States that Require All Licensed Prescribers and/or Dispensers to Register with the State Prescription Monitoring Program

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Introduction

Some states have begun to require that prescribers and/or dispensers register with the prescription monitoring program as a way to encourage the use of the program. In 2013, four states joined the eight states that previously required registration, and that number will likely grow in coming years.

All states require registration prior to allowing direct access to the database, but this memorandum deals exclusively with states that require *all* prescribers and/or dispensers to register with the prescription monitoring program.

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Alabama
§ 34-24-604
ADC 540-X-4-.03
ADC 540-X-12-.05
ADC 540-X-18-.05
ADC 540-X-19-.03
ADC 540-X-19-.04
ADC 540-X-19-.05
ADC 540-X-20-.04

Code of Alabama (2016)
Title 34. Professions and Businesses.
Chapter 24. Physicians and Other Practitioners of Healing Arts.
Article 11. Alabama Pain Management Act.

§ 34-24-604. (Final placement and text of 2014 legislation is subject to editorial action of the Code Commissioner) Annual registration.

(a) Beginning January 1, 2014, and continuing each year thereafter:

(1) All physicians providing pain management services shall obtain a pain management registration from the board.

(2) All physicians who otherwise meet the criteria established by the board shall obtain a pain management registration from the board.

(b) To register, a physician applicant shall submit the following to the board:

(1) A completed application on a form prescribed by the board.

(2) Proof of a current drug enforcement administration registration.

(3) Proof of an Alabama controlled substances certificate.

(4) Proof of a current registration with the Alabama Prescription Drug Monitoring Program.

(5) A list of all registrants who own, co-own, operate, or provide pain management services in the practice location.

(6) The disclosure of any controlled substances certificate or registration denial, restriction, or discipline imposed on the registrant, or any disciplinary act against the license of the registrant.

(7) Payment of the initial registration fee as set forth in this section and in the rules of the Alabama Board of Medical Examiners.

(8) A certification listing the current name of the physician who will serve as the medical director.

(9) Any other information requested by the board related to the qualifications to, or the provision of, providing pain management services.

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Alabama Administrative Code (2016)
Alabama Board of Medical Examiners
Chapter 540-X-4. Controlled Substances Certificate

540-X-4-.03. Renewal Of An Alabama Controlled Substances Certificate.

(1) Renewal of an Alabama Controlled Substances Certificate shall be annually on or before December 31 of each year.

(2) An applicant for renewal of an Alabama Controlled Substances Certificate shall submit to the Board the required certificate fee of $150.00.

(3) Before renewing an Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.

(4) Before renewing an Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Agency.

Alabama Administrative Code (2016)
Alabama Board of Medical Examiners
Chapter 540-X-12. Qualified Alabama Controlled Substances Registration Certificate (Qacsc)

540-X-12-.05. Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC).

(1) Renewal of a QACSC shall be annually on or before January 1st of each year. An application for annual renewal of a QACSC shall be received by the Board on or before December 31st and shall be accompanied by the required QACSC renewal fee.

(2) The Board shall not renew the QACSC of any P.A. when an administrative fine has been assessed by the Board until such fine is paid in full. In the event that the fine is subsequently reduced or set aside on judicial review, the P.A. shall be entitled to a prompt refund of the amount of the fine, but shall not be entitled to interest thereon.

(3) As a requirement for renewing a QACSC, a P.A. shall obtain, every two years, four (4) AMA PRA Category 1 credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.

(4) Before renewing a Qualified Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.

(5) Before renewing a Qualified Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Administration.

Alabama Administrative Code (2016)
Alabama Board of Medical Examiners
Chapter 540-X-18. Qualified Alabama Controlled Substances Registration Certificate (Qacsc) for Certified Registered Nurse Practitioners (Crnp) and Certified Nurse Midwives (Cnm)

540-X-18-.05. Renewal Of A Qualified Alabama Controlled Substances Registration Certificate (QACSC).

(1) Renewal of a QACSC shall be annually on or before January 1 of each year. An application for annual renewal of a QACSC shall be received by the Board on or before December 31 and shall be accompanied by the required QACSC renewal fee.

(2) As a requirement for renewing a QACSC, a CRNP or CNM shall obtain, every two years, four (4) AMA PRA Category 1 credits™ or equivalent through a Board approved course or courses regarding the prescribing of controlled substances.

(3) Before renewing a Qualified Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.

(4) Before renewing a Qualified Alabama Controlled Substances Certificate, an applicant shall have a current and appropriate registration issued by the United States Drug Enforcement Administration.

Alabama Administrative Code (2016)
Alabama Board of Medical Examiners
Chapter 540-X-19. Pain Management Services

540-X-19-.03. Pain Management Registration Required.

(1) Beginning January 1, 2014, and continuing every year thereafter, all physicians who provide pain management services must obtain a pain management registration from the Board.

(2) All physicians who otherwise meet the criteria established by the Board shall obtain a pain management registration from the Board.

(3) To obtain a pain management registration, a physician applicant shall submit the following to the Board:

(a) A completed application on a form prescribed by the Board.

(b) Proof of a current Drug Enforcement Administration (DEA) registration.

(c) Proof of an Alabama Controlled Substance Certificate (ACSC).

(d) Proof of a current registration with the Alabama Prescription Drug Monitoring Program (PDMP).

(e) A list of all registrants who own, co-own, operate or provide pain management services in the physician applicant's practice location.

(f) The disclosure of any controlled substances certificate or registration denial, restriction or discipline imposed on the registrant, or any disciplinary act against any medical license of the registrant.

(g) Payment of the initial registration fee as set forth below in these rules under paragraph (6).

(h) A certification listing the current name of the physician who serves as the medical director.

(i) Any other information requested by the Board related to the qualifications for providing pain management services.

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Alabama Administrative Code (2016)
Alabama Board of Medical Examiners
Chapter 540-X-19. Pain Management Services

540-X-19-.04. Ownership And Operation.

(1) All registrants must provide pain management services at a location owned and operated by one of the following:

(a) One or more physicians licensed to practice medicine in Alabama.

(b) A business entity registered with the Alabama Secretary of State's Office.

(c) A governmental entity or body, or political subdivision, or any combination thereof, including state universities and schools.

(2) In order to be registered, a physician shall certify that each practice location is under the direction of a medical director who shall be a physician who possesses a current, unrestricted license to practice medicine or osteopathy in Alabama.

(3) Every registrant providing pain management services is required to register with the Alabama Department of Public Health (ADPH) in order to obtain access to the Alabama Prescription Drug Monitoring Program (PDMP) maintained by the ADPH.

Alabama Administrative Code (2016)
Alabama Board of Medical Examiners
Chapter 540-X-19. Pain Management Sevices

540-X-19-.05. Training Requirements; Medical Director; Other Requirements.

(1) Each physician serving as the medical director at a practice location shall meet at least one of the following requirements:

(a) Successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).

(b) Board certification in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry approved by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association Bureau of Osteopathic Specialties (AOABOS).

(c) Specialty certification in pain management, pain medicine, hospice and palliative medicine, geriatric medicine, rheumatology, hematology, medical oncology, gynecologic oncology, infectious disease, pediatric hematology-oncology, or pediatric rheumatology recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association Bureau of Osteopathic Specialists.

(d) Board certification by the American Board of Pain Medicine.

(e) Board certification by the American Board of Interventional Pain Physicians.

(f) At least one of the following:

1. Completion of 40 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management completed within three years of implementation of these rules or prior to serving as a medical director for the practice location, whichever is more recent.

2. Completion of a Board approved course of medical education in the area of prescribing controlled substances completed within three years of implementation of these rules or prior to serving as medical director for the practice location, whichever is more recent, and completion of 40 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management within three years of commencement of service as medical director.

(2) The Medical Director shall be physically on site for a minimum of ten percent of the clinic's operating hours.

(3) The Medical Director shall have a current Drug Enforcement Administration (DEA) Registration.

(4) The Medical Director shall have a current Alabama Controlled Substances Certificate (ACSC).

(5) The Medical Director shall have a current registration with the Alabama Department of Public Health Prescription Drug Monitoring Program (PDMP).

Alabama Administrative Code (2016)
Alabama Board of Medical Examiners
Chapter 540-X-20. Limited Purpose Schedule II Permit (Lpsp)

540-X-20-.04. Renewal Of A Limited Purpose Schedule II Permit (LPSP).

(1) Renewal of an LPSP shall be annually on or before Jan. 1 of each year.

(2) An application for annual renewal of an LPSP shall be received by the Board on or before December 31 and shall be accompanied by the required LPSP renewal fee.

(3) Before renewing an LPSP, the applicant shall have a current QACSC for Schedules III, IV and V, a current United States Drug Enforcement Administration (DEA) registration for Schedules II through V, and a current registration to access the Controlled Substances Prescription Database established and maintained by the Alabama Department of Public Health.

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Alaska
§ 17.30.200 (eff. July 17, 2017)
§ 08.36.070 (eff. July 17, 2017)
§ 08.64.101 (eff. July 17, 2017)
§ 08.68.100 (eff. July 17, 2017)
§ 08.72.060 (eff. July 17, 2017)
§ 08.80.030 (eff. July 17, 2017)

West's Alaska Statutes Annotated (2016)
Title 17. Food and Drugs
Chapter 30. Controlled Substances
Article 5. Controlled Substance Prescription Database

§ 17.30.200. Controlled substance prescription database

<Text of Section Effective July 17, 2017>

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(o) A pharmacist who dispenses or a practitioner who prescribers, administers, or directly dispenses a schedule II, III, or IV controlled substance under federal law shall register with the database by a procedure and in a format established by the board.

