



Prescription Drug Monitoring Program – Bill Status Update

Research current through May 1, 2014.

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| State | Bill No. | Description | Status |
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| 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 | Forwarded to Executive Dept. 4/3/2014 |
| Alabama | SB 226 | Removes requirement that physicians undergo a criminal background check | Indefinitely postponed 4/1/2014 |
| 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 | Signed by Governor; effective 7/24/2014 4/16/2014 |
| Arizona | SB 1124 | - Allows delegates - Amends reporting language, changing from pharmacy to dispenser and requiring ASAP 4.2 - Requires submission of PMP data daily AMENDMENT adds definition of delegate | Signed by Governor; effective 7/24/2014 4/22/2014 |
| 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 | Held in House 3/6/2014 |

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| | | period and requires contractors to monitor prescriptions | |
| 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 | Held in House 3/6/2014 |
| California | SB 1258 | Makes technical changes AMENDMENT requires submission of data regarding Schedule V controlled substances and allows access to information by an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs to investigate licensees and applicants for alleged abuse | From committee: do pass and re-refer to committee 4/30/2014 |
| 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 | Second reading passed in Senate with no amendments 5/1/2014 |
| Colorado | HB 1283 | - 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 | Second reading passed in Senate with amendments 5/1/2014 |
| Colorado | HB 1323 | Prohibits the state or local government from accessing a person's medical information or medical record without the patient's consent; "medical record" includes PMP information | Senate third reading passed with no amendments 4/29/2014 |
| Connecticut | HB 5474 | Exempts vets from reporting requirements AMENDMENT doesn't affect PMP provisions | Amendment adopted 4/1/2014 |
| Florida | HB 1153 | Adds repeal date of Oct. 1, 2017 to direct support organization provisions | Favorable by committee; placed on calendar 4/21/2014 |

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| 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 - Authorized recipients include licensing boards, Medicaid, law enforcement, patient, health care agent for patient - Allows proactive reports to law enforcement - Requires report to legislature | Referred to committee 3/19/2014 |
| Florida | HB 7129 | Makes technical changes to remove an obsolete provision | Substituted by SB 934; laid on the table 4/1/2014 |
| Florida | HB 7177 | <ul style="list-style-type: none"> - Deletes definitions from Sec. 893.0551 - Modifies provisions regarding access by Medicaid fraud investigators and law enforcement - Modified provisions regarding unsolicited reports | Passed both Houses; in Messages 4/25/2014 |
| 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 | Passed Senate; in House committee 4/25/2014 |
| Florida | SB 866 | Modifies provisions regarding access and proactive reports | Substituted by HB 7177; laid on the table 4/24/2014 |
| Florida | SB 934 | Makes technical changes | Substituted for HB 7129; |

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| | | | ordered enrolled 4/2/2014 |
| Florida | SB 1194 | Adds repeal date of Oct. 1, 2017 to direct support organization provisions | Passed Senate; in House committee 4/23/2014 |
| Idaho | HB 348 | Amends law to allow access to patient or third party with signed, notarized consent form | Signed by Governor; effective July 1, 2014 3/6/2014 |
| Idaho | HB 396 | Requires all prescribers, except veterinarians, to register with the PMP annually | Signed by Governor; effective July 1, 2014 3/13/2014 |
| Illinois | HB 5597 | Makes technical changes | Referred to committee 2/14/2014 |
| Illinois | HB 5695 | Makes technical change | Referred to committee 2/14/2014 |
| Illinois | SJR 60 | Designates April 2014 as Prescription Monitoring Program month | Resolution adopted 4/10/2014 |
| Indiana | HB 1218 | <ul style="list-style-type: none"> - Requires opioid treatment programs to report all controlled substances dispensed to the division - 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 AMENDMENT requires that dispensing data be reported within 3 days by 7/1/2015 and within 24 hours by 1/1/2016 - Provides that OTPs shall report controlled substances dispensed upon request to the division - All other requirements of original bill remain the same | Signed by Governor; portions effective on passage, others effective July 1, 2014 3/25/2014 |

