



Prescription Drug Monitoring Program – Bill Status Update

This project was supported by Grant No. G1299ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

State	Bill No.	Description	Status
U.S.	HR 3392	Establishes a PDP Safety Program to prevent fraud and abuse in Medicare prescription drug plans; includes a recommendation that pharmacies meet drug safety criteria as determined by the Secretary or PDP sponsor including using the state PMP program	Referred to committee 10/30/2013
U.S.	HR 3528	Reauthorizes NASPER	Referred to committee 11/22/2013
U.S.	S 1657	- Amends grant language to require: 1) that states receiving or applying for grants shall ensure that the PMP is interoperable with the PMPs of another state and federal agencies and across appropriate state agencies, interoperable with electronic health records and e-prescribing, and provides real-time or daily information; 2) that states require practitioners to use the database, and require dispensers to enter data - Requires reporting of methadone dispensed - Creates pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and dispensing patterns through a review of PMP data	Read twice and referred to committee 11/6/2013
Alabama	HB 319	Removes requirement that physicians undergo a criminal background check	Pending third reading; favorable from committee 2/26/2014
Alabama	SB 226	Removes requirement that physicians undergo a criminal background check	Pending third reading; favorable from committee 2/6/2014
Arizona	HB 2221	Amends worker's compensation statute to require physicians to request PMP information within two (2) business days of writing or dispensing prescriptions for at least a 30 day supply of an opioid and report the results to the work comp carrier, self-insured employer, or commission	Committee recommends do pass as amended 3/5/2014
Arizona	SB 1124	- Allows delegates - Amends reporting language, changing from pharmacy to dispenser and requiring ASAP 4.2 - Requires submission of PMP data daily	House second read 2/26/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

Arizona	SB 1296	Requires the Arizona health care cost containment system administration to intervene with case management services if a member has prescriptions written from more than one health professional or filled by more than one pharmacy within a 30 day period and requires contractors to monitor prescriptions	House second read 3/6/2014
Arizona	SB 1297	Requires prescribers and pharmacists to check the PMP before prescribing or dispensing a prescription for an Arizona health care cost containment system administration member	House second read 3/6/2014
California	SB 1258	Makes technical changes	Read first time 2/24/2014
Colorado	HB 1173	Gives access to the medical director or designee at a facility that treats addiction with controlled substances if the patient gives permission for the facility to access their PMP records	Refer amended to committee 3/5/2014
Colorado	HB 1283	<ul style="list-style-type: none"> - Amends definitions - Requires practitioners to register with PMP - Allows delegates - Allows access to Department of Public Health and Environment for analysis purposes, the Department of Health Care Policy and Financing for purposes of accessing data pertaining to recipients of benefits under the state program of medical assistance - Allows unsolicited reports to prescribers and dispensers 	Introduced; referred to committee 2/18/2014
Connecticut	HB 5474	Exempts vets from reporting requirements	Public hearing scheduled for March 11 3/6/2014
Florida	HB 1153	Adds repeal date of Oct. 1, 2017 to direct support organization provisions	Introduced 3/4/2014
Florida	HB 1381	<ul style="list-style-type: none"> - Adds penalty for failure to check PMP upon each initial visit before issuing a prescription for a controlled substance - Substantially modifies § 893.055 - New definitions - Requires background screening of program manager and support staff - Modifies funding language - Data collection interval of 7 days and requires dispensers to verify ID of patient before dispensing a controlled substance - Allows direct access to practitioners and dispensers 	Introduced 3/4/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		<ul style="list-style-type: none"> - Authorized recipients include licensing boards, Medicaid, law enforcement, patient, health care agent for patient - Allows proactive reports to law enforcement - Requires report to legislature 	
Florida	SB 862	<ul style="list-style-type: none"> - Amends definitions of “patient advisory report,” “dispenser,” “practitioner,” “health care regulatory board,” “pharmacy,” “active investigation,” “law enforcement agency,” and adds definition for “dispense or dispensing” - Requires the department to establish policies and procedures and adopt rules for various PMP functions - Modifies exemptions to reporting requirements - Adds immunity section - Requires law enforcement to have a subpoena issued upon reasonable suspicion - Clarifies for what purposes the program manager and support staff may access the PMP - Amends funding provisions 	Introduced 3/4/2014
Florida	SB 866	Modifies provisions regarding access and proactive reports	Introduced 3/4/2014
Florida	SB 934	Makes technical changes	Passed Senate; in House committee 3/4/2014
Florida	SB 1194	Adds repeal date of Oct. 1, 2017 to direct support organization provisions	On committee agenda for March 11 3/6/2014
Idaho	HB 348	Amends law to allow access to patient or third party with signed, notarized consent form	Delivered to Governor 3/4/2014
Idaho	HB 396	Requires all prescribers, except veterinarians, to register with the PMP annually	Filed for third reading 2/27/2014
Illinois	HB 5597	Makes technical changes	Referred to committee 2/14/2014
Illinois	HB 5695	Makes technical change	Referred to committee 2/14/2014
Indiana	HB 1218	- Requires opioid treatment programs to report all controlled substances dispensed to the division	House dissented from Senate

