



Prescription Drug Monitoring Program – Bill Status Update

Research current through June 19, 2014.

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Bills		
Bill No.	Description	Status and Date of Last Action
US HR 3392	Establishes a PDP Safety Program to prevent fraud and abuse in Medicare prescription drug plans; includes a recommendation that pharmacies meet drug safety criteria as determined by the Secretary or PDP sponsor including using the state PMP program	10/30/2013 – Referred to committee
US HR 3528	Reauthorizes NASPER	11/22/2013 – Referred to committee
US S 1657	<ul style="list-style-type: none"> - Amends grant language to require: 1) that states receiving or applying for grants shall ensure that the PMP is interoperable with the PMPs of another state and federal agencies and across appropriate state agencies, interoperable with electronic health records and e-prescribing, and provides real-time or daily information; 2) that states require practitioners to use the database, and require dispensers to enter data - Requires reporting of methadone dispensed - Creates pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and dispensing patterns through a review of PMP data 	5/14/2014 – Committee hearings held
AL HB 319	Removes requirement that physicians undergo a criminal background check	4/3/2014 – Forwarded to Executive Dept.
AL SB 226	Removes requirement that physicians undergo a criminal background check	4/1/2014 – Indefinitely postponed
AK HB 324	<ul style="list-style-type: none"> - Provides that the department shall, in cooperation with the board, seek funding sources for the PMP - Allows the board to contract with a provider to maintain the database - Provides for real-time data - Allows delegates for submission of information - Creates new statute to provide for the adoption of regulations to establish reasonable fees to be used to maintain and operate the PMP 	3/21/2014 – Referred to committee
AZ HB 2221	Amends worker's compensation statute to require physicians to request PMP information within two (2) business days of writing or dispensing prescriptions for at least a 30 day supply of an opioid and report the results to the work comp carrier, self-insured employer, or commission	4/16/2014 – Signed by Governor; effective July 24, 2014
AZ SB 1124	<ul style="list-style-type: none"> - Allows delegates - Amends reporting language, changing from pharmacy to dispenser and requiring ASAP 4.2 	4/22/2014 – Signed by Governor;

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	- Requires submission of PMP data daily AMENDMENT adds definition of delegate	effective July 24, 2014
AZ SB 1296	Requires the Arizona health care cost containment system administration to intervene with case management services if a member has prescriptions written from more than one health professional or filled by more than one pharmacy within a 30 day period and requires contractors to monitor prescriptions	3/6/2014 – Held in House
AZ SB 1297	Requires prescribers and pharmacists to check the PMP before prescribing or dispensing a prescription for an Arizona health care cost containment system administration member	3/6/2014 – Held in House
CA SB 1258	Makes technical changes AMENDMENT requires submission of data regarding Schedule V controlled substances and allows access to information by an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs to investigate licensees and applicants for alleged abuse	5/23/2014 – Held in committee and under submission
CO HB 1173	Gives access to the medical director or designee at a facility that treats addiction with controlled substances if the patient gives permission for the facility to access their PMP records	5/31/2014 – Signed by Governor; effective on signing
CO HB 1283	- Amends definitions - Requires practitioners to register with PMP - Allows delegates - Allows access to Department of Public Health and Environment for analysis purposes, the Department of Health Care Policy and Financing for purposes of accessing data pertaining to recipients of benefits under the state program of medical assistance - Allows unsolicited reports to prescribers and dispensers	5/21/2014 – Signed by Governor; effective on signing
CO HB 1323	Prohibits the state or local government from accessing a person’s medical information or medical record without the patient’s consent; “medical record” includes PMP information	5/31/2014 – Signed by Governor; effective on signing
CT HB 5474	Exempts vets from reporting requirements AMENDMENT doesn’t affect PMP provisions	4/1/2014 – Tabled for the calendar
FL HB 1153	Adds repeal date of Oct. 1, 2017 to direct support organization provisions	5/2/2014 – Died on calendar
FL HB 1381	- Adds penalty for failure to check PMP upon each initial visit before issuing a prescription for a controlled substance - Substantially modifies § 893.055	5/2/2014 – Died in committee

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	<ul style="list-style-type: none"> - New definitions - Requires background screening of program manager and support staff - Modifies funding language - Data collection interval of 7 days and requires dispensers to verify ID of patient before dispensing a controlled substance - Allows direct access to practitioners and dispensers - Authorized recipients include licensing boards, Medicaid, law enforcement, patient, health care agent for patient - Allows proactive reports to law enforcement - Requires report to legislature 	
FL HB 7129	Makes technical changes to remove an obsolete provision	4/1/2014 – Substituted by SB 934; laid on the table
FL HB 7177	<ul style="list-style-type: none"> - Deletes definitions from Sec. 893.0551 - Modifies provisions regarding access by Medicaid fraud investigators and law enforcement - Modified provisions regarding unsolicited reports 	6/13/2014 – Signed by Governor; effective October 1, 2014
FL SB 862	<ul style="list-style-type: none"> - Amends definitions of “patient advisory report,” “dispenser,” “practitioner,” “health care regulatory board,” “pharmacy,” “active investigation,” “law enforcement agency,” and adds definition for “dispense or dispensing” - Requires the department to establish policies and procedures and adopt rules for various PMP functions - Modifies exemptions to reporting requirements - Adds immunity section - Requires law enforcement to have a subpoena issued upon reasonable suspicion - Clarifies for what purposes the program manager and support staff may access the PMP - Amends funding provisions 	5/2/2014 – Died in committee
FL SB 866	Modifies provisions regarding access and proactive reports	4/24/2014 – Substituted by HB 7177; laid on the table
FL SB 934	Makes technical changes	5/12/2014 – Signed by Governor; effective July 2, 2014
FL SB 1194	Adds repeal date of Oct. 1, 2017 to direct support organization provisions	6/13/2014 – Signed by Governor;

