medicaid representative, grand jury with subpoena, licensed mental health practitioner providing treatment for substance abuse patients at a residential or outpatient substance abuse treatment center with consent of the patient - Requires the division to create a dedicated, secure telephone and email hotline for any licensed healthcare 	
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	<p>professional, licensed pharmacist, mental health practitioner, pharmacy permit holder, or other practitioner who has online access to the PMP and who wishes to seek or provide any information to the division</p> <ul style="list-style-type: none"> - Amends the mandatory access requirement to provide that the practitioner or delegate must query the PMP prior to prescribing a Schedule II controlled substance for a new patient for acute or chronic pain and quarterly thereafter if the patient continues to receive prescriptions for Schedule II substances for acute or chronic pain - Removes requirement that practitioner or delegate access the PMP if such person has a reasonable believe that the patient is seeking substances for any reason other than treatment of medical condition - Amends mandatory access requirement for pharmacists to provide that the pharmacist shall not dispense a Schedule II substance if s/he has a reasonable belief that the person is seeking the prescription for other than treatment of a medical condition - Changes the prohibition against dispensing for failure to provide identifying information to provide that the pharmacist shall not dispense a prescription to a person other than the patient unless the person picking up the prescription (rather than receiving) provides identifying information if the pharmacist has a reasonable believe that the person may be seeking the controlled substance for any reason other than delivering the substance to the patient - Adds new section that requires the division to annually submit a report to the legislature on the nature and extent of registration with and utilization of the PMP as well as recommendations for program improvement <p>AMENDMENT #3</p> <ul style="list-style-type: none"> - Adds definitions of “dental resident” and “registered dental assistant” - Provides regulatory flexibility by allowing the director to provide alternatives to online statements as a means of certification of access to the system and to seek or provide information - Grants the director authority to establish security protocols by regulation 	
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	<ul style="list-style-type: none"> - Eliminates direct patient access while maintaining the ability of patients/guardians to request PMP information - Reorganizes the new penalty provisions - Limits the “per prescription” mandatory checks to new patients while maintain the quarterly access check for all current patients - Omits the pilot program to test integrating PMP with EHRs - Makes corresponding technical corrections 	
NM SB 422	Creates new section in the Pain Relief Act that requires health care practitioners that hold a federal drug enforcement administration registration to 1) register with the PMP; 2) obtain a PMP report before prescribing, ordering, administering, or dispensing a Schedule II-IV controlled substance; and 3) obtain a PMP report no less than every six months for patients receiving continuous opioid treatment	2/3/2015 – In committee
NY AB 355	Amends Public Health Law § 3309-a to make technical changes to advisory committee provisions Amends Public Health Law § 3309-a to provide that the commissioner, in consultation with the commissioner of education, shall review and implement requirements for continuing medical education on pain management, palliative care and addiction and requires that the curricula include instruction on I-STOP; provides exemptions	2/19/2015 – Advanced to third reading
NY AB 5167	Amends Public Health Law § 3343-a to add a new subsection requiring the department to annually provide opiate prescribers with a notice stating the number of prescriptions for opiates written by such prescriber during the previous calendar year and the prescriber’s numerical ranking and percentile ranking relative to other prescribers within each county where the prescriber practices based on such number	2/12/2015 – Referred to committee
NY AB 8302	Amends Public Health Law § 3309-a to modify terms of continuing education requirements from every two years to prior to renewal of registration to practice	6/19/2015 – Referred to committee
NY SB 4348	Amends Public Health Law § 3309-a to provide that the commissioner, in consultation with the commissioner of education, shall review and implement requirements for continuing medical education on pain management,	6/25/2015 – Referred to committee

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	palliative care and addiction and requires that the curricula include instruction on I-STOP; provides exemptions	
NY SB 4812	Amends Public Health Law § 3343-a to add a new subsection requiring the department to annually provide opiate prescribers with a notice stating the number of prescriptions for opiates written by such prescriber during the previous calendar year and the prescriber's numerical ranking and percentile ranking relative to other prescribers within each county where the prescriber practices based on such number	4/20/2015 – Referred to committee
NY SB 5939	Amends Public Health Law § 3309-a to modify terms of continuing education requirements from every two years to prior to renewal of registration to practice	6/17/2015 – Referred to Assembly committee
NC HB 97	<ul style="list-style-type: none"> - Amends § 90-113.74 to provide that PMP information is confidential and may only be used 1) for investigatory or evidentiary purposes related to violations of law; 2) for regulatory activities; or 3) to inform medical records or clinical care - Amends § 90-113.74 to provide that PMP information will be released to the US DEA's Office of Diversion Control and to the NC Health Information Exchange - Requires the Department of Health and Human Services to modify the PMP contract to include a connection to the NC HIE, establish interstate connectivity, and institute data security protocols that meet or exceed federal requirements - Requires that contract modifications be made by December 31, 2015 and report to certain legislative committees on the progress - Requires the Department to apply for a grant from NABP to connect to NABP InterConnect to establish the initial interface and for two years of ongoing service, maintenance, and support - Appropriates certain funds: 1) to connect the PMP to the HIE network; 2) to maintain a connection between the PMP and the HIE; 3) to establish the initial interface for PMP InterConnect; 4) for annual service fees for interstate connection - Requires the PMP to expand its monitoring capacity by establishing data use agreements with the Prescription Behavior Surveillance System and establish a data use 	9/18/2015 – Signed by Governor; effective upon signing except that the requirement of connecting to the HIE becomes effective upon the establishment of the HIE network

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	<p>agreement with the Center of Excellence at Brandeis no later than January 1, 2016</p> <ul style="list-style-type: none"> - Requires that beginning September 1, 2016 and every two years thereafter, the Division of Mental Health, Developmental Disabilities, and Substance Abuse report on its participation in PBSS to certain legislative committees - Creates the Prescription Drug Abuse Advisory Committee, whose functions include the formation of a strategic plan including 3-5 strategic goals connected with objectives supported by one of five system mechanisms, including the PMP - Requires that DHHS submit an annual report on the performance of the PMP to certain legislative committees beginning December 1, 2016 	
NC HB 165	<ul style="list-style-type: none"> - Amends § 90-113.74 to provide that PMP information is confidential and may only be used 1) for investigatory or evidentiary purposes related to violations of law; 2) for regulatory activities; or 3) to inform medical records or clinical care - Amends § 90-113.74 to provide that PMP information will be released to the US DEA's Office of Diversion Control and to the NC Health Information Exchange 	3/9/2015 – Referred to Committee on Health, if favorable, Judiciary II
NC SB 317	<ul style="list-style-type: none"> - Amends § 90-113.74 to provide that PMP information may be also be used to inform medical records or clinical care - Amends § 90-113.74 to allow receipt of PMP information by the DEA's office of diversion control and the NC Health Information Exchange 	3/24/2015 – Re-referred to Health Care; if favorable, re-refer to Judiciary I
ND HB 1149	Amends § 19-03.5-09 to require that each professional board responsible for licensing individuals authorized to prescribe or dispense controlled substances adopt rules requiring individuals licensed under their jurisdiction to use the PMP	3/30/2015 – Signed by Governor; filed with Secretary of State; effective August 1, 2015
ND HB 1153	Amends § 19-03.5-07 to make technical changes	3/30/2015 – Signed by Governor; filed with Secretary of State; effective August 1, 2015

