States That Require Certain Authorized Recipients to Undergo Training and/or Completion of Educational Courses Before Accessing PMP Data

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Introduction

This compilation of statutes and regulations only includes those states that *require* some type of training or educational course by certain authorized users before they can access the prescription monitoring program. Most states offer *optional* training courses for users, and those states are not included in this document.

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Florida
ADC 64B-27.831

West's Florida Administrative Code
Title 64. Department of Health
Subtitle 64b16. Board of Pharmacy
Chapter 64B16-27. Pharmacy Practice
Rule 64B16-27.831, F.A.C.
Fla. Admin. Code r. 64B16-27.831
64B16-27.831. Standards of Practice for the Filling of Controlled Substance Prescriptions; Electronic Prescribing; Mandatory Continuing Education.

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(6) Mandatory Continuing Education: All pharmacists shall complete a Board-approved 2-hour continuing education course on the Validation of Prescriptions for Controlled Substances. The course content shall include the following:

(a) Ensuring access to controlled substances for all patients with a valid prescription;

(b) Use of the Prescription Drug Monitoring Program's Database;

(c) Assessment of prescriptions for appropriate therapeutic value;

(d) Detection of prescriptions not based on a legitimate medical purpose; and,

(e) The laws and rules related to the prescribing and dispensing of controlled substances. All licensed pharmacists shall complete the required course during the biennium ending on September 30, 2017. A 2-hour course shall be taken every biennium thereafter. The course shall count towards the mandatory 30 hours of CE required for licensure renewal. All newly licensed pharmacists must complete the required course before the end of the first biennial renewal period.

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Kentucky
§ 218A.202
§ 218A.240

Baldwin's Kentucky Revised Statutes Annotated (2016)
Title XVIII. Public Health
Chapter 218A. Controlled Substances

§ 218A.202 Electronic system for monitoring controlled substances; required registration and reporting; penalty for illegal use of system; pilot or continuing project; continuing education programs; reports of failure to comply with section; administrative regulations

. . ..

(6) The Cabinet for Health and Family Services shall only disclose data to persons and entities authorized to receive that data under this section. Disclosure to any other person or entity, including disclosure in the context of a civil action where the disclosure is sought either for the purpose of discovery or for evidence, is prohibited unless specifically authorized by this section. The Cabinet for Health and Family Services shall be authorized to provide data to:

(a) A designated representative of a board responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other person who is authorized to prescribe, administer, or dispense controlled substances and who is involved in a bona fide specific investigation involving a designated person;

(b) Employees of the Office of the Inspector General of the Cabinet for Health and Family Services who have successfully completed training for the electronic system and who have been approved to use the system, Kentucky Commonwealth's attorneys and assistant Commonwealth's attorneys, county attorneys and assistant county attorneys, a peace officer certified pursuant to KRS 15.380 to 15.404, a certified or full-time peace officer of another state, or a federal peace officer whose duty is to enforce the laws of this Commonwealth, of another state, or of the United States relating to drugs and who is engaged in a bona fide specific investigation involving a designated person;

(c) A state-operated Medicaid program in conformity with subsection (7) of this section;

(d) A properly convened grand jury pursuant to a subpoena properly issued for the records;

(e) A practitioner or pharmacist, or employee of the practitioner's or pharmacist's practice acting under the specific direction of the practitioner or pharmacist, who requests information and certifies that the requested information is for the purpose of:

1. Providing medical or pharmaceutical treatment to a bona fide current or prospective patient; or

2. Reviewing and assessing the individual prescribing or dispensing patterns of the practitioner or pharmacist or to determine the accuracy and completeness of information contained in the monitoring system;

(f) The chief medical officer of a hospital or long-term-care facility, an employee of the hospital or long-term-care facility as designated by the chief medical officer and who is working under his or her specific direction, or a physician designee if the hospital or facility has no chief medical officer, if the officer, employee, or designee certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current or prospective patient or resident in the hospital or facility;

(g) In addition to the purposes authorized under paragraph (a) of this subsection, the Kentucky Board of Medical Licensure, for any physician who is:

1. Associated in a partnership or other business entity with a physician who is already under investigation by the Board of Medical Licensure for improper prescribing or dispensing practices;

2. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring; or

3. In a designated geographic area for which a report on another physician in that area indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring in that area;

(h) In addition to the purposes authorized under paragraph (a) of this subsection, the Kentucky Board of Nursing, for any advanced practice registered nurse who is:

1. Associated in a partnership or other business entity with a physician who is already under investigation by the Kentucky Board of Medical Licensure for improper prescribing or dispensing practices;

2. Associated in a partnership or other business entity with an advanced practice registered nurse who is already under investigation by the Board of Nursing for improper prescribing practices;

3. In a designated geographic area for which a trend report indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring; or

4. In a designated geographic area for which a report on a physician or another advanced practice registered nurse in that area indicates a substantial likelihood that inappropriate prescribing or dispensing may be occurring in that area;

(i) A judge or a probation or parole officer administering a diversion or probation program of a criminal defendant arising out of a violation of this chapter or of a criminal defendant who is documented by the court as a substance abuser who is eligible to participate in a court-ordered drug diversion or probation program; or

(j) A medical examiner engaged in a death investigation pursuant to KRS 72.026.

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Baldwin's Kentucky Revised Statutes Annotated (2016)
Title XVIII. Public Health
Chapter 218A. Controlled Substances

§ 218A.240 Controlled substances; duties and authority of state and local officers, Cabinet for Health and Family Services, and Kentucky Board of Pharmacy; civil proceedings; identification of trends; identification of prescribers, dispensers, and patients for licensing board; review of hospital's or health care facility's prescribing and dispensing practices

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(7) (a) The Cabinet for Health and Family Services shall proactively use the data compiled in the electronic system created in KRS 218A.202 for investigations, research, statistical analysis, and educational purposes and shall proactively identify trends in controlled substance usage and other potential problem areas. **Only cabinet personnel who have undergone training for the electronic system and who have been approved to use the system shall be authorized access to the data and reports under this subsection.** The cabinet shall notify a state licensing board listed in KRS 218A.205 if a report or analysis conducted under this subsection indicates that further investigation about improper, inappropriate or illegal prescribing or dispensing may be necessary by the board. The board shall consider each report and may, after giving due consideration to areas of practice, specialties, board certifications, and appropriate standards of care, request and receive a follow-up report or analysis containing relevant information as to the prescriber or dispenser and his or her patients.

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Louisiana
§ 40:1007
§ 40:1008

West's Louisiana Statutes Annotated (2016)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-a. Prescription Monitoring Program

§ 1007. Access to prescription monitoring information

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E. The following persons, after successful completion of the educational courses identified in R.S. 40:1008, may access prescription monitoring information at no cost and in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar protected health information under federal and state law and regulation:

(1) Persons authorized to prescribe or dispense controlled substances or drugs of concern, or their delegates as defined by rule, for the purpose of providing medical or pharmaceutical care for their patients, or for verifying their prescribing records.

(2) Designated representatives from the professional licensing, certification, or regulatory agencies of this state or another state charged with administrative oversight of those professionals engaged in the prescribing or dispensing of controlled substances or other drugs of concern.

(3) Designated representatives from the Louisiana Medicaid program regarding Medicaid program recipients.

(4) Designated representatives of the board and any vendor or contractor establishing or maintaining the prescription monitoring program.

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West's Louisiana Statutes Annotated (2016)
Louisiana Revised Statutes
Title 40. Public Health and Safety
Chapter 4. Food and Drugs
Part X-A. Prescription Monitoring Program

§ 1008. Education and treatment

A. The board shall, in consultation with and upon the recommendation of the advisory council, implement the following education courses:

(1) An orientation course during the implementation phase of the prescription monitoring program.

(2) A course for persons who are authorized to access the prescription monitoring information, but who did not participate in the orientation course.

(3) A course for persons who are authorized to access the prescription monitoring information, but who have violated the laws or breached occupational standards involving the prescribing, dispensing, or use of any controlled substances or drugs monitored by the prescription monitoring program.

(4) A continuing education course for health care providers or professionals on prescribing practices, pharmacology, and the identification, treatment, and referral of a patient addicted to or abusing controlled substances or drugs monitored by the prescription monitoring program.