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		effective on signing
ID HB 348	Amends law to allow access to patient or third party with signed, notarized consent form	3/6/2014 – Signed by Governor; effective July 1, 2014
ID HB 396	Requires all prescribers, except veterinarians, to register with the PMP annually	3/13/2014 – Signed by Governor; effective July 1, 2014
IL HB 5597	Makes technical changes	2/14/2014 – Referred to committee
IL HB 5695	Makes technical change	2/14/2014 – Referred to committee
IL HJR 97	Designates June 2014 as Prescription Monitoring Program month	5/30/2014 – Adopted by both Houses
IL SJR 60	Designates April 2014 as Prescription Monitoring Program month	4/10/2014 – Resolution adopted
IN HB 1218	<ul style="list-style-type: none"> - Requires opioid treatment programs to report all controlled substances dispensed to the division - Requires the board to adopt rules requiring practitioners and opioid treatment programs to check the PMP before initially prescribing a controlled substance and periodically during the course of treatment - Requires PMP program modification by Jan. 1, 2015 so the PMP can accept and monitor all prescription drugs, not just controlled substances <p>AMENDMENT requires that dispensing data be reported within 3 days by 7/1/2015 and within 24 hours by 1/1/2016</p> <ul style="list-style-type: none"> - Provides that OTPs shall report controlled substances dispensed upon request to the division - All other requirements of original bill remain the same 	3/25/2014 – Signed by Governor; portions effective on passage, others effective July 1, 2014
IN HB 1223	Amends definition of identification number	1/14/2014 – Referred to committee
IN HB 1395	Amends definition of identification number	1/16/2014 – Referred to committee
IN SB 29	Amends definition of identification number	1/7/2014 –

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		Referred to committee
IN SB 421	Amends language to make a technical amendment, changing funding provisions from "to fund the operation of" to "to fund the administration of" the PMP	3/25/2014 – Signed by Governor; effective July 1, 2014
IA HSB 186	Requires practitioners to check the PMP prior to prescribing or renewing a prescription for a controlled substance or filling a prescription for a controlled substance if the practitioner or pharmacist believes or has reason to believe that the patient is at risk of diverting, abusing, or misusing the substance	Died in committee
IA SF 2080	Allows sharing of PMP information with bordering states and Kansas	4/3/2014 – Signed by Governor; effective July 1, 2014
IA SSB 1015	Requires practitioners to check the PMP prior to prescribing or renewing a prescription for a controlled substance or filling a prescription for a controlled substance if the practitioner or pharmacist believes or has reason to believe that the patient is at risk of diverting, abusing, or misusing the substance	Died in committee
KS SB 326	Amends definition of practitioner to include advanced practice registered nurses	1/30/2014 – Referred to committee
KY HB 539	Makes technical change to interstate sharing provisions to include US territories	3/5/2014 – Referred to committee
LA HB 275	Allows access in custody/visitation cases pursuant to a subpoena	5/13/2014 – Involuntarily deferred in committee
LA SB 496	Requires prescribers to access the PMP prior to initially prescribing a Schedule II substance for non-cancer pain	6/2/2014 – Sent to Governor
LA SB 556	Removes data collection interval provision and leaves time period for submission to discretion of the board	6/4/2014 – Signed by Governor; effective August 1, 2014
LA SB 619	Requires board to make rules for pain management clinics regarding accessing the PMP AMENDMENTS do not affect PMP provisions	5/5/2014 – Read by title and returned to calendar, subject to call

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ME SP 743	<ul style="list-style-type: none"> - Implements recommendations of the Substance Abuse Services Commission - Removes registration requirements for all six categories of prescribers - Requires that the Department update the enrollment mechanism to allow prescribers to be enrolled in the program automatically when applying for or renewing a professional license - Allows the Department to seek outside funding - Appropriates funding to implement the necessary computer system updates 	4/30/2014 – Became law without Governor’s signature; effective on passage
MD HB 255	<ul style="list-style-type: none"> - Amends provisions regarding advisory board’s annual report to Governor and General Assembly - Makes technical corrections - Extends sunset date to July 1, 2019 	4/8/2014 – Approved by Governor; effective July 1, 2014
MD HB 1296	Allows the program to review data for indications of possible abuse or misuse and report the possible abuse or misuse to the prescriber or dispenser after receiving clinical guidance from the technical advisory committee	5/15/2014 – Approved by Governor; effective October 1, 2014
MD SB 296	<ul style="list-style-type: none"> - Amends provisions regarding advisory board’s annual report to Governor and General Assembly - Makes technical corrections - Extends sunset date to July 1, 2019 	5/15/2014 – Vetoed by Governor as duplicative
MA SB 2100	Requires participants who are authorized to prescribe Schedule II narcotic drugs in an extended-release form and non-abuse deterrent form to use the PMP prior to the issuance of each such prescription	4/17/2014 – Recommended new draft of SB 1965
MA SB 2133	<ul style="list-style-type: none"> Amends statutes regarding when a practitioner has to check the PMP - Allows the commissioner of public health to promulgate regulations requiring practitioners to check the PMP prior to prescribing an identified drug - Requires that a practitioner check the PMP prior to issuing a prescription a) at least annually for patients receiving ongoing treatment with an opiate in Sch. II-IV; b) when starting a patient on an opiate in Sch. II-IV for non-palliative, long-term therapy of 90 days or more; c) the first time prescribing an opiate in Sch. II-IV to treat a patient for chronic pain; d) prior to writing a replacement prescription for a Sch. II-IV opiate; and e) any other scenario mandated by the department through regulation - Requires the ME to report an opiate, illegal or illicit drug overdose to the department which shall then review the PMP 	5/13/2014 – Passed to be engrossed in Senate