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West's Alaska Statutes Annotated (2016)
Title 8. Business and Professions
Chapter 36. Dentistry
Article 1. Board of Dental Examiners

§ 08.36.070. General powers

<Text of Section Effective July 17, 2017>

(a) The board shall

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(10) require that a licensed dentist who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

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West's Alaska Statutes Annotated (2016)
Title 8. Business and Professions
Chapter 64. Medicine
Article 1. State Medical Board

§ 08.64.101. Duties

<Text of Section Effective July 17, 2017>

The board shall

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(7) require that a licensee who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

West's Alaska Statutes Annotated (2016)
Title 8. Business and Professions
Chapter 68. Nursing
Article 1. Board of Nursing

§ 08.68.100. Duties and powers of board

<Text of Section Effective July 17, 2017>

(a) The board shall

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(11) require that a licensed advanced nurse practitioner who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

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West's Alaska Statutes Annotated (2016)
Title 8. Business and Professions
Chapter 72. Optometrists
Article 1. Board of Examiners in Optometry

§ 08.72.060. Miscellaneous powers and duties of board

<Text of Section Effective July 17, 2017>

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(c) The board shall

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(3) require that a licensee who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

(d) to (f) Repealed.

West's Alaska Statutes Annotated (2016)
Title 8. Business and Professions
Chapter 80. Pharmacists and Pharmacies
Article 1. The Board of Pharmacy

§ 08.80.030. Powers and duties of the board

<Text of Section Effective July 17, 2017>

(a) The board is responsible for the control and regulation of the practice of pharmacy.

(b) In order to fulfill its responsibilities, the board has the powers necessary for implementation and enforcement of this chapter, including the power to

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(14) require that a licensed pharmacist who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

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Arizona
§ 36-2606
§ 32-3219

Arizona Revised Statutes Annotated (2016)
Title 36. Public Health and Safety
Chapter 28. Controlled Substances Prescription Monitoring Program
Article 1. General Provisions

§ 36-2606. Registration; access; renewal; requirements

A. Beginning November 1, 2007 and pursuant to rules adopted by the board, each medical practitioner who is issued a license pursuant to title 321 and who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904) must have a current controlled substances prescription monitoring program registration issued by the board and be granted access to the program's central database tracking system. The Arizona state board of pharmacy, on receipt of licensure and license renewal confirmation from a medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 25 or 29,2 shall register each medical practitioner who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904) and provide the medical practitioner access to the program's central database tracking system. The Arizona state board of pharmacy shall notify each medical practitioner of the person's registration and access to the database tracking system and how to use the system. The Arizona state board of pharmacy shall notify each medical practitioner receiving an initial license who intends to apply for registration under the controlled substances act (21 United States Code sections 801 through 904) of the person's responsibility and the process to register with the Arizona State board of pharmacy and be granted access to the program's central database tracking system.

B. The registration is:

1. Until January 1, 2020, subject to biennial renewal as specified in this article, except for medical practitioners whose registration and renewal are provided pursuant to subsection A of this section.

2. Not transferable or assignable.

3. Valid only in conjunction with a valid license issued by a medical practitioner regulatory board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 25 or 29.3

C. An applicant for registration pursuant to this section must submit an application as prescribed by the board unless the medical practitioner's registration and renewal are provided pursuant to subsection A of this section.

D. Until January 1, 2020, the board shall assign all persons registered under this article to one of two registration renewal groups. The holder of a registration ending in an even number must renew the registration biennially on or before May 1 of the next even-numbered year. The holder of a registration ending in an odd number must renew the registration biennially on or before May 1 of the next odd-numbered year. The board shall automatically suspend the registration of any registrant who fails to renew the registration on or before May 1 of the year in which the renewal is due. The board shall vacate a suspension if the registrant submits a renewal application. A suspended registrant is prohibited from accessing information in the prescription monitoring program database tracking system. This subsection does not apply to medical practitioners whose registration and renewal are provided pursuant to subsection A of this section.

E. A registrant shall not apply for registration renewal more than sixty days before the expiration date of the registration.

F. An applicant for registration renewal pursuant to this section must submit a renewal application prescribed by the board by rule unless the medical practitioner's registration and renewal are provided pursuant to subsection A of this section.

G. Pursuant to a fee prescribed by the board by rule, the board may issue a replacement registration to a registrant who requests a replacement because the original was damaged or destroyed, because of a change of name or for any other good cause as prescribed by the board.

Arizona Revised Statutes Annotated (2016)
Title 32. Professions and Occupations
Chapter 32. Health Professionals
Article 1. General Provisions

§ 32-3219. Licensure; renewal; notification; definitions

A. A medical practitioner regulatory board shall notify the Arizona state board of pharmacy once each month of any initial licensures for medical practitioners who intend to apply for registration under the controlled substances act (21 United States Code sections 801 through 904) and licensure renewals for medical practitioners who hold active licenses in this state for the purpose of registering the medical practitioner and providing the person access to the controlled substances prescription monitoring program database. The medical practitioner regulatory board shall provide to the Arizona state board of pharmacy any information necessary to register and provide access to the medical practitioner. The medical practitioner regulatory board shall notify each medical practitioner receiving an initial license who intends to apply for registration under the

controlled substances act (21 United States Code sections 801 through 904) of the person's responsibility to register with the Arizona state board of pharmacy and be granted access to the program's central database tracking system.

B. For the purposes of this section:

1. "Medical practitioner" means any person who is licensed and authorized by law to use and prescribe drugs and devices for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in this state or any state, territory or district of the United States and who possesses an Arizona registration under the controlled substances act (21 United States Code sections 801 through 904).

2. "Medical practitioner regulatory board" means any board established pursuant to title 32, chapter 7, 11, 13, 14, 15, 16, 17, 25 or 291 that regulates one or more medical practitioners in this state.

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Arkansas
§ 20-7-615
ADC 007.07.4-VII
ADC 060.00.1-2
ADC 060.00.1-19
ADC 069.00.1-V-IX

West's Arkansas Code Annotated (2016)
Title 20. Public Health and Welfare
Subtitle 2. Health and Safety
Chapter 7. State Board of Health--Department of Health
Subchapter 6. Prescription Drug Monitoring Program Act

§ 20-7-615. Prescriber with a prescription drug violation

(a) A prescriber who has been found by his or her licensing board to be in violation of a rule or law involving prescription drugs shall be required by the appropriate licensing board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid.

(b) The licensing board, in its discretion, may remove this requirement after a period of time if the board deems removal of the requirement appropriate.

West's Arkansas Administrative Code (2016)
Title 007. Department of Health
Division 07. Pharmacy Services
Rule 4. Regulations Pertaining to Prescription Drug Monitoring Program

007.07.4-VII. Providing Prescription Monitoring Information

(a)(1)(A) The Department of Health may review the Prescription Drug Monitoring Program information, including without limitation a review to identify information that appears to indicate whether a person may be obtaining prescriptions in a manner that may represent misuse or abuse of controlled substances.

(B) If information of misuse or abuse is identified, the department shall notify the practitioners and dispensers who prescribed or dispensed the prescriptions and the Little Rock, Arkansas Office of Diversion Control of the United States Drug Enforcement Administration.

(2)(A) The department may review the Prescription Drug Monitoring Program information, including without limitation a review to identify information that appears to indicate whether a

prescriber or dispenser may be prescribing or dispensing prescriptions in a manner that may represent misuse or abuse of a controlled substance.

(B) If information of misuse or abuse is identified, the department may notify the professional licensing board of the prescriber or dispenser only after the relevant professional licensing board has provided the department with the parameters for triggering a notification from the department to the professional licensing board.

(C) The department shall develop algorithms within the controlled substance database that would alert a practitioner if his or her patient is being prescribed opioids by more than three (3) physicians within any thirty-day period, if funding is available.

(3)(A) A prescriber who has been found by his or her licensing board to be in violation of a rule or law involving prescription drugs shall be required by the appropriate licensing board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid.

(B) The licensing board, in its discretion, may remove this requirement after a period of time if the board deems removal of the requirement appropriate.

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West's Arkansas Administrative Code (2016)
Title 060. State Medical Board
Division 00.
Rule 1. Arkansas Medical Practices Regulations

060.00.1-2.

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C. A prescriber who has been found by the Arkansas State Medical Board to be in violation of a rule or law involving prescription drugs shall be required by the appropriate licensing board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid. The board, in its discretion, may remove this requirement after a period of time if the board deems removal of the requirement appropriate.

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West's Arkansas Administrative Code (2016)
Title 060. State Medical Board
Division 00.
Rule 1. Arkansas Medical Practices Regulations

060.00.1-19. Pain Management Programs

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A prescriber who has been found by his or her licensing board to be in violation of a rule or law involving prescription drugs shall be required by the Arkansas State Medical Board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid. The licensing board, in its discretion, may remove this requirement after a period of time if the board deems removal of the requirement appropriate.

West's Arkansas Administrative Code (2016)
Title 069. Board of Optometry
Division 00.
Rule 1. Rules and Regulations of Arkansas State Board of Optometry
Chapter V. Rules, Regulations and Educational Qualifications Governing Optometrists Certified as Optometric Physicians Pursuant to Acts 176/186 of 1997
Article IX. Prescribing Controlled Substances.

069.00.1-V-IX1. Arkansas optometrist licensed as optometric physician who applies for and possess a DEA number shall:

A. Prescribe schedules III, IV, and V controlled substances only.

B. Administer and prescribe controlled substances for the diagnosis and treatment of diseases and conditions of the eye, lids, and adnexa.

C. Not sell any prescription medication including controlled substances.

D. Be responsible for knowing and abiding by all state and federal regulations pertaining to controlled substances with emphasis on the "Mid Level Practitioner's Manual", published by the DEA, and all State Board rules and regulations pertaining to controlled substances. Record the names and directions of prescribed controlled substances in the patient's record.

E. A prescriber who has been found by the Arkansas State Board of Optometry to be in violation of a rule or law involving prescription drugs shall be required by the board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid. The board, in its discretion, may remove this

requirement after a period of time if the board deems removal of the requirement appropriate.

