Prescription Drug Monitoring Programs – Bill Status Update

Research current through February 24, 2015.

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	Bills	
Bill No.	**Description**	**Status and Date of Last Action**
AZ HB 2141	- Amends § 36-2604 to allow receipt of PMP information by a medical examiner - Amends definition of "delegate" to include a forensic pathologist, medical death investigator, or other qualified person assigned duties in connection with a death investigation	1/20/2015 – In House committee
AZ SB 1031	- Adds new section to require health care professionals authorized to prescribe medications to check the PMP before prescribing a controlled substance to a member of the Arizona Health Care Cost Containment System (AHCCCS) with the exception of oncologists and hematologists prescribing medications to treat pain associated with cancer or progressive sickle cell disease - Also requires pharmacists to check the PMP prior to filling a controlled substance prescription for an AHCCCS member	1/12/2015 – In House committee
AZ SB 1370	- Adds § 32-3219 which provides that a medical practitioner regulatory board shall notify the Board of Pharmacy monthly of any initial licensures for practitioners who intend to apply for registration under the controlled substances act and any renewals for the purpose of registering the practitioner with the PMP - For purposes of this statute, medical practitioner includes medical doctor, doctor of osteopathy, dentist, podiatrist, or other person licensed and authorized by law to prescribe drugs - Amends § 36-2604 to allow receipt of PMP information by the county medical examiner or alternate medical examiner - Amends § 36-2606 to provide that each medical practitioner who possesses an Arizona registration under the controlled substances act must have a current PMP registration - Further provides that the Board of Pharmacy shall register medical practitioners upon receipt of notice from the medical practitioner regulatory board - Repeals § 36-2611 which terminates the program in 2017 AMENDMENT #1 - Modifies definition of medical practitioner to mean persons licensed or authorized by law to prescribe drugs	2/23/2015 – Passed Senate as amended; transmitted to House

AR SB 129	- Adds new section § 12-18-621 to allow the Dept. of Human Services to petition a circuit court to allow an investigator to access the PMP for a record concerning a person - Department must show probable cause that the person is or was in possession of one or more prescription drugs; the person gave birth to a baby; and the person or the baby tested positive for one or more prescription drugs at the time of birth of the baby	1/26/2015 – Read first time, rules suspended, read second time, referred to Senate committee on Judiciary; hearing scheduled for 2/25
AR HB 1350	- Amends §§ 20-7-603 and 20-7-604 to exempt veterinarians from reporting dispensing data to PMP - Amends § 20-7-605 to remove a representative of the AR Veterinary Medical Assn. from the program advisory committee	2/17/2015 – Passed House; received in Senate, read first time, referred to committee; hearing scheduled for 2/24
CT HB 5778	To amend § 21a-317 to require every practitioner who distributes, administers, or dispenses or who proposes to engage in distributing, prescribing, administering, or dispensing any controlled substance within CT to use the PMP	1/21/2015 – Referred to Joint Committee on General Law
CT HB 6265	To amend title 19a to increase monitoring of prescription drugs to prevent persons from obtaining multiple prescriptions for the same drug from different health care providers	2/11/2015 – Reserved for subject matter public hearing
CT HB 6279	To amend the general statutes to require that health care providers authorized to prescribe controlled substances a) complete continuing education courses in prescription drugs and pain management, b) register for access to the PMP before being permitted to renew their licenses, and c) utilize the PMP or risk revocation of their license	2/11/2015 – Reserved for subject matter public hearing
CT HB 6856	- Amends § 21a-254 to provide that prior to July 1, 2016 dispensers must report dispensing data weekly and on and after July 1, 2016, dispensers must report immediately upon dispensing such prescriptions - Amends § 21a-254 to allow the use of delegates - Amends § 21a-254 to require mandatory use of the PMP prior to prescribing a greater than 72-hour supply of any controlled substance to a patient and shall review the PMP not less than every 90 days when prescribing continuous or long term treatment with controlled substances	2/19/2015 – Referred to Joint Committee on Public Health
CT SB 933	Amends § 21a-317 to provide that the commissioner shall not issue or renew the license of a practitioner who	2/20/2015 –