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	- Requires the department of public health to submit a report no later than Jan. 5, 2015 to the clerks of the house and senate to include information on whether practitioners are using the PMP and recommendations about how to improve the use of the PMP and shall submit a second report with the same information no later than Jan. 4, 2016	
MA SB 2142	Amends statutes regarding when a practitioner has to check the PMP - Allows the commissioner of public health to promulgate regulations requiring practitioners to check the PMP prior to prescribing an identified drug - Requires that a practitioner check the PMP prior to issuing a prescription a) at least annually for patients receiving ongoing treatment with an opiate in Sch. II-IV; b) when starting a patient on an opiate in Sch. II-IV for non-palliative, long-term therapy of 90 days or more; c) the first time prescribing an opiate in Sch. II-IV to treat a patient for chronic pain; d) prior to writing a replacement prescription for a Sch. II-IV opiate; and e) any other scenario mandated by the department through regulation - Requires the ME to report an opiate, illegal or illicit drug overdose to the department which shall then review the PMP - Requires the department of public health to submit a report no later than Jan. 5, 2015 to the clerks of the house and senate to include information on whether practitioners are using the PMP and recommendations about how to improve the use of the PMP and shall submit a second report with the same information no later than Jan. 4, 2016	5/15/2014 – (being the text of SB 2133, printed as amended) In House committee
MI HB 5185	Makes technical changes to funding provisions	12/11/2013 – Printed bill filed
MI HB 5603	- Makes technical changes - Prohibits sharing information with a PMP in another jurisdiction unless they have a mutual agreement for the sharing of such information - Requires the reporting of all Sch. II and III controlled substances prescribed and allows sharing that information with PMPs in other jurisdictions with a mutual agreement	5/27/2014 – Introduced and referred to committee
MI SB 568	Amends statute to make technical changes	10/1/2013 – Referred to committee
MN HF 1863	Provides an expiration date of June 30, 2018 for advisory committee	5/21/2014 – Signed by Governor; various effective dates

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MN HF 1867	Provides an expiration date of June 30, 2018 for advisory committee	3/13/2014 – Adopt as amended and refer to committee
MN HF 2005	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Amends provisions regarding when prescribers, personnel of the board, and health care programs can access PMP data - Allows access by personnel of a health professionals services program - Removes evaluation and reporting requirement 	3/21/2014 – Committee report, to adopt as amended and refer to committee
MN HF 2402	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Provides proactive reports to prescribers and dispensers - Modifies provisions regarding report to legislature - Requires a study be performed regarding the issue of mandatory use of the PMP with a report to the legislature 	5/21/2014 – Signed by Governor; various effective dates
MN HF 2527	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Provides proactive reports to prescribers and dispensers - Modifies provisions regarding report to legislature 	3/10/2014 – Committee report to adopt as amended
MN HF 2546	Makes technical changes	5/16/2014 – Signed by Governor; various effective dates
MN HF 2932	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting 	3/26/2014 – Committee report, to adopt as amended

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	<ul style="list-style-type: none"> - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data 	
MN SF 1484	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Requires a study be performed regarding the issue of mandatory use of the PMP with a report to the legislature 	4/30/2014 – Passed Senate; in House committee
MN SF 1997	Makes technical changes	5/13/2014 – Substituted by HF 2546
MN SF 2134	<ul style="list-style-type: none"> - Amends definitions - Amends provisions regarding advisory task force - Revises exemptions to reporting - Allows receipt of database information by pharmacists, health-related licensing boards, Emergency Medical Services Regulatory Board, coroners/MEs, health professionals services program - Allows interstate sharing with other PMPs - Allows provision of deidentified data - Provides proactive reports to prescribers and dispensers - Modifies provisions regarding report to legislature 	3/24/2014 – Committee report to pass as amended
MS HB 414	<ul style="list-style-type: none"> - Removes requirement that veterinarians report to PMP - Removes sunset provision 	3/4/2014 – Died in committee
MS HB 843	<ul style="list-style-type: none"> - Removes requirement that veterinarians report to PMP - Provides that data shall not be subject to civil subpoena or in any civil proceeding - Extends sunset date to July 1, 2015 	2/4/2014 – Died in committee
MS HB 844	<ul style="list-style-type: none"> - Requires veterinarians to report all narcotic drugs prescribed or dispensed to the Board of Veterinary Medicine - Creates a program to track drugs dispensed by veterinarians - Removes requirement from PMP statute that veterinarians report to PMP - Extends sunset date to July 1, 2017 	2/4/2014 – Died in committee

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MS HB 1178	- Provides that pharmacists and practitioners who fail to check the PMP prior to dispensing or prescribing a monitored drug shall be subject to action against his or her license, registration, or permit, or an administrative penalty, or both - Removes sunset provision	2/4/2014 – Died in committee
MS HB 1272	- Removes requirement that veterinarians report to PMP - Extends sunset date to July 1, 2017	2/4/2014 – Died in committee
MS SB 2177	- Removes requirement that veterinarians report to PMP - Provides that PMP data is not public record and is not subject to civil subpoena or in any civil proceeding - Extends repeal date to July 1, 2016	3/13/2014 – Approved by Governor; effective July 1, 2014
MS SB 2824	- Provides that pharmacists and practitioners who fail to check the PMP prior to dispensing or prescribing a monitored drug shall be subject to action against his or her license, registration, or permit, or an administrative penalty, or both - Removes sunset provision	2/4/2014 – Died in committee
MO HB 1133	Creates a PMP; would track information on Sch. II-IV CS; reporting is on a weekly basis; unsolicited to law enforcement and licensing boards; authorized recipients include prescribers, dispensers, patients, licensing boards, law enforcement and prosecutorial officials, family support division within the department of social services for Medicaid recipients, de-identified data; interstate sharing with authorized users in other states; creates pilot program for health care professionals to report suspected fraud or diversion to the bureau of narcotics and dangerous drugs; creates education courses; directs the department to work with impaired professionals to ensure treatment and encourage patients identified through the PMP to receive addiction treatment	3/13/2014 – Second read and referred to committee
MO HB 2086	Creates PMP; would track information on Sch. II-IV CS; requires reporting on a weekly basis; unsolicited to law enforcement and licensing boards; authorized recipients include prescribers, dispensers, patients, licensing boards, law enforcement and prosecutorial officials, family support division within the department of social services for Medicaid recipients, de-identified data; interstate sharing with authorized users in other states; creates pilot program for health care professionals to report suspected fraud or diversion to the bureau of narcotics and dangerous drugs; creates education courses; directs the department to work with impaired professionals to ensure treatment and encourage patients identified through the PMP to receive addiction treatment	5/16/2014 – Referred to committee