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OH HB 64	<ul style="list-style-type: none"> - Amends § 4729.80 to provide that prescription monitoring information may be provided upon receipt of a request from either the medical director or pharmacy director of a managed care organization - Further amends § 4729.80 to provide that prescription monitoring information can be provided to the director of health upon request for information relating to the duties of the director or the department of health in implementing the Ohio violent death reporting system - Amends § 4729.82 to provide that data will be retained for three years - Amends § 4729.86 to remove the provision allowing a prescriber or pharmacist to provide prescription monitoring information to a patient or patient’s representative and makes technical changes 	6/30/2015 – Signed by Governor; effective June 30, 2015
OH HB 394	<ul style="list-style-type: none"> - Amends § 4715.14 to include another exception to the PMP registration requirement for dentists - Amends § 4723.486 to include another exception to the PMP registration requirement for nurses - Amends § 4725.16 to include another exception to the PMP registration requirement for optometrists - Amends § 4729.12 to require pharmacists to certify that they are registered with the PMP on the renewal application - Amends § 4729.85 regarding the preparation and presentation of reports to the legislature, the governor, and certain committees - Amends § 4729.86 to allow prescribers and pharmacists to provide PMP information the patient or the patient’s personal representative and to include the information in the patient’s medical record - Amends § 4730.48 to include another exception to the PMP registration requirement for physician assistants - Amends § 4731.281 to include another exception to the PMP registration requirement for physicians, osteopaths, and podiatrists - Amends § 4715.302 to include definitions for opioid analgesic and benzodiazepine - Amends § 4723.487 to include definitions for opioid analgesic and benzodiazepine 	12/19/2014 – Signed by Governor; effective on signing

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	<ul style="list-style-type: none"> - Amends § 4725.092 to remove statutory access requirement for optometrists - Amends § 4730.53 to include definitions for opioid analgesic and benzodiazepine - Amends § 4731.055 to include definitions for opioid analgesic and benzodiazepine 	
OH SB 55	<ul style="list-style-type: none"> - Repeals § 4730.48 regarding expiration of physician assistant's certificate to prescribe - Amends § 4730.49 to provide that to be eligible for renewal of a license to practice as a physician assistant who has been granted physician-delegated prescriptive authority must certify that the applicant has been granted access to the PMP with certain exceptions - Amends § 4730.53 to make certain technical changes 	2/18/2015 – Referred to committee
OH SB 110	<ul style="list-style-type: none"> - Repeals § 4730.48 - Amends § 4730.49 to provide that physician assistant applicants who prescribe opioid analgesics or benzodiazepines shall certify to the board whether the applicant has been granted access to the drug database with certain exceptions - Makes technical amendments to § 4730.58 that do not affect PMP provisions 	6/25/2015 – Signed by Governor; effective October 15, 2015
OH SB 276	<ul style="list-style-type: none"> - Amends § 4715.14 to include another exception to the PMP registration requirement for dentists - Amends § 4723.486 to include another exception to the PMP registration requirement for nurses - Amends § 4725.16 to include another exception to the PMP registration requirement for optometrists - Amends § 4729.12 to require pharmacists to certify that they are registered with the PMP on the renewal application - Amends § 4729.85 regarding the preparation and presentation of reports to the legislature, the governor, and certain committees - Amends § 4729.86 to allow prescribers and pharmacists to provide PMP information to the patient or the patient's personal representative and to include the information in the patient's medical record - Amends § 4730.48 to include another exception to the PMP registration requirement for physician assistants 	12/19/2014 – Signed by Governor; effective on signing

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	<ul style="list-style-type: none"> - Amends § 4731.281 to include another exception to the PMP registration requirement for physicians, osteopaths, and podiatrists - Amends § 4715.302 to include definitions for opioid analgesic and benzodiazepine - Amends § 4723.487 to include definitions for opioid analgesic and benzodiazepine - Amends § 4725.092 to remove statutory access requirement for optometrists - Amends § 4730.53 to include definitions for opioid analgesic and benzodiazepine - Amends § 4731.055 to include definitions for opioid analgesic and benzodiazepine 	
OK HB 1080	Amends 63 § 2-309D to allow the use of delegates	2/3/2015 – Second reading; referred to Alcohol, Tobacco, and Controlled Substances
OK HB 1948	<ul style="list-style-type: none"> - Amends 63 § 2-304 to prohibit the Director from assessing administrative fines for violations of the provisions of 63 § 2-309D - Amends 63 § 2-309D to allow receipt of PMP information by the executive director or chief investigator of the Board of Examiners in Optometry, the Board of Nursing, and the Office of the Chief Medical Examiner and removes requirement that the information received be limited to licensees of the requesting board - Amends 63 § 2-309D to allow receipt of PMP information by medical practitioners employed by the Dept. of Veterans’ Affairs, the US Military, or other federal agencies treating patients in OK - Amends 63 § 2-309D to allow receipt of PMP information by medical practitioners and their staff, including those employed by the federal government - Amends 63 § 2-309D to allow the Dept. of Mental Health and Substance Abuse Services to use de-identified data for statistical, research, substance abuse prevention, or educational purposes 	3/31/2015 – Approved by Governor; effective November 1, 2015

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	<ul style="list-style-type: none"> - Amends 63 § 2-309D to allow registrants to have access to the registry and allows registrants to disclose a patient's history to the patient - Amends 63 § 2-309D to require registrants or delegates to access the PMP prior to prescribing or authorizing a refill, if 180 days have elapsed since the previous check, for opiates, benzodiazepine, or carisoprodol and must note in the patient's record that the PMP has been accessed - Provides that the various licensing boards shall be responsible for enforcing the requirement to access provision - Requires that the Director provide the various licensing boards with a list of the top 20 prescribers each month and shall notify the relevant board if a prescriber is prescribing outside the limitations of their licensure or outside of drug registration rules or applicable state laws, and such notice shall be treated as a complaint by the board for the purpose of investigations - Provides the following exceptions to the access requirement: 1) medical practitioners prescribing for hospice or end-of-life care; and 2) prescribing for patients who are residents of a skilled nursing facility - Changes the requirement for treating a notice that a practitioner is prescribing outside the limitations of their licensure as a complaint from "shall" to "may" 	
OK SB 140	Amends 63 § 2-309D to allow receipt of PMP information to designated legal, communications, and analytical employees of the Bureau	4/17/2015 – Signed by Governor; effective July 1, 2015
OK SB 693	<ul style="list-style-type: none"> - Amends 63 § 2-309D to allow provision of data to medical practitioners and their staff employed by the federal government within OK - Amends 63 § 2-309D to allow registrants to have access to the registry and to allow registrants to disclose patient information to the patient - Amends 63 § 2-309D to provide that registrants or their delegates must check the PMP prior to prescribing or authorizing a refill for all hydrocodone products, all oxycodone products, all benzodiazepines, diazepam, carisiprodal (sic.), or ultram 	2/3/2015 – Second reading; referred to Health and Human Services

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OK SB 699	<ul style="list-style-type: none"> - Amends 63 § 2-309D to allow receipt of PMP information by the executive director or chief investigator of the Board of Examiners in Optometry, the Board of Nursing, and the Office of the Chief Medical Examiner and removes requirement that the information received be limited to licensees of the requesting board - Amends 63 § 2-309D to allow receipt of PMP information by medical practitioners employed by the Dept. of Veterans' Affairs, the US Military, or other federal agencies treating patients in OK - Amends 63 § 2-309D to allow the Dept. of Mental Health and Substance Abuse Services to use de-identified data for statistical, research, substance abuse prevention, or educational purposes - Amends 63 § 2-309D to allow registrants to have access to the registry and allows registrants to disclose a patient's history to the patient - Amends 63 § 2-309D to require registrants or delegates to access the PMP prior to prescribing or authorizing a refill, if 180 days have elapsed since the previous check, for opiates, benzodiazepine (sic.), or carisoprodol and must note in the patient's record that the PMP has been accessed - Provides exceptions to the access requirement for medical practitioners who are members of a health information organization and who access and use a monthly report; medical practitioners who prescribe for hospice or end-of-life care; and for prescriptions issued for patients in a nursing facility - Provides that the various licensing boards shall be responsible for enforcing the requirement to access provision - Requires that the Director provide the various licensing boards with a list of the top 20 prescribers each month and shall notify the relevant board if a prescriber is prescribing outside the limitations of their licensure or outside of drug registration rules or applicable state laws, and such notice shall be treated as a complaint by the board for the purpose of investigations 	2/3/2015 – Second reading; referred to Health and Human Services
OR HB 3100	<ul style="list-style-type: none"> - Amends § 431.966 to make technical changes - Amends § 431.990 to change applicable penalty provisions which may make them unrelated to the PMP 	7/20/2015 –