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		<ul style="list-style-type: none"> - Requires the board to adopt rules requiring practitioners and opioid treatment programs to check the PMP before initially prescribing a controlled substance and periodically during the course of treatment - Requires PMP program modification by Jan. 1, 2015 so the PMP can accept and monitor all prescription drugs, not just controlled substances <p>AMENDMENT requires that dispensing data be reported within 3 days by 7/1/2015 and within 24 hours by 1/1/2016</p> <ul style="list-style-type: none"> - Provides that OTPs shall report controlled substances dispensed upon request to the division - All other requirements of original bill remain the same 	amendments; conferees and advisors appointed 3/6/2014
Indiana	HB 1223	Amends definition of identification number	Referred to committee 1/14/2014
Indiana	HB 1395	Amends definition of identification number	Referred to committee 1/16/2014
Indiana	SB 29	Amends definition of identification number	Referred to committee 1/7/2014
Indiana	SB 421	Amends language to make a technical amendment, changing funding provisions from “to fund the operation of” to “to fund the administration of” the PMP	Returned to Senate with amendments 3/3/2014
Iowa	SF 2080	Allows sharing of PMP information with bordering states and Kansas	Passed Senate; referred to House committee 2/26/2014
Kansas	SB 326	Amends definition of practitioner to include advanced practice registered nurses	Referred to committee 1/30/2014
Kentucky	HB 539	Makes technical change to interstate sharing provisions to include US territories	Referred to committee 3/5/2014
Louisiana	HB 275	Allows access in custody/visitation cases pursuant to a subpoena	Referred to committee 2/21/2014
Maryland	HB 255	<ul style="list-style-type: none"> - Amends provisions regarding advisory board’s annual report to Governor and General Assembly - Makes technical corrections 	Passed House; referred to