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MO SB 921	Creates PMP; would track information on Sch. II-IV CS; reporting in real-time; authorized recipients include patients, regulatory boards, law enforcement and judicial officials (both in-state and out-of-state), de-identified data; dispensers are not allowed access to the PMP; must notify patients their information will be submitted to PMP; prohibits dispensing of medications if a similar medication was dispensed within the most recent day's supply limit from another dispenser; department shall screen for overlapping prescriptions and notify dispenser if there is no concern detected or contact dispenser directly if there is	3/13/2014 – Second read and referred to committee
NE LB 535	(Carryover bill from 2013) Creates PMP	4/17/2014 – Indefinitely postponed
NE LB 1072	Creates PMP; provides for reporting of II-V controlled substances and drugs of concern; allows delegates; requires nonresident pharmacies to report; provides that no one may opt out of the program; requires reporting within one hour of dispensing (effective two years after act becomes operative); authorized users include – practitioners, prescribers, delegates, dispensers, HIE participants, patients, board, law enforcement with subpoena, Medicaid with subpoena; allows interstate sharing with other PMPs AMENDMENT #1 removes confidentiality provisions AMENDMENT #2 strikes all original sections and amends current PMP statutes to make technical changes; also creates a PDMP Fund and a PDMP task force to study the effectiveness and history of PMPs in other states	4/10/2014 – Approved by Governor; effective July 10, 2014
NE LR 586	Provides for an interim study to gather information and make recommendations necessary for the legislature to support and continue EHR exchanges, including the role such initiatives can play in PMPs	4/2/2014 – Referred to committee
NH SB 254	Makes technical change AMENDMENT doesn't affect PMP provisions	5/23/2014 – Signed by Governor; effective July 22, 2014
NJ AB 706	- Allows unsolicited reports to practitioners and pharmacists - Defines "licensed healthcare professional" and "mental health practitioner" - Allows the following to access or receive PMP data: practitioners, delegates, pharmacists, MEs/coroners, licensing boards, law enforcement officials, Medicaid, judicial officials, licensed mental health practitioner in a residential or outpatient substance abuse treatment center	1/16/2014 – Introduced

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	- Allows interstate sharing with other PMPs and release of de-identified data	
NJ AB 1232	- Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance	1/16/2014 – Introduced
NJ AB 3007	- Requires practitioners or his/her designee to check the PMP prior to prescribing a Schedule II drug to a new or frequent patient - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ...” - Allows delegates - Requires practitioners to report Schedule II prescriptions to the Division	3/24/2014 – Introduced; referred to committee
NJ AB 3008	- Changes data collection/submission interval to daily - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ...” - Broadens access to information to law enforcement agencies - Requires practitioners and pharmacists to check the PMP prior to prescribing or dispensing a Schedule II controlled substance	3/24/2014 – Introduced; referred to committee
NJ AB 3010	Requires submission of Schedule II prescription data every five days and every 30 days for all others	3/24/2014 – Introduced; referred to committee
NJ AB 3062	- Amends data collection interval to daily - Amends language regarding not being required to check the PMP to say “except as provided in ...” - Revises access to law enforcement parameters - Requires practitioners and pharmacists to check the PMP prior to prescribing or dispensing a Schedule II substance	5/15/2014 – Reported out of committee with amendments; referred to appropriations
NJ AB 3075	- Amends data collection interval to real time - Requires a review of PMP information by the division - Requires all pharmacists and practitioners authorized to prescribe, dispense, or administer controlled substances to register with the PMP - Allows access to/release of information to: pharmacists, practitioners, MEs, state licensing boards, law enforcement, Medicaid, judicial officials, mental health practitioners - Allows interstate sharing - Allows deidentified data	5/8/2014 – Introduced; referred to committee
NJ AB 3129	- Adds definitions - Requires division to review PMP information	5/8/2014 –

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	<ul style="list-style-type: none"> - Requires division to register a practitioner or pharmacist with the PMP upon renewal or issuance of license - Allows access to/release of information to: pharmacists, practitioners, medical residents, other authorized health care professional, ME, state licensing boards, law enforcement, Medicaid, judicial officials, mental health practitioners - Allows interstate sharing - Allows deidentified data - Adds penalty provisions 	Reported and referred to appropriations
NJ SB 101	<ul style="list-style-type: none"> - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance 	1/14/2014 – Introduced
NJ SB 364	<ul style="list-style-type: none"> - Allows unsolicited reports to practitioners and pharmacists - Defines “licensed healthcare professional” and “mental health practitioner” - Allows the following to access or receive PMP data: practitioners, delegates, pharmacists, MEs/coroners, licensing boards, law enforcement officials, Medicaid, judicial officials, licensed mental health practitioner in a residential or outpatient substance abuse treatment center - Allows interstate sharing with other PMPs and release of de-identified data 	1/14/2014 – Introduced
NJ SB 365	<ul style="list-style-type: none"> - Requires daily submission of PMP data - Amends language regarding not being required to check the PMP to say “except as otherwise provided in ... (bill pending before legislature)” - Modifies requirements for access by law enforcement - Creates new section which requires practitioners to check the PMP prior to prescribing or dispensing a Schedule II controlled substance 	1/14/2014 – Referred to committee
NJ SB 1230	Adds human growth hormones as monitored substances	1/30/2014 – Introduced and referred to committee
NJ SB 1948	<ul style="list-style-type: none"> - Adds new definitions of licensed health care professional, licensed pharmacist, mental health practitioner, and pharmacy permit holder - Requires submission of prescription data on a real time basis - Requires pharmacists and practitioners authorized to prescribe, dispense, or administer controlled substances to register with the program or have their registration to prescribe, dispense, or administer revoked - Allows the use of delegates 	4/28/2014 – Introduced and referred to committee