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California
Health & Safety § 11165.1

West's Annotated California Codes (2016)
Health and Safety Code
Division 10. Uniform Controlled Substances Act
Chapter 4. Prescriptions
Article 1. Requirements of Prescriptions

§ 11165.1. Disclosure of Controlled Substance Utilization Review and Evaluation System data

(a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before July 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber accessing information for any other reason than caring for his or her patients.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

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Colorado
§ 12-42.5-403
3 ADC 709-1:IX

West's Colorado Revised Statutes Annotated (2016)
Title 12. Professions and Occupations
Health Care
Article 42.5. Pharmacists, Pharmacy Businesses, and Pharmaceuticals
Part 4. Electronic Monitoring of Prescription Drugs

§ 12-42.5-403. Prescription drug use monitoring program

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(1.5)(a) By January 1, 2015, or by an earlier date determined by the director of the division, every practitioner in this state who holds a current registration issued by the federal Drug Enforcement Administration and every pharmacist shall register and maintain a user account with the program.

(b) When registering with the program or at any time thereafter, a practitioner or pharmacist may authorize up to three designees to access the program under Section 12-42.5-404(3)(b), (3)(c), or (3)(d), as applicable, on behalf of the practitioner or pharmacist if:

(I)(A) The authorized designee of the practitioner is employed by, or is under contract with, the same professional practice as the practitioner; or

(B) The authorized designee of the pharmacist is employed by, or is under contract with, the same prescription drug outlet as the pharmacist; and

(II) The practitioner or pharmacist takes reasonable steps to ensure that the designee is sufficiently competent in the use of the program; and

(III) The practitioner or pharmacist remains responsible for:

(A) Ensuring that access to the program by the practitioner's designee is limited to the purposes authorized in Section 12-42.5-404(3)(b) or (3)(c) or that access to the program by the pharmacist's designee is limited to the purposes authorized in Section 12-42.5-404(3)(d), as the case may be, and that access to the program occurs in a manner that protects the confidentiality of the information obtained from the program; and

(B) Any negligent breach of confidentiality of information obtained from the program by the practitioner's or pharmacist's designee.

(c) A practitioner or pharmacist is subject to penalties pursuant to Section 12-42.5-406 for violating the requirements of paragraph (b) of this subsection (1.5).

(d) Any individual authorized as a designee of a practitioner or pharmacist pursuant to paragraph (b) of this subsection (1.5) shall register as a designee of a practitioner or pharmacist with the program for program data access in accordance with Section 12-42.5-404(3)(b), (3)(c), or (3)(d), as applicable, and board rules.

(2) Each practitioner and each dispensing pharmacy shall disclose to a patient receiving a controlled substance that his or her identifying prescription information will be entered into the program database and may be accessed for limited purposes by specified individuals.

(3) The board shall establish a method and format for prescription drug outlets to convey the necessary information to the board or its designee. The method must not require more than a one-time entry of data per patient per prescription by a prescription drug outlet.

(4) The division may contract with any individual or public or private agency or organization in carrying out the data collection and processing duties required by this part 4.

West's Colorado Administrative Code (2016)
Title 700. Department of Regulatory Agencies
709. Colorado Dental Board
3 CCR 709-1. Dentists & Dental Hygienists

709-1:IX. Controlled Substance Record Keeping Requirements

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D. Controlled Substances

Every dentist, including one issued an academic license, with a current registration issued by the United States Drug Enforcement Administration (DEA) is required to register and maintain a user account with the Prescription Drug Monitoring Program (PDMP) in compliance with section 12-42.5-403(1.5)(a), C.R.S. If he/she fails to register and maintain a PDMP user account, then his/her administering, dispensing, or prescribing a controlled substance pursuant to sections 12-35-113(1)(p) and (2), and 12-35-114, falls outside the course of legitimate professional practice and violates section 12-35-129(1)(c), C.R.S.

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Connecticut
§ 21a-317
ADC § 21a-408-2
ADC § 21a-408-38

Connecticut General Statutes Annotated (2016)
Title 21A. Consumer Protection
Chapter 420C. Controlled Substance Registration

§ 21a-317. Registration required

Every practitioner who distributes, administers or dispenses any controlled substance or who proposes to engage in distributing, prescribing, administering or dispensing any controlled substance within this state shall (1) obtain a certificate of registration issued by the Commissioner of Consumer Protection in accordance with the provisions of this chapter, and (2) register for access to the electronic prescription drug monitoring program established pursuant to subsection (j) of section 21a-254. Registration for access to said program shall be in a manner prescribed by said commissioner.

Regulations of Connecticut State Agencies (2016)
Title 21A. Consumer Protection
Department of Consumer Protection (2)
Palliative Use of Marijuana

Sec. 21a-408-2. Physician requirements for issuing written certifications to the department

(a) The department shall only accept written certifications from physicians for the palliative use of marijuana when the physician:

(1) Holds an active license under chapter 370 of the Connecticut General Statutes and is in good standing;

(2) Holds an active department controlled substance practitioner registration, is in good standing and is eligible to prescribe schedule II controlled substances;

(3) Holds an active federal Drug Enforcement Administration controlled substance registration, is in good standing and is eligible to prescribe schedule II controlled substances;

(4) Is registered with, and able to access, the Prescription Monitoring Program; and

(5) Is not engaged in any conduct prohibited by the Act or sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies.

(b) A physician issuing a written certification shall:

(1) Have a bona fide physician-patient relationship with the qualifying patient;

(2) Conduct an assessment and evaluation of the patient in order to develop a treatment plan for the patient, which shall include an examination of the patient and the patient's medical history, prescription history and current medical condition, including an in-person physical examination;

(3) Diagnose the patient as having a debilitating medical condition;

(4) Be of the opinion that the potential benefits of the palliative use of marijuana would likely outweigh the health risks of such use to the qualifying patient;

(5) Have prescribed, or have had a reasonable basis for determining that it is not in the best interest of the patient to prescribe, prescription drugs to address the symptoms or effects for which the written certification is being issued;

(6) Be reasonably available to provide follow-up care and treatment to the qualifying patient including, but not limited to, physical examinations, to determine the efficacy of marijuana for treating the qualifying patient's debilitating medical condition or the symptom of the debilitating medical condition for which the written certification was issued;

(7) Comply with generally accepted standards of medical practice except to the extent such standards would counsel against certifying a qualifying patient for marijuana; and

(8) Explain the potential risks and benefits of the palliative use of marijuana to the qualifying patient and, if the qualifying patient lacks legal capacity, to a parent, guardian or person having legal custody of the qualifying patient, prior to submitting the written certification.

(c) A physician shall not delegate the responsibility of diagnosing a patient or determining whether a patient should be issued a written certification. Employees under the direct supervision of the physician may assist with preparing a written certification so long as the final written certification is reviewed and approved by the physician before it is submitted to the department.

(d) If a physician provides instructions for the use of marijuana to the patient, or includes instructions as part of the written certification, the physician shall also securely transmit such instructions to the qualifying patient's designated dispensary facility.

Regulations of Connecticut State Agencies (2016)
Title 21A. Consumer Protection
Department of Consumer Protection (2)
Palliative Use of Marijuana

Sec. 21a-408-38. Rights and responsibilities of dispensaries

(a) A dispensary, in good faith, may sell and dispense marijuana to any qualifying patient or primary caregiver that is registered with the department. Except as otherwise provided by sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies, the dispensary dispensing the marijuana shall include the date of dispensing and the dispensary's signature or initials on the dispensary facility's dispensing record log.

(b) All dispensaries shall register with the department to access the prescription monitoring program.

(c) A dispensary shall review a qualifying patient's controlled substance history report within the prescription monitoring program before dispensing any marijuana to the qualifying patient or the qualifying patient's primary caregiver.

(d) A dispensary shall exercise professional judgment to determine whether to dispense marijuana to a qualifying patient or primary caregiver if the dispensary suspects that dispensing marijuana to the qualifying patient or primary caregiver may have negative health or safety consequences for the qualifying patient or the public.

(e) A dispensary may dispense a portion of a qualifying patient's one-month supply of marijuana. The dispensary may dispense the remaining portion of the one-month supply of marijuana at any time except that no qualifying patient or primary caregiver shall receive more than a one-month supply of marijuana in a one-month period.

(f) A dispensary, or dispensary technician, shall require the presentation of a registration certificate together with another valid photographic identification issued to a qualifying patient or primary caregiver, prior to selling marijuana to such qualifying patient or primary caregiver.

(g) A dispensary shall document a qualifying patient's self-assessment of the effects of marijuana in treating the qualifying patient's debilitating medical condition or the symptoms thereof. A dispensary facility shall maintain such documentation electronically for at least three years following the date the patient ceases to designate the dispensary facility and such documentation shall be made available in accordance with section 21a-408-70 of the Regulations of Connecticut State Agencies.

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Delaware
16 § 4798

West's Delaware Code Annotated (2016)
Title 16. Health and Safety
Part IV. Food and Drugs
Chapter 47. Uniform Controlled Substances Act
Subchapter VII. Miscellaneous

§ 4798. The Delaware Prescription Monitoring Program

<Text of section effective upon the availability of appropriations, or of other adequate funding to implement and maintain the Prescription Monitoring Program and upon 3-1-2014. See Historical and Statutory Notes below.>

. . .

(u) All prescribers who hold a registration pursuant to § 4732 of this title shall register with the Prescription Monitoring Program on or before January 1, 2014. All dispensers located in the State of Delaware that hold a registration pursuant to § 4732 of this title shall ensure that all pharmacists dispensing at the registrant's place of business are registered with the Prescription Monitoring Program on or before January 1, 2014. A violation of this subsection may serve as a basis for discipline pursuant to § 4735 of this title.

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Georgia
ADC 360-8-.02

West's Georgia Administrative Code (2016)
Title 360. Georgia Composite Medical Board
Chapter 360-8. Pain Management Clinics

360-8-.02. Standards of Operation

(1) Each location of a clinic where a physician practices pain management must be licensed.

(2) A new pain management clinic license must be obtained if there is a change in ownership or a change in location.