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		- Extends sunset date to July 1, 2019	Senate committee 3/3/2014
Maryland	HB 1296	Allows the program to review data for indications of possible abuse or misuse and report the possible abuse or misuse to the prescriber or dispenser after receiving clinical guidance from the technical advisory committee	Set for hearing on Mar. 6 2/12/2014
Maryland	SB 296	- Amends provisions regarding advisory board's annual report to Governor and General Assembly - Makes technical corrections - Extends sunset date to July 1, 2019	Scheduled for hearing March 20 3/5/2014
Michigan	HB 5185	Makes technical changes to funding provisions	Printed bill filed 12/11/2013
Michigan	SB 568	Amends statute to make technical changes	Referred to committee 10/1/2013
Minnesota	HF 2527	- Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Provides proactive reports to prescribers and dispensers - Modifies provisions regarding report to legislature	Introduced and first reading 2/27/2014
Minnesota	HF 2546	Makes technical changes	Introduced and first reading 2/27/2014
Minnesota	SF 1997	Makes technical changes	Second reading 3/6/2014
Minnesota	SF 2134	- Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data	Referred to committee 3/3/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		<ul style="list-style-type: none"> - Provides proactive reports to prescribers and dispensers - Modifies provisions regarding report to legislature 	
Mississippi	HB 414	<ul style="list-style-type: none"> - Removes requirement that veterinarians report to PMP - Removes sunset provision 	Died in committee 3/4/2014
Mississippi	HB 843	<ul style="list-style-type: none"> - Removes requirement that veterinarians report to PMP - Provides that data shall not be subject to civil subpoena or in any civil proceeding - Extends sunset date to July 1, 2015 	Died in committee 2/4/2014
Mississippi	HB 844	<ul style="list-style-type: none"> - Requires veterinarians to report all narcotic drugs prescribed or dispensed to the Board of Veterinary Medicine - Creates a program to track drugs dispensed by veterinarians - Removes requirement from PMP statute that veterinarians report to PMP - Extends sunset date to July 1, 2017 	Died in committee 2/4/2014
Mississippi	HB 1178	<ul style="list-style-type: none"> - Provides that pharmacists and practitioners who fail to check the PMP prior to dispensing or prescribing a monitored drug shall be subject to action against his or her license, registration, or permit, or an administrative penalty, or both - Removes sunset provision 	Died in committee 2/4/2014
Mississippi	HB 1272	<ul style="list-style-type: none"> - Removes requirement that veterinarians report to PMP - Extends sunset date to July 1, 2017 	Died in committee 2/4/2014
Mississippi	SB 2177	<ul style="list-style-type: none"> - Removes requirement that veterinarians report to PMP - Provides that PMP data is not public record and is not subject to civil subpoena or in any civil proceeding - Extends repeal date to July 1, 2016 	Returned for enrolling 3/6/2014
Mississippi	SB 2824	<ul style="list-style-type: none"> - Provides that pharmacists and practitioners who fail to check the PMP prior to dispensing or prescribing a monitored drug shall be subject to action against his or her license, registration, or permit, or an administrative penalty, or both - Removes sunset provision 	Died in committee 2/4/2014
Missouri	HB 1133	Creates a PMP; would track information on Sch. II-IV CS; reporting is on a weekly basis; unsolicited to law enforcement and licensing boards; authorized recipients include prescribers, dispensers, patients, licensing boards, law enforcement and prosecutorial officials, family support division within the department	Reported to the Senate and first read 2/17/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		of social services for Medicaid recipients, de-identified data; interstate sharing with authorized users in other states; creates pilot program for health care professionals to report suspected fraud or diversion to the bureau of narcotics and dangerous drugs; creates education courses; directs the department to work with impaired professionals to ensure treatment and encourage patients identified through the PMP to receive addiction treatment	
Missouri	SB 921	Creates PMP; would track information on Sch. II-IV CS; reporting in real-time; authorized recipients include patients, regulatory boards, law enforcement and judicial officials (both in-state and out-of-state), de-identified data; dispensers are not allowed access to the PMP; must notify patients their information will be submitted to PMP; prohibits dispensing of medications if a similar medication was dispensed within the most recent day's supply limit from another dispenser; department shall screen for overlapping prescriptions and notify dispenser if there is no concern detected or contact dispenser directly if there is	First read 2/25/2014
Nebraska	LB 535	(Carryover bill from 2013) Creates PMP	Notice of hearing for March 15 1/30/2014
Nebraska	LB 1072	Creates PMP; provides for reporting of II-V controlled substances and drugs of concern; allows delegates; requires nonresident pharmacies to report; provides that no one may opt out of the program; requires reporting within one hour of dispensing (effective two years after act becomes operative); authorized users include – practitioners, prescribers, delegates, dispensers, HIE participants, patients, board, law enforcement with subpoena, Medicaid with subpoena; allows interstate sharing with other PMPs	Amendment filed in committee for consideration 2/26/2014
New Hampshire	SB 254	Makes technical change AMENDMENT doesn't affect PMP provisions	Passed with amendment 2/13/2014
New Jersey	AB 706	- Allows unsolicited reports to practitioners and pharmacists - Defines "licensed healthcare professional" and "mental health practitioner" - Allows the following to access or receive PMP data: practitioners, delegates, pharmacists, MEs/coroners, licensing boards, law enforcement officials, Medicaid,	Introduced 1/16/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		judicial officials, licensed mental health practitioner in a residential or outpatient substance abuse treatment center - Allows interstate sharing with other PMPs and release of de-identified data	
New Jersey	AB 1232	- Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance	Introduced 1/16/2014
New Jersey	AB 4484	Requires a practitioner or pharmacist to check the PMP prior to prescribing or dispensing a Schedule II drug	Introduced 11/25/2013
New Jersey	AB 4564	Changes PMP reporting requirements from monthly to daily; amends access by law enforcement to require stricter privacy protections	Introduced 12/16/2013
New Jersey	SB 101	- Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance	Introduced 1/14/2014
New Jersey	SB 364	- Allows unsolicited reports to practitioners and pharmacists - Defines “licensed healthcare professional” and “mental health practitioner” - Allows the following to access or receive PMP data: practitioners, delegates, pharmacists, MEs/coroners, licensing boards, law enforcement officials, Medicaid, judicial officials, licensed mental health practitioner in a residential or outpatient substance abuse treatment center - Allows interstate sharing with other PMPs and release of de-identified data	Introduced 1/14/2014
New Jersey	SB 365	- Requires daily submission of PMP data - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Modifies requirements for access by law enforcement - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance	Referred to committee 1/14/2014
New Jersey	SB 1230	Adds human growth hormones as monitored substances	Introduced and referred to committee