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	<ul style="list-style-type: none"> - Allows access to MEs, licensing boards, law enforcement, Medicaid, judicial officials, licensed medical practitioners, de-identified data - Provides for interstate sharing of PMP data 	
NJ SB 1998	<ul style="list-style-type: none"> - Adds new definitions of licensed health care professional, licensed pharmacist, mental health practitioner, and pharmacy permit holder - Requires collecting identifying information on the person picking up a prescription if other than the patient - Requires submission of data every 7 days - Provides that the division shall register a pharmacist or practitioner with the PMP upon issuance or renewal of the practitioner or pharmacist's registration to prescribe, dispense, or administer a controlled substance - Allows access to MEs, licensing boards, law enforcement, Medicaid, judicial officials, mental health practitioner, de-identified data - Provides for interstate sharing of PMP data - Adds penalties for unlawfully obtaining, using, sharing data obtained from PMP 	4/28/2014 – Introduced and referred to committee
NJ SB 2119	Changes data collection interval to daily	5/19/2014 – Introduced and referred to committee
NY SB 2949	Amends statute regarding dispensing or prescribing Schedule II or III controlled substance for acute pain	6/9/2014 – Passed Senate; referred to Assembly committee
NY SB 4406	<ul style="list-style-type: none"> - Requires that medical marihuana dispensaries report dispensing information to the PMP - Requires that medical marihuana dispensaries consult the PMP to verify that a patient has not been dispensed more than 2.5 ounces of medical marihuana in the previous 30 days, counting the amount being dispensed 	6/16/2014 – Amend and recommit to committee
NY SB 7509	Requires dispensers of medical marihuana to consult the PMP to verify that a patient has not received more than 2.5 ounces of medical marihuana in the previous thirty days	5/15/2014 – Referred to committee
NC HB 1037	Allows release of PMP information to DEA office of diversion control and the NC Health Information Exchange	5/15/2014 – Referred to committee
NC SB 749	Allows release of PMP information to DEA office of diversion control and the NC Health Information Exchange	6/11/2014 – Committee substitute adopted; re-

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		referred to committee
OH HB 332	Requires that licensed health care professionals authorized to prescribe drugs who are treating patients under 50 years of age with chronic, intractable pain resulting from conditions other than cancer check the PMP regularly to identify possible misuse of opioids	11/5/2013 – Introduced; assigned to committee
OH HB 341	Requires by statute that a dentist, advanced practice nurse, optometrist, pharmacist, physician assistant, or physician check the PMP prior to prescribing or dispensing a controlled substance in Schedule II or that contains opioids SUBSTITUTE requires dentists, advanced practice nurses, optometrists, pharmacists, physician assistants, physicians, practitioners of medicine and surgery, or osteopathic or podiatric medicine and surgery to be registered with the PMP - Requires that before prescribing or furnishing an opioid analgesic or benzodiazepine, a dentist, nurse, optometrist, physician assistant, physician, or their delegate must check the PMP and, if in a county adjoining a neighboring state, the neighboring state’s PMP with certain exceptions to access requirement - If the course of treatment continues beyond 90 days, follow up checks of the PMP are also required at no less than 90 day intervals until the course of treatment has ended - Allows access to the medical director of a managed care organization re: worker’s compensation cases and to a prescriber regarding a patient’s mother for the purpose of providing treatment to a newborn or infant patient diagnosed as opioid dependent	6/16/2014 – Signed by Governor; various effective dates
OH HB 412	Revises statute regarding physician assistant requirements to access PMP	5/15/2014 – Passed House; in Senate committee
OH HB 483	Allows the board to use any portion of certain licensing and registration fees to fund the maintenance of the PMP	6/16/2014 – Signed by Governor; various effective dates
OH HB 485	- Requires that the administrator of worker’s compensation enter into a data security agreement with a managed care organization for use of the PMP - Requires that dentists, advanced practice nurses, optometrists, physician assistants, osteopaths, podiatrists, and practitioners of medicine and surgery who prescribe or furnish opioid analgesics or benzodiazepines provide proof that the	4/10/2014 – In Senate committee