	distributes, administers, or dispenses a controlled substance unless that practitioner is registered with the PMP	Public hearing scheduled for 2/24
HI HB 251	Adds the "Prescription Monitoring Program Compact" Chapter to allow the sharing of PMP data with other jurisdictions	1/26/2015 – Referral to committee
HB SB 810	- Amends § 329-104 to allow receipt of PMP information by regulatory agencies, delegates, and medical examiner or physician designee regarding the death of a person - Amends § 329-104 to allow the provision of de-identified data - Amends § 329-1 to add definitions of "chronic pain therapy," "pharmacist delegate," "practitioner," and "practitioner delegate" - Amends § 329-101 to require all practitioners to register with the PMP - Amends § 329-101 to require all practitioners who prescribe or dispense Schedule II – IV controlled substances, in any quantity, to use the PMP - Amends § 329-101 to require all practitioners and practitioner delegates to request PMP information prior to prescribing or dispensing a controlled substance to a new patient and at least three times per year for a patient that receives chronic pain therapy AMENDMENT #1 - Deletes definition of "practitioner" - Amends registration requirement to state that all practitioners must register with the PMP as part of their renewal process for a controlled substance registration beginning Jan. 1, 2016 - Deletes the requirement in § 329-101 that practitioners who prescribe or dispense are required to use the PMP - Includes an exception to the access requirement if the patient is a new patient to whom the practitioner administers, prescribes, or dispenses a supply of seven days or less of a controlled substance in an emergency room or department	2/20/2015 – Report adopted; passed second reading as amended and referred to committee
HI SB 1229	- Amends § 329-104 to allow receipt of PMP information by regulatory agencies, delegates, and medical examiner or physician designee regarding the death of a person - Amends § 329-104 to allow the provision of de-identified data	2/11/2015 – Committee deferred the measure
ID HB 4	Amends the language of § 37-2716 requiring prescribers to register with the PMP to change it from "must annually" to	2/19/2015 –

	"shall also" and deletes the requirement that it be completed upon renewal or initial registration	Reported out of committee with a do pass recommendation; read second time; filed for third reading
ID HB 7	Amends § 37-2726 to clarify that an order for the release of PMP data must be issued by a judge	2/19/2015 – Reported out of committee with do pass recommendation; read second time; filed for third reading
IN HB 1553	Amends § 35-48-7-8.1 to require dispensers to report the dispensing of any product containing ephedrine or pseudoephedrine to the PMP	1/20/2015 – First reading; referred to committee on Public Health
IN SB 406	- Amends § 35-48-7-8.1 to require dispensers to report the dispensing of Naloxone to the PMP - Amends § 35-48-7-10.1 to include Naloxone (This description represents the bill after the adoption of Senate amendments)	2/16/2015 – Referred to House
IA LD 1217 IA SSB 1021	Requires nonresident pharmacies to submit evidence that the pharmacy has submitted an application to register with the PMP in order to obtain an Iowa nonresident pharmacy license	2/11/2015 – Referred to Human Resources
IA LD 1298 IA SSB 1020	- Amends § 124.553 to require pharmacists and practitioners to obtain PMP information before prescribing or renewing a prescription for a controlled substance or filling such a prescription if s/he believes or has reason to believe that a patient is at risk of diversion, misuse, or abuse - Amends immunity provision to provide that a practitioner acting reasonably and in good faith is immune	1/21/2015 – Senate Lobbyist Lounge Human Resources
KY HCR 24	House Concurrent Resolution to urge Missouri to implement a prescription drug database	1/8/2015 – In judiciary committee
ME HP 221	- Creates 22 § 7250-A to require prescribers to check the PMP before prescribing or authorizing the refill of a controlled substance prescription	2/12/2015 – Senate referred to the committee on Health and

	- Amends 22 § 7251 to provide that failure to comply with the mandatory access requirements will make the prescriber subject to discipline	Human Services, in concurrence
MD HB 3	- Amends § 21-2A-04 to specify that regulations shall be adopted requiring a prescriber and dispenser to query the PMP before prescribing or dispensing a monitored drug to a patient - Adds new section to require a prescriber or dispenser to query the PMP prior to prescribing or dispensing a monitored drug to a patient; allows a delegate to query the program on the practitioner's behalf; provides limited circumstances when query is not required - Amends § 21-2A-08 to remove immunity from disciplinary action for certain actions - Amends § 21-2A-09 to provide that a prescriber or dispenser who violates the new section is subject to disciplinary action	1/21/2015 – Hearing scheduled for 2/5 at 1:00
MD SB 757	- Amends § 21-2A-06 to provide that the PMP will release PMP information to licensing entities, other than the state board of physicians - Amends § 21-2A-06 to provide that the PMP will release PMP information to the following entities on approval of the secretary for the purpose of furthering a bona fide individual case review: state or local child fatality review team; local drug overdose fatality review team; the maternal mortality review program; or a medical review committee	2/16/2015 – First reading Senate Rules
MO HB 130	- Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding via grants, gifts, and donations - Requires dispensing information to be submitted every 7 days - Provides that information is confidential and not subject to public records laws - Provides for unsolicited reports to law enforcement and licensing boards - Allows receipt of PMP information by the following: in-state and out-of-state prescribers and dispensers; patients; board of pharmacy; any state board charged with regulating a professional with authority to prescribe or dispense; local, state, and federal law enforcement, both in-state and out-of-state, based on a specific case number and under a subpoena or court order; family support division of	2/23/2015 – Executive session completed; HCS voted do pass; HCS reported do pass