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	AMENDMENTS don't affect PMP provisions	Governor signed; effective on passage
OR SB 71	Amends § 431.964 to provide that dispensing information shall be submitted to the program within 72 hours of dispensing	6/18/2015 – Signed by Governor; effective January 1, 2016
OR SB 289	Provides a repeal date for the advisory commission of June 30, 2020	3/24/2015 – Public hearing held
OR SB 626	<ul style="list-style-type: none"> - Amends § 431.966 to provide that the system will release information as part of an automated system integrated into the PMP which shall disclose information only for the purposes of notifying the practitioner or pharmacist of a potentially dangerous drug interaction or of multiple prescribers prescribing drugs to a patient - Amends § 431.966 to allow receipt of PMP information by a district or county health officer, medical examiner or his/her designee, and to a person allowed receipt of de-identified information for the purpose of comparing information kept in different databases - Amends § 431.966 to allow a public health authority to disclose de-identified data for educational, research, or public health purposes - Amends § 431.966 to modify the immunity provisions to provide that a practitioner or pharmacist may not be held liable for civil damages on the basis that s/he requested or obtained PMP information - § 431.962 is amended to add a new sub-section that requires practitioners to query the PMP prior to prescribing or dispensing a Schedule II-IV substance with certain exceptions - Amends § 431.978 to add a new sub-section that provides that any licensee who violates the mandatory access requirement may be penalized by his/her health regulatory board and includes a financial penalty of up to \$1,000 per violation <p>AMENDMENT #1</p> <ul style="list-style-type: none"> - Amends § 431.964 to provide that dispensing information shall be reported to the PMP within 72 hours 	3/31/2015 – Motion to refer to Health Care carried by voice vote

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	<ul style="list-style-type: none"> - Further amends § 431.964 to provide that the authority may grant a waiver of electronic reporting to a pharmacy - Deletes provision allowing access to medical examiner - Amends § 431.966 to allow the authority to disclose identifiable prescription monitoring information for purposes related to research and epidemiological study, subject to the proviso that the research be approved by an institutional review board and the institution of any requirement the authority considers necessary to ensure that the disclosure of information is for legitimate purposes as well as a prohibition on further disclosure of identifying information - Deletes access requirement 	
OR SB 663	<ul style="list-style-type: none"> - Amends § 431.966 to make technical changes - Amends § 431.990 to change applicable penalty provisions which may make them unrelated to the PMP 	6/10/2015 – Work session held
PA HB 1294	Amends statute to require that prescribers query the PMP every time a prescription for buprenorphine is written	6/10/2015 – Referred to Health
PA SB 3	Creates new Chapter for medical marijuana which provides, among other things, that the Board of Medical Cannabis Licensing shall have the power to require utilization of the PMP by a health care practitioner to review a patient’s history AMENDMENTS don’t affect PMP provision	6/26/2015 – Re-referred to rules committee
SC SB 102	Exempts licensed retail pharmacies and entities located in Canada, the United Kingdom, the Republic of Ireland, the Commonwealth of Australia, and New Zealand from the reporting requirements	1/13/2015 – Referred to committee on medical affairs
TN HB 456	Amends § 53-10-302 to modify definition of “prescriber”	2/18/2015 – Assigned to Health Subcommittee
TN HB 861	<ul style="list-style-type: none"> - Amends § 53-10-302 to modify definition of “prescriber” - Amends § 53-11-309 to change language from “advanced practice nurse” to “advanced practice registered nurse” 	2/19/2015 – Assigned to Health Subcommittee
TN SB 521	Amends § 53-10-302 to modify definition of “prescriber”	3/11/2015 – Refer to Senate Health & Welfare committee

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TN SB 680	Amends § 53-10-302 to modify definition of “prescriber”	2/18/2015 – Passed on second consideration, refer to Senate Health and Welfare Committee
TX HB 1885	Makes technical changes to §§ 481.074 and 481.076	3/11/2015 – Referred to Public Health
TX SB 195	<ul style="list-style-type: none"> - Amends § 481.074 to change “director” to “Board of Pharmacy” - Amends § 481.076 to change “director” to “board” - Amends § 481.076 to allow provision of PMP data to one or more states or association of states with which the board has an interoperability agreement - Amends § 481.076 to create a new subsection to allow the board to enter into an interoperability agreement with one or more states or an association of states authorizing the board to access PMP information maintained or collected by the other state or states or association, including information maintained in a central database, such as NABP’s PMPi - Amends § 481.0761 to provide that the board may, by rule, establish compatibility protocols for modifications to the database to allow participation in interstate sharing - Amends § 481.0761 to allow the board to adopt rules providing that a person authorized to access information directly be enrolled in electronic access at the time s/he obtains or renews his/her professional or occupational license/registration - Provides that the changes only apply to information submitted or accessed on or after January 1, 2016 and that the board may enter into an interoperability agreement prior to that date, but it must not take effect until that date - Requires that the Dept. of Public Safety transfer all records to the Board of Pharmacy by Jan. 1, 2016 - Requires adoption of rules no later than December 1, 2016 	6/20/2015 – Signed by Governor; various effective dates

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	<ul style="list-style-type: none"> - Amends § 481.076 to allow provision of PMP data to a medical examiner, optometrist, or delegate so long as the delegate is authorized to do so under HIPAA - Amends § 481.076 to provide that the board shall ensure that the department has unrestricted access to the information received by the board - Amends § 481.076 to provide that law enforcement and prosecutorial officials may only receive PMP information after submitting a request to the department and the request is reviewed by the department and proper need has been shown and prohibits the board from tracking or monitoring the department's access to information - Amends § 554.006 to allow the board to establish reasonable and necessary fees sufficient to produce enough revenue to cover the cost of operating the PMP 	
TX SB 751	Makes technical changes to §§ 481.074 and 481.076	3/2/2015 – Referred to Health and Human Services
UT HB 395	<ul style="list-style-type: none"> - Amends § 58-37f-203 to require real-time or 24-hour batch submission of dispensing information - Makes technical changes to § 58-37f-301 - Amends § 58-37f-301 to allow receipt of data by a physician employed as the medical director for a licensed worker's compensation insurer or approved self-insured employer - Repeals § 58-37f-801 regarding statewide pilot program for real-time submission 	3/23/2015 – Signed by Governor; effective July 1, 2015
UT SB 119	<ul style="list-style-type: none"> - Amends § 58-37f-203 to provide that a patient may request his/her records upon written request and allows the patient to request correction of inaccurate information in the report - Amends § 58-37f-301 to require that law enforcement have a search warrant - Amends § 58-37f-301 to allow receipt of information by a physician employed as the medical director for a licensed worker's compensation insurer or approved self-insured employer - Amends § 58-37f-301 to allow patients to receive a list of the names of all persons and entities that have requested or received any information from the database regarding the 	3/30/2015 – Signed by Governor

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	<p>patient unless the individual's record is subject to a pending or current investigation</p> <ul style="list-style-type: none"> - Amends § 58-37f-601 to provide penalties for persons who negligently or recklessly release database information - Adds new section § 58-37f-704 to state that practitioners are not obligated to access the database and provide civil immunity to practitioners and pharmacists 	
UT SB 158	Amends § 58-37f-301 to allow a pharmacy intern to be a delegate and allows a pharmacist-in-charge to delegate up to five employees	3/30/2015 – Signed by Governor
VT HB 45	Amends 18 § 4283 to require that health care providers report the direct dispensing to patients in an opioid treatment program of any amount of methadone or medication containing buprenorphine when it is initially dispensed and when there is a change in the amount or type of substance dispensed	1/22/2015 – Read first time and referred to Committee on Human Services
VT SB 108	Amends 18 § 4284 to provide that the department will provide data to the commissioner of health or the commissioner's designee in order to identify patients who filled certain prescriptions	5/20/2015 – Signed by Governor; effective on passage
VA HB 1810	Amends § 54.1-2523 to provide that PMP data shall not be available for civil subpoena, nor shall such records be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall the information be deemed admissible as evidence in any civil proceeding for any reason	3/23/2015 – Signed by Governor; effective July 1, 2015
VA HB 1841	<ul style="list-style-type: none"> - Amends § 54.1-2522.1 to require that prescribers be registered with the PMP - Deletes requirement that there be a treatment agreement between prescriber and patient before prescriber is required to access PMP - Creates § 54.1-2522.2 to require that all dispensers be registered with the PMP 	3/23/2015 – Signed by Governor; effective January 1, 2016
VA HB 1979	Adds new section providing that if a person is arrested for a crime involving a controlled substance, where the dispensing of such substance is required to be reported to the PMP, the arresting officer must cause a PMP report to be requested to identify the prescriber and shall cause the prescriber to be notified of such arrest unless such	2/10/2015 – Left in Courts of Justice