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	<p>licensee has registered with the PMP when registering with the respective board</p> <ul style="list-style-type: none"> - Requires dentists, advanced practice nurses, optometrists, physician assistants, physicians or their delegate to check the PMP prior to initially prescribing or furnishing an opioid analgesic or benzodiazepine and, if the dentist practices in a county that adjoins another state, to check the PMP of that state; shall also consult the PMP periodically (not less than once every 90 days) if the treatment continues for more than 90 days until the course of treatment has ended - Requirement to check the PMP doesn't apply if the amount furnished or prescribed is for a period not to exceed 7 days 	
OH HB 493	<ul style="list-style-type: none"> - Changes "may" to "shall" with regards to providing PMP information to prescribers, pharmacists, or their delegates and the administrator of workers' compensation - Allows data to be provided to the medical director of a managed care organization related to workers' compensation claimants - Makes technical changes 	6/16/2014 – Signed by Governor; effective 91 days after signing
OK HB 2665	AMENDMENT allows interstate sharing of PMP information with a reciprocal data-sharing agreement	4/28/2014 – Approved by Governor; effective November 1, 2014
OK HB 3030	Oklahoma Prescription Monitoring Program Reform Act of 2014	2/4/2014 – Second reading; referred to committee
OK HB 3031	PMP Sharing of Information Act of 2014	2/4/2014 – Second reading; referred to committee
OK SB 1183	<ul style="list-style-type: none"> - Requires the medical examiner to report a decedent's name and date of birth to the OK State Bureau of Narcotics and Dangerous Drugs Control when said decedent has died of an intentional or unintentional overdose from a controlled dangerous substance - Removes provision stating practitioners have no obligation to check the PMP 	5/13/2014 – Approved by Governor; effective November 1, 2014
OK SB 1267	Requires pain management clinics to register with the Bureau of Narcotics and Dangerous Drugs Control and practitioners employed at pain management clinics must check the PMP prior to prescribing, administering, or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol	2/4/2014 – Referred to committee

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OK SB 1820	Allows the release of PMP information to medical practitioners and their staff	5/12/2014 – Conference granted, naming Conference Committee on Public Safety
OK SB 1821	<ul style="list-style-type: none"> - Allows access to PMP information by practitioners and staff employed by the federal government - Allows access to law enforcement and judicial officials for civil or administrative investigations or prosecutions in addition to criminal - Requires registrants or members of their medical or administrative staff to check the PMP prior to prescribing or authorizing the refill of any controlled dangerous substance; exempts hospice and end-of-life care 	3/13/2014 – Passed Senate; in House committee
PA HB 1694	Creates PMP; provides for advisory committee; requires notice to consumers; requires dispensers, practitioners, and delegates to register with system; requires reporting of Sch. II – V(?) substances every 72 hours; authorized users include – practitioners, delegates, pharmacists, licensing boards, de-identified data, coroner, patient, authorized personnel for the medical assistance program, CHIP, and elderly assistance program; law enforcement	10/30/2013 – In committee
PA HB 1856	Amends definition of “criminal justice agency”	11/25/2013 – Referred to committee
PA SB 1180	<p>Creates PMP; provides for advisory group; requires reporting of information within 72 hours; requires prescribers to query the PMP for each new patient and if a prescriber has reason to believe that a patient may be abusing or diverting drugs; authorized users include – prescribers, dispensers, law enforcement and prosecutorial/judicial officials, licensing boards, department of public welfare for medical assistance program recipients, insurance department for administration of the CHIP program, medical examiner or county coroner, patient, parent or guardian of minor child, health care agent; interstate sharing with other PMPs and certain authorized users in other states</p> <p>AMENDMENT creates the “Achieving Better Care by Monitoring All Prescriptions” (ABC-MAP) program; includes patient and privacy advocates in advisory committee; requires providing notice to patients; requires changes in frequency of reporting be made in collaboration with the Board of Pharmacy to ensure pharmacies have ability to comply; requires establishing criteria to refer information to law enforcement and licensing boards; provides that current</p>	5/8/2014 – Passed Senate; in House committee

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	reporting requirements shall expire and no longer be enforceable upon the full implementation of the program; modifies requirement to check to state that the program shall be accessed for each patient the first time the patient is prescribed a controlled substance by the prescriber; allows law enforcement to receive information on Schedule II drugs as determined by the AG and all other schedules upon receipt of a court order and provides that data obtained under this provision may only be used to obtain a search warrant or arrest warrant; allows access by out-of-state dispensers and prescribers	
RI HB 7574	Allows delegates and would require practitioners to register with the PMP	5/27/2014 – Signed by Governor; effective on signing
RI SB 2523	Allows delegates and would require practitioners to register with the PMP	5/27/2014 – Signed by Governor; effective on signing
SC SB 840	Requires that data provided to requesters be for the 12 month period prior to the request and requires a court order for information beyond the 12 month time period AMENDMENT allows delegates, requires daily submission of data, includes penalties for knowingly disclosing data in violation of law, and provides that licensees may get up to 2 hours of CME related to prescribing and monitoring of controlled substances	6/6/2014 – Signed by Governor; effective on signing
SC SB 1113	Adds exemptions for foreign pharmacies and local pharmacies that import controlled substances from foreign pharmacies to reporting requirements	3/12/2014 – Referred to committee
TN HB 1426	- Allows access to prescriber, healthcare practitioner extender, or dispenser and further allows such persons to place a copy of the PMP report in patient’s record - Allows certain persons to publish or otherwise make available to prescribers or the public, deidentified data	4/14/2014 – Companion Senate bill became law
TN HB 1555	Modifies provisions to include immediate methamphetamine precursors in reporting requirements	3/18/2014 – Taken off notice for calendar 3/18/2014
TN HB 1512	Requires wholesalers to take reasonable measures to identify their customers transaction habits and identify suspicious orders; further requires wholesalers to report any transaction involving an extraordinary quantity of a listed chemical, an	4/17/2014 – Companion Senate bill substituted