	the department of social services regarding Medicaid program recipients; judge or other judicial authority under a subpoena or court order; personnel of the department for administrative and enforcement purposes - Allows provision of deidentified data - Provides immunity for pharmacists and prescribers - Provides penalties for failure to submit information, and for knowingly disclosing or using information wrongly - Requires the creation of three types of training courses - Requires the department to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and to encourage individual patients who are identified and who have become addicted to receive addiction treatment - Provides sunset provisions - Establishes a two-year pilot program for the reporting of fraudulent prescriptions AMENDMENT #1 Deletes pilot program section	
MO HB 816	- Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding through gifts, grants, and donations - Requires submission of data every seven days - Provides for unsolicited reports to law enforcement and licensing/regulatory boards - Allows receipt of PMP information to the following: both in-state and out-of-state prescribers and dispensers; patient; state board of pharmacy; any state licensing or regulatory board; in-state and out-of-state local, state, and federal law enforcement and prosecutorial officials based on a specific case and under a subpoena or court order; family support division within the department of social services for MO HealthNet recipients; judge or other judicial authority under subpoena or court order - Allows provision of de-identified data - Provides penalties for failure to submit dispensing information, and for knowingly disclosing or using such information wrongly - Includes three types of training courses for individuals - Requires the department to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and encourage patients who are	2/5/2015 – Read second time

	identified and who have become addicted to monitored substances to received addiction treatment	
MO SB 63	- Amends § 195.050 to require all registrants who dispense controlled substances to maintain records and report the dispensing to the PMP - Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding through appropriation, gifts, grants, and donations - Requires reporting of dispensing information every 7 days - Provides data is confidential and not subject to public records laws - Allows unsolicited reports to be sent to law enforcement or licensing boards - Allows receipt of PMP information by the following: in-state and out-of-state prescribers and dispensers; patients; board of pharmacy; any state board charged with regulating a professional that has authority to prescribe or dispense controlled substances; in-state and out-of-state local, state, and federal law enforcement or prosecutorial officials based on a specific case and under a subpoena or court order; family support division within the department of social services regarding Medicaid program recipients; judge or other judicial authority under a subpoena or court order; personnel of the department for administration and enforcement of these provisions - Allows provision of deidentified data - Provides penalties for failure to submit dispensing information, and for knowingly disclosing or using such information wrongly - Includes three types of training courses for individuals - Requires the department to work with associations for impaired professionals to ensure intervention, treatment, and ongoing monitoring and encourage patients who are identified and who have become addicted to monitored substances to received addiction treatment	2/11/2015 – Hearing conducted
MO SB 111	- Adds new sections to create PMP - Requires monitoring of Schedule II-IV controlled substances - Provides for funding through appropriations - Allows receipt of PMP information to the following: patients; state boards charged with regulating a	2/18/2015 – Hearing conducted

	professional that has authority to prescribe or dispense controlled substances; local, state, and federal law enforcement or prosecutorial officials, both in-state and out-of-state, based on a specific case number and under a subpoena or court order; judge or other judicial authority with subpoena or court order; department for purposes of enforcement and administration of these provisions - Allows provision of deidentified data - Provides that dispensers are not allowed to access information in the PMP, only submit information to the PMP - Requires dispensers to have a prominently posted sign alerting consumers that all controlled substance prescriptions shall be reported to the bureau of narcotics and dangerous drugs and screened for violations - Has requirements for dispensers regarding the dispensing of controlled substances, how long dispenser must wait before dispensing, requiring contact from the department within a certain time period before a substance may be dispensed - Requires the provision of a report to the general assembly annually - Provides penalties for wrongly disclosing or using PMP information	
MS HB 261	Amends § 73-21-127 to provide that data is not subject to disclosure and is not subject to civil subpoena, and shall not be discoverable, disclosed, or compelled to be produced in a civil proceeding, and shall not be deemed admissible as evidence in a civil proceeding for any reason	2/3/2015 – Died in committee
MS SB 2738	- Amends § 73-21-127 to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe controlled substances shall be subject to discipline, including actions against the individual's license, registrations, or permit, or an administrative penalty, or both, for failure to obtain drug monitoring information prior to dispensing or prescribing controlled substances and specified non-controlled substances - Amends § 73-21-127 to delete the repeal provision	2/3/2015 – Died in committee
MT SB 7	Allows board to collect fees from prescribers and dispensers beyond the current July 1, 2015 sunset date and increases the maximum amount that can be collected from each individual to $30	1/23/2015 – Hearing
NE LB 471	- Amends current law to require the establishment of a PMP	1/28/2015 –