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| 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 | Signed by Governor; effective July 1, 2014 3/25/2014 |
| Iowa | SF 2080 | Allows sharing of PMP information with bordering states and Kansas | Signed by Governor; effective July 1, 2014 4/3/2014 |
| 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 3/10/2014 |
| Louisiana | SB 496 | Requires prescribers to access the PMP prior to initially prescribing a Schedule II substance for non-cancer pain | Passed Senate; in House committee 4/21/2014 |
| Louisiana | SB 556 | Removes data collection interval provision and leaves time period for submission to discretion of the board | Passed Senate; in House committee 4/9/2014 |
| Louisiana | SB 619 | Requires board to make rules for pain management clinics regarding accessing the PMP AMENDMENTS do not affect PMP provisions | Committee amendments read and adopted; ordered engrossed 5/1/2014 |

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| Maine | SP 743 | <ul style="list-style-type: none"> - Implements recommendations of the Substance Abuse Services Commission - Removes registration requirements for all six categories of prescribers - Requires that the Department update the enrollment mechanism to allow prescribers to be enrolled in the program automatically when applying for or renewing a professional license - Allows the Department to seek outside funding - Appropriates funding to implement the necessary computer system updates | Became law without Governor's signature; effective on passage 4/30/2014 |
| 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 - Extends sunset date to July 1, 2019 | Approved by Governor; effective July 1, 2014 4/8/2014 |
| 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 | Returned from Senate passed 4/5/2014 |
| Maryland | SB 296 | <ul style="list-style-type: none"> - Amends provisions regarding advisory board's annual report to Governor and General Assembly - Makes technical corrections - Extends sunset date to July 1, 2019 | Returned from House passed 3/27/2014 |
| Massachusetts | SB 2100 | Requires participants who are authorized to prescribe Schedule II narcotic drugs in an extended-release form and non-abuse deterrent form to use the PMP prior to the issuance of each such prescription | Reported from committee 4/17/2014 |
| 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 1867 | Provides an expiration date of June 30, 2018 for advisory committee | Adopt as amended and refer to committee 3/13/2014 |
| Minnesota | HF 2005 | <ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting | Committee report, to adopt as amended and |

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| | | <ul style="list-style-type: none"> - Amends provisions regarding when prescribers, personnel of the board, and health care programs can access PMP data - Allows access by personnel of a health professionals services program - Removes evaluation and reporting requirement | refer to committee 3/21/2014 |
| Minnesota | HF 2527 | <ul style="list-style-type: none"> - 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 | Committee report to adopt as amended 3/10/2014 |
| Minnesota | HF 2546 | Makes technical changes | Second reading 3/26/2014 |
| Minnesota | HF 2932 | <ul style="list-style-type: none"> - 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 | Committee report, to adopt as amended 3/26/2014 |
| Minnesota | SF 1484 | <ul style="list-style-type: none"> - 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 - Requires a study be performed regarding the issue of mandatory use of the PMP with a report to the legislature | Passed Senate; in House committee 4/30/2014 |
| Minnesota | SF 1997 | Makes technical changes | Second reading 3/6/2014 |

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| Minnesota | SF 2134 | <ul style="list-style-type: none"> - 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 | Committee report to pass as amended 3/24/2014 |
| 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 | Approved by Governor; effective July 1, 2014 3/13/2014 |
| 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 | Died in committee 2/4/2014 |

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| | | or her license, registration, or permit, or an administrative penalty, or both - Removes sunset provision | |
| 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 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 | Second read and referred to committee 3/13/2014 |
| Missouri | HB 2086 | Creates PMP; would track information on Sch. II-IV CS; requires reporting 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 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 | Read second time 3/6/2014 |
| 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 | Second read and referred to committee 3/13/2014 |

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| Nebraska | LB 535 | (Carryover bill from 2013) Creates PMP | Indefinitely postponed 4/17/2014 |
| 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 #1 removes confidentiality provisions AMENDMENT #2 strikes all original sections and amends current PMP statutes to make technical changes; also creates a PDMP Fund and a PDMP task force to study the effectiveness and history of PMPs in other states | Approved by Governor; effective July 10, 2014 4/10/2014 |
| Nebraska | LR 586 | Provides for an interim study to gather information and make recommendations necessary for the legislature to support and continue EHR exchanges, including the role such initiatives can play in PMPs | Referred to committee 4/2/2014 |
| New Hampshire | SB 254 | Makes technical change AMENDMENT doesn't affect PMP provisions | Passed by both Houses; enrolled 4/30/2014 |
| 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, 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 1/16/2014 |
| 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 |