(3) No pain management clinic shall provide medical treatment or services unless a physician, a physician assistant authorized to prescribe controlled substances under an approved job description, or an advanced practice registered nurse authorized to prescribe controlled substances pursuant to a physician protocol is on-site at the pain management clinic. Nothing in this rule shall be construed to restrict the practice of a Georgia licensed Certified Registered Nurse Anesthetist administering anesthesia as provided in O.C.G.A. 43-34-11.1.

(4) No licensed physician can own a pain management clinic if the physician, during the course of his or her practice, has been denied the privilege of prescribing, dispensing, administering, supplying or selling any controlled substance, or has had board action against his or her medical license as a result of dependency on alcohol or drugs.

(5) No person can own a pain management clinic if he or she has been convicted of a felony. For purposes of this rule, the term "convicted of a felony" shall include a conviction of an offense which if committed in this state would be deemed a felony under either state or federal law, without regard to its designation elsewhere. As used in this paragraph, the term "conviction" shall include a finding or verdict of guilt, a plea of guilty resulting in first offender status, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon.

(6) The owner of the clinic and the physicians practicing in the clinic shall be responsible for compliance with all the laws and rules and regulations regulating the practice of medicine and the laws and rules and regulations pertaining to the controlled substances.

(7) The license issued by the Board shall be displayed in a conspicuous place.

(8) All pain management clinics that dispense controlled substances or dangerous drugs shall be registered with the Georgia State Board of Pharmacy as required by Chapter 4 of Title 26.

(9) Each physician owning or practicing in a pain management clinic must register with the Georgia Prescription Monitoring Program ("PDMP"). See link www.gdna.ga.gov. Each physician practicing at a pain clinic must regularly check the PDMP on all new and existing patients.

(10) The Board shall have the power to reprimand, cancel, suspend, revoke, or otherwise restrict any license or permit issued by the Board.

(11) Any person who operates a pain management clinic in the State of Georgia without a license shall be guilty of a felony.

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Idaho
§ 37-2726
§ 37-2716

West's Idaho Code Annotated (2016)
Title 37. Food, Drugs, and Oil
Chapter 27. Uniform Controlled Substances
Article III

§ 37-2726. Filing prescriptions--Database

. . .

(3) The board shall require prescribers, except veterinarians, to annually register with the board to obtain online access to the controlled substances prescriptions database.

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West's Idaho Code Annotated (2016)
Title 37. Food, Drugs, and Oil
Chapter 27. Uniform Controlled Substances
Article III

§ 37-2716. Registration requirements

. . .

(b) Every prescriber, except veterinarians, shall also register with the board to obtain online access to the controlled substances prescriptions database.

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Illinois
720 § 570/318

West's Smith-Hurd Illinois Compiled Statutes Annotated (2016)
Chapter 720. Criminal Offenses
Offenses Against the Public
Act 570. Illinois Controlled Substances Act
Article III. Registration and Control of Manufacture, Distribution and Dispensing

570/318. Confidentiality of information

. . .

(p) The Prescription Monitoring Program shall automatically create a log-in to the inquiry system when a prescriber or dispenser obtains or renews his or her controlled substance license. The Department of Financial and Professional Regulation must provide the Prescription Monitoring Program with electronic access to the license information of a prescriber or dispenser to facilitate the creation of this profile. The Prescription Monitoring Program shall send the prescriber or dispenser information regarding the inquiry system, including instructions on how to log into the system, instructions on how to use the system to promote effective clinical practice, and opportunities for continuing education for the prescribing of controlled substances. The Prescription Monitoring Program shall also send to all enrolled prescribers, dispensers, and designees information regarding the unsolicited reports produced pursuant to Section 314.5 of this Act.

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Kentucky
§ 218A.202
201 KAR 5:130
201 KAR 9:230
201 KAR 25:011
201 KAR 25:021

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

(1) The Cabinet for Health and Family Services shall establish an electronic system for monitoring Schedules II, III, IV, and V controlled substances that are dispensed within the Commonwealth by a practitioner or pharmacist or dispensed to an address within the Commonwealth by a pharmacy that has obtained a license, permit, or other authorization to operate from the Kentucky Board of Pharmacy. The cabinet may contract for the design, upgrade, or operation of this system if the contract preserves all of the rights, privileges, and protections guaranteed to Kentucky citizens under this chapter and the contract requires that all other aspects of the system be operated in conformity with the requirements of this or any other applicable state or federal law.

(2) A practitioner or a pharmacist authorized to prescribe or dispense controlled substances to humans shall register with the cabinet to use the system provided for in this section and shall maintain such registration continuously during the practitioner's or pharmacist's term of licensure and shall not have to pay a fee or tax specifically dedicated to the operation of the system.

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Kentucky Administrative Regulations (2016)
Title 201. General Government Cabinet
Chapter 5. Board of Optometric Examiners

201 KAR 5:130. Controlled substances

Section 1. Prescribing Standards. (1) A Kentucky licensed optometrist authorized to prescribe controlled substances for humans shall:

(a) Have a current and valid DEA number;

(b) Register with Kentucky All Schedule Prescription Electronic Reporting (KASPER);

(c) Prescribe controlled substances only for the treatment or relief of pain for a condition of the eye and its appendages;

(d) Prescribe only Schedule III, IV, or V controlled substances;

(e) Prescribe controlled substances for a quantity therapeutically sufficient, up to seventy-two (72) hours;

(f) Examine the patient face-to-face and in-person prior to prescribing a controlled substance;

(g) Verify the fact that the patient that is prescribed a controlled substance is who the patient claims to be;

(h) Establish a documented diagnosis through the use of accepted medical practices; and

(i) Keep accurate, readily accessible medical records which shall include:

1. History and eye examination;

2. Diagnostic, therapeutic, and laboratory results;

3. Evaluations and consultations;

4. Treatment objectives;

5. Discussions of risk, benefits, and limitations of treatments;

6. Treatments;

7. Medication including date, type, dosage, and quantity prescribed; and

8. Instructions and agreements.

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Kentucky Administrative Regulations (2016)
Title 201. General Government Cabinet
Chapter 9. Board of Medical Licensure

201 KAR 9:230. Required registration in the KASPER system; legal requirements for prescribing controlled substances in the Commonwealth of Kentucky; enforcement

Section 1. (1) In order to lawfully prescribe or dispense a controlled substance within the Commonwealth of Kentucky, a licensee shall:

(a) Hold a valid DEA permit to do so; and

(b) Be registered to use the KASPER system as required by KRS 218A.202.

(2) Prescribing or dispensing a controlled substance without a valid DEA permit or KASPER registration, as required by subsection (1) of this section, shall constitute a violation of KRS 311.595(9) and (12) which constitutes an immediate danger to the public health, safety, or welfare, for the purposes of KRS 311.592 and 13B.125.

(3)(a) If the board receives documentation from the Cabinet for Health and Family Services that a licensee holds a valid DEA permit to prescribe or dispense controlled substances to humans within the Commonwealth of Kentucky, but is not currently registered with the cabinet to use the KASPER system as required by KRS 218A.202, the board shall immediately send written notice, by certified mail return receipt requested, to the physician that the physician is required to register with the Cabinet for Health and Family Services to use the KASPER system within seven (7) days of receipt of the written notice.

(b) At the end of the seven (7) day period, the board shall confirm with the Cabinet for Health and Family Services that the physician registered with the cabinet to use the KASPER system.

(c) If the physician failed to register with the Cabinet for Health and Family Services to use the KASPER system within the seven (7) days following receipt of the written notice, the appropriate inquiry panel or its chair shall promptly issue an emergency order restricting that licensee from prescribing or dispensing controlled substances within the Commonwealth of Kentucky until the licensee has registered with the cabinet to use the KASPER system.

(4)(a) An emergency order restricting a licensee from prescribing or dispensing controlled substances within the Commonwealth of Kentucky issued pursuant to subsection (3)(c) of this section shall remain valid and in effect until the board has received written verification from the cabinet that the licensee has registered with the cabinet to use the KASPER system.

(b) Upon receipt of the written verification, the panel or its chair shall immediately issue an order terminating the emergency order issued pursuant to subsection (3)(c) of this section.

(5) If a licensee who is affected by an emergency order issued pursuant to subsection (3)(c) of this section requests an emergency hearing pursuant to KRS 13B.125(3), the hearing officer conducting the emergency hearing shall affirm the emergency order of restriction if presented with a written notification on cabinet letterhead stating that the affected licensee holds a valid DEA permit but is not registered with the cabinet to use the KASPER system as required by KRS 218A.202.

Section 2. If a licensee prescribes or dispenses a controlled substance within the Commonwealth of Kentucky during any period when the licensee is not registered with the cabinet to use the KASPER system, each instance of prescribing or dispensing shall constitute a separate violation of KRS 311.595(12) and (9), as illustrated by KRS 311.597(1)(b) and shall serve as the basis for disciplinary sanctions pursuant to KRS 311.595.

Kentucky Administrative Regulations (2016)
Title 201. General Government Cabinet
Chapter 25. Board of Podiatry

201 KAR 25:011. Approved schools; examination application; fees

. . .

Section 5. Requirements for a person issued a license by the board. (1) A person who has been approved for a license from the board shall register with the Kentucky All-Schedule Prescription Electronic Reporting System (KASPER) administered by the Cabinet for Health and Family Services after issuance of the license and immediately submit proof of the registration to the board.

(2) A person who has received a license from the board shall not prescribe any controlled substance before he or she is registered with KASPER.

(3)(a) The board shall temporarily suspend a license pursuant to 201 KAR 25:051, Section 6, if a licensee:

1. Fails to register with KASPER after the approval for licensure by the board; or

2. Prescribes a controlled substance prior to registration with KASPER.

(b) In addition to the temporary suspension, the board may take additional disciplinary action against a license pursuant to KRS 311.480.

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Kentucky Administrative Regulations (2016)
Title 201. General Government Cabinet
Chapter 25. Board of Podiatry

201 KAR 25:021. Annual renewal of licenses, fees

Section 1. (1) The annual renewal fee in the amount of $175 shall be attached to the completed annual Kentucky Board of Podiatry License Renewal Application when the application is returned to the board by the podiatrist seeking licensure renewal.