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

			1/30/2014
New Jersey	SB 3063	Changes PMP reporting requirements from monthly to daily; amends access by law enforcement to require stricter privacy protections	Introduced 12/5/2013
New York	SB 2949	Amends statute regarding dispensing or prescribing Schedule II or III controlled substance for acute pain	Advanced to third reading 3/4/2014
Ohio	HB 332	Requires that licensed health care professionals authorized to prescribe drugs who are treating patients under 50 years of age with chronic, intractable pain resulting from conditions other than cancer check the PMP regularly to identify possible misuse of opioids	Introduced; assigned to committee 11/5/2013
Ohio	HB 341	Requires by statute that a dentist, advanced practice nurse, optometrist, pharmacist, physician assistant, or physician check the PMP prior to prescribing or dispensing a controlled substance in Schedule II or that contains opioids SUBSTITUTE requires dentists, advanced practice nurses, optometrists, pharmacists, physician assistants, physicians, practitioners of medicine and surgery, or osteopathic or podiatric medicine and surgery to be registered with the PMP - Requires that before prescribing or furnishing an opioid analgesic or benzodiazepine, a dentist, nurse, optometrist, physician assistant, physician, or their delegate must check the PMP and, if in a county adjoining a neighboring state, the neighboring state's PMP with certain exceptions to access requirement - If the course of treatment continues beyond 90 days, follow up checks of the PMP are also required at no less than 90 day intervals until the course of treatment has ended - Allows access to the medical director of a managed care organization re: worker's compensation cases and to a prescriber regarding a patient's mother for the purpose of providing treatment to a newborn or infant patient diagnosed as opioid dependent	Committee substitute passed 2/25/2014
Ohio	HB 412	Revises statute regarding physician assistant requirements to access PMP	Referred to committee 1/21/2014
Oklahoma	HB 2665	AMENDMENT allows interstate sharing of PMP information with a reciprocal data-sharing agreement	Passed House; first reading in Senate 3/6/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