	- Prohibits patients from opting out of the system - Requires all prescriptions to be reported to the system - Allows prescribers and dispensers to access the system - Appropriates $500,000 to implement the changes	Notice of hearing for 2/11
NH SB 31	- Amends § 318-B:31 to add additional exceptions to reporting requirements - Amends § 318-B:33 to provide that practitioners who prescribe but don't dispense must register with the program as a prescriber and those that prescribe and dispense must register as both - Amends § 318-B:34 to allow the provision of de-identified data - Amends § 318-B:35(I)(b)(4) to repeal that subsection regarding interstate sharing - Amends § 318-B:35 to add a new subparagraph to allow the provision of PMP data to another PMP or through an interstate sharing data hub as long as there is an agreement is in place with the other state to ensure the information is used pursuant to the laws of NH	2/20/2015 – Hearing scheduled for 3/3
NJ SB 1998	- Amends § 45:1-45 to require the submission of information regarding the identification of an individual other than the patient who picks up a prescription - Amends § 45:1-45 to require submission of data within 7 days - Amends § 45:1-46 to allow provision of unsolicited reports to practitioners and pharmacists if a patient is suspected of diversion, misuse, or abuse and modifies terms regarding provision of unsolicited reports to law enforcement and licensing boards - Provides that pharmacists and practitioners will be registered with the PMP upon issuance or renewal of controlled dangerous substances registration - Allows receipt of PMP information to the following: pharmacists; practitioners; delegates; medical residents as authorized by a faculty member of a medical teaching facility; medical examiner; PMP in another state; designated representatives of certain licensing boards; state, federal, or municipal law enforcement officer acting pursuant to a court order; grand jury with subpoena; licensed mental health practitioner providing treatment for substance abuse patients with written consent of the patient - Allows interstate sharing of PMP information - Allows provision of deidentified data	12/18/2014 – Senate amendment passed

	- Requires the department to establish a process for patients, authorized agents, parents of a minor child, legal guardians, or legal counsel for a patient can directly request and obtain access to PMP data - Amends § 45:1-48 to provide immunity to mental health practitioners and licensed health care practitioners - Amends § 45:1-49 to include mental health practitioners and licensed health care practitioners among those subject to penalties - Provides additional penalties for wrongly obtaining or attempting to obtain PMP information; knowingly disclosing and wrongly using data - Adds new section requiring a practitioner or delegate to access the PMP on a patient the first time the practitioner or delegate prescribes a controlled substance to a patient and not less than quarterly thereafter if the patient continues to receive prescriptions for controlled dangerous substances - Requires prescriber to access the PMP if s/he has a reasonable belief that the patient may be seeking a controlled substance for a reason other than the treatment of a medical condition - Prohibits a pharmacist from dispensing a controlled substance without first checking the PMP if s/he has a reasonable belief that the patient is seeking the controlled substance for a reason other than the treatment of a medical condition - Prohibits a pharmacist from dispensing a controlled substance to a person other than the patient unless the person receiving the prescription provides personal identifying information, which information shall be submitted to the PMP - Provides exceptions to the access requirement - Adds a new section creating a pilot program to test the practicality and effectiveness of integrating the PMP with electronic health records - Adds new section requiring a report to the legislature regarding an assessment of the design, implementation, requirements, and costs associated with a real time PMP	
ND HB 1149	Amends § 19-03.5-09 to require that each professional board responsible for licensing individuals authorized to prescribe or dispense controlled substances adopt rules requiring individuals licensed under their jurisdiction to use the PMP	2/23/2015 – Passed House; referred to Senate Human Services committee

OH HB 394	- Amends § 4715.14 to include another exception to the PMP registration requirement for dentists - Amends § 4723.486 to include another exception to the PMP registration requirement for nurses - Amends § 4725.16 to include another exception to the PMP registration requirement for optometrists - Amends § 4729.12 to require pharmacists to certify that they are registered with the PMP on the renewal application - Amends § 4729.85 regarding the preparation and presentation of reports to the legislature, the governor, and certain committees - Amends § 4729.86 to allow prescribers and pharmacists to provide PMP information the patient or the patient's personal representative and to include the information in the patient's medical record - Amends § 4730.48 to include another exception to the PMP registration requirement for physician assistants - Amends § 4731.281 to include another exception to the PMP registration requirement for physicians, osteopaths, and podiatrists - Amends § 4715.302 to include definitions for opioid analgesic and benzodiazepine - Amends § 4723.487 to include definitions for opioid analgesic and benzodiazepine - Amends § 4725.092 to remove statutory access requirement for optometrists - Amends § 4730.53 to include definitions for opioid analgesic and benzodiazepine - Amends § 4731.055 to include definitions for opioid analgesic and benzodiazepine	12/19/2014 – Signed by Governor; effective on signing
OH SB 55	- Amends § 4730.49 to provide that to be eligible for renewal of a license to practice as a physician assistant who has been granted physician-delegated prescriptive authority must certify that the applicant has been granted access to the PMP with certain exceptions - Amends § 4730.53 to make certain technical changes	2/18/2015 – Referred to committee
OH SB 276	- Amends § 4715.14 to include another exception to the PMP registration requirement for dentists - Amends §4723.486 to include another exception to the PMP registration requirement for nurses - Amends § 4725.16 to include another exception to the PMP registration requirement for optometrists	12/19/2014 – Signed by Governor; effective on signing

