Prescription Drug Monitoring Programs – Bill Status Update

Research current through May 22, 2015.

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	Bills	
Bill No.	**Description**	**Status and Date of Last Action**
US HR 953	- 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	- 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	3/27/2015 – Referred to subcommittee on health

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	- 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	
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 S 480	- 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	- 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	2/12/2015 – Read twice and referred to Committee on Judiciary

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	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 - Grant applications submitted to the Attorney General	
US S 636	- 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	3/3/2015 – Read twice and referred to Committee on Health, Labor, Education, and Pensions

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	- 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, the Department of Defense, etc., to use the PMP if the PMP is available to the practitioner or dispenser - 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	
AL HB 393	- 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	4/21/2015 – Read first time in House and referred to committee on Health
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	1/20/2015 –

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	- Amends definition of "delegate" to include a forensic pathologist, medical death investigator, or other qualified person assigned duties in connection with a death investigation	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 - For purposes of this statute, medical practitioner includes medical doctor, doctor of osteopathy, dentist, podiatrist, or other person licensed and authorized by law to prescribe drugs - Amends § 36-2604 to allow receipt of PMP information by the county medical examiner or alternate medical examiner - 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 - Repeals § 36-2611 which terminates the program in 2017 AMENDMENT #1	3/23/2015 – Signed by Governor; effective December 31, 2015

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	- Modifies definition of medical practitioner to mean persons licensed or authorized by law to prescribe drugs	
AR HB 1350	- 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	Purpose of the bill is to create the Combatting Prescription Drug Abuse Act and to amend the laws concerning the PMP AMENDMENT #1 - 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 than three physicians within any 30 day period, dependent on funding - 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	4/22/2015 – Died in House committee at Sine Die adjournment
AR SB 129	- 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

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AR SB 698	- 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 - 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 AMENDMENT #1 - Amends new definition of "certified law enforcement prescription drug diversion investigator" to state that the course be approved by the AR Prescription Drug Advisory Board and certified by the AR Commission on Law Enforcement Standards and Training	4/2/2015 – Signed by Governor; effective July 10, 2015
AR SB 717	- 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 - Amends § 20-7-607 to allow the use of delegates AMENDMENT #1	4/8/2015 – Signed by Governor

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	- Provides that the department may only inform a professional licensing board of potential misuse or abuse by a prescriber or dispenser after the board has provided the department with parameters that would trigger such a notification - Amends § 20-7-603 to provide definition of opioid - 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 writing a prescription for an opioid and provides that the board may remove the requirement after an interval of time if appropriate - 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	
CA AB 611	- 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 - Amends Health and Safety Code § 11165.1 to change "practitioner or pharmacist" to "authorized subscriber" AMENDMENT #1 - 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 AMENDMENT #2	4/21/2015 – In committee; set, first hearing; hearing cancelled at request of author

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	- 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	
CA SB 482	Makes technical changes to Health and Safety Code § 11165 AMENDMENT #1 - Removes technical changes to § 11165 - 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 - 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 AMENDMENT #2 - 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	5/19/2015 – Read second time; ordered to third reading
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

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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	- Amends § 21a-254 to provide that prior to July 1, 2016 dispensers must report dispensing data weekly and on and after July 1, 2016, dispensers must report immediately upon dispensing such prescriptions - Amends § 21a-254 to allow the use of 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 AMENDMENT provisions do not affect PMP statutes	5/12/2015 – Tabled for the calendar, House
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.)	4/14/2015 – Favorable report, tabled for calendar in Senate
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
FL HB 4041	Makes technical changes to §§ 893.055 and 893.0551	3/3/2015 – Introduced; referred to Criminal Justice Subcommittee, Justice Appropriations Subcommittee, 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	4/2/2015 – Laid on the table

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	appropriated in the 2016 General Appropriations Act to administer the PMP	
FL SB 1294	Makes technical changes to §§ 893.055 and 893.0551	3/3/2015 – Introduced
FL SB 7066	- 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 SUBSTITUTE does not affect PMP provisions	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 – 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	- 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	3/19/2015 – Committee on Health deferred the measure; committee on Consumer Protection deferred the measure

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	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 AMENDMENT #2 removes all provisions related to PMP	
HI SB 810	- 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 AMENDMENT #1 - 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 AMENDMENT #2 - Adds definition of "practitioner" back into bill - Changes definition of "chronic pain therapy" to "chronic opioid therapy"	3/18/2015 – Committee on Health recommends that the measure be deferred

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	- 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	- 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 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
IL HB 1	- 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	5/22/2015 – Amendments adopted; final action deadline extended to May 31

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	- 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 (This summary represents the bill text as amended.)	
IL HB 3221	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 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 AMENDMENT #2 if adopted would delete provision related to PMPs AMENDMENT #3 if adopted would delete provision related to PMPs	4/24/2015 – Re-referred to Rules Committee
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