(2) The annual renewal fee shall be made payable to the Kentucky State Treasurer in United States currency by certified check, cashier's check, postal money order, personal check, or credit card.

(3) All information requested on the annual renewal application form shall be furnished to the board when the completed annual renewal application form is returned to the board, together with a statement of compliance with the continuing education requirements in 201 KAR 25:031.

(4) Every renewal application shall include proof of current registration with the Kentucky All-Schedule Prescription Electronic Reporting System (KASPER) administered by the Cabinet for Health and Family Services.

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Maine
L.D. 1840

Sec. 2. Online applications and renewals for prescribers of controlled substances; electronic coding; access for prescribers and their delegates. The Department of Health and Human Services, Controlled Substances Prescription Monitoring Program, referred to in this section as "the program," shall update the enrollment mechanism for prescribes of controlled substances who are registering with the program or are renewing registration. The update must enable prescribers to be enrolled in the program automatically when applying for or renewing a professional license and must establish the electronic code necessary to update the program's computer system accordingly. The update must allow a federal Drug Enforcement Administration number to be entered during the online application or renewal process and must notify an applicant that in providing the federal number the applicant is automatically registered with the program. The program shall update its computer system to allow subaccount holders and delegated account holders access to the database using the online application process. The program shall update its computer system to enable licensing data to be extracted on a scheduled basis from the agency's licensing management system and securely transferred to the program in order to enroll in the program unregistered licensees who have federal Drug Enforcement Administration numbers and e-mail addresses.

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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 § 7A

Massachusetts General Laws Annotated (2016)
Part I. Administration of the Government (Ch. 1-182)
Title XV. Regulation of Trade (Ch. 93-110H)
Chapter 94C. Controlled Substances Act

§ 7A. Registration as participant in prescription monitoring program

Upon obtaining or renewing a registration under section 7, a practitioner who prescribes controlled substances shall automatically and without further action be registered as a participant in the prescription monitoring program established in section 24A. The department shall provide each participant with a unique user name and access code for the program. For the purposes of this section, a practitioner shall not include a veterinarian; provided, however, that a practitioner shall include a physician assistant, nurse anesthetist or a registered nurse authorized by the board of registration in nursing to practice in an advanced practice nursing role.

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Minnesota
§ 152.126 (eff. Aug. 1, 2016)

Minnesota Statutes Annotated (2016)
Health (Ch. 144-159)
Chapter 152. Drugs; Controlled Substances
Prescriptions

§ 152.126. Prescription monitoring program

<Text of Section Effective August 1, 2016>

. . .

(c) By July 1, 2017, every prescriber licensed by a health-related licensing board listed in section 214.01, subdivision 2, practicing within this state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the prescription monitoring program. Data submitted by a prescriber, pharmacist, or their delegate during the registration application process, other than their name, license number, and license type, is classified as private pursuant to section 13.02, subdivision 12.

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Mississippi

§ 73-21-127
ADC § 30-17-2640:1.15
ADC § 30-20-3001:IV
ADC § 30-20-3001:XLIII

West's Annotated Mississippi Code (2016)
Title 73. Professions and Vocations
Chapter 21. Pharmacists
Mississippi Pharmacy Practice Act

§ 73-21-127. Computer program to track prescriptions for controlled substances and report illegal activity

. . .

(e)(i) Access to collected data shall be confidential and not subject to the provisions of the federal Freedom of Information Act or the Mississippi Open Records Act. Upon request, the State Board of Pharmacy shall provide collected information to: pharmacists or practitioners who are properly registered with the State Board of Pharmacy and are authorized to prescribe or dispense controlled substances for the purpose of providing medical and pharmaceutical care for their patients; local, state and federal law enforcement officials engaged in the administration, investigation or enforcement of the laws governing illicit drug use; regulatory and licensing boards in this state; Division of Medicaid regarding Medicaid and Medicare Program recipients; judicial authorities under grand jury subpoena; an individual who requests the individual's own prescription monitoring information; and prescription monitoring programs in other states through mutual agreement adhering to State Board of Pharmacy policies.

(ii) The Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the Prescription Monitoring Program (PMP) database for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing or administering of the controlled and noncontrolled substances monitored by the program, subject to all legal restrictions on further dissemination of the information obtained.

(iii) The State Board of Pharmacy may also provide statistical data for research or educational purposes if the board determines the use of the data to be of significant benefit to public health and safety. The board maintains the right to refuse any request for PMP data.

(iv) A pharmacist licensed by the Mississippi Board of Pharmacy must be a registered user of the PMP. Failure of a pharmacist licensed by the Mississippi Board of Pharmacy to register as a user of the PMP is grounds for disciplinary action by the board.

. . .

West's Mississippi Administrative Code (2016)
Title 30. Professions and Occupations
Subtitle 17. Board of Medical Licensure
Part 2640. Prescribing, Administering and Dispensing
Chapter 1. Rules Pertaining to Prescribing, Administering and Dispensing of Medication

30-17-2640:1.15. Pain Management Medical Practice.

. . .

I. Physicians and physician assistants practicing in a registered pain practice must be registered with the Mississippi Prescription Monitoring Program (MPMP). A report shall be obtained on the initial visit and at intervals deemed appropriate for good patient care from the MPMP for every patient receiving controlled substances in a registered pain management practice.

J. Requirements for Physician Assistants Practicing in Pain Management Medical Practices. Physician assistants must meet the following qualifications prior to practicing in a registered pain management practice:

1. A Board approved protocol in the practice of pain management as required by Part 2615, Chapter 1, Rules 5 and 6, that is not designated as limited, restricted, retired, temporary, or in-training;

2. Physician assistants with approved prescriptive authority must obtain 10 hours as required by the licensure requirement plus 5 hours of Category 1 CME related to prescribing and pain management for every year the physician assistant is practicing in a Board registered pain practice;

3. Physician assistants with prescriptive authority must be familiar with and adhere to the Administrative Rule Pertaining to Prescribing, Administering and Dispensing of Medication, Part 2640, Chapter 1; and

4. Physician assistants with prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP).

. . .

West's Mississippi Administrative Code (2016)
Title 30. Professions and Occupations
Subtitle 20. Board of Pharmacy
Part 3001. Mississippi Pharmacy Practice Regulations

30-20-3001:IV. LICENSE RENEWAL AND CONTINUING EDUCATION

Each pharmacist shall renew his/her license annually.

1. To renew his/her license, a pharmacist shall:

A. Submit an application for renewal on the form prescribed by the Board or through the online process found at the Mississippi Board of Pharmacy webpage;

B. On the application, indicate and certify the number of continuing education hours earned for Licensure:

i. One (1) continuing education unit (10 hours) is required for each licensure period.

ii. Each newly licensed pharmacist, effective May 1, 2013, in the State of Mississippi be required to attend a Mississippi Association of Recovering Pharmacists(MARP) sponsored seminar consisting of a minimum of six (6) continuing education contact hours once during his/her first five (5) years of licensure. This requirement will only apply to Mississippi licensed Pharmacists who actively engage in the practice of pharmacy in the State of Mississippi.

iii. A pharmacist licensed by the Mississippi Board of Pharmacy must be a registered user of the Prescription Monitoring Program.

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West's Mississippi Administrative Code (2016)
Title 30. Professions and Occupations
Subtitle 20. Board of Pharmacy
Part 3001. Mississippi Pharmacy Practice Regulations

30-20-3001:XLIII. PRESCRIPTION MONITORING PROGRAM

. . .

(e)(i) Access to collected data shall be confidential and not subject to the provisions of the federal Freedom of Information Act or the Mississippi Open Records Act. Upon request, the State Board of Pharmacy shall provide collected information to: pharmacists or practitioners who are properly registered with the State Board of Pharmacy and are authorized to prescribe or dispense controlled substances for the purpose of providing medical and pharmaceutical care for

their patients; local, state and federal law enforcement officials engaged in the administration, investigation or enforcement of the laws governing illicit drug use; regulatory and licensing boards in this state; Division of Medicaid regarding Medicaid and Medicare Program recipients; judicial authorities under grand jury subpoena; an individual who requests the individual's own prescription monitoring information; and prescription monitoring programs in other states through mutual agreement adhering to State Board of Pharmacy policies.

(ii) The Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to the Prescription Monitoring Program (PMP) database for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing or administering of the controlled and noncontrolled substances monitored by the program, subject to all legal restrictions on further dissemination of the information obtained.

(iii) The State Board of Pharmacy may also provide generic, nonidentifying statistical data for research or educational purposes.

(iv) All pharmacists licensed in Mississippi must register to use the Prescription Monitoring Program. Pharmacists who do not register may not be able to renew their Mississippi pharmacist license.

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Nevada
§ 453.1545

West's Nevada Revised Statutes Annotated (2015)
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

. . .

5. Each practitioner who is authorized to write prescriptions for controlled substances listed in schedule II, III or IV shall, to the extent the program allows, access the database of the program established pursuant to subsection 1 at least once each 6 months to:

(a) Review the information concerning the practitioner that is listed in the database and notify the Board if any such information is not correct; and

(b) Verify to the Board that he or she continues to have access to and has accessed the database as required by this subsection.

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New Hampshire
§ 318-B:33

Revised Statutes Annotated of the State of New Hampshire (2016)
Title XXX. Occupations and Professions (Ch. 309 to 332-J)
Chapter 318-B. Controlled Drug Act

§ 318-B:33 Controlled Drug Prescription Health and Safety Program Operation.

I. The board shall develop a system of registration for all prescribers and dispensers of schedule II-IV controlled substances within the state. The system of registration shall be established by rules adopted by the board, pursuant to RSA 541-A.