	- Amends § 4729.12 to require pharmacists to certify that they are registered with the PMP on the renewal application - Amends § 4729.85 regarding the preparation and presentation of reports to the legislature, the governor, and certain committees - Amends § 4729.86 to allow prescribers and pharmacists to provide PMP information to the patient or the patient's personal representative and to include the information in the patient's medical record - Amends § 4730.48 to include another exception to the PMP registration requirement for physician assistants - Amends § 4731.281 to include another exception to the PMP registration requirement for physicians, osteopaths, and podiatrists - Amends § 4715.302 to include definitions for opioid analgesic and benzodiazepine - Amends § 4723.487 to include definitions for opioid analgesic and benzodiazepine - Amends § 4725.092 to remove statutory access requirement for optometrists - Amends § 4730.53 to include definitions for opioid analgesic and benzodiazepine - Amends § 4731.055 to include definitions for opioid analgesic and benzodiazepine	
OK HB 1080	Amends 63 § 2-309D to allow the use of delegates	2/3/205 – Second reading; referred to Alcohol, Tobacco, and Controlled Substances
OK HB 1948	- Amends 63 § 2-304 to prohibit the Director from assessing administrative fines for violations of the provisions of 63 § 2-309D - Amends 63 § 2-309D to allow receipt of PMP information by the executive director or chief investigator of the Board of Examiners in Optometry, the Board of Nursing, and the Office of the Chief Medical Examiner and removes requirement that the information received be limited to licensees of the requesting board - Amends 63 § 2-309D to allow receipt of PMP information by medical practitioners employed by the	2/10/2015 – First reading in Senate

	Dept. of Veterans' Affairs, the US Military, or other federal agencies treating patients in OK - Amends 63 § 2-309D to allow receipt of PMP information by medical practitioners and their staff, including those employed by the federal government - Amends 63 § 2-309D to allow the Dept. of Mental Health and Substance Abuse Services to use de-identified data for statistical, research, substance abuse prevention, or educational purposes - Amends 63 § 2-309D to allow registrants to have access to the registry and allows registrants to disclose a patient's history to the patient - Amends 63 § 2-309D to require registrants or delegates to access the PMP prior to prescribing or authorizing a refill, if 180 days have elapsed since the previous check, for opiates, benzodiazephine (sic.), or carisoprodol and must note in the patient's record that the PMP has been accessed - Provides exceptions to the access requirement for medical practitioners who are members of a health information organization and who access and use a monthly report; medical practitioners who prescribe for hospice or end-of-life care; and for prescriptions issued for patients in a nursing facility - Provides that the various licensing boards shall be responsible for enforcing the requirement to access provision - Requires that the Director provide the various licensing boards with a list of the top 20 prescribers each month and shall notify the relevant board if a prescriber is prescribing outside the limitations of their licensure or outside of drug registration rules or applicable state laws, and such notice shall be treated as a complaint by the board for the purpose of investigations AMENDMENT #1 - Changes spelling from benzodiazephine to benzodiazepine - Deletes exceptions listed above - Provides the following exceptions to the access requirement: 1) medical practitioners prescribing for hospice or end-of-life care; and 2) prescribing for patients who are residents of a skilled nursing facility - Changes the requirement for treating a notice that a practitioner is prescribing outside the limitations of their licensure as a complaint from "shall" to "may"	

OK SB 140	Amends 63 § 2-309D to allow receipt of PMP information by designated employees of the Bureau AMENDMENT #1 - Changes language from "designated employees of the Bureau" to "designated legal, communications, and analytical employees of the Bureau"	2/19/2015 – Emergency clause restored; engrossed to House; first reading in House
OK SB 693	- Amends 63 § 2-309D to allow provision of data to medical practitioners and their staff employed by the federal government within OK - Amends 63 § 2-309D to allow registrants to have access to the registry and to allow registrants to disclose patient information to the patient - Amends 63 § 2-309D to provide that registrants or their delegates must check the PMP prior to prescribing or authorizing a refill for all hydrocodone products, all oxycodone products, all benzodiazepines, diazepam, carisiprodal (sic.), or ultram	2/3/2015 – Second reading; referred to Health and Human Services
OK SB 699	- Amends 63 § 2-309D to allow receipt of PMP information by the executive director or chief investigator of the Board of Examiners in Optometry, the Board of Nursing, and the Office of the Chief Medical Examiner and removes requirement that the information received be limited to licensees of the requesting board - Amends 63 § 2-309D to allow receipt of PMP information by medical practitioners employed by the Dept. of Veterans' Affairs, the US Military, or other federal agencies treating patients in OK - Amends 63 § 2-309D to allow the Dept. of Mental Health and Substance Abuse Services to use de-identified data for statistical, research, substance abuse prevention, or educational purposes - Amends 63 § 2-309D to allow registrants to have access to the registry and allows registrants to disclose a patient's history to the patient - Amends 63 § 2-309D to require registrants or delegates to access the PMP prior to prescribing or authorizing a refill, if 180 days have elapsed since the previous check, for opiates, benzodiazephine (sic.), or carisoprodol and must note in the patient's record that the PMP has been accessed - Provides exceptions to the access requirement for medical practitioners who are members of a health information organization and who access and use a monthly report; medical practitioners who prescribe for hospice or end-of-	2/3/2015 – Second reading; referred to Health and Human Services