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	notification would jeopardize an ongoing criminal investigation	
VA HB 2136	Amends § 54.1-2522.1 to provide that prescribers shall check the PMP at the time of initiating a new course of treatment that includes prescription of a benzodiazepine or opiate expected to last more than 30 days and at least once annually as long as such prescription remains a part of the patient's treatment	2/11/2015 – Left in Health, Welfare and Institutions
VA SB 817	Amends § 54.1-2523 to allow receipt of information by probation and parole officers	3/16/2015 – Approved by Governor; effective July 1, 2015
WA HB 1103	<ul style="list-style-type: none"> - Amends § 70.225.040 to allow receipt of PMP information by personnel of a test site pursuant to an agreement between the test site and the patient's prescriber or dispenser - Adds new section that provides the test site must be located in Washington state, licensed, and certified as a drug testing laboratory - Adds new section that provides that test sites may not store data received from the PMP in any form <p>AMENDMENT #1</p> <ul style="list-style-type: none"> - Removes requirement that the test site be physically located in Washington - Adds provision that test sites cannot receive any form of compensation for providing services 	6/28/2015 – By resolution, reintroduced and retained in present status
WA HB 1106	<ul style="list-style-type: none"> - Appropriates \$64,000 of the Medicaid fraud penalty account for the purpose of integrating the PMP into the coordinated care electronic tracking program where said integration must provide PMP data to emergency personnel when the patient registers in the emergency department - Such exchange may be a private or public joint venture, including the use of the state HIE 	7/9/2015 – Returned to House committee
WA HB 1637	Amends § 70.225.040 to allow provision of PMP data to local, state, and federal officials and officials of federally recognized tribes	4/22/2015 – Signed by Governor; effective July 24, 2015
WA HB 2192	Repeals the PMP	6/28/2015 –

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		By resolution, reintroduced and retained in present status
WA SB 5027	<ul style="list-style-type: none"> - Amends § 70.225.040 to allow receipt of PMP information by personnel of a test site pursuant to an agreement between the test site and the patient's prescriber or dispenser - Adds new section that provides that test sites may not store data received from the PMP in any form - Adds provision that test sites may not charge a fee for accessing the PMP - Provides that access to the data in a test site must be under the supervision of a responsible person designated by the US Dept. of Health and Human Services, substance abuse and mental health services administration certification program 	5/14/2015 – Signed by Governor; effective July 24, 2015
WA SB 5290	Amends § 70.225.040 to allow provision of PMP data to local, state, and federal officials and officials of federally recognized tribes	6/28/2015 – By resolution, reintroduced and retained in present status
WA SB 5815	Creates new section that requires naturopaths to register with the PMP	6/28/2015 – By resolution, reintroduced and retained in present status
WA SB 6051	<ul style="list-style-type: none"> - Appropriates \$64,000 of the Medicaid fraud penalty account for the purpose of integrating the PMP into the coordinated care electronic tracking program where said integration must provide PMP data to emergency personnel when the patient registers in the emergency department - Such exchange may be a private or public joint venture, including the use of the state HIE 	6/28/2015 – By resolution, reintroduced and retained in present status
WA SB 6052	<ul style="list-style-type: none"> - Appropriates \$64,000 of the Medicaid fraud penalty account for the purpose of integrating the PMP into the coordinated care electronic tracking program where said integration must provide PMP data to emergency personnel when the patient registers in the emergency department - Such exchange may be a private or public joint venture, including the use of the state HIE 	7/1/2015 – Signed by Governor; Effective June 30, 2015

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WV HB 2352	Authorizes the legislative rule related to the PMP	1/30/2015 – To House Judiciary
WV HB 2733	<ul style="list-style-type: none"> - Amends § 60A-9-3 to make technical changes - Amends § 60A-9-4 to make technical changes and require the reporting of the first, middle, and last names of the person picking up the prescription if such person is not the patient - Amends § 60A-9-4a to make technical changes - Amends § 60A-9-5 to make technical changes - Amends § 60A-9-5 to removes requirement that law enforcement have successfully completed DEA diversion training and National Association of Drug Diversion Investigation Training before being allowed to receive PMP information and replaces that requirement with one requiring law enforcement to complete training approved by the board 	4/1/2015 – Approved by Governor; effective June 10, 2015
WV SB 199	Authorizes the legislative rule related to the PMP	4/1/2015 – Approved by Governor; effective from passage
WV SB 205	Authorizes the legislative rule related to the PMP	2/23/2015 – Reported in committee substitute for SB 199
WI AB 21	<ul style="list-style-type: none"> - Transfers oversight of the PMP from the Pharmacy Examining Board to the Controlled Substances Board - Allows the Pharmacy Examining Board to disclose a record to law enforcement, including under circumstances indicating suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient - Provides that the board may refer a pharmacist, pharmacy, or practitioner to the appropriate board or to law enforcement for failure to comply with the PMP 	7/8/2015 – Laid on the table
WI AB 364	<ul style="list-style-type: none"> - Amends § 961.385 to amend the definitions of “administer” and “patient” and to add definitions for “agent,” “business day,” “deliver or delivery,” and “dispense” - Changes data collection interval to daily 	10/23/2015 – Referred to committee on rules

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	<ul style="list-style-type: none"> - Amends disclosure provisions to provide that the board shall establish rules to permit the board to disclose records generated to relevant licensing boards and agencies, relevant agencies of other states, relevant law enforcement agencies, and relevant prosecutorial agencies if the circumstances indicate suspicious or critically dangerous conduct - Amends disclosure provisions to provide that the board shall establish rules to permit the board to provide PMP data to a practitioner, pharmacist, registered nurse, or substance abuse counselor if the individual is directly treating or rendering assistance to a patient or the individual is being consulted regarding the health of the patient by an individual who is directly treating the patient - Amends disclosure provisions to provide that the board shall establish rules to permit the provision of PMP data to a person who medically coordinates, directs, or supervises, or establishes standard operating procedures for, a practitioner, pharmacist, registered nurse, or substance abuse counselor if the person is evaluating the job performance of the individual or is performing quality assessment and improvement activities and if the disclosure is limited to only those records regarding the individual the person medically coordinates, directs, or supervises, or for whom the person establishes standard operating procedures - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit with a written request and the individual is engaged in an active and specific investigation and the record being requested is reasonably related to that investigation or prosecution - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit upon written request for the record and is monitoring the patient as part of a drug court 	
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	<ul style="list-style-type: none"> - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to an agent of a practitioner or pharmacist - Amends provisions to provide that the board shall establish rules requiring a practitioner to review a patient’s record prior to issuing a prescription - Amends provision stating that pharmacies, pharmacists, and practitioners are not required to obtain PMP data to delete practitioners <p>AMENDMENT #1 –</p> <ul style="list-style-type: none"> - Amends definition of “prescription order” to include those written by veterinarians - Amends disclosure provisions to provide that the board permit disclosure of PMP data to a practitioner, pharmacist, registered nurse, substance abuse counselor, or individual authorized to treat alcohol or substance dependency or abuse as a specialty - Adds “individual authorized to treat alcohol or substance dependency or abuse as a specialty” where applicable - Limits the requirement of practitioners to access the PMP to three years from the date the law becomes effective - Adds exceptions to the access requirement, including: if the patient is in hospice care, the prescription is for a 3-day supply or less, the drug is administered to the patient, emergency circumstances making it impossible for practitioner to review the PMP report, or if the practitioner is unable to review the report because the system is down - Changes the effective date from January 1, 2017 to April 1, 2017 except for the access requirement, which becomes effective either April 1, 2017 or on the 30th day after the date of publication in the Wisconsin Register of the notice to the legislative reference bureau that the program is capable of electronically transmitting PMP records to practitioners 	
WI AB 365	<ul style="list-style-type: none"> - Creates § 961.37 to require that law enforcement officers report to his or her employer if the officer does any of the following: 1) encounters a situation where s/he reasonably suspects that a violation involving a monitored prescription drug is occurring or has occurred; 2) encounters an individual who the officer believes is undergoing or has immediately prior experienced an opioid-related drug 	10/23/2015 – Referred to committee on rules