B. The board shall, in consultation with and upon recommendation of the advisory council, implement an educational program to inform the public about the use, diversion and abuse of, addiction to, and treatment for the addiction to controlled substances or drugs monitored by the prescription monitoring program.

C. The board shall, upon reasonable suspicion, refer potential or alleged impaired prescribers and dispensers to the appropriate professional licensing or certification agency to ensure intervention, treatment, and ongoing monitoring and follow-up.

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Maryland
Health-General § 21-2A-04.1 (eff. Oct. 1, 2016)

West's Annotated Code of Maryland (2016)
Health--General
Title 21. Food, Drugs, and Cosmetics
Subtitle 2a. Prescription Drug Monitoring Program

§ 21-2A-04.1

<Text of Section Effective October 1, 2016>

(a) A prescriber shall be registered with the Program before obtaining a new or renewal registration with the Department § 5-304(a) of the Criminal Law Article or by July 1, 2017, whichever is sooner.

(b) A pharmacist shall be registered with the Program by July 1, 2017.

(c) Before registering with the Program, a prescriber and a pharmacist shall complete a course of instruction and training developed by the Department, including the effective use of the Program.

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Massachusetts
94C § 24A

Massachusetts General Laws Annotated (2016)
Part I. Administration of the Government
Title XV. Regulation of Trade
Chapter 94C. Controlled Substances Act

§ 24A. Electronic monitoring of the prescribing and dispensing of controlled substances and certain additional drugs

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<Text of Section (c) Effective October 15, 2016>

(c) For the purposes of monitoring the prescribing and dispensing of all schedule II to V, inclusive, controlled substances and additional drugs, as authorized in subsection (a), the department shall promulgate regulations including, but not limited to, (1) a requirement that each pharmacy that delivers a schedule II to V, inclusive, controlled substance or a substance classified as an additional drug by the department to the ultimate user shall submit to the department, by electronic means, information regarding each prescription dispensed for a drug included under subsection (a); and (2) a requirement that each pharmacy collects and reports, for each prescription dispensed for a drug under subsection (a), a customer identification number and other information associated with the customer identification number, as specified by the department. Each pharmacy shall submit the information in accordance with transmission methods and frequency requirements promulgated by the department; provided, however, that the information shall be submitted at least once every 24 hours. The department may issue a waiver to a pharmacy that is unable to submit prescription information by electronic means. The waiver shall permit the pharmacy to submit prescription information by other means promulgated by the department; provided, however, that all information required in this section is submitted in this alternative format.

The department shall promulgate rules and regulations relative to the use of the prescription monitoring program by registered participants, which shall include the requirement that prior to issuance, participants shall utilize the prescription monitoring program each time a prescription for a narcotic drug that is contained in Schedule II or III is issued. The department may require participants to utilize the prescription monitoring program prior to the issuance, to a patient for the first time, of benzodiazepines or any other schedule IV or V prescription drug, which is commonly abused and may lead to physical or psychological dependence or which causes patients with a history of substance dependence to experience significant addictive symptoms. The regulations shall specify the circumstances under which such narcotics may be prescribed without first utilizing the prescription monitoring program. The regulations may also specify the circumstances under which support staff may use the prescription monitoring program on behalf

of a registered participant. **When promulgating the rules and regulations, the department shall also require that pharmacists be trained in the use of the prescription monitoring program as part of the continuing education requirements mandated for licensure by the board of registration in pharmacy, under section 24A of chapter 112.** The department shall also study the feasibility and value of expanding the prescription monitoring program to include schedule VI prescription drugs.

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Montana

Per the state PDMP representative, Montana requires all authorized users to complete a training program before being granted access.

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Nevada
§ 453.1545
SB 114, § 1

West's Nevada Revised Statutes Annotated (2016)
Title 40. Public Health and Safety
Chapter 453. Controlled Substances
Uniform Controlled Substances Act
General Provisions

§ 453.1545. Development of computerized program to track prescriptions for controlled substances; course of training required for persons who access database; reporting of illegal activity; agreements with state agency of another state to receive or exchange information obtained by program; confidentiality of information obtained from program; immunity from liability for practitioner who transmits certain required information and reports; gifts, grants and donations

. . .