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	uncommon method of payment or delivery, or any other circumstance the wholesaler believes indicates the substance may be used in violation of the law	
TN HB 1737	Modifies provisions regarding prescription requirements for Sch. III and IV substances	3/18/2014 – Taken off notice for calendar
TN HB 2072	Allows access to drug court personnel for drug court participants	5/16/2014 – Approved by Governor; effective July 1, 2014
TN SB 1630	- Allows access to prescriber, healthcare practitioner extender, or dispenser and further allows such persons to place a copy of the PMP report in patient's record - Allows certain persons to publish or otherwise make available to prescribers or the public, deidentified data AMENDMENT adds dispensers to list of persons allowed to have deidentified data	4/14/2014 – Signed by Governor; effective July 1, 2014 and July 1, 2016
TN SB 1647	Modifies provisions to include immediate methamphetamine precursors in reporting requirements	4/17/2014 – Re-referred to committee
TN SB 1663	Requires wholesalers to take reasonable measures to identify their customers transaction habits and identify suspicious orders; further requires wholesalers to report any transaction involving an extraordinary quantity of a listed chemical, an uncommon method of payment or delivery, or any other circumstance the wholesaler believes indicates the substance may be used in violation of the law	5/22/2014 – Signed by Governor; effective January 1, 2015
TN SB 2113	Allows access to drug court personnel for drug court participants	5/16/2014 – Companion bill became law
TN SB 2284	Modifies provisions regarding prescription requirements for Sch. III and IV substances	1/29/2014 – Referred to committee
UT SB 29	Provides PMP information to authorized employees of a managed health care organization for purposes of Medicaid recipients	3/27/2014 – Signed by Governor; effective May 13, 2014
UT SB 178	Allows pharmacy technicians to access the PMP as a pharmacy delegate	4/1/2014 – Signed by Governor; effective May 13, 2014
VT HB 655	Modifies provisions regarding funding	2/25/2014 –

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		Signed by Governor; effective on passage
VT SB 295	Requires the Secretary of Human Services to adopt rules requiring all Medicaid participating providers, including those licensed outside of Vermont, to query the VPMS prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary	6/17/2014 – Signed by Governor; effective on signing
VA HB 539	Allows dispensers to appoint delegate	3/3/2014 – Approved by Governor; effective July 1, 2014
VA HB 874	Provides for tracking drugs of concern as identified by the Board of Pharmacy	4/6/2014 – Approved by Governor; effective July 1, 2014
VA HB 923	Provides for mailing of PMP information to patient when requested	2/20/2014 – Signed by Governor; effective July 1, 2014
VA HB 998	Changes data collection interval to three days	1/14/2014 – Stricken from committee docket
VA HB 1249	Requires practitioners to check the PMP prior to initiating treatment with buprenorphine, 30 days after beginning treatment, and at least every 90 days thereafter as long as treatment with buprenorphine continues AMENDMENT requires all prescribers to be registered with PMP - requires prescribers initiating a new course of treatment with a benzodiazepine or an opiate anticipated to last more than 90 days and for which a treatment agreement is entered into to check the PMP - requires prescribers holding a special identification number from the DEA authorizing them to prescribe controlled substances for the treatment of opioid addiction to check the PMP prior to or as part of execution of a treatment agreement - certain exceptions apply	3/3/2014 – Approved by Governor; effective July 1, 2015
VA SB 207	Requires licensed providers of treatment for persons with opiate addiction through the use of methadone or other	1/23/2014 –

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	opioid replacements to comply with PMP reporting requirements	Stricken in committee
VA SB 294	<p>- Requires all prescribers licensed in VA to register with the PMP by Jan. 1, 2015 and within 30 days of being licensed after Jan. 1, 2015</p> <p>- Requires prescribers to check the PMP prior to prescribing a benzodiazepine or opiate to a patient as a new course of treatment lasting more than 30 days and at least annually thereafter unless an exception applies</p> <p>COMMITTEE SUBSTITUTE modifies registration requirement to state that prescribers licensed in the Commonwealth shall be registered with the PMP upon filing an application for licensure or for licensure renewal, if not already registered. Also modifies bill to require checking of the PMP for new courses of treatment lasting more than 90 days prior to prescribing benzodiazepine or an opiate to a patient. Directs the Secretary of Health and Human Resources to identify and publish a list of medical specialties with low potential for abuse by patients, and practitioners in those specialties will be exempt from requirement to check PMP.</p> <p>AMENDMENT requires all prescribers to be registered with PMP upon filing an application for licensure or for renewal</p> <p>- requires prescribers initiating a new course of treatment with a benzodiazepine or an opiate anticipated to last more than 90 days and for which a treatment agreement is entered into to check the PMP</p> <p>- requires prescribers holding a special identification number from the DEA authorizing them to prescribe controlled substances for the treatment of opioid addiction to check the PMP prior to or as part of execution of a treatment agreement</p> <p>- directs the Secretary of Health and Human Resources to identify and publish a list of medical specialties with low potential for abuse by patients, and practitioners in those specialties will be exempt from requirement to check PMP</p>	3/5/2014 – Approved by Governor; effective July 1, 2015
VA SB 526	Provides for mailing of PMP information to patient when requested	3/3/2014 – Approved by Governor; effective July 1, 2014
VA SB 638	Requires submission of PMP data within 3 days of dispensing	2/6/2014 – Passed by indefinitely
WA HB 1593	Allows access to personnel of a test site that meets certain standards	3/13/2014 – Referred to committee;

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		returned for third reading
WV HB 2327	Amends statute to allow access to county sheriffs and make technical amendment	1/9/2014 – Referred to committee
WI AB 433	Changes reporting requirements from “pharmacist” to “pharmacy”	4/8/2014 – Failed to pass
WI SB 345	Changes reporting requirements from “pharmacist” to “pharmacy” and changes definition of “prescription drug”	Enacted 1/23/2014 Published 1/24/2014 Effective 1/25/2014
Regulations		
Regulation No.	Description	Status
AL 342818	Requires proof of registration with PMP prior to renewing controlled substances registration certificate	12/31/2013 – Adopted rules
AL 357423	Allows disciplinary actions against medical providers for failure to register with the PMP as required when obtaining a pain management registration from the Board	5/30/2014 – Adopted rules
AZ 352963	New rules would replace former rules that expired in August 2013	2/21/2014 – Proposed rulemaking
CO 341504	Amends low back and cervical spine injury medical treatment guidelines in work comp cases to recommend checking the PMP	3/10/2014 – Final regulations
FL 342937	Changes ASAP reporting requirement from 4.1 to 4.2	11/8/2013 – Notices of Development of Proposed Rules
FL 345659	Repeal rule requiring evaluation of program and report to Governor and legislature	2/18/2014 – Adopted
IL 361946	<ul style="list-style-type: none"> - Requires hospitals to report any discharge or outpatient prescription exceeding a 72 hour supply to PMP within 7 days - Allows receipt of PMP information by prescribers, dispensers, and patients - Allows unsolicited or push reports to prescribers when a patient is identified as having 6 or more prescribers or 6 or more pharmacies, or both, for controlled substances within a continuous 30-day period - Allows direct access to prescribers, dispensers, hospital emergency departments, or freestanding healthcare facilities - Requires notice of any errors in reporting within 7 days after discovery of error 	5/30/2014 – Proposed rules