II. All prescribers and dispensers authorized to prescribe or dispense schedule II-IV controlled substances within the state shall be required to register with the program as follows:

(a) Practitioners who prescribe but do not dispense schedule II-IV controlled substances shall register with the program as a prescriber;

(b) Practitioners who dispense but do not prescribe schedule II-IV controlled substances shall register with the program as a dispenser unless exempted pursuant to RSA 318-B:31, IV; and

(c) Practitioners who prescribe and dispense schedule II-IV controlled substances shall register with the program as both a prescriber and a dispenser unless exempted pursuant to RSA 318-B:31, IV.

II-a. Only registered prescribers, dispensers, or their designees, and federal health prescribers and dispensers working in federal facilities located in New Hampshire, Massachusetts, Maine, and Vermont shall be eligible to access the program.

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New Jersey
§ 45:1-46

New Jersey Statutes Annotated (2016)
Title 45. Professions and Occupations
Subtitle 1. Professions and Occupations Regulated by State Boards of Registration and Examination
Chapter 1. General Provisions
[Article 3.3. Prescription Monitoring Program

45:1-46. Access to prescription information

. . .

h. (1) The division shall register a practitioner to access prescription monitoring information upon issuance or renewal of the practitioner's CDS registration.

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New Mexico
ADC 16.5.57
ADC 16.10.14
ADC 16.16.15
ADC 16.17.5
ADC 16.19.20
ADC 16.21.9

Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 5. Dentistry (Dentists, Dental Hygienists, etc.)
Part 57. Management of Pain with Controlled Substances

16.5.57. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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16.5.57.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of requiring participation in the PMP is to assist dentists in balancing the safe use of controlled substances with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. A dentist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A dentist shall before prescribing, ordering, administering or dispensing a controlled susbstance listed in Schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when one of the following exists:

(1) the patient is a new patient of the dentist, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III and IV drugs are prescribed for a period greater than 10 days; and

(2) during the continuous use of controlled substances by established patients a PMP shall be requested a minimum of once every six months.

. . .

Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 10. Medicine and Surgery Practitioners
Part 14. Management of Pain with Controlled Substances

16.10.14. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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16.10.14.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of the New Mexico medical board in requiring participation in the PMP is to assist practitioners in balancing the safe use of controlled substances with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. A health care practitioner who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A health care practitioner shall, before prescribing, ordering, administering or dispensing a controlled substance listed in Schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when one of the following situations exists:

(1) the patient is a new patient of the practitioner, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III, and IV drugs are prescribed for a period greater than 10 days; and

(2) during the continuous use of opioids by established patients a PMP shall be requested and reviewed a minimum of once every six months.

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Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 16. Optometric Practitioner
Part 15. Management of Pain with Controlled Substances

16.16.15. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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16.16.15.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of the optometry board requiring participation in the PMP is to assist optometrists in balancing the safe use of controlled substances with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. An optometrist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. An optometrist shall, before prescribing, ordering, administering or dispensing a controlled substance listed in Schedule III or IV, obtain a patient PMP report for the preceding 12 months when one of the following exists:

(1) for a new patient of the optometrist, a patient PMP report for the previous 12 months shall only be required when Schedules III or IV drugs are prescribed for a period greater than 10 days; and

(2) for an established patient during the continuous use of controlled substances, a PMP shall be requested a minimum of once every six months.

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Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 17. Osteopathic Medicine and Surgery Practitioners
Part 5. Prescribing and Distribution of Controlled Substances

16.17.5. PRESCRIBING AND DISTRIBUTION OF CONTROLLED SUBSTANCES

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16.17.5.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of the New Mexico osteopathic medical board in requiring participation in the PMP is to assist practitioners in balancing the promotion of the safe use of controlled substances for the provision of medical care and services with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. A health care practitioner who holds a federal drug enforcement administration registration and licensure to prescribe opioids shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A health care practitioner shall, before prescribing, ordering, administering or dispensing a controlled substance listed in schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when the patient is a new patient of the practitioner.

C. Prescription monitoring reports shall be requested and reviewed a minimum of once every six months during the continuous use of opioids for each established patient. The practitioner shall

document the review of these reports.

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Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 19. Pharmacists
Part 20. Controlled Substances

16.19.20. CONTROLLED SUBSTANCES

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16.19.20.8 REGISTRATION REQUIREMENTS: Persons required to register:

A. manufacture - term includes repackagers;

B. distributors - term includes wholesale drug distributors;

C. dispensers - pharmacies, hospital pharmacies, clinics (both health and veterinarian);

D. practitioners - includes a physician, doctor of oriental medicine, dentist, physician assistant, certified nurse practitioner, clinical nurse specialist, certified nurse-midwife, veterinarian, pharmacist, pharmacist clinician, certified registered nurse anesthetists, psychologists, chiropractic examiner, euthanasia technicians or other person licensed or certified to prescribe and administer drugs that are subject to the Controlled Substances Act. **Practitioners, excluding veterinarians, must register with the New Mexico prescription monitoring program in conjunction with their controlled substance registration.**

E. scientific investigators or researchers;

F. analytical laboratories and chemical analysis laboratories;

G. teaching institutes;

H. special projects and demonstrations which bear directly on misuse or abuse of controlled substances - may include public agencies, institutions of higher education and private organizations;

I. registration waiver: an individual licensed practitioner (e.g., intern, resident, staff physician, mid-level practitioner) who is an agent or employee of a hospital or clinic, licensed by the board, may, when acting in the usual course of employment or business, order controlled substances, for administration to the patients of the facility, under controlled substance registration of the hospital or clinic in which he or she is employed provided that:

(1) the ordering of controlled substances for administration, to the patients of the hospital or clinic, is in the usual course of professional practice and the hospital or clinic authorizes the practitioner to order con-trolled substances for the administration to its patients under its state controlled substance registration;

(2) the hospital or clinic has verified with the practitioner's licensing board that the practitioner is permitted to order controlled substances within the state;

(3) the practitioner acts only within their scope of employment in that hospital or clinic;

(4) the hospital or clinic maintains a current list of practitioners given such authorization and includes the practitioner's full name, date of birth, professional classification and license number, and home and business addresses and phone numbers;

(5) the list is available at all times to board inspectors, the D.E.A., law enforcement and health professional licensing boards; and

(6) the hospital or clinic shall submit a current list of authorized practitioners with each hospital or clinic controlled substance renewal application.

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Code of New Mexico Rules (2016)
Title 16. Occupational and Professional Licensing
Chapter 21. Podiatrists
Part 9. Management of Pain with Controlled Substances

16.21.9. MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

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16.21.9.10 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS: The intent of the New Mexico board of podiatry in requiring participation in the PMP is to assist practitioners in balancing the promotion of the safe use of controlled substances for the provision of medical care and services with the need to impede illegal and harmful activities involving these pharmaceuticals.

A. A podiatrist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall register with the board of pharmacy to become a regular participant in PMP inquiry and reporting.

B. A podiatrist shall, before prescribing, ordering, administering or dispensing a controlled substance listed in Schedule II, III or IV, obtain a patient PMP report for the preceding 12 months when one of the following situations exists:

(1) the patient is a new patient of the podiatrist, in which situation a patient PMP report for the previous 12 months shall only be required when Schedules II, III, and IV drugs are prescribed for a period greater than 10 days; and

(2) during the continuous use of opioids by established patients a PMP shall be requested and reviewed a minimum of once every six months.

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Ohio
§ 4715.14
§ 4723.486
§ 4725.16
§ 4729.12
§ 4730.49
§ 4731.281
HB 483 Sec. 747.30

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4715. Dentists; Dental Hygienists
Licensing and Registration

§ 4715.14 Registration of dentists; access to drug database; renewal; fee; failure to register; roster

(A)(1) Each person who is licensed to practice dentistry in Ohio shall, on or before the first day of January of each even-numbered year, register with the state dental board. The registration shall be made on a form prescribed by the board and furnished by the secretary, shall include the licensee's name, address, license number, and such other reasonable information as the board may consider necessary, and shall include payment of a biennial registration fee of two hundred forty-five dollars. Except as provided in division (E) of this section, this fee shall be paid to the treasurer of state. Subject to division (C) of this section, a registration shall be in effect for the two-year period beginning on the first day of January of the even-numbered year and ending on the last day of December of the following odd-numbered year, and shall be renewed in accordance with the standard renewal procedure of sections 4745.01 to 4745.03 of the Revised Code.

(2)(a) Except as provided in division (A)(2)(b) of this section, in the case of a licensee seeking registration who prescribes or personally furnishes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the licensee shall certify to the board whether the licensee has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(2)(a) of this section does not apply if any of the following is the case:

(i) The state board of pharmacy notifies the state dental board pursuant to section 4729.861 of the Revised Code that the licensee has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(iii) The licensee does not practice dentistry in this state.

(3) If a licensee certifies to the state dental board that the licensee has been granted access to the drug database and the board finds through an audit or other means that the licensee has not been granted access, the board may take action under section 4715.30 of the Revised Code.

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Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4723. Nurses
Certificates to Prescribe

§ 4723.486 Renewal of non-externship certification

(A) A certificate to prescribe issued under section 4723.48 of the Revised Code that is not issued as an externship certificate is valid for two years, unless otherwise provided in rules adopted under section 4723.50 of the Revised Code or earlier suspended or revoked by the board. The board of nursing shall renew certificates to prescribe according to procedures and a renewal schedule established in rules adopted under section 4723.50 of the Revised Code.

(B) Except as provided in division (C) of this section, the board may renew a certificate to prescribe if the holder submits to the board all of the following:

(1) Evidence of having completed during the previous two years at least twelve hours of continuing education in advanced pharmacology, or, if the certificate has been held for less than a full renewal period, the number of hours required by the board in rules adopted under section 4723.50 of the Revised Code;

(2) The fee required under section 4723.08 of the Revised Code for renewal of a certificate to prescribe;

(3) Any additional information the board requires pursuant to rules adopted under section 4723.50 of the Revised Code.