	life care; and for prescriptions issued for patients in a nursing facility - Provides that the various licensing boards shall be responsible for enforcing the requirement to access provision - Requires that the Director provide the various licensing boards with a list of the top 20 prescribers each month and shall notify the relevant board if a prescriber is prescribing outside the limitations of their licensure or outside of drug registration rules or applicable state laws, and such notice shall be treated as a complaint by the board for the purpose of investigations	
OR HB 3100	Amends § 431.966 to make technical changes	2/20/2015 – Referred to Health Care; scheduled for public hearing 3/2
OR SB 71	Amends § 431.964 to remove data collection interval time period and provide that the time within which to report dispensing information shall be adopted by rule	2/16/2015 – Public hearing held
OR SB 289	Provides a repeal date for the advisory commission of June 30, 2020	1/20/2015 – Referred to Rules
OR SB 626	- Amends § 431.966 to provide that the system will release information as part of an automated system integrated into the PMP which shall disclose information only for the purposes of notifying the practitioner or pharmacist of a potentially dangerous drug interaction or of multiple prescribers prescribing drugs to a patient - Amends § 431.966 to allow receipt of PMP information by a district or county health officer, medical examiner or his/her designee, and to a person allowed receipt of de-identified information for the purpose of comparing information kept in different databases - Amends § 431.966 to allow a public health authority to disclose de-identified data for educational, research, or public health purposes - Amends § 431.966 to modify the immunity provisions to provide that a practitioner or pharmacist may not be held liable for civil damages on the basis that s/he requested or obtained PMP information - § 431.962 is amended to add a new sub-section that requires practitioners to query the PMP prior to prescribing or dispensing a Schedule II-IV substance with certain exceptions	2/12/2015 – Referred to Health Care

	- Amends § 431.978 to add a new sub-section that provides that any licensee who violates the mandatory access requirement may be penalized by his/her health regulatory board and includes a financial penalty of up to $1,000 per violation	
OR SB 663	Amends § 431.966 to make technical changes	2/19/2015 – Referred to Health Care
PA SB 3	Creates new Chapter for medical marijuana which provides, among other things, that the Board of Medical Cannabis Licensing shall have the power to require utilization of the PMP by a health care practitioner to review a patient's history	1/26/2015 – Referred to State Government
SC SB 102	Exempts licensed retail pharmacies and entities located in Canada, the United Kingdom, the Republic of Ireland, the Commonwealth of Australia, and New Zealand from the reporting requirements	1/13/2015 – Referred to committee on medical affairs
TX SB 195	- Amends § 481.074 to change "director" to "Board of Pharmacy" - Amends § 481.076 to change "director" to "board" - Amends § 481.076 to allow provision of PMP data to one or more states or association of states with which the board has an interoperability agreement - Creates new subsection to allow the board to enter into an interoperability agreement with one or more states or an association of states authorizing the board to access PMP information maintained or collected by the other state or states or association, including information maintained in a central database, such as NABP's PMPi - Amends § 481.0761 to provide that the board may, by rule, establish compatibility protocols for modifications to the database to allow participation in interstate sharing - Allows the board to adopt rules providing that a person authorized to access information directly be enrolled in electronic access at the time s/he obtains or renews his/her professional or occupational license/registration - Provides that the changes only apply to information submitted or accessed on or after January 1, 2016 and that the board may enter into an interoperability agreement prior to that date, but it must not take effect until that date - Requires that the Dept. of Public Safety transfer all records to the Board of Pharmacy by Jan. 1, 2016 - Requires adoption of rules no later than December 1, 2016	1/27/2015 – Read first time; referred to Health and Human Services

UT SB 119	- Amends § 58-37f-203 to provide that a patient may request his/her records upon written request and allows the patient to request correction of inaccurate information in the report - Amends § 58-37f-301 to provide that database information provided for scientific studies must be de-identified - Amends § 58-37f-301 to require that law enforcement have a search warrant - Amends § 58-37f-301 to allow patients to receive a list of the names of all persons and entities that have requested or received any information from the database regarding the patient - Amends § 58-37f-601 to provide penalties for persons who negligently or recklessly release database information - Adds new section § 58-37f-704 to state that practitioners are not obligated to access the database and provide civil immunity to practitioners and pharmacists AMENDMENT #1 - If a patient's request to correct information in PMP is denied, it provides that the patient may appeal to the Dept. of Commerce rather than the Board of Pharmacy - Removes de-identified requirement - Provides that the list of persons or entities who have requested the patient's PMP information will not be released if the patient's record is subject to a pending or current investigation	2/24/2015 – Passed Senate; House first reading
UT SB 158	Amends § 58-37f-301 to allow a pharmacy intern to be a delegate and allows a pharmacist-in-charge to delegate up to five employees AMENDMENT #1 does not affect PMP provisions	2/20/2015 – Placed on second reading calendar; fiscal note received
VA HB 1810	Amends § 54.1-2523 to provide that PMP data shall not be available for civil subpoena, nor shall such information be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall the information be deemed admissible as evidence in any civil proceeding for any reason AMENDMENT #1 Changes the word "information" to "records"	2/24/2015 – House voted to adopt Senate amendments
VA HB 1841	- Amends § 54.1-2522.1 to require that prescribers be registered with the PMP	2/23/2015 – Passed Senate