Oklahoma	HB 3030	Oklahoma Prescription Monitoring Program Reform Act of 2014	Second reading; referred to committee 2/4/2014
Oklahoma	HB 3031	PMP Sharing of Information Act of 2014	Second reading; referred to committee 2/4/2014
Oklahoma	SB 1267	Requires pain management clinics to register with the Bureau of Narcotics and Dangerous Drugs Control and practitioners employed at pain management clinics must check the PMP prior to prescribing, administering, or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol	Referred to committee 2/4/2014
Pennsylvania	HB 1694	Creates PMP; provides for advisory committee; requires notice to consumers; requires dispensers, practitioners, and delegates to register with system; requires reporting of Sch. II – V(?) substances every 72 hours; authorized users include – practitioners, delegates, pharmacists, licensing boards, de-identified data, coroner, patient, authorized personnel for the medical assistance program, CHIP, and elderly assistance program; law enforcement	In committee 10/30/2013
Pennsylvania	HB 1856	Amends definition of “criminal justice agency”	Referred to committee 11/25/2013
Pennsylvania	SB 1180	Creates PMP; provides for advisory group; requires reporting of information within 72 hours; requires prescribers to query the PMP for each new patient and if a prescriber has reason to believe that a patient may be abusing or diverting drugs; authorized users include – prescribers, dispensers, law enforcement and prosecutorial/judicial officials, licensing boards, department of public welfare for medical assistance program recipients, insurance department for administration of the CHIP program, medical examiner or county coroner, patient, parent or guardian of minor child, health care agent; interstate sharing with other PMPs and certain authorized users in other states	Referred to committee 11/18/2013
Rhode Island	HB 7574	Allows delegates and would require practitioners to register with the PMP	Introduced; referred to committee 2/26/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

Rhode Island	SB 2523	Allows delegates and would require practitioners to register with the PMP	Introduced; referred to committee 2/27/2014
South Carolina	SB 840	Requires that data provided to requesters be for the 12 month period prior to the request and requires a court order for information beyond the 12 month time period AMENDMENT allows delegates, requires daily submission of data, includes penalties for knowingly disclosing data in violation of law, and provides that licensees may get up to 2 hours of CME related to prescribing and monitoring of controlled substances	Passed Senate; referred to House committee 2/27/2014
Tennessee	HB 1426	- Allows access to prescriber, healthcare practitioner extender, or dispenser and further allows such persons to place a copy of the PMP report in patient's record - Allows certain persons to publish or otherwise make available to prescribers or the public, deidentified data	Placed on regular calendar for March 13 3/6/2014
Tennessee	HB 1555	Modifies provisions to include immediate methamphetamine precursors in reporting requirements	Action deferred in committee 3/4/2014
Tennessee	HB 1512	Requires wholesalers to take reasonable measures to identify their customers transaction habits and identify suspicious orders; further requires wholesalers to report any transaction involving an extraordinary quantity of a listed chemical, an uncommon method of payment or delivery, or any other circumstance the wholesaler believes indicates the substance may be used in violation of the law	Placed on committee calendar for March 11 3/5/2014
Tennessee	HB 1737	Modifies provisions regarding prescription requirements for Sch. III and IV substances	Assigned to committee 1/23/2014
Tennessee	HB 2072	Allows access to drug court personnel for drug court participants	Placed on committee calendar for March 12 3/5/2014
Tennessee	SB 1630	- Allows access to prescriber, healthcare practitioner extender, or dispenser and further allows such persons to place a copy of the PMP report in patient's record - Allows certain persons to publish or otherwise make available to prescribers or the public, deidentified data AMENDMENT adds dispensers to list of persons allowed to have deidentified data	Amendment adopted; passed Senate; held on House desk 2/13/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