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	<p>overdose or a deceased individual who the officer believes died as a result of using a narcotic drug; or 3) receives a report of a stolen controlled substance prescription</p> <p>- The officer must report the following information: 1) the name and date of birth of all of the following – a) individual suspected of the violation; b) individual who experienced an opioid-related drug overdose; c) individual who died as a result of using a narcotic drug; d) individual who filed the stolen prescription report; e) individual for whom a prescription drug related to the foregoing was prescribed; 2) name of the prescribing practitioner, the prescription number, and the name of the drug as it appears on the prescription order or container</p> <p>- The law enforcement agency receiving the report shall submit notice of the suspected violation, opioid related overdose, death as the result of using a narcotic drug, or the report of the stolen controlled substance prescription to the PMP</p> <p>- Amends § 961.385 to provide that the PMP may disclose information provided to the PMP by a law enforcement agency pursuant to § 961.37 to relevant pharmacists, practitioners, and others to whom the board may make disclosures</p>	
WI AB 366	<p>- Creates § 50.65 to provide that a physician or other health care provider at a pain clinic who is authorized to prescribe pain medication shall review a patient’s PMP data for use of other pain medications prior to prescribing a pain medication for the patient</p> <p>AMENDMENT does not affect PMP provisions</p>	10/23/2015 – Referred to committee on rules
WI AB 367	<p>- Creates § 51.4223 to require that a physician or other health care provider authorized to prescribe methadone review a patient’s PMP records for other methadone or pain medication use</p> <p>AMENDMENT deletes access requirement</p>	10/23/2015 – Referred to committee on rules
WI SB 21	<p>- Changes § 450.19 to § 961.385</p> <p>- Amends § 961.385 to provide that the rules shall permit disclosure of PMP data to relevant state boards and agencies, relevant agencies of other states, and relevant law enforcement agencies, including under circumstances indicating suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient</p>	7/13/2015 – Approved by Governor

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	- Amends § 961.385 to permit the board to refer to the appropriate licensing or regulatory board for discipline or to law enforcement for investigation and possible prosecution a pharmacist, pharmacy, or practitioner that fails to comply with rules promulgated under this law, including a failure to generate a record required by the program	
WI SB 268	<ul style="list-style-type: none"> - Amends § 961.385 to amend the definitions of “administer” and “patient” and to add definitions for “agent,” “business day,” “deliver or delivery,” and “dispense” - Changes data collection interval to daily - Amends disclosure provisions to provide that the board shall establish rules to permit the board to disclose records generated to relevant licensing boards and agencies, relevant agencies of other states, relevant law enforcement agencies, and relevant prosecutorial agencies if the circumstances indicate suspicious or critically dangerous conduct - Amends disclosure provisions to provide that the board shall establish rules to permit the board to provide PMP data to a practitioner, pharmacist, registered nurse, or substance abuse counselor if the individual is directly treating or rendering assistance to a patient or the individual is being consulted regarding the health of the patient by an individual who is directly treating the patient - Amends disclosure provisions to provide that the board shall establish rules to permit the provision of PMP data to a person who medically coordinates, directs, or supervises, or establishes standard operating procedures for, a practitioner, pharmacist, registered nurse, or substance abuse counselor if the person is evaluating the job performance of the individual or is performing quality assessment and improvement activities and if the disclosure is limited to only those records regarding the individual the person medically coordinates, directs, or supervises, or for whom the person establishes standard operating procedures - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law 	10/16/2015 – Available for scheduling

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	<p>enforcement agency, or prosecutorial unit with a written request and the individual is engaged in an active and specific investigation and the record being requested is reasonably related to that investigation or prosecution</p> <ul style="list-style-type: none"> - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit upon written request for the record and is monitoring the patient as part of a drug court - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to an agent of a practitioner or pharmacist - Amends provisions to provide that the board shall establish rules requiring a practitioner to review a patient's record prior to issuing a prescription - Amends provision stating that pharmacies, pharmacists, and practitioners are not required to obtain PMP data to delete practitioners 	
WI SB 269	<ul style="list-style-type: none"> - Creates § 961.37 to require that law enforcement officers report to his or her employer if the officer does any of the following: 1) encounters a situation where s/he reasonably suspects that a violation involving a monitored prescription drug is occurring or has occurred; 2) encounters an individual who the officer believes is undergoing or has immediately prior experienced an opioid-related drug overdose or a deceased individual who the officer believes died as a result of using a narcotic drug; or 3) receives a report of a stolen controlled substance prescription - The officer must report the following information: 1) the name and date of birth of all of the following – a) individual suspected of the violation; b) individual who experienced an opioid-related drug overdose; c) individual who died as a result of using a narcotic drug; d) individual who filed the stolen prescription report; e) individual for whom a prescription drug related to the foregoing was prescribed; 2) name of the prescribing practitioner, the prescription number, and the name of the drug as it appears on the prescription order or container - The law enforcement agency receiving the report shall submit notice of the suspected violation, opioid related 	10/29/2015 – Available for scheduling

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	overdose, death as the result of using a narcotic drug, or the report of the stolen controlled substance prescription to the PMP - Amends § 961.385 to provide that the PMP may disclose information provided to the PMP by a law enforcement agency pursuant to § 961.37 to relevant pharmacists, practitioners, and others to whom the board may make disclosures	
WI SB 271	- Creates § 51.4223 to require that a physician or other health care provider authorized to prescribe methadone review a patient's PMP report for other methadone or pain medication use	10/16/2015 – Available for scheduling
WI SB 272	- Creates § 50.65 to provide that a physician or other health care provider at a pain clinic who is authorized to prescribe pain medication shall review a patient's PMP data for use of other pain medications prior to prescribing a pain medication for the patient	10/21/2015 – Fiscal estimate received
WY SF 100	- Amends § 35-7-1060 to change data collection interval from every seven days to daily - Amends § 35-7-1060 to allow the use of delegates - Repeals §§ 35-7-1061 and -1062 regarding pilot project for real time access to database	3/6/2015 – Signed by Governor; effective January 1, 2016
Regulation No.	Description	Status
AL 384253 (ADC 540-X-12-.05)	Makes technical changes	3/31/2015 – Certified adopted rules
AL 384254 (ADC 540-X-18-.05)	Makes technical changes	3/31/2015 – Certified adopted rules
AL 384255 (ADC 540-X-21-.03)	Creates guidelines for the treatment of opioid addiction, which includes the recommendation that the physician access the patient's PMP report	3/31/2015 – Certified adopted rules
AR 374989 (ADC 016.15.4-II-E)	Allows a DHS investigator to petition for access to the PMP if the investigator demonstrates probable cause that the alleged offender has one or more prescription drugs, and the baby or the offender tested positive for prescription drugs at the time of birth of the baby	12/22/2014 – Adopted regulations; effective 2/2015
AR 401919 (ADC 060.000.1-2)	- Requires that prescribers check the PMP at least once every six months for patients with chronic, non-malignant pain	8/31/2015 – Proposed regulations