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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 AMENDMENT doesn't affect PMP provisions	5/5/2015 – Signed by Governor; effective July 1, 2015
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 AMENDMENT would not affect PMP provisions if adopted	5/4/2015 – Signed by Governor; effective on passage
IN SB 358	- 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	4/30/2015 – Signed by Governor; effective July 1, 2015

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	- 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 (This description represents the amended version.)	
IN SB 406	- Amends § 35-48-7-8.1 to require dispensers to report the dispensing of Naloxone to the PMP - Amends § 35-48-7-10.1 to include Naloxone AMENDMENTS deleted provisions related to PMPs	4/17/2015 – Signed by Governor
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	- 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
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

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KY HCR 24	House Concurrent Resolution to urge Missouri to implement a prescription drug database	1/8/2015 – In judiciary committee
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 but that the information be used by PMPs in other states in a manner consistent with this section	5/21/2015 – Sent to Governor
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 (Description represents bill after adopted of amendments.)	5/6/2015 – Read by title in House, referred to committee on Health and Welfare
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	4/14/2015 – Pursuant to Joint Rule 310.3, placed in 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	5/13/2015 – Finally passed, emergency, 2/3 elected required, in concurrence
MD HB 3	- 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	3/17/2015 – Unfavorable report by Health and Government Operations

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	- 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	
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	- 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 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 maternal mortality review program; or a medical review committee AMENDMENT #1 does not affect PMP provisions AMENDMENT #2 - 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 - All other provisions remain the same	5/12/2015 – Approved by Governor; effective October 1, 2015
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 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	- 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	2/12/2015 – Introduction and first reading; referred to Health

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	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	and Human Services Finance
MN HF 1476	- 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	- 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 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	5/20/2015 – Sent to Governor

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	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	
MN HF 1652	- 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 - Requires that prescribers and pharmacists register with the PMP by April 1, 2016 - Deletes repeal provision AMENDMENT #1	3/23/2015 – Committee report, to adopt as amended and re-refer to Health and Human Services Reform

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	- Deletes provision that requires prescribers and pharmacists to register with the PMP AMENDMENT #2 - 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 All other provisions of original bill and Amendment #1 remain.	
MN HF 1972	Makes technical change to § 245A.192	4/14/2015 – Indefinitely postponed
MN SF 825	- 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
MN SF 1172	- 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 AMENDMENT doesn't affect PMP provisions	3/11/2015 – Committee report to pass as amended and re-refer to Finance
MN SF 1356	- 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	5/12/2015 – HF1535 substituted on general orders

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	- 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 - 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 - 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 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 (This description represents the bill after the adoption of Senate amendments)	
MN SF 1440	- 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	3/26/2015 – Referred to Rules and Administration

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	- 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 - Requires that prescribers and pharmacists register with the PMP by April 1, 2016 - Deletes repeal provision AMENDMENT #1 changes language to provide that only permissible users identified in certain clauses may directly access the data electronically	
MN SF 1458	- 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
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	2/3/2015 – Died in committee

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	produced in a civil proceeding, and shall not be deemed admissible as evidence in a civil proceeding for any reason	
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 prior to dispensing or prescribing controlled substances and specified non-controlled substances - Amends § 73-21-127 to delete the repeal provision	2/3/2015 – Died in committee
MO HB 130	- 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	4/15/2015 – Public hearing held

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	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 AMENDMENT #1 Deletes pilot program section	
MO HB 816	- Adds new sections to create PMP - 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	4/7/2015 – Reported do pass
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	[To see description of original bill, please see the NAMSDL archives] SUBSTITUTE #1	5/15/2015 – Calendar for third reading with

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	- 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 - 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	House committee substitute

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	- 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 no concern detected, and the dispenser may dispense medications according to his/her professional judgment - 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 AMENDMENTS TO SUBSTITUTE - 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	- 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	3/11/2015 – Bill combined with SB 63

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	- 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 within a certain time period before a substance may be dispensed - Requires the provision of a report to the general assembly annually - Provides penalties for wrongly disclosing or using PMP information (See description under SB 63 for current language)	
MT SB 7	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	4/29/2015 – Signed by Governor; effective July 1, 2015
NE LB 471	- 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	1/28/2015 – Notice of hearing for 2/11
NE LR 231	- 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	5/21/2015 – Referred to Health and Human Services Committee