(C)(1) Except as provided in division (C)(2) of this section, in the case of a certificate holder seeking renewal who prescribes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the holder shall certify to the board whether the holder has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(2) The requirement in division (C)(1) of this section does not apply if any of the following is the case:

(a) The state board of pharmacy notifies the board of nursing pursuant to section 4729.861 of the Revised Code that the certificate holder has been restricted from obtaining further information from the drug database.

(b) The state board of pharmacy no longer maintains the drug database.

(c) The certificate holder does not practice nursing in this state.

(3) If a certificate holder certifies to the board of nursing that the holder has been granted access to the drug database and the board finds through an audit or other means that the holder has not been granted access, the board may take action under section 4723.28 of the Revised Code.

(D) The continuing education in pharmacology required under division (B)(1) of this section must be received from an accredited institution recognized by the board. The hours of continuing education required are in addition to any other continuing education requirement that must be completed pursuant to this chapter.

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4725. Optometrists; Dispensing Opticians
Admission to Practice

§ 4725.16 Continuing professional education; annual renewal of certificates; access to drug database; delinquent classification; reinstatement

(A)(1) Each certificate of licensure, topical ocular pharmaceutical agents certificate, and therapeutic pharmaceutical agents certificate issued by the state board of optometry shall expire annually on the last day of December, and may be renewed in accordance with this section and the standard renewal procedure established under Chapter 4745. of the Revised Code.

(2) An optometrist seeking to continue to practice optometry shall file with the board an application for license renewal. The application shall be in such form and require such pertinent professional biographical data as the board may require.

(3)(a) Except as provided in division (A)(3)(b) of this section, in the case of an optometrist seeking renewal who holds a therapeutic pharmaceutical agents certificate and who prescribes or personally furnishes analgesic controlled substances authorized pursuant to section 4725.091 of the Revised Code that are opioid analgesics, as defined in section 3719.01 of the Revised Code, the optometrist shall certify to the board whether the optometrist has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(3)(a) of this section does not apply if any of the following is the case:

(i) The state board of pharmacy notifies the state board of optometry pursuant to section 4729.861 of the Revised Code that the certificate holder has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(iii) The certificate holder does not practice optometry in this state.

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Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4729. Pharmacists; Dangerous Drugs
Registration of Pharmacists

§ 4729.12 Identification card; display of license; renewal; renewal after lapse

An identification card issued by the state board of pharmacy under section 4729.08 of the Revised Code entitles the individual to whom it is issued to practice as a pharmacist or as a pharmacy intern in this state until the next annual renewal date.

Identification cards shall be renewed annually on the fifteenth day of September, according to the standard renewal procedure of Chapter 4745. of the Revised Code.

Each pharmacist and pharmacy intern shall carry the identification card or renewal identification card while engaged in the practice of pharmacy. The license shall be conspicuously exposed at the principal place where the pharmacist or pharmacy intern practices pharmacy.

A pharmacist or pharmacy intern who desires to continue in the practice of pharmacy shall file with the board an application in such form and containing such data as the board may require for renewal of an identification card. **In the case of a pharmacist who dispenses or plans to dispense controlled substances in this state, the pharmacist shall certify, as part of the application, that the pharmacist has been granted access to the drug database established and maintained by the board pursuant to section 4729.75 of the Revised Code, unless the board has restricted the pharmacist from obtaining further information from the database or the board no longer maintains the database. If the pharmacist certifies to the board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the pharmacist has not been granted access, the board may take action under section 4729.16 of the Revised Code.**

An application filed under this section for renewal of an identification card may not be withdrawn without the approval of the board.

If the board finds that an applicant's identification card has not been revoked or placed under suspension and that the applicant has paid the renewal fee, has continued pharmacy education in accordance with the rules of the board, and is entitled to continue in the practice of pharmacy, the board shall issue a renewal identification card to the applicant.

When an identification card has lapsed for more than sixty days but application is made within three years after the expiration of the card, the applicant shall be issued a renewal identification card without further examination if the applicant meets the requirements of this section and pays the fee designated under division (A)(5) of section 4729.15 of the Revised Code.

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4730. Physician Assistants

4730.49 Continuing education; reductions due to disability

(A) To be eligible for renewal of a license to practice as a physician assistant, an applicant who has been granted physician-delegated prescriptive authority is subject to both of the following:

(1) The applicant shall complete every two years at least twelve hours of continuing education in pharmacology from an accredited institution recognized by the state medical board. Except as provided in division (B) of this section and in section 5903.12 of the Revised Code, the continuing education shall be completed not later than the thirty-first day of January of each even-numbered year.

(2)(a) Except as provided in division (A)(2)(b) of this section, in the case of an applicant who prescribes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the applicant shall certify to the board whether the applicant has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(2)(a) of this section does not apply if any of the following is the case:

(i) The state board of pharmacy notifies the state medical board pursuant to section 4729.861 of the Revised Code that the applicant has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(iii) The applicant does not practice as a physician assistant in this state.

(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the applicant has not been granted access, the board may take action under section 4730.25 of the Revised Code.

(B) The state medical board shall provide for pro rata reductions by month of the number of hours of continuing education in pharmacology that is required to be completed for physician assistants who are in their first licensure period after completing the period of supervision required under section 4730.44 of the Revised Code, who have been disabled due to illness or accident, or who have been absent from the country. The board shall adopt rules, in accordance with Chapter 119. of the Revised Code, as necessary to implement this division.

(C) The continuing education required by this section is in addition to the continuing education required under section 4730.14 of the Revised Code.

Baldwin's Ohio Revised Code Annotated (2016)
Title XLVII. Occupations--Professions
Chapter 4731. Physicians; Limited Practitioners
Certificates

§ 4731.281 Certificate renewal

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(6)(a) Except as provided in division (A)(6)(b) of this section, in the case of an applicant who prescribes or personally furnishes opioid analgesics or benzodiazepines, as defined in section 3719.01 of the Revised Code, the applicant shall certify to the board whether the applicant has been granted access to the drug database established and maintained by the state board of pharmacy pursuant to section 4729.75 of the Revised Code.

(b) The requirement in division (A)(6)(a) of this section does not apply if any of the following is the case:

(i) The state board of pharmacy notifies the state medical board pursuant to section 4729.861 of the Revised Code that the applicant has been restricted from obtaining further information from the drug database.

(ii) The state board of pharmacy no longer maintains the drug database.

(iii) The applicant does not practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery in this state.

(c) If an applicant certifies to the state medical board that the applicant has been granted access to the drug database and the board finds through an audit or other means that the applicant has not been granted access, the board may take action under section 4731.22 of the Revised Code.

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Sec. 747.30. Prescriber access to OARRS.

As used in this section, "licensed health professional authorized to prescribe drugs" means an individual who is authorized by law to prescribe drugs, dangerous drugs, or drug therapy-related devices in the course of the individual's professional practice, including only the following: a dentist licensed under Chapter 4715. of the Revised Code, an advanced practice registered nurse who holds a certificate to prescribe issued under Chapter 4723. of the Revised Code, an optometrist licensed under Chapter 4725. of the Revised Code to practice optometry under a therapeutic pharmaceutical agents certificate, a physician assistant who holds a certificate to prescribe issued under Chapter 4730. of the Revised Code, and a physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery.

Not later than January 1, 2015, each licensed health professional authorized to prescribe drugs who prescribes opioid analgesics or benzodiazepines and each pharmacist licensed under Chapter 4729. of the Revised Code shall obtain access to the drug database established and maintained by the State Board of Pharmacy pursuant to section 4729.75 of the Revised Code, unless the Board has restricted the professional or pharmacist from obtaining information from the database or the Board no longer maintains the database. Failure to comply with this section constitutes grounds for certificate or license suspension.

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Rhode Island
§ 21-28-3.32
ADC 31-2-6:4.0

West's General Laws of Rhode Island Annotated (2014)
Title 21. Food and Drugs
Chapter 28. Uniform Controlled Substances Act
Article III. Regulation of Manufacturing, Distributing, Prescribing, Administering, and Dispensing Controlled Substances

§ 21-28-3.32. Electronic prescription database

. . .

(l) All practitioners shall, as a condition of the initial registration or renewal of the practitioner's authority to prescribe controlled substances, register with the prescription drug monitoring database maintained by the department of health.

West's Rhode Island Administrative Code (2016)
Title 31. Health Department
Division 2. Drug Control
Rule 6. Rules and Regulations for Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances in Rhode Island

31-2-6:4.0. Registration Requirements

. . .

(f) All practitioners shall, as a condition of the initial registration or renewal of the practitioner's authority to prescribe controlled substances, register with the prescription drug monitoring (PMP) database maintained by the Department.

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Tennessee
§ 53-10-305

West's Tennessee Code Annotated (2016)
Title 53. Food, Drugs and Cosmetics
Chapter 10. Legend Drugs
Part 3. Tennessee Prescription Safety Act of 2016

§ 53-10-305. Controlled substance database registration; dispenser information; electronic transmission

(a) All healthcare practitioners who prescribe or dispense controlled substances in practice providing direct care to patients in this state by prescribing or dispensing on more than fifteen (15) days in a calendar year total and are required to have a federal drug enforcement administration (DEA) registration pursuant to federal law shall be registered in the controlled substance database. Healthcare practitioners or their agents shall have up to thirty (30) calendar days after receiving a DEA number to register in the database; such privilege shall apply equally to both prescribers and dispensers. Licensed veterinarians who never prescribe or dispense controlled substances in an amount intended to treat a nonhuman patient for more than five (5) days shall not be required to register in the database.

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Texas
Health & Safety § 481.0761

Vernon's Texas Statutes and Codes Annotated (2015)
Health and Safety Code
Title 6. Food, Drugs, Alcohol, and Hazardous Substances
Subtitle C. Substance Abuse Regulation and Crimes
Chapter 481. Texas Controlled Substances Act
Subchapter C. Regulation of Manufacture, Distribution, and Dispensation of Controlled Substances, Chemical Precursors, and Chemical Laboratory Apparatus

§ 481.0761. Rules; Authority to Contract

. . .