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	- Requires that prescribers found to be in violation of a rule or law involving prescription drugs shall be required to register with the PMP and access prescription information prior to writing a prescription for an opioid	
AR 401922 (ADC 060.00.1-19)	- Requires physicians operating a pain management program to check the prescriptive history of a patient at least every six months when that patient is being treated with controlled substances for chronic, non-malignant pain - Requires that prescribers who have been found to be in violation of a law or rule involving prescription drugs to register with the PMP and access patient information prior to writing a prescription for an opioid	8/31/2015 – Proposed regulations
CO 380477 (3 ADC 709- 1:IX)	Requires all dentists or academic dentists with a current DEA registration to register with the PMP	2/25/2015 – Final regulations; effective 3/30/2015
CO 395391 (3 ADC 719- 1:23.00.00)	- Requires the submission of an animal's owner's first and last name - Allows a person authorized to access PMP data to release that information to a specific individual or individual's treating providers as allowed by HIPAA	8/25/2015 – Final regulations
CT 368305 (ADC 21a- 254-2 to -6)	Propose to add nonresident pharmacies and medical practitioners to the existing groups of medical providers and pharmacies subject to the PMP regulations	12/2/2014 – Notice of decision to take action on proposed regulations; forwarded to AG for review
DC 402819 (17 ADC 10300 – 10316, 10399)	- Creates Chapter 103 of the DC Code of Regulations to implement the provisions of the PMP - Sec. 10300 provides there is no requirement to access the PMP and includes immunity provisions - Sec. 10301 provides for daily reporting of dispensing information, requires nonresident pharmacies to report, and exceptions to reporting requirements - Sec. 10302 includes cyclobenzaprine and products containing butalbital as covered substances - Sec. 10303 - 10305 provide standards and format for reporting and zero reporting and waiver of reporting requirements	9/11/2015 – Proposed rulemakings

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	<ul style="list-style-type: none"> - Sec. 10306 sets out the requirements for prescribers, dispensers, and delegates to access PMP data and sets out the requirements for delegate use of the PMP - Sec. 10307 provides for mandatory disclosure to law enforcement and regulatory purposes upon request - Sec. 10308 sets out discretionary disclosures to patients, parent or legal guardian of a patient, regulatory authorities, Medicaid, medical examiner, de-identified data - Sec. 10309 provides for interstate sharing - Sec. 10310 provides for notice to consumers of prescriber or dispenser's intent to access PMP data - Sec. 10311 contains the confidentiality provisions - Sec. 10312 provides for corrections to PMP data - Sec. 10313 – 10315 are reserved - Sec. 10316 creates the advisory committee - Sec. 10399 contains definitions 	
DE 396506 (24 ADC 9.0)	<ul style="list-style-type: none"> - Requires practitioners to query the PMP prior to prescribing opioids in instances of chronic care and at least annually thereafter - Requires practitioners to seek a case review or consult with, or otherwise refer a patient to, a state-licensed physician who holds a subspecialty board certification in addiction psychiatry or relevant subspecialty if the patient has obtained controlled substances elsewhere without disclosure to the physician, as evidenced by PMP data 	7/1/2015 – Proposed regulations
FL 342937 (64K ADC 64K-1.002)	<p>Changes reporting format from ASAP 4.1 to ASAP 4.2 but provides that the program will continue to accept submissions in ASAP 4.1 for one year from the effective date of the rule</p> <p>CORRECTED to reflect the publication date as May 28, 2015</p>	10/6/2015 – Effective rules
FL 392973 (64K ADC 64K-1.002)	Changes reporting format from ASAP 4.1 to ASAP 4.2	5/28/2015 – Notices of development of proposed rules
FL 400022 (64K ADC 64K-1.003, 004, 005)	Department will develop rules establishing procedures for acquiring both direct and indirect access to the database, procedures for revoking access, standards for denial of requests for access, as well as any other measures related to access, database operation or database management identified during the rulemaking process	9/25/2015 – Proposed rules

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<p>IL 361946 (77 ADC 2080.20, 50, 70, 100, 190, 210, 220 to 250)</p>	<ul style="list-style-type: none"> - Requires hospitals to report any discharge or outpatient prescription exceeding a 72 hour supply to PMP within 7 days - Allows receipt of PMP information by prescribers, dispensers, and patients - Allows unsolicited or push reports to prescribers when a patient is identified as having 6 or more prescribers or 6 or more pharmacies, or both, for controlled substances within a continuous 30-day period - Allows direct access to prescribers, dispensers, hospital emergency departments, or freestanding healthcare facilities - Requires notice of any errors in reporting within 7 days after discovery of error 	<p>1/23/2015 – Second notices received; scheduled for review at Feb. 17, 2015 meeting</p>
<p>IL 361947 (77 ADC 2081.10 – 90)</p>	<ul style="list-style-type: none"> - To implement the requirement that pharmacies in long-term care facilities report certain medications to the PMP - Requires submission of data by LTCF pharmacies weekly - Includes list of medications required to be submitted - Includes all additions and amendments listed in IL 375815 below 	<p>5/8/2015 – Adopted rules</p>
<p>IL 366174 (77 ADC 2080)</p>	<p>Rulemaking to ensure compliance with changes to the scheduling of controlled substances and exclusion of veterinarians from having to report</p>	<p>7/11/2014 – Regulatory agendas</p>
<p>IL 366175 (77 ADC 2080)</p>	<p>Rulemaking to include all medications dispensed by long term care pharmacies to residents in long term care facilities</p>	<p>7/11/2014 – Regulatory agendas</p>
<p>IL 375815 (77 ADC 2080)</p>	<ul style="list-style-type: none"> - Adds and amends definitions - Makes amendments to conform to allowance of electronic prescriptions under federal law - Adds additional data sets for dispenser submission to PMP - Adds potential misuse criteria as persons who have been identified as having six or more prescribers, 6 or more pharmacies, or both within a 30-day period for the issuance of an unsolicited report to prescribers - Authorizes the PMP to develop operational push reports with compatible electronic medical records - Allows hospital emergency departments and freestanding healthcare facilities providing healthcare to walk-in patients to access the electronic PMP - Adds provision regarding error correction 	<p>5/8/2015 – Adopted rules</p>

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	<ul style="list-style-type: none"> - Adds provision allowing the PMP, for tracking purposes, to designate and list drugs, other substances, and immediate precursors as scheduled substances - Adds provision requiring physicians who have delegated prescriptive authority to a mid-level practitioner to log in and fill out the electronic form on the PMP website detailing what prescriptive authority s/he has delegated - Adds provision allowing the mailing of controlled substances if certain conditions are met 	
IL 397819 (77 ADC 2080)	Requires daily reporting of PMP information	7/17/2015 – Regulatory agendas
IL 397820 (77 ADC 2081)	Rulemaking to clarify the fine imposed on long term care facilities for failing to comply with statutory reporting requirements	7/17/2015 – Regulatory agendas
IL 408920 (77 ADC 2080.100)	Requires daily reporting of PMP information	11/6/2015 – Proposed rules
KY 367792 (902 KAR 20:430)	<ul style="list-style-type: none"> - Allows a behavioral health services organization to employ or have affiliation with a physician who prescribes FDA-approved drugs for the treatment of opioid addiction in adult patients, excluding methadone-based treatment - Requires that the physician document in the patient's record whether the patient is compliant with prescribed dosing as evidenced by the results of a KASPER report and drug testing 	2/1/2015 – Regulation effective date of 12/17/2014
KY 375884 (201 KAR 9:270)	<p>For physicians prescribing or dispensing buprenorphine-mono-product or buprenorphine combined with naloxone, must obtain and review a KASPER report immediately preceding the initial patient encounter</p> <ul style="list-style-type: none"> - At least once every three months, the physician is required to obtain KASPER reports to help guide the treatment plan and, if the KASPER report indicates abnormal findings, the physician shall incorporate those findings into the clinical reasoning to support the continuation or modification of treatment 	1/1/2015 – Administrative regulations amended after public hearing or receipt of written comments
LA 380099 (ADC 46:LIII.2901 and 2911)	Notice of intent to amend rules to remove tramadol as a drug of concern and revising the deadline by which pharmacies and other dispensers are required to report those transactions to the database	4/20/2015 – Rules