3. Each practitioner who is authorized to write prescriptions for and each person who is authorized to dispense controlled substances listed in schedule II, III or IV shall complete the course of instruction described in subsection 9. The Board shall provide Internet access to the database of the program established pursuant to subsection 1 to:

(a) Each such practitioner or other person who completes the course of instruction.

(b) An occupational licensing board that license any practitioner who is authorized to write prescriptions for controlled substances listed in schedule II, III or IV.

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9. The Board and the Division shall cooperatively develop a course of training for persons who are required to receive access to the database of the program pursuant to subsection 3 and require each such person to complete the course of training before the person is provided with Internet access to the database pursuant to subsection 3.

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West's Nevada Revised Statutes Annotated (2016)
Title 40. Public Health and Safety (Chapters 439-461a)
Undesignated Legislation

SB 114, § 1. Access by certain law enforcement officers to database of computerized program developed pursuant to NRS 453.1545

<2015 legislation subject to revision and classification by the Legislative Counsel Bureau>

1. Except as otherwise provided in this section, the Board shall allow a law enforcement officer to have Internet access to the database of the computerized program developed pursuant to NRS 453.1545 if:

(a) The primary responsibility of the law enforcement officer is to conduct investigations of crimes relating to prescription drugs;

(b) The law enforcement officer has been approved by his or her employer to have such access;

(c) The law enforcement officer has completed the course of training developed pursuant to subsection 7 of NRS 453.1545; and

(d) The employer of the law enforcement officer has submitted the certification required pursuant to subsection 2 to the Board.

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7. As used in this section, "law enforcement officer" means any person upon whom some or all of the powers of a peace officer are conferred pursuant to NRS 289.150 to 289.360, inclusive.

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New Jersey

Pursuant to the state PMP representative, New Jersey requires authorized users to receive training prior to accessing the PMP database.

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New Mexico
ADC 16.19.29

Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 19. Pharmacists
Part 29. Controlled Substance Prescription Monitoring Program

16.19.29. CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM

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16.19.29.12 REGISTRATION FOR ACCESS TO PRESCRIPTION INFORMATION:

A. Persons authorized for access to PMP information as listed in Paragraphs (1) through (7) of Subsection D of 16.19.29.9 NMAC must apply for access as described at the PMP website located at http://nmpmp.org or as otherwise indicated. Persons granted access must maintain individual accounts and shall not share access information with other persons.

B. All persons authorized for access to PMP information and applying for such access to the PMP shall successfully complete a web based training program as determined by the PMP director.

C. Persons reporting prescription information to the PMP, but not authorized for access to PMP information must also apply for access as described at the PMP website located at http://nmpmp.org or as otherwise indicated.

D. The PMP director shall have the authority to set account access and registration renewal requirements necessary for accounts to be considered active and shall also have authority to cancel inactive accounts.

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Ohio
ADC 4723-9-02

Baldwin's Ohio Administrative Code Annotated (2016)
4723 Nursing Board
Chapter 4723-9. Prescriptive Authority

4723-9-02 Requirements for a course of study in advanced pharmacology

(A) To be acceptable to the board, a course of study shall meet the following requirements:

(1) Be a minimum of forty-five contact hours in length and include content which ensures sufficient preparation for the safe and effective prescribing of drugs and therapeutic devices;

(2) Include content which is specific to the participant's nursing specialty and which includes all of the following:

(a) A minimum of thirty-six hours of training, obtained from a single provider, in:

(i) Pharmacokinetic principles and clinical application; and

(ii) Principles of the use of drugs and therapeutic devices in the prevention of illness and maintenance of health;

(b) The fiscal and ethical implications of prescribing drugs and therapeutic devices;

(c) The state and federal laws that apply to the authority to prescribe;

(d) Instruction that is specific to schedule II controlled substances, including instruction in all of the following:

(i) Indications and contraindications for the use of schedule II controlled substances in drug therapies, including risk, evaluation and mitigation strategies for the use of opiates in the treatment of chronic pain for non-terminal conditions, and the need for periodic assessment and documentation of the patient's functional status;

(ii) The most recent guidelines and recommendations for pain management therapies and education, as established by state and national organizations such as the Ohio pain initiative, the American pain society and the United States food and drug administration (FDA);