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IL 361947	- 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	5/30/2014 – Proposed rules
KS 352937	Revises definition of “patient identification number”	5/15/2014 – Permanent rules
LA 355586	Allows the use of delegates	3/20/2014 – Notices of Intent
LA 355587	Amends regulations to exclude veterinarians from participation in the program and reporting requirements	3/20/2014 – Notices of Intent
MA 360374	Requires licensees to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/9/2014 – Emergency regulations
MA 361585	Requires dentists to check the PMP prior to dispensing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/23/2014 – Emergency regulations
MA 361587	Requires pharmacists to check the PMP prior to dispensing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/23/2014 – Emergency regulations
MA 361588	Requires licensees to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/23/2014 – Emergency regulations
MA 361598	Requires physicians to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	5/23/2014 – Proposed regulations
MA 363137	Requires podiatrists to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	6/6/2014 – Emergency regulations
MA 363149	Requires podiatrists to check the PMP prior to prescribing a hydrocodone-only extended release medication in a non-abuse deterrent formula	6/6/2014 – Proposed regulations
MI 331254	- Changes data collection interval from twice monthly to daily (180 days after new rule takes effect) if reporting via online transmission or within 7 days if mailing or delivering information via another non-computer method - Requires that corrections be made within 7 days	1/1/2014 – Filed with Secretary of State; effective upon filing
NV 339756	Changes ASAP reporting requirement from 2005 to 4.2 and updates data elements to be reported	3/28/2014 – Adopted regulations
NV 352325	Requires dentists to query themselves on the PMP at least once per year	3/28/2014 – Notices
NM 343712	- Requires osteopathic physicians to check the PMP at each initial office visit which results in a prescription for an opiate	2/28/2014 –

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	based pain medication and at least annually thereafter as well as at critical turning points in patient care - Requires osteopathic physicians to register with the PMP	Adopted rules and regulations
NM 351093	Requires optometrists to register to use the PMP and to obtain a PMP report prior to prescribing, ordering, administering, or dispensing a controlled substance listed in Sch. III or IV or for a new patient when a Sch. III or IV drug is prescribed for more than 10 days and for established patients during the continuous use of controlled substances every six months	4/15/2014 – Adopted rules and regulations
ND 343692	Requires opioid treatment programs to use the PMP at least monthly for each patient	Filed with the Office of Legislative Council Effective April 1, 2014
OH 351919	Requires optometrists to check the PMP	4/21/2014 – Final filings; effective May 1, 2014
OH 354444	Changes data collection interval to daily and removes the requirement that corrections to the database be made in writing	5/12/2014 – Final filings; effective May 22, 2014
OH 355568	Requires physician assistants to check the PMP database when the physician assistant believes that treatment will be required for longer than 12 weeks and at least annually thereafter	6/17/2014 – Final
OR 339235	Adds and revises definitions; revises reporting requirements; clarifies expanded access to PMP	11/19/2013 – Adopted; effective
RI 345053	<ul style="list-style-type: none"> - Amends definitions - Requires reporting of Sch. II – IV controlled substances - Requires nonresident pharmacies to report - Requires using the most recent edition of ASAP - Includes data elements to be reported - Requires weekly reporting - includes provisions as to who may obtain PMP data, including practitioners, pharmacists, law enforcement with a search warrant, patients, regulatory boards, and deidentified data - Requires that patients be given notice their prescription information will be given to the PMP and their rights regarding the PMP - Creates two new regulations one of which allows an evaluation of the program and the other is a severability provision 	12/3/2013 – Proposed rules; comment period ends January 21, 2014
RI 352302	Makes technical changes	6/4/2014 –

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		Adopted
TN 335680	Amends definitions; excludes veterinarians from reporting requirements	3/18/2013 – Filed rules; effective March 16, 2014
UT 343595	Creates rules to allow access to PMP information by designated persons for scientific studies when that person is not an employee of the Department	3/15/2014 – Notices of Rules Effective Dates; effective March 1, 2014
WA 339087	Makes technical changes	10/2/2013 – Pending formal proposal
WA 340554	Makes technical changes	10/16/2013 – Pending formal proposal
WA 342773	Makes technical changes	11/6/2013 – Preproposals
WA 349106	Makes technical changes	4/2/2014 – Permanent rules
WV 332026	Requires PMP training as part of drug diversion training and best practice prescribing of controlled substances training for pharmacists	5/2/2014 – Notices of final filing and adoption of a legislative rule; effective May 30, 2014
WV 332027	- Amends definitions - Revises reporting requirements - Makes technical changes	5/2/2014 – Notices of final filing and adoption of a legislative rule; effective May 30, 2014
WI 325475	- Amends definitions - Makes technical changes	1/31/2014 – Adopted
WI 335482	- Amends definitions - Amends reporting requirements - Makes technical changes	4/14/2014 – Notices of submission of proposed rules to the legislature
WI 353418	Makes editorial corrections	2/28/2014 – Editorial corrections

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Highlighted text indicates the bill has been enacted into law or the regulation has been adopted.
Red text indicates the legislature is no longer in session.