Tennessee	SB 1647	Modifies provisions to include immediate methamphetamine precursors in reporting requirements	Placed on committee calendar for March 11 3/5/2014
Tennessee	SB 1663	Requires wholesalers to take reasonable measures to identify their customers transaction habits and identify suspicious orders; further requires wholesalers to report any transaction involving an extraordinary quantity of a listed chemical, an uncommon method of payment or delivery, or any other circumstance the wholesaler believes indicates the substance may be used in violation of the law	Referred to committee 1/22/2014
Tennessee	SB 2113	Allows access to drug court personnel for drug court participants	Referred to committee 1/29/2014
Tennessee	SB 2284	Modifies provisions regarding prescription requirements for Sch. III and IV substances	Referred to committee 1/29/2014
Utah	SB 29	Provides PMP information to authorized employees of a managed health care organization for purposes of Medicaid recipients	Draft of enrolled bill prepared 2/13/2014
Utah	SB 178	Allows pharmacy technicians to access the PMP as a pharmacy delegate	Draft of enrolled bill prepared 3/4/2014
Vermont	HB 655	Modifies provisions regarding funding	Signed by Governor; effective on passage 2/25/2014
Virginia	HB 539	Allows dispensers to appoint delegate	Approved by Governor; effective July 1, 2014 3/3/2014
Virginia	HB 874	Provides for tracking drugs of concern as identified by the Board of Pharmacy	Bill enrolled 3/3/2014
Virginia	HB 923	Provides for mailing of PMP information to patient when requested	Signed by Governor; effective 7/1/2014 2/20/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

Virginia	HB 998	Changes data collection interval to three days	Stricken from committee docket 1/14/2014
Virginia	HB 1249	Requires practitioners to check the PMP prior to initiating treatment with buprenorphine, 30 days after beginning treatment, and at least every 90 days thereafter as long as treatment with buprenorphine continues AMENDMENT requires all prescribers to be registered with PMP - requires prescribers initiating a new course of treatment with a benzodiazepine or an opiate anticipated to last more than 90 days and for which a treatment agreement is entered into to check the PMP - requires prescribers holding a special identification number from the DEA authorizing them to prescribe controlled substances for the treatment of opioid addiction to check the PMP prior to or as part of execution of a treatment agreement - certain exceptions apply	Approved by Governor; effective July 1, 2015 3/3/2014
Virginia	SB 207	Requires licensed providers of treatment for persons with opiate addiction through the use of methadone or other opioid replacements to comply with PMP reporting requirements	Stricken in committee 1/23/2014
Virginia	SB 294	- Requires all prescribers licensed in VA to register with the PMP by Jan. 1, 2015 and within 30 days of being licensed after Jan. 1, 2015 - Requires prescribers to check the PMP prior to prescribing a benzodiazepine or opiate to a patient as a new course of treatment lasting more than 30 days and at least annually thereafter unless an exception applies COMMITTEE SUBSTITUTE modifies registration requirement to state that prescribers licensed in the Commonwealth shall be registered with the PMP upon filing an application for licensure or for licensure renewal, if not already registered. Also modifies bill to require checking of the PMP for new courses of treatment lasting more than 90 days prior to prescribing benzodiazepine or an opiate to a patient. Directs the Secretary of Health and Human Resources to identify and publish a list of medical specialties with low potential for abuse by patients, and practitioners in those specialties will be exempt from requirement to check PMP.	Approved by Governor; effective July 1, 2015 3/5/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		<p>AMENDMENT requires all prescribers to be registered with PMP upon filing an application for licensure or for renewal</p> <ul style="list-style-type: none"> - requires prescribers initiating a new course of treatment with a benzodiazepine or an opiate anticipated to last more than 90 days and for which a treatment agreement is entered into to check the PMP - requires prescribers holding a special identification number from the DEA authorizing them to prescribe controlled substances for the treatment of opioid addiction to check the PMP prior to or as part of execution of a treatment agreement - directs the Secretary of Health and Human Resources to identify and publish a list of medical specialties with low potential for abuse by patients, and practitioners in those specialties will be exempt from requirement to check PMP 	
Virginia	SB 526	Provides for mailing of PMP information to patient when requested	Approved by Governor; effective July 1, 2014 3/3/2014
Virginia	SB 638	Requires submission of PMP data within 3 days of dispensing	Passed by indefinitely 2/6/2014
Washington	HB 1593	Allows access to personnel of a test site that meets certain standards	Passed to committee for second reading 2/26/2014
West Virginia	HB 2327	Amends statute to allow access to county sheriffs and make technical amendment	Referred to committee 1/9/2014
Wisconsin	AB 433	Changes reporting requirements from "pharmacist" to "pharmacy"	Referred to committee 1/30/2014
Wisconsin	SB 345	Changes reporting requirements from "pharmacist" to "pharmacy" and changes definition of "prescription drug"	Enacted 1/23/2014 Published 1/24/2014 Effective 1/25/2014
State	Regulation No.	Description	Status