(iii) The most recent guidelines and recommendations for stimulant therapies utilized in the management of attention-deficit or hyperactivity disorder, as adopted by state and national organizations such as the American academy of pediatrics;

(iv) Fiscal and ethical implications of prescribing schedule II controlled substances;

(v) State and federal laws that apply to the authority to prescribe schedule II controlled substances, including state medical board of Ohio rules governing controlled substances and the treatment of chronic pain, and Ohio state board of pharmacy rules governing the manner of issuance of a prescription;

(vi) Prevention of abuse and diversion of schedule II controlled substances, including identification of the risk of abuse, addiction and diversion, recognition of abuse, addiction and diversion, types of assistance available for prevention of abuse, addiction and diversion, the use of the Ohio automated rx reporting system (OARRS), and other methods of establishing safeguards against abuse and diversion; and

(e) Instruction specific to schedule II controlled substances as set forth in paragraph (A)(2) (d) of this rule may be integrated with areas of instruction required by paragraphs (A)(2)(a), (A)(2)(b) and (A)(2)(c) of this rule.

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Pennsylvania
35 § 872.5

Purdon's Pennsylvania Statutes and Consolidated Statutes (2016)
Title 35 P.S. Health and Safety
Chapter 6B. Drugs, Poisons and Dangerous Substances
Achieving Better Care by Monitoring All Prescriptions Program (Abc-Map) Act

§ 872.5. Powers and duties of board

The board shall have the following powers and duties:

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(5) Develop policies and procedures to:

(i) Require more frequent reporting of prescription medication information under section 7 should technology permit and so long as there is little or no fiscal impact to the Commonwealth or those required to report. Any change in the frequency of reporting shall be made in collaboration with the Board of Pharmacy and the Board of Pharmacy's members to ensure that a pharmacy is able to accommodate the change.

(ii) Evaluate the information in the system.

(iii) Allow for authorized department personnel to conduct internal reviews, analyses and interpret the data contained in the system.

(iv) Safeguard the release of information to authorized users and department personnel and ensure the privacy and confidentiality of patients and patient information.

(v) Aid prescribers in identifying at-risk individuals and referring them to drug addiction treatment professionals and programs.

(vi) Establish professionally developed criteria, with the advice of the advisory group, that generates referrals of prescription monitoring information to the appropriate licensing board in the Department of State. A referral may only be generated when the system produces an alert that there is a pattern of irregular data for a dispenser or prescriber which appears to deviate from the clinical standard.

(vii) Provide training to prescribers and dispensers on the use of the system.

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South Carolina

Pursuant to their website, the South Carolina Department of Health and Environmental Control requires all practitioners and pharmacists requesting direct access to the PMP database to complete a SCRIPTS online training course prior to submitting an access request form.

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Utah
§ 58-37f-402

West's Utah Code Annotated (2015)
Title 58. Occupations and Professions
Chapter 37F. Controlled Substance Database Act
Part 4. Registration and Training

§ 58-37f-402. Online tutorial and test relating to the database--Fees--Rulemaking authority--Continuing professional education credit

(1) The division shall develop an online tutorial and an online test for registration to use the database that provides instruction regarding, and tests, the following:

(a) the purpose of the database;

(b) how to access and use the database;

(c) the law relating to:

(i) the use of the database; and

(ii) the information submitted to, and obtained from, the database; and

(d) basic knowledge that is important for all people who prescribe controlled substances to know in order to help ensure the health and safety of an individual to whom a controlled substance is prescribed.

(2) The division shall design the test described in this section as follows:

(a) an individual shall answer all of the questions correctly in order to pass the test;

(b) an individual shall be permitted to immediately retake the portion of the test that the individual answers incorrectly as many times as necessary for the individual to pass the test; and

(c) after an individual takes the test, the test software shall:

(i) immediately inform the individual of the number of questions that were answered incorrectly;

(ii) provide the correct answers;

(iii) replay the portion of the tutorial that relates to the incorrectly answered questions; and

(iv) ask the individual the incorrectly answered questions again.

(3) The division shall design the tutorial and test so that it is possible to take the tutorial and complete the test in 20 minutes or less, if the individual answers all of the questions correctly on the first attempt.