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| New Jersey | AB 3007 | <ul style="list-style-type: none"> - Requires practitioners or his/her designee to check the PMP prior to prescribing a Schedule II drug to a new or frequent patient - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ...” - Allows delegates - Requires practitioners to report Schedule II prescriptions to the Division | Introduced; referred to committee 3/24/2014 |
| New Jersey | AB 3008 | <ul style="list-style-type: none"> - Changes data collection/submission interval to daily - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ...” - Broadens access to information to law enforcement agencies - Requires practitioners and pharmacists to check the PMP prior to prescribing or dispensing a Schedule II controlled substance | Introduced; referred to committee 3/24/2014 |
| New Jersey | AB 3010 | Requires submission of Schedule II prescription data every five days and every 30 days for all others | Introduced; referred to committee 3/24/2014 |
| New Jersey | AB 3062 | <ul style="list-style-type: none"> - Amends data collection interval to daily - Amends language regarding not being required to check the PMP to say “except as provided in ...” - Revises access to law enforcement parameters - Requires practitioners and pharmacists to check the PMP prior to prescribing or dispensing a Schedule II substance | Introduced; referred to committee 3/24/2014 |
| New Jersey | SB 101 | <ul style="list-style-type: none"> - 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 | <ul style="list-style-type: none"> - 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 | Introduced 1/14/2014 |

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| | | - Allows interstate sharing with other PMPs and release of de-identified data | |
| 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 1/30/2014 |
| New Jersey | SB 1948 | - Adds new definitions of licensed health care professional, licensed pharmacist, mental health practitioner, and pharmacy permit holder - Requires submission of prescription data on a real time basis - Requires pharmacists and practitioners authorized to prescribe, dispense, or administer controlled substances to register with the program or have their registration to prescribe, dispense, or administer revoked - Allows the use of delegates - Allows access to MEs, licensing boards, law enforcement, Medicaid, judicial officials, licensed medical practitioners, de-identified data - Provides for interstate sharing of PMP data | Introduced and referred to committee 4/28/2014 |
| New Jersey | SB 1998 | - Adds new definitions of licensed health care professional, licensed pharmacist, mental health practitioner, and pharmacy permit holder - Requires collecting identifying information on the person picking up a prescription if other than the patient - Requires submission of data every 7 days - Provides that the division shall register a pharmacist or practitioner with the PMP upon issuance or renewal of the practitioner or pharmacist’s registration to prescribe, dispense, or administer a controlled substance - Allows access to MEs, licensing boards, law enforcement, Medicaid, judicial officials, mental health practitioner, de-identified data - Provides for interstate sharing of PMP data | Introduced and referred to committee 4/28/2014 |

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| | | - Adds penalties for unlawfully obtaining, using, sharing data obtained from PMP | |
| 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 |
| New York | SB 4406 | - Requires that medical marihuana dispensaries report dispensing information to the PMP - Requires that medical marihuana dispensaries consult the PMP to verify that a patient has not been dispensed more than 2.5 ounces of medical marihuana in the previous 30 days, counting the amount being dispensed | Amend and recommit to committee 4/25/2014 |
| 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 | Passed third consideration 3/12/2014 |
| Ohio | HB 412 | Revises statute regarding physician assistant requirements to access PMP | Committee report, pass substitute |