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LA 403922 (ADC 46:XLV: 7717)	Requires that physicians check the PMP prior to issuing any written request or recommendation for marijuana	9/20/2015 – Notices of intent
LA 403946 (ADC 40:I:2004, :2009, :2016, :2021, :2109, :2111)	<ul style="list-style-type: none"> - 2004 - Provides that providers should check the PMP prior to prescribing opioids for more than 14 days for neck pain without radicular pain or neurologic findings in worker's compensation cases - 2009 - Provides that providers should access the PMP if necessary when treating patients in worker's compensation cases for chronic pain management - 2016 - Provides that providers should check the PMP prior to prescribing opioids for more than 14 days for low back pain in worker's compensation cases - 2021 - Provides that physicians should access the PMP if necessary when treating patients for chronic pain management in worker's compensation cases - 2109 – Provides that information regarding medications should be checked against the PMP for patients in worker's compensation cases - 2111 – Provides that chronic use of opioids should not be prescribed until the physician has reviewed the PMP for patients in worker's compensation cases - Further provides that physicians should review the PMP for a patient whenever drug screens are done 	9/20/2015 – Notices of Intent
ME 373954 (ADC 14- 118 Ch. 11, § 5)	Changes data collection interval from weekly to daily	6/17/2015 – Adoptions; effective July 11, 2015
MD 381957 (ADC 10.47.07.03 to 10.47.07.09)	<ul style="list-style-type: none"> - Purpose of this modification is to establish authority for the review of PMP data for indications of possible misuse or abuse of a monitored prescription drug - Amends ADC 10.47.07.03 to include different reporting fields - Amends ADC 10.47.07.04 to allow review of PMP data for indications of possible misuse or abuse - Amends ADC 10.47.07.05 to all a report to be sent to a prescriber or dispenser if review of the PMP data indicates possible abuse or misuse - Allows disclosure to another state's PMP for disclosure to a prescriber, dispenser, licensed health care practitioner, 	5/29/2015 – Final actions on regulations; effective June 8, 2015

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	or a patient after information has been reviewed by technical advisory committee	
MD 383264 (ADC 10.19.03.03)	- Proposed amendment would require applicants who are authorized to prescribe prescription drugs to register with the PMP - Public comments accepted until Feb. 23, 2015; no hearing scheduled at this time	1/23/2015 – Proposed actions on regulations
MA 401216 (105 CMR 700.012)	Changes reporting frequency from every seven days to daily	11/6/2015 – Permanent regulations
MI 375597 (ADC R418. 101008a)	- Requires that physicians seeking reimbursement for opioid treatment beyond 90 days submit a written report to the payer not later than 90 days after the initial opioid prescription fill for chronic pain and every 90 days thereafter - Report must include a review of data received from the PMP for identification of past history of narcotic use and any concurrent prescriptions - Allows providers to bill \$25 to the payer for accessing the PMP	1/15/2015 – Filed with Secretary of State
MN 387121 (ADC 5221.6110)	Creates new section that requires a prescribing provider to check the PMP at each visit for a patient receiving long-term treatment with an opioid analgesic medication and requires the patient to sign an agreement allowing the provider to access the PMP and contact any other provider to discuss the patient's use of opioid medication and at least semi-annually check the PMP to validate correct medication usage, except that the PMP must be checked at every visit for each patient taking more than 120 morphine equivalent milligrams per day or is at a high risk of dependence or abuse	3/16/2015 – Proposed rules
MT 374785 (ARM 24.174.1704)	- Requires submission of dispensing information within eight days - Modifies zero reporting requirements	3/26/2015 – Adopted
NV 396490 (NAC 639.926)	Requires pharmacies to submit dispensing information within one business day	9/17/2015 – LBC Drafts
NH 381657 (ADC Med 401.03)	Physicians authorized to prescribe Schedule II-IV controlled substances must register with the PMP	1/8/2015 – Notice of proposed rules

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<p>NM (ADC 16.19.29)</p>	<ul style="list-style-type: none"> - Amends definitions – adds exceptions to the definition of dispenser; adds definitions of “person,” “PMP director,” “PMP report,” and “practitioner” - Requires all dispensers to submit PMP data - Changes data collection interval from weekly to daily - Adds instructions for submission of corrected data - Removes unsolicited reports provision - Modifies delegate provisions to provide that the supervising practitioner must also maintain an active account - Modifies provisions regarding provision of data to licensing boards - Allows provision of PMP data to state drug courts - Allows provision of PMP data to a living patient or an agent authorized by said individual - Provides that PMP information received from other states shall not be subject to civil subpoena nor shall it be disclosed, discoverable, or compelled to be produced in any civil proceeding - Deletes section 16.19.29.10 regarding requesting a PMP report and submission of specific reports to the board regarding unsolicited reports, etc. - Removes registration requirement for practitioners with DEA numbers as that provision is covered in other regulations - Requires all persons authorized to access the PMP to complete a web-based training program - Requires persons reporting prescription information to the PMP but not authorized for access to PMP information to apply for access 	<p>Adopted; effective 3/2015</p>
<p>NY 386103 (no rule numbers yet)</p>	<p>Regulatory action considered to amend the prescription monitoring program regulations to reflect recent statutory changes</p>	<p>3/4/2015 – Regulatory agenda</p>
<p>NY 402536 (14 ADC 820.7)</p>	<ul style="list-style-type: none"> - Creates new regulations related to residential services for treatment of individuals with substance use disorders - Requires that programs check the PMP prior to admitting a patient to determine any and all medications which may be prescribed to a patient or prospective patient 	<p>9/9/2015 – Emergency/ proposed rulemakings</p>
<p>NY 402537 (14 ADC 822.8)</p>	<ul style="list-style-type: none"> - Repeals former Section 822 and enacts new regulations regarding standards for chemical dependence outpatient and opioid treatment programs 	<p>9/9/2015 –</p>

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	<ul style="list-style-type: none"> - Requires programs to check the PMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient - Requires that patients admitted to opioid medical maintenance have verified stability in the PMP and that checks of the PMP be performed as clinically indicated 	Emergency/ proposed rulemakings
OH 374502 (ADC 4723-9-12 & 13)	<ul style="list-style-type: none"> - Removes “all drugs containing tramadol” from definition of reported drugs - Repeals 4723-9-13 regarding instructions for nurses prescribing Schedule II substances 	1/20/2015 – Final filings
OH 374875 (ADC 4731-11-12)	Requires physicians providing office based opioid treatment to check the PMP no less frequently than every 90 days for each patient	1/16/2015 – Final filings
OH 397527 (ADC 4729-5-20)	<ul style="list-style-type: none"> - Adds new section to provide that, prior to dispensing an outpatient prescription, a pharmacist shall, at a minimum, request and review a PMP report covering at least one year, including a border state’s information when the pharmacist is practicing in a county bordering another state if that state’s information is available if one of a specific set of circumstances is met - Adds new section to provide that, if the PMP is not available, the pharmacist shall use his or her best judgment to determine whether it’s appropriate to dispense the prescription - Allows the pharmacist to use a delegate to check the PMP - Provides that there is a corresponding responsibility on the pharmacist to ensure that a prescription is legitimate 	7/15/2015 – Proposed filings
OH 407088 (ADC 4729-37-07)	Amends regulation to require pharmacies to notify the board electronically if it is not open seven days per week and to notify the board electronically or in writing if the pharmacy stops dispensing controlled substances	10/22/2015 – Proposed filings
OK 389655 (ADC 535:15-3-9)	Requires non-resident pharmacies to submit information to the PMP	8/17/2015 – Permanent final adoptions
OR 401988 (ADC 851-002-0020, 0030, 0035)	Amends regulations to clarify language related to surcharge for PMP Fund	11/1/2015 – Administrative rules; effective 10/1/2015
RI 376784 (ADC 31-2-6:3.0, 4.0)	- Requires that practitioners to check the PMP prior to starting any opioid for a patient the practitioner is treating for chronic pain	11/11/2014 – Proposed rules