(4) The division shall ensure that the tutorial and test described in this section are fully functional and available for use online on or before November 1, 2010.

(5) The division shall impose a fee, in accordance with Section 63J-1-504, on an individual who takes the test described in this section, to pay the costs incurred by the division to:

(a) develop, implement, and administer the tutorial and test described in this section; and

(b) fulfill the other duties imposed on the division under this part.

(6) The division may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to:

(a) develop, implement, and administer the tutorial and test described in this section; and

(b) fulfill the other duties imposed on the division under this part.

(7) The Department of Health shall assist the division in developing the portion of the test described in Subsection (1)(d).

(8) Completing the online tutorial and passing the online test described in this section shall count as 1/2 hour of continuing professional education under Subsection 58-37-6.5(2).

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Vermont
18 § 4282
ADC 12-5-21:10.0
SB 243, Sec. 9

West's Vermont Statutes Annotated (2016)
Title Eighteen. Health
Part 5. Foods and Drugs
Chapter 84A. Vermont Prescription Monitoring System

§ 4282. Definitions

As used in this chapter:

(1) “Dispenser” shall mean any person who “dispenses” or engages in “dispensing” as those terms are defined in 26 V.S.A. § 2022(5).

(2) “Health care provider” shall mean an individual licensed, certified, or authorized by law to provide professional health care service in this state to an individual during that individual's medical or dental care, treatment, or confinement.

(3) “VPMS” shall mean the Vermont prescription monitoring system established under this chapter.

(4) “Delegate” means an individual employed by a health care provider or pharmacy or in the Office of the Chief Medical Examiner and authorized by a health care provider or dispenser or by the Chief Medical Examiner to request information from the VPMS relating to a bona fide current patient of the health care provider or dispenser or to a bona fide investigation or inquiry into an individual’s death.

(5) “Department” means the Department of Health.

(6) “Drug diversion investigator” means an employee of the Department of Public Safety whose primary duties include investigations involving violations of laws regarding prescription drugs or the diversion of prescribed controlled substances, and who has completed a training program established by the Department of Health by rule that is designed to ensure that officers have the training necessary to use responsibly and properly any information that they receive from the VPMS.

(7) “Evidence-based” means based on criteria and guidelines that reflect high-quality, cost-effective care. The methodology used to determine such guidelines shall meet recognized standards for systematic evaluation of all available research and shall be free from conflicts of interest. Consideration of the best available scientific evidence does not preclude consideration

of experimental or investigational treatment or services under a clinical investigation approved by an institutional review board.

West's Vermont Administrative Code (2016)
Title 12. Agency of Human Services
Subtitle 5. Department of Health
General
Rule 21. Prescription Monitoring System

12-5-21:10.0. Training.

10.1 Pharmacist and Prescriber Training

10.1.1 Training will be offered to registered prescribers, dispensers and delegates of prescribers and dispensers, the Vermont Chief Medical Examiner or delegate and the Medical Director of the Department of Vermont Health Access on how to use the VPMS and how to correctly use the information they receive from the VPMS.

10.1.2 Trainings may be done through professional associations representing health care providers or provided by the Department in a web-based format.

10.2 Drug Diversion Investigators must complete a training program offered or approved by the Department.

Vermont SB 243
Sec. 9

Continuing Education

(a) All physicians, osteopathic physicians, dentists, pharmacists, advance practice registered nurses, optometrists, and naturopathic physicians with a registration number from the U.S. Drug Enforcement Administration (DEA), who have a pending application for a DEA number, or who dispense controlled substances shall complete a total of at least two hours of continuing education for each licensing period beginning on or after July 1, 2016 on the topics of the abuse and diversion, safe use, and appropriate storage and disposal of controlled substances; the appropriation use of the Vermont Prescription Monitoring System; risk assessment for abuse or addiction; pharmacological and nonpharmacological alternatives to opioids for managing pain; medication tapering and cessation of the use of controlled substances; and relevant State and federal laws and regulations concerning the prescription of opioid controlled substances.