	- Deletes requirement that there be a treatment agreement between prescriber and patient before prescriber is required to access PMP - Creates § 54.1-2522.2 to require that all dispensers be registered with the PMP and to require that dispensers check the PMP before dispensing any benzodiazepine or opiate expected to last more than 90 days - Amends § 54.1-2523 to provide additional circumstances when it's appropriate for a dispenser to receive PMP information AMENDMENT #1 - Changes requirements in new section § 54.1-2522.2 to only require that the Department register every dispenser licensed with the Board of Pharmacy with the PMP - Deletes amendments to § 54.1-2523 as set out above	
VA HB 1979	Adds new section providing that if a person is arrested for a crime involving a controlled substance, where the dispensing of such substance is required to be reported to the PMP, the arresting officer must cause a PMP report to be requested to identify the prescriber and shall cause the prescriber to be notified of such arrest unless such notification would jeopardize an ongoing criminal investigation	2/10/2015 – Left in Courts of Justice
VA HB 2136	Amends § 54.1-2522.1 to provide that prescribers shall check the PMP at the time of initiating a new course of treatment that includes prescription of a benzodiazepine or opiate expected to last more than 30 days and at least once annually as long as such prescription remains a part of the patient's treatment	2/11/2015 – Left in Health, Welfare and Institutions
VA SB 817	Amends § 54.1-2523 to allow receipt of information by probation and parole officers	2/23/2015 – Enrolled bill communicated to Governor; Governor's action deadline 3/30
WA HB 1103	- Amends § 70.225.040 to allow receipt of PMP information by personnel of a test site pursuant to an agreement between the test site and the patient's prescriber or dispenser - Adds new section that provides the test site must be located in Washington state, licensed, and certified as a drug testing laboratory - Adds new section that provides that test sites may not store data received from the PMP in any form	2/10/2015 – Passed House as amended; referred to Senate committee Health Care

	AMENDMENT #1 - Removes requirement that the test site be physically located in Washington - Adds provision that test sites cannot receive any form of compensation for providing services	
WA HB 1637	Amends § 70.225.040 to allow provision of PMP data to local, state, and federal officials and officials of federally recognized tribes	2/13/2015 – Referred to Rules
WA SB 5027	- Amends § 70.225.040 to allow receipt of PMP information by personnel of a test site pursuant to an agreement between the test site and the patient's prescriber or dispenser - Adds new section that provides the test site must be located in Washington state, licensed, and certified as a drug testing laboratory - Adds new section that provides that test sites may not store data received from the PMP in any form AMENDMENT #1 - Removes requirement that the test site be physically located in Washington - Adds provision that test sites may not charge a fee for accessing the PMP - Provides that access to the data in a test site must be under the supervision of a responsible person designated by the US Dept. of Health and Human Services, substance abuse and mental health services administration certification program	2/10/2015 – Majority votes to substitute bill
WA SB 5290	Amends § 70.225.040 to allow provision of PMP data to local, state, and federal officials and officials of federally recognized tribes	2/6/2015 – Passed to Rules committee for second reading
WA SB 5815	Creates new section that requires naturopaths to register with the PMP	2/4/2015 – First reading; referred to Health Care
WV HB 2352	Authorizes the legislative rule related to the PMP	1/30/2015 – To House Judiciary
WV HB 2733	- Amends § 60A-9-3 to make technical changes - Amends § 60A-9-4 to make technical changes and require the reporting of the first, middle, and last names of the person picking up the prescription if such person is not the patient - Amends § 60A-9-4a to make technical changes	2/25/2015 – Passed House; referred to Senate Health and Human Resources

	- Amends § 60A-9-5 to make technical changes AMENDMENT #1 Removes requirement in § 60A-9-5 that law enforcement have successfully completed DEA diversion training and National Association of Drug Diversion Investigation Training before being allowed to receive PMP information and replaces that requirement with one requiring law enforcement to complete training approved by the board	
WV SB 199	Authorizes the legislative rule related to the PMP (This description represents the bill after the adoption of Senate substitution)	2/25/2015 – Ordered to House
WV SB 205	Authorizes the legislative rule related to the PMP	2/23/2015 – Reported in committee substitute for SB 199
WI AB 21	- Transfers oversight of the PMP from the Pharmacy Examining Board to the Controlled Substances Board - Allows the Pharmacy Examining Board to disclose a record to law enforcement, including under circumstances indicating suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient - Provides that the board may refer a pharmacist, pharmacy, or practitioner to the appropriate board or to law enforcement for failure to comply with the PMP	2/3/2015 – Introduced at the request of Governor; read first time and referred to committee
WY SF 100	- Amends § 35-7-1060 to change data collection interval from every seven days to daily - Amends § 35-7-1060 to allow the use of delegates - Repeals §§ 35-7-1061 and -1062 regarding pilot project for real time access to database AMENDMENT #1 - Changes effective date from July 1, 2015 to January 1, 2016	2/23/2015 – Placed on General File
Regulation No.	**Description**	**Status**
AL 371321 (uncodified)	Alabama Medicaid agency submitted a State Plan Amendment to expand Health Homes, one of the proposals of which is to work with PMPs to review health data on all Health Home recipients each month to improve the quality of care	8/29/2014 – Public notices
AR 374989 (ADC 016.15.4-II-E)	Allows a DHS investigator to petition for access to the PMP if the investigator demonstrates probable cause that the alleged offender has one or more prescription drugs,	12/22/2014 – Adopted regulations; effective 2/2015