(g) The board may adopt rules providing for a person authorized to access information under Section 481.076(a)(5) to be enrolled in electronic access to the information described by Section 481.076(a) at the time the person obtains or renews the person's applicable professional or occupational license or registration.

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Utah
§ 58-37f-401

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

§ 58-37f-401. Database registration required--Penalties for failure to register

(1) Each individual, other than a veterinarian, who, on June 30, 2010, has a license to prescribe a controlled substance under Chapter 37, Utah Controlled Substances Act, but is not registered with the division to use the database shall, on or before September 30, 2010, register with the division to use the database.

(2) Each individual who, on November 1, 2012, is registered with the division to use the database shall, on or before January 1, 2013, participate in the online tutorial and pass the online test described in Section 58-37f-402.

(3)(a) An individual who is not a veterinarian, who obtains a new license to prescribe a controlled substance under Chapter 37, Utah Controlled Substances Act, shall, within 30 days after the day on which the individual obtains a license to prescribe a controlled substance from the Drug Enforcement Administration, register with the division to use the database.

(b) An individual who is not a veterinarian may not renew a license to prescribe a controlled substance under Chapter 37, Utah Controlled Substances Act, unless the individual registers with the division to use the database.

(4) Beginning on November 2, 2012, in order to register to use the database, the individual registering must participate in the online tutorial and pass the online test described in Section 58-37f-402.

(5) Failure by an individual to comply with the requirements of this section is grounds for the division to take the following actions in accordance with Section 58-1-401:

(a) refuse to issue a license to the individual;

(b) refuse to renew the individual's license; or

(c) revoke, suspend, restrict, or place on probation the license.

(6) Beginning on July 1, 2010, the division shall, in accordance with Section 63J-1-504, impose an annual database registration fee on an individual who registers to use the database, to pay the startup and ongoing costs of the division for complying with the requirements of this section and Section 58-37f-402.

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Vermont
18 § 4289
ADC 12-5-21:5.0
ADC 12-5-21:6.0
ADC 12-5-102:2

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

§ 4289. Standards and guidelines for health care providers and dispensers

(a) Each professional licensing authority for health care providers shall develop evidence-based standards to guide health care providers in the appropriate prescription of Schedules II, III, and IV controlled substances for treatment of acute pain, chronic pain, and for other medical conditions to be determined by the licensing authority. The standards developed by the licensing authorities shall be consistent with rules adopted by the Department of Health. The licensing authorities shall submit their standards to the Commissioner of Health, who shall review for consistency across health care providers and notify the applicable licensing authority of any inconsistencies identified.

(b)(1) Each health care provider who prescribes any Schedule II, III, or IV controlled substances shall register with the VPMS by November 15, 2013.

(2) If the VPMS shows that a patient has filled a prescription for a controlled substance written by a health care provider who is not a registered user of VPMS, the Commissioner of Health shall notify the applicable licensing authority and the provider by mail of the provider's registration requirement pursuant to subdivision (1) of this subsection.

(3) The Commissioner of Health shall develop additional procedures to ensure that all health care providers who prescribe controlled substances are registered in compliance with subdivision (1) of this subsection.

(c) Except in the event of electronic or technological failure, health care providers shall query the VPMS with respect to an individual patient in the following circumstances:

(1) at least annually for patients who are receiving ongoing treatment with an opioid Schedule II, III, or IV controlled substance;

(2) when starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more;

(3) the first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat chronic pain; and

(4) prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance pursuant to section 4290 of this title.

(d)(1) Each dispenser who dispenses any Schedule II, III, or IV controlled substances shall register with the VPMS.

(2) Except in the event of electronic or technological failure, dispensers shall query the VPMS in accordance with rules adopted by the Commissioner of Health.

<Text of section (d)(3) effective 30 days after notice and a determination by the Commissioner of Health that daily reporting is practicable>

(3) Pharmacies and other dispensers shall report each dispensed prescription for a Schedule II, III, or IV controlled substance to the VPMS within 24 hours or one business day after dispensing.

(e) The Commissioner of Health shall, after consultation with the Controlled Substances and Pain Management Advisory Council, adopt rules necessary to effect the purposes of this section. The Commissioner and the Council shall consider additional circumstances under which health care providers should be required to query the VPMS, including whether health care providers should be required to query the VPMS prior to writing a prescription for any opioid Schedule II, III, or IV controlled substance or when a patient requests renewal of a prescription for an opioid Schedule II, III, or IV controlled substance written to treat acute pain, and the Commissioner may adopt rules accordingly.

(f) Each professional licensing authority for health care providers and dispensers shall consider the statutory requirements, rules, and standards adopted pursuant to this section in disciplinary proceedings when determining whether a licensee has complied with the applicable standard of care.

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

12-5-21:5.0. Requirements for Pharmacists to Register with VPMS.

5.1 All pharmacists who dispense controlled substances shall register with the Department to enable access to query the VPMS system for information relating to a bona fide current patient.

5.2 Pharmacists may designate a delegate or delegates to access and query the VPMS system subject to Section 7.2 of this rule.

5.3 In order to access the VPMS system, pharmacist delegates must register with VPMS.

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

12-5-21:6.0. Requirements for Prescribers.

6.1 Registering with the VPMS

The following professionals and entities must register with the Department to enable their access to the VPMS system:

6.1.1 All Vermont prescribers of controlled substances and their delegates

6.1.2 The Medical Director of the Department of Vermont Health Access

6.1.3 Health care providers licensed to practice in a state with an active reciprocal agreement for Prescription Monitoring Program data-sharing

6.1.4 Health care providers licensed to practice in another state who treat Vermont patients

6.1.5 Vermont's Chief Medical Examiner, and delegate, and medical examiners licensed to practice in another state investigating the death of a Vermont resident

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West's Vermont Administrative Code (2016)
Title 12. Agency of Human Services
Subtitle 5. Department of Health
Division of Alcohol and Drug Abuse Programs
Rule 102. Medication Assisted Therapy for Opioid Dependence Rules

12-5-102:2. OPIOID TREATMENT APPROVAL RULES

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4. Diversion Control Program

Each treatment provider must develop:

a. A diversion control plan (DCP) that demonstrates accountability to its patients and to the community. The DCP should reflect the efficient use of personnel and other resources to achieve the highest quality of patient care, while reducing possibilities for diversion of controlled substances from legitimate treatment to illicit use.

b. Diversion of both the mono and combination buprenorphine preparations present additional challenges, due to the office based nature of OBOT. While not a mandatory reportable offense, programs/providers must inform patients that diversion is a reportable criminal offense, and indicate how suspicions or evidence of diversion will be clinically handled. Physicians/programs should have clinical procedures in place for minimizing diversion risk to ensure appropriate addiction treatment, such as the following:

• Routine toxicology screens

• Pill call backs (for counting)

• Bubble packing of prescriptions

• Making copies of the ID numbers listed on the "strip" packaging to be available for call backs

c. MAT prescribers/programs shall register with the Vermont Prescription Drug Monitoring System (VPMS), established by the Vermont Department of Health to provide health care professionals an electronic data-base and reporting system for electronic monitoring of prescriptions for controlled substances. The VPMS may be accessed online by registered prescribers and pharmacists at http://healthvermont.gov/adap/VPMS.aspx. Additional information is available through the Alcohol and Drug Abuse Programs (ADAP) office at 802-652-4147.

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Virginia
§ 54.1-2522.1
§ 54.1-2522.2

West's Annotated Code of Virginia (2016)
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2522.1. Requirements of prescribers

A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions.

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West's Annotated Code of Virginia (2016)
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions
Chapter 25.2. Prescription Monitoring Program

§ 54.1-2522.2. Requirements for dispensers

The Department shall register every dispenser licensed by the Board of Pharmacy pursuant to Article 3 (§ 54.1-3310 et seq.) of Chapter 33 with the Prescription Monitoring Program.

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West Virginia
§ 60A-9-5a
ADC 5-10-3
ADC 11-10-3
ADC 19-14-3
ADC 24-7-3

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

§ 60A-9-5a. Practitioner requirements to conduct annual search of the database; required rulemaking

(a) All practitioners, as that term is defined in section one hundred-one, article two of this chapter who prescribe or dispense Schedule II, III or IV controlled substances shall register with the West Virginia Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: *Provided,* That compliance with the provisions of this subsection must be accomplished within thirty days of the practitioner obtaining a new license: *Provided, however,* That no licensing board may renew a practitioner's license without proof that the practitioner met the requirements of this subsection.

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West Virginia Code of State Rules (2016)
Title 5. West Virginia Board of Dental Examiners
Legislative Rule (Ser. 10)
Series 10. Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 5-10-3. General Rules for Practitioners for Patients Not Suffering from a Terminal Illness.

3.1. Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

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West Virginia Code of State Rules (2016)
Title 11. West Virginia Board of Medicine
Legislative Rule (Ser. 10)
Series 10. Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 11-10-3. General Rules for Practitioners for Patients Not Suffering from a Terminal Illness.

3.1.Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

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West Virginia Code of State Rules (2016)
Title 19. West Virginia Board of Examiners for Registered Professional Nurses
Legislative Rule (Ser. 14)
Series 14. Practitioner Requirements for Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 19-14-3. General Rules for Practitioners for Patients Not Suffering From a Terminal Illness.

3.1. Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and receive capability to access the CSMP for purposes of compliance with this rule.

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West Virginia Code of State Rules (2016)
Title 24. West Virginia Board of Osteopathic Medicine
Legislative Rule (Ser. 7)
Series 7. Practitioner Requirements for Controlled Substances Licensure and Accessing the West Virginia Controlled Substances Monitoring Program Database

§ 24-7-3. General Rules for Practitioners for Patients Not Suffering from a Terminal Illness.

3.1. Prior to the initial provision of any pain-relieving controlled substance as part of a course of treatment for chronic nonmalignant pain to any patient not considered by a practitioner to be suffering from a terminal illness, a practitioner shall apply for and

receive capability to access the CSMP for purposes of compliance with this rule.

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