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	<ul style="list-style-type: none"> - For patients the practitioner is maintaining on continuous opioid therapy for six months or longer, the practitioner is required to check the PMP at least every 12 months and documentation of the review shall be noted in the patient's chart - Practitioner shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump - Requires all practitioners, as a condition of their initial registration or renewal of the practitioner's authority to prescribe controlled substances, register with the PMP 	
RI 381551 (ADC 31-2-6:3.0, 4.0)	<ul style="list-style-type: none"> - Amends ADC 31-2-6:3.0 to require a practitioner treating a patient for pain management to review the PMP prior to starting an opioid and shall review the PMP at least every 12 months if the patient is continued on the opioid for a period of six months or longer - Requires practitioner to check the PMP prior to refilling or initiating therapy with an intrathecal pump - Amends ADC 31-2-6:4.0 to require all practitioners to register with the PMP 	2/25/2015 – Final rules; effective 3/16/2015
TN 395500 (ADC 0800-02-25-.03)	Requires that physicians and other providers dispensing drugs required to be reported to the PMP from their offices or clinics must report the medications to the PMP within one business day of dispensing	6/27/2015 – Proposed rules
TX 391527 (22 TAC 170.3)	<ul style="list-style-type: none"> - Prior to prescribing dangerous drugs or controlled substances for the treatment of chronic pain, a physician must consider reviewing the PMP and must document in the record why s/he didn't review the PMP data if s/he chooses not to access it - Physicians must periodically review patients' compliance with the prescribed treatment plan and reevaluate for any potential for substance abuse and diversion and must consider reviewing the PMP data and if the physician does not access such data, must document in the record his/her rationale for not doing so 	7/31/2015 – Adopted
TX 395446 (22 TAC 223.1)	Authorizes a new prescriptive authority surcharge, not to exceed \$15 each biennium, for advanced practice registered nurses with prescriptive authority	8/14/2015 – Adopted
UT 382274 (ADC R156-17b)	Amends pharmacy rule; no direct impact on PMP	1/15/2015 – Proposed rules

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UT 382276 (ADC R156-37f)	- Amends definitions to include definition of “positive identification”	1/15/2015 – Proposed rules
VT 371707 (ADC 12-7-5:7502)	Requires all Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter	12/31/2014 – Adopted rules
VT 382987 (ADC 12-5-21:1.0 to 10)	<ul style="list-style-type: none"> - Repeals prior versions - 12-2-21:4.0 Requires prescribers who dispense to submit dispensing information to the PMP - 12-2-21:5.0 Requires pharmacists to register with the PMP - Allows pharmacy delegates - 12-2-21:6.0 Requires certain professionals and entities to register with the PMP - Requires prescribers and/or their delegates to query the PMP prior to prescribing a controlled substance 1) the first time the provider prescribes an opioid to treat chronic pain; 2) when starting a patient on a controlled substance in Sch. II-IV for nonpalliative long-term pain therapy of 90 days or more; 3) prior to writing a replacement prescription; 4) at least annually for patients receiving ongoing opioid treatment; 5) when prescribing a controlled substance for acute pain for longer than 21 days - Requires prescribers and/or their delegates in an emergency department or urgent care setting to query the PMP 1) when a patient requests an opioid for chronic pain from an ED or urgent care prescriber; 2) when a patient requests an extension of a current opioid prescription; 3) before prescribing an opioid for longer than 10 days; 4) prior to prescribing buprenorphine or a drug containing buprenorphine to a VT patient for the first time and at regular intervals thereafter; 5) prior to writing a replacement prescription - 12-5-21:7.0 Allows provision of PMP data to pharmacists, prescribers, medical examiner, Medical Director of the Department of VT Health Access for Medicaid recipients, prescribers or medical examiners licensed in another state, delegates 	8/31/2015 – Adopted rules

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	<ul style="list-style-type: none"> - Allow receipt of information by patients, professional boards - 12-5-21:8.0 Allows provision of unsolicited reports to prescribers and licensing boards 	
VT 382988 (ADC 12-5-53:5.0 & 8.0)	<ul style="list-style-type: none"> - ADC 12-5-53:5.0 requires that prescribers consider and document in the patient's record any applicable requirements to query the PMP prior to prescribing an opioid for the treatment of pain - ADC 12-5-53:8.0 requires that prescribers query the PMP prior to prescribing an extended release hydrocodone or oxycodone that is not an abuse-deterrent opioid 	8/31/2015 – Adopted rules
WA 387037 (ADC 246-470-001 to -100)	Chapter is being reviewed to consider updating PMP rules	3/18/2015 – Preproposals
WV 364162 (ADC 69-8-9, -10, -11)	<ul style="list-style-type: none"> - Includes in the list of patient rights in pain management clinics the right to be informed that prior to dispensing or prescribing a controlled substance, the treating physician must access the PMP and must also query at each examination and every 90 days during the course of treatment - Requires that physicians in pain management clinics document an inquiry to and report from the PMP as part of a patient's initial assessment - Requires that pain management physicians query the PMP at the patient's intake; before administering, dispensing, or prescribing any controlled substance; at each 90-day examination; whenever the treating physician feels it is warranted - Requires that patient records include evidence of receipt and assessment of PMP reports 	4/3/2015 – Notices of Final Filing and Adoption of a Legislative Rule
WV 365548 (ADC 15-8-1 to -7)	<ul style="list-style-type: none"> - Amends definitions to include definitions of "CSMP" and "patient" - Amends access provisions for law enforcement - Amends access provisions for inspectors and agents of the Board - Allows practitioners or his/her delegate to access the PMP information of a prospective patient for the purpose of determining whether to accept the patient and provide treatment 	4/24/2015 – Notices of final filing and adoption of a legislative rule; effective May 17, 2015

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	<ul style="list-style-type: none"> - Allows practitioner or delegate to check the PMP for information regarding a child-patient's breastfeeding mother, wet nurse, or other direct source of human breast milk when the patient is a newborn or child being fed human breast milk - Allows practitioners to keep a copy of the PMP report in the patient's file and may share the information with other providers treating the patient, or with the patient or his/her authorized guardian but such information is not subject to discovery in a civil case without a court order - Provides for unsolicited alerts to prescribers and dispensers whose patients exceed set parameters - Allows the review committee to refer information regarding practitioners who may have breached professional or occupational standards or committed a criminal act to the practitioners, their licensing board, or law enforcement 	
WV 392234 (ADC 5-11-2)	Amends definition of "drug diversion training and best practice prescribing of controlled substances training"	7/24/2015 – Notice of agency approval of a proposed rule
WI 374499 (ADC Phar. 8.01 – 8.12)	Creates a new policy requiring the pharmacist or other person dispensing or delivering certain controlled substances to record the name on the identification card presented by the person or the name of the person personally known to the pharmacist to whom the drug is being dispensed or delivered and maintain the record until the name is delivered to the PMP or as otherwise required	4/20/2015 – Scope statements
WI 374500 (ADC Phar. 18.03)	Modifies definitions to allow inclusion of various temporary medical licenses (ex., camp physician license, locum tenens license, temporary physician license, etc.) in order that they might access the PMP without the necessity of becoming a delegate	10/14/2014 – Scope statements
WI 383322 (Uncodified)	Notice of informational public hearing to be held on Feb. 11, 2015 to solicit public comments relating to submission to the PMP before preparing a proposed rule in draft form	1/26/2015 – Public notices
WI 388805 (ADC Phar. 18.03)	Proposed rule to include in the definition of practitioner the holder of various temporary physician licenses, some technical changes, and repeal of Phar. 18.03(2) and (3) as unnecessary	4/6/2015 – Scope statement

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WI 389879 (ADC Phar. 18.01 – 18.14)	Requires that the name of the person as verified by checking an identification card or as known to the pharmacist or other person dispensing or delivering controlled substance to person be transmitted to the PMP	9/14/2015 – Rule-making notices; submittal of rules to Legislative Council Clearinghouse
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