(b) The Department of Health shall consult with the Board of Veterinary Medicine and the Agency of Agriculture, Food and Markets to develop recommendations regarding

appropriate safe prescribing and disposal of controlled substances prescribed by veterinarians for animals and dispensed to their owners, as well as appropriate continuing education for veterinarians on the topics described in subsection (a) of this section. On or before January 15, 2017, the Department shall report its findings and recommendations to the House Committees on Agriculture and Forest Products and on Human Services and the Senate Committees on Agriculture and on Health and Welfare.

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West Virginia
§ 60A-9-5
ADC § 15-3-4

West's Annotated Code of West Virginia (2016)
Chapter 60A. Uniform Controlled Substances Act
Article 9. Controlled Substances Monitoring

§ 60A-9-5. Confidentiality; limited access to records; period of retention; no civil liability for required reporting

(a)(1) The information required by this article to be kept by the board is confidential and not subject to the provisions of chapter twenty-nine-b of this code or obtainable as discovery in civil matters absent a court order and is open to inspection only by inspectors and agents of the board, members of the West Virginia State Police expressly authorized by the Superintendent of the West Virginia State Police to have access to the information, authorized agents of local law-enforcement agencies as members of a federally affiliated drug task force, authorized agents of the federal Drug Enforcement Administration, duly authorized agents of the Bureau for Medical Services, duly authorized agents of the Office of the Chief Medical Examiner for use in post-mortem examinations, duly authorized agents of licensing boards of practitioners in this state and other states authorized to prescribe Schedules II, III, and IV controlled substances, prescribing practitioners and pharmacists and persons with an enforceable court order or regulatory agency administrative subpoena: ***Provided,*** **That all law-enforcement personnel who have access to the Controlled Substances Monitoring Program database shall be granted access in accordance with applicable state laws and the board's legislative rules, shall be certified as a West Virginia law-enforcement officer and shall have successfully completed training approved by the board.** All information released by the board must be related to a specific patient or a specific individual or entity under investigation by any of the above parties except that practitioners who prescribe or dispense controlled substances may request specific data related to their Drug Enforcement Administration controlled substance registration number or for the purpose of providing treatment to a patient: *Provided, however,* That the West Virginia Controlled Substances Monitoring Program Database Review Committee established in subsection (b) of this section is authorized to query the database to comply with said subsection.

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West Virginia Code of State Rules (2016)
Title 15. West Virginia Board of Pharmacy
Legislative Rule (Ser. 3)
Series 3. Board of Pharmacy Rules for Continuing Education for Licensure of Pharmacists

§ 15-3-4. Continuing Pharmacy Education Requirements.

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4.4. Beginning July 1, 2014, unless a pharmacist has completed and timely provided to the board on the form to be provided by the board a waiver request attesting that he or she has not administered or dispensed a controlled substance during the entire previous reporting period, every pharmacist shall, as a prerequisite to license renewal, complete a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training during the previous reporting period.

4.4.1. Said three (3) hours of CPE shall be a part of the 30 hours of CPE required, and is not three (3) additional hours.

4.4.2. For purposes of this subsection, "drug diversion training and best practice prescribing of controlled substances training" means a training course of at least three (3) CPE hours which includes, at a minimum, all of the following:

(a). Drug diversion, including West Virginia statistics on prescription drug abuse and resulting deaths;

(b). Epidemiology of chronic pain and misuse of opioids;

(c). Indication for opioids in chronic pain treatment including, at a minimum, general characteristics, toxicities, and drug interactions;

(d). Patient evaluation and risk assessment and tools to assess risk and monitor benefits.

(e). Initiation and ongoing-management of chronic pain in patients treatment with opioid based therapies, including, at a minimum: treatment objectives; medication therapy management and collaborative practice; prescription of controlled substance agreements; urine screens and pill counts; patient education on safe use, storage and disposal of opioids; discontinuation of opioids; and documentation and medical records;

(f). Case study of a patient with chronic pain;

(g). Identification of diversion and drug seeking tactics and behaviors;

(h). Best practice methods for working with patients, prescribers, law enforcement, and others as appropriate, concerning patients suspected of drug seeking behavior and diversion;

(i). Compliance with controlled substances laws and rules; and

(j). How to register with and use the West Virginia Controlled Substances Monitoring Program established in West Virginia Code § 60A-9-1, et seq.

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