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NV SB 114	- Amends § 453.1545 to provide that practitioners must be provided access to information regarding prescriptions they have written - Amends § 453.1545 to provide that the board and division shall access the information in the PMP to monitor the prescription activity of practitioners and, if the prescription activity of a prescriber exceeds the monthly average of 95% of other practitioners within that specialty or category, the board shall notify the practitioner in writing and via email; the practitioner shall, within 10 days of receiving such notice, review the information regarding his/her prescribing and submit a report to the board regarding the accuracy of such information	5/20/2015 – Taken from General File, placed on Chief Clerk's desk
NV SB 181	Amends § 453.126 to include anesthesiologist assistant in definition of practitioner Proposed amendment does not affect PMP provisions	5/21/2015 – Taken from General File, placed on Chief Clerk's desk
NH SB 31	- 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 and those that prescribe and dispense must register as both - 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 is in place with the other state to ensure the information is used pursuant to the laws of NH AMENDMENT #1 - In addition to the other changes above, amends § 318-B:31 to provide that hospital pharmacies that dispense no more than a 48-hour supply of a Schedule II-IV substance from a hospital emergency department is exempt - Includes pharmacists, APRNs, and physician assistants in definition of "practitioner"	5/19/2015 – Enrolled

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	- Amends § 318-B:34 to provide that the confidentiality provisions do not prohibit a practitioner from using or disclosing program information about a patient to others who are authorized by state or federal law to receive program information - 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	
NJ AB 3062	- 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 whole or in part, for any reason other than delivering the substance to the patient for whom it was written - 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	3/26/2015 – Substituted by SB 1998/2119

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	- 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 (This description represents the bill after the adoption of Assembly amendments)	
NJ SB 1998	- 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 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;	5/18/2015 – Passed Senate (passed both Houses)

	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 reasonable belief that the patient is seeking the controlled substance for a reason other than the treatment of a medical condition - 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 AMENDMENT #s 1 & 2 - 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 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 - 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 AMENDMENT #3 - 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 - 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,	2/3/2015 – In committee

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	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	
NY AB 355	Amends Public Health Law § 3309-a to make technical changes to advisory committee provisions	2/19/2015 – Advanced to third reading
NC HB 165	- 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	- 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
OH HB 64	- 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	4/29/2015 – Passed House; referred to Senate committee

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	the director or the department of health in implementing the Ohio violent death reporting system - 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	
OH HB 394	- 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 - 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	12/19/2014 – Signed by Governor; effective on signing
OH SB 55	- 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	2/18/2015 – Referred to committee

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	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	
OH SB 276	- 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 - 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	12/19/2014 – Signed by Governor; effective on signing
OK HB 1080	Amends 63 § 2-309D to allow the use of delegates	2/3/205 – Second reading; referred to Alcohol, Tobacco, and

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		Controlled Substances
OK HB 1948	- 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 - 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, benzodiazephine (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	3/31/2015 – Approved by Governor; effective November 1, 2015

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	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 AMENDMENT #1 - Changes spelling from benzodiazephine to benzodiazepine - Deletes exceptions listed above - 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 by designated employees of the Bureau AMENDMENT #1 - Changes language from "designated employees of the Bureau" to "designated legal, communications, and analytical employees of the Bureau"	4/17/2015 – Signed by Governor; effective July 1, 2015
OK SB 693	- 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
OK SB 699	- 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	2/3/2015 – Second reading; referred to Health and Human Services

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	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, benzodiazephine (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	
OR HB 3100	- Amends § 431.966 to make technical changes - Amends § 431.990 to change applicable penalty provisions which may make them unrelated to the PMP AMENDMENTS don't affect PMP provisions	4/22/2015 – Recommended to pass with amendments; referred to Ways and Means by order of Speaker
OR SB 71	Amends § 431.964 to remove data collection interval time period and provide that the time within which to report dispensing information shall be adopted by rule	5/22/2015 – Work session scheduled for June 1

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OR SB 289	Provides a repeal date for the advisory commission of June 30, 2020	3/24/2015 – Public hearing held
OR SB 626	- 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 AMENDMENT #1 - Amends § 431.964 to provide that dispensing information shall be reported to the PMP within 72 hours - 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	4/10/2015 – Work session scheduled for April 20

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	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	- Amends § 431.966 to make technical changes - Amends § 431.990 to change applicable penalty provisions which may make them unrelated to the PMP	5/19/2015 – Public hearing and work session held
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	5/14/2015 – Referred to Health
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	- 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
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

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TX SB 195	- 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 - Creates 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 - Allows 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 AMENDMENT #1 - 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	5/22/2015 – Placed on general state calendar

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	- 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	- Amends § 58-37f-203 to require real-time or 24-hour batch submission of dispensing information - Makes technical changes to § 58-37f-301 - Repeals § 58-37f-801 regarding statewide pilot program for real-time submission AMENDMENT #1 - 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	3/23/2015 – Signed by Governor; effective July 1, 2015
UT SB 119	- 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 provide that database information provided for scientific studies must be de-identified - Amends § 58-37f-301 to require that law enforcement have a search warrant - Allows 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 patient - 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 AMENDMENT #1	3/30/2015 – Signed by Governor