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| | | | 4/2/2014 |
| Ohio | HB 483 | Allows the board to use any portion of certain licensing and registration fees to fund the maintenance of the PMP | Amended bill passed third consideration 4/9/2014 |
| Ohio | HB 485 | <ul style="list-style-type: none"> - Requires that the administrator of worker's compensation enter into a data security agreement with a managed care organization for use of the PMP - Requires that dentists, advanced practice nurses, optometrists, physician assistants, osteopaths, podiatrists, and practitioners of medicine and surgery who prescribe or furnish opioid analgesics or benzodiazepines provide proof that the licensee has registered with the PMP when registering with the respective board - Requires dentists, advanced practice nurses, optometrists, physician assistants, physicians or their delegate to check the PMP prior to initially prescribing or furnishing an opioid analgesic or benzodiazepine and, if the dentist practices in a county that adjoins another state, to check the PMP of that state; shall also consult the PMP periodically (not less than once every 90 days) if the treatment continues for more than 90 days until the course of treatment has ended - Requirement to check the PMP doesn't apply if the amount furnished or prescribed is for a period not to exceed 7 days | Substitute passed third consideration; now in Senate 4/10/2014 |
| Oklahoma | HB 2665 | AMENDMENT allows interstate sharing of PMP information with a reciprocal data-sharing agreement | Approved by Governor; effective 11/1/2014 4/28/2014 |
| 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, | Referred to committee 2/4/2014 |

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| | | administering, or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol | |
| 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 AMENDMENT creates the “Achieving Better Care by Monitoring All Prescriptions” (ABC-MAP) program; includes patient and privacy advocates in advisory committee; requires providing notice to patients; requires changes in frequency of reporting be made in collaboration with the Board of Pharmacy to ensure pharmacies have ability to comply; requires establishing criteria to refer information to law enforcement and licensing boards; provides that current reporting requirements shall expire and no longer be enforceable upon the full implementation of the program; modifies requirement to check to state that the program shall be accessed for each patient the first time the patient is prescribed a controlled substance by the prescriber; allows law enforcement to receive information on Schedule II drugs as determined by the AG and all other schedules upon receipt of a court order and provides | Second consideration 4/30/2014 |

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| | | that data obtained under this provision may only be used to obtain a search warrant or arrest warrant; allows access by out-of-state dispensers and prescribers | |
| Rhode Island | HB 7574 | Allows delegates and would require practitioners to register with the PMP | Committee recommends passage 4/16/2014 |
| Rhode Island | SB 2523 | Allows delegates and would require practitioners to register with the PMP | Committee recommends passage; placed on Senate calendar 4/30/2014 |
| 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 |
| South Carolina | SB 1113 | Adds exemptions for foreign pharmacies and local pharmacies that import controlled substances from foreign pharmacies to reporting requirements | Referred to committee 3/12/2014 |
| 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 | Companion Senate bill substituted 3/13/2014 |
| Tennessee | HB 1555 | Modifies provisions to include immediate methamphetamine precursors in reporting requirements | Taken off notice for calendar 3/18/2014 |
| 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 | Companion Senate bill substituted 4/17/2014 |

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| | | other circumstance the wholesaler believes indicates the substance may be used in violation of the law | |
| Tennessee | HB 1737 | Modifies provisions regarding prescription requirements for Sch. III and IV substances | Taken off notice for calendar 3/18/2014 |
| Tennessee | HB 2072 | Allows access to drug court personnel for drug court participants | Sent to Governor 4/15/2014 |
| 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 | Signed by Governor; effective July 1, 2014 and July 1, 2016 4/4/2014 |
| Tennessee | SB 1647 | Modifies provisions to include immediate methamphetamine precursors in reporting requirements | Re-referred to committee 4/17/2014 |
| 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 | Enrolled and ready for signatures 4/28/2014 |
| Tennessee | SB 2113 | Allows access to drug court personnel for drug court participants | Companion bill substituted 4/9/2014 |
| 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 | Signed by Governor; effective May 13, 2014 3/27/2014 |
| Utah | SB 178 | Allows pharmacy technicians to access the PMP as a pharmacy delegate | Signed by Governor; effective May 13, 2014 |

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| | | | 4/1/2014 |
| Vermont | HB 655 | Modifies provisions regarding funding | Signed by Governor; effective on passage 2/25/2014 |
| Vermont | SB 295 | Requires the Secretary of Human Services to adopt rules requiring all Medicaid participating providers, including those licensed outside of Vermont, to query the VPMS prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary | Action postponed until May 1 4/30/2014 |
| 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 | Approved by Governor; effective July 1, 2014 4/6/2014 |
| Virginia | HB 923 | Provides for mailing of PMP information to patient when requested | Signed by Governor; effective 7/1/2014 2/20/2014 |
| 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 | Approved by Governor; effective July 1, 2015 3/3/2014 |