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

Alabama	342818	Requires proof of registration with PMP prior to renewing controlled substances registration certificate	Adopted rules 12/31/2013
Arizona	352963	New rules would replace former rules that expired in August 2013	Proposed rulemaking 2/21/2014
Florida	342937	Changes ASAP reporting requirement from 4.1 to 4.2	Notices of Development of Proposed Rules 11/8/2013
Florida	345659	Repeal rule requiring evaluation of program and report to Governor and legislature	Adopted 2/18/2014
Kansas	352937	Revises definition of "patient identification number"	Proposed rules 2/20/2014
Michigan	331254	- Changes data collection interval from twice monthly to daily (180 days after new rule takes effect) if reporting via online transmission or within 7 days if mailing or delivering information via another non-computer method - Requires that corrections be made within 7 days	Filed with Secretary of State 1/1/2014 Effective upon filing
Nevada	339756	Changes ASAP reporting requirement from 2005 to 4.2 and updates data elements to be reported	Pending final approval 1/23/2014
Nevada	352325	Requires dentists to query themselves on the PMP at least once per year	Initial drafts 2/14/2014
Ohio	351919	Requires optometrists to check the PMP	Revised filings 2/21/2014
Oregon	339235	Adds and revises definitions; revises reporting requirements; clarifies expanded access to PMP	Adopted; effective 11/19/2013
Rhode Island	345053	- Amends definitions - Requires reporting of Sch. II – IV controlled substances - Requires nonresident pharmacies to report - Requires using the most recent edition of ASAP - Includes data elements to be reported - Requires weekly reporting - includes provisions as to who may obtain PMP data, including practitioners, pharmacists, law enforcement with a search warrant, patients, regulatory boards, and deidentified data - Requires that patients be given notice their prescription information will be given to the PMP and their rights regarding the PMP	Proposed rules 12/3/2013 Comment period ends 1/21/2014

© 2014 Research is current as of March 6, 2014. 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. 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

		- Creates two new regulations one of which allows an evaluation of the program and the other is a severability provision	
Rhode Island	352302	Makes technical changes	Proposed rules 2/15/2014
Tennessee	335680	Amends definitions; excludes veterinarians from reporting requirements	Rulemaking hearing rules 12/18/2013
Washington	339087	Makes technical changes	Pending formal proposal 10/2/2013
Washington	340554	Makes technical changes	Pending formal proposal 10/16/2013
Washington	342773	Makes technical changes	Preproposals 11/6/2013
Washington	349106	Makes technical changes	Hearing 2/4/2014
West Virginia	332026	Requires PMP training as part of drug diversion training and best practice prescribing of controlled substances training for pharmacists	Notices of Rule modification 12/27/2013
West Virginia	332027	- Amends definitions - Revises reporting requirements - Makes technical changes	Notices of rule modification 12/27/2013
Wisconsin	325475	- Amends definitions - Makes technical changes	Adopted 1/31/2014
Wisconsin	335482	- Amends definitions - Amends reporting requirements - Makes technical changes	Scheduled for hearing Feb. 12, 2014 1/31/2014