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	- If a patient's request to correct information in PMP is denied, it provides that the patient may appeal to the Dept. of Commerce rather than the Board of Pharmacy - Removes de-identified requirement - Provides that the list of persons or entities who have requested the patient's PMP information will not be released if the patient's record is subject to a pending or current investigation	
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 AMENDMENT #1 does not affect PMP provisions	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
VA HB 1810	Amends § 54.1-2523 to provide that PMP data shall not be available for civil subpoena, nor shall such information 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 AMENDMENT #1 Changes the word "information" to "records"	3/23/2015 – Signed by Governor; effective July 1, 2015
VA HB 1841	- 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 and to require that dispensers check the PMP before dispensing any benzodiazepine or opiate expected to last more than 90 days - Amends § 54.1-2523 to provide additional circumstances when it's appropriate for a dispenser to receive PMP information AMENDMENT #1	3/23/2015 – Signed by Governor; effective January 1, 2016

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	- Changes requirements in new section § 54.1-2522.2 to only require that the Department register every dispenser licensed with the Board of Pharmacy with the PMP - Deletes amendments to § 54.1-2523 as set out above	
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 notification would jeopardize an ongoing criminal investigation	2/10/2015 – Left in Courts of Justice
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	- 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 AMENDMENT #1 - 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	4/29/2015 – By resolution, reintroduced and retained in present status
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;

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		effective July 24, 2015
WA HB 2192	Repeals the PMP	4/29/2015 – By resolution, reintroduced and retained in present status
WA SB 5027	- 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 AMENDMENT #1 - Removes requirement that the test site be physically located in Washington - 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	4/29/2015 – By resolution, reintroduced and retained in present status
WA SB 5815	Creates new section that requires naturopaths to register with the PMP	4/29/2015 – By resolution, reintroduced and retained in present status
WV HB 2352	Authorizes the legislative rule related to the PMP	1/30/2015 – To House Judiciary
WV HB 2733	- Amends § 60A-9-3 to make technical changes	4/1/2015 –

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	- 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 AMENDMENT #1 Removes requirement in § 60A-9-5 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	Approved by Governor; effective June 10, 2015
WV SB 199	Authorizes the legislative rule related to the PMP (This description represents the bill after the adoption of Senate substitution)	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	- 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	5/19/2015 – Executive action taken by joint committee on Finance
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 AMENDMENT #1 - Changes effective date from July 1, 2015 to January 1, 2016	3/6/2015 – Signed by Governor; effective January 1, 2016

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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
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
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
IL 361946 (77 ADC 2080.20, 50, 70, 100, 190, 210, 220 to 250)	- 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	1/23/2015 – Second notices received; scheduled for review at Feb. 17, 2015 meeting

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IL 361947 (77 ADC 2081.10 – 90)	- 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	5/8/2015 – Adopted rules
IL 366174 (77 ADC 2080)	Rulemaking to ensure compliance with changes to the scheduling of controlled substances and exclusion of veterinarians from having to report	7/11/2014 – Regulatory agendas
IL 366175 (77 ADC 2080)	Rulemaking to include all medications dispensed by long term care pharmacies to residents in long term care facilities	7/11/2014 – Regulatory agendas
IL 375815 (77 ADC 2080)	- 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 - 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	5/8/2015 – Adopted rules
KY 367792 (902 KAR 20:430)	- 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	2/1/2015 – Regulation effective date of 12/17/2014

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	- 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	
KY 375884 (201 KAR 9:270)	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 - 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
ME 373954 (ADC 14-118 Ch. 11, § 5)	Changes data collection interval from weekly to daily	10/8/2014 – Proposals
MD 381957 (ADC 10.47.07.03 to 10.47.07.09)	- 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, or a patient after information has been reviewed by technical advisory committee	1/9/2015 – Proposed actions on regulations; comments accepted through 2/9/15
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

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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 – Published by Secretary of State
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
NM (ADC 16.19.29)	- 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	Adopted; effective 3/2015

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	- 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	
NY 386103 (no rule numbers yet)	Regulatory action considered to amend the prescription monitoring program regulations to reflect recent statutory changes	3/4/2015 – Regulatory agenda
OH 374502 (ADC 4723-9-12 & 13)	- 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
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 - 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	11/11/2014 – Proposed rules

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RI 381551 (ADC 31-2-6:3.0, 4.0)	- 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
UT 382274 (ADC R156-17b)	Amends pharmacy rule; no direct impact on PMP	1/15/2015 – Proposed rules
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)	- 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	1/22/2015 – Proposed rules

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	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 - Allow receipt of information by patients, professional boards - 12-5-21:8.0 Allows provision of unsolicited reports to prescribers and licensing boards	
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)	- 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)	- 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	4/24/2015 – Notices of final filing and adoption of a legislative rule;

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	- 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 - 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	effective May 17, 2015
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	4/20/2015 – Scope statements

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