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| | | 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 | |
| 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 | <p>- 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</p> <p>- 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</p> <p>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.</p> <p>AMENDMENT requires all prescribers to be registered with PMP upon filing an application for licensure or for renewal</p> <p>- 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</p> <p>- 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</p> <p>- directs the Secretary of Health and Human Resources to identify and publish a list of medical specialties with low potential for abuse by patients,</p> | Approved by Governor; effective July 1, 2015 3/5/2014 |

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| | | 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 | Referred to committee; returned for third reading 3/13/2014 |
| 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" | Failed to pass 4/8/2014 |
| 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 |
| Alabama | 342818 | Requires proof of registration with PMP prior to renewing controlled substances registration certificate | Adopted rules 12/31/2013 |
| Alabama | 357423 | Allows disciplinary actions against medical providers for failure to register with the PMP as required when obtaining a pain management registration from the Board | Proposed rules 3/31/2014 |
| Arizona | 352963 | New rules would replace former rules that expired in August 2013 | Proposed rulemaking 2/21/2014 |
| Colorado | 341504 | Amends low back and cervical spine injury medical treatment guidelines in work comp cases to require checking the PMP | Final regulations 3/10/2014 |
| Florida | 342937 | Changes ASAP reporting requirement from 4.1 to 4.2 | Notices of Development of Proposed Rules |

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| | | | 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 |
| Louisiana | 355586 | Allows the use of delegates | Notices of Intent 3/20/2014 |
| Louisiana | 355587 | Amends regulations to exclude veterinarians from participation in the program and reporting requirements | Notices of Intent 3/20/2014 |
| 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 | Adopted regulations 3/28/2014 |
| Nevada | 352325 | Requires dentists to query themselves on the PMP at least once per year | Initial drafts 2/14/2014 |
| New Mexico | 343712 | - Requires osteopathic physicians to check the PMP at each initial office visit which results in a prescription for an opiate based pain medication and at least annually thereafter as well as at critical turning points in patient care - Requires osteopathic physicians to register with the PMP | Adopted rules and regulations 2/28/2014 |
| New Mexico | 351093 | Requires optometrists to register to use the PMP and to obtain a PMP report prior to prescribing, ordering, administering, or dispensing a controlled substance listed in Sch. III or IV or for a new patient when a Sch. III or IV drug is prescribed for more than 10 days and for established patients during the continuous use of controlled substances every six months | Adopted rules and regulations 4/15/2014 |
| North Dakota | 343692 | Requires opioid treatment programs to use the PMP at least monthly for each patient | Filed with the Office of Legislative Council Effective April 1, 2014 |
| Ohio | 351919 | Requires optometrists to check the PMP | Final filings 4/21/2014 |

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| Ohio | 354444 | Changes data collection interval to daily and removes the requirement that corrections to the database be made in writing | Proposed filings 3/7/2014 |
| Ohio | 355568 | Requires physician assistants to check the PMP database when the physician assistant believes that treatment will be required for longer than 12 weeks and at least annually thereafter | Proposed filing 3/19/2014 |
| Oregon | 339235 | Adds and revises definitions; revises reporting requirements; clarifies expanded access to PMP | Adopted; effective 11/19/2013 |
| Rhode Island | 345053 | <ul style="list-style-type: none"> - 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 - Creates two new regulations one of which allows an evaluation of the program and the other is a severability provision | Proposed rules 12/3/2013 Comment period ends 1/21/2014 |
| 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 |
| Utah | 343595 | Creates rules to allow access to PMP information by designated persons for scientific studies when that person is not an employee of the Department | Notices of Rules Effective Dates; effective March 1, 2014 3/15/2014 |
| Washington | 339087 | Makes technical changes | Pending formal proposal 10/2/2013 |

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| 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 | Permanent rules 4/2/2014 |
| 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 |
| Wisconsin | 353418 | Makes editorial corrections | Editorial corrections 2/28/2014 |

Highlighted text indicates the bill has been enacted into law or the regulation has been adopted.