	and the baby or the offender tested positive for prescription drugs at the time of birth of the baby	
CO 380477 (3 ADC 709-1:IX)	Requires all dentists or academic dentists with a current DEA registration to register with the PMP	12/25/2014 – Notices of proposed rulemaking
CT 368305 (ADC 21a-254-2 to -6)	Propose to add nonresident pharmacies and medical practitioners to the existing groups of medical providers and pharmacies subject to the PMP regulations	8/5/2014 – Notices of intent to amend regulations
IL 361946 (77 ADC 2080.20, 50, 70, 100, 190, 210, 220 to 250)	- Requires hospitals to report any discharge or outpatient prescription exceeding a 72 hour supply to PMP within 7 days - Allows receipt of PMP information by prescribers, dispensers, and patients - Allows unsolicited or push reports to prescribers when a patient is identified as having 6 or more prescribers or 6 or more pharmacies, or both, for controlled substances within a continuous 30-day period - Allows direct access to prescribers, dispensers, hospital emergency departments, or freestanding healthcare facilities - Requires notice of any errors in reporting within 7 days after discovery of error	1/23/2015 – Second notices received; scheduled for review at Feb. 17, 2015 meeting
IL 361947 (77 ADC 2081.10 – 90)	- To implement the requirement that pharmacies in long-term care facilities report certain medications to the PMP - Requires submission of data by LTCF pharmacies weekly - Includes list of medications required to be submitted	1/23/2015 – Second notices received; scheduled for review at Feb. 17, 2015 meeting
IL 366174 (77 ADC 2080)	Rulemaking to ensure compliance with changes to the scheduling of controlled substances and exclusion of veterinarians from having to report	7/11/2014 – Regulatory agendas
IL 366175 (77 ADC 2080)	Rulemaking to include all medications dispensed by long term care pharmacies to residents in long term care facilities	7/11/2014 – Regulatory agendas
KY 367792 (902 KAR 20:430)	- Allows a behavioral health services organization to employ or have affiliation with a physician who prescribes FDA-approved drugs for the treatment of opioid addiction in adult patients, excluding methadone-based treatment - Requires that the physician document in the patient's record whether the patient is compliant with prescribed dosing as evidenced by the results of a KASPER report and drug testing	2/1/2015 – Regulation effective date of 12/17/2014

KY 375884 (201 KAR 9:270)	For physicians prescribing or dispensing buprenorphine-mono-product or buprenorphine combined with naloxone, must obtain and review a KASPER report immediately preceding the initial patient encounter - At least once every three months, the physician is required to obtain KASPER reports to help guide the treatment plan and, if the KASPER report indicates abnormal findings, the physician shall incorporate those findings into the clinical reasoning to support the continuation or modification of treatment	1/1/2015 – Administrative regulations amended after public hearing or receipt of written comments
LA 380099 (ADC 46:LIII.2901 and 2911)	Notice of intent to amend rules to remove tramadol as a drug of concern and revising the deadline by which pharmacies and other dispensers are required to report those transactions to the database	12/20/2014 – Notice of intent
ME 373954 (ADC 14-118 Ch. 11, § 5)	Changes data collection interval from weekly to daily	10/8/2014 – Proposals
MD 381957 (ADC 10.47.07.03 to 10.47.07.09)	- Purpose of this modification is to establish authority for the review of PMP data for indications of possible misuse or abuse of a monitored prescription drug - Amends ADC 10.47.07.03 to include different reporting fields - Amends ADC 10.47.07.04 to allow review of PMP data for indications of possible misuse or abuse - Amends ADC 10.47.07.05 to all a report to be sent to a prescriber or dispenser if review of the PMP data indicates possible abuse or misuse - Allows disclosure to another state's PMP for disclosure to a prescriber, dispenser, licensed health care practitioner, or a patient after information has been reviewed by technical advisory committee	1/9/2015 – Proposed actions on regulations; comments accepted through 2/9/15
MD 383264 (ADC 10.19.03.03)	- Proposed amendment would require applicants who are authorized to prescribe prescription drugs to register with the PMP - Public comments accepted until Feb. 23, 2015; no hearing scheduled at this time	1/23/2015 – Proposed actions on regulations
MI 375597 (ADC R418. 101008a)	- Requires that physicians seeking reimbursement for opioid treatment beyond 90 days submit a written report to the payer not later than 90 days after the initial opioid prescription fill for chronic pain and every 90 days thereafter	1/15/2015 – Filed with Secretary of State

	- Report must include a review of data received from the PMP for identification of past history of narcotic use and any concurrent prescriptions - Allows providers to bill $25 to the payer for accessing the PMP	
MT 374785 (ARM 24.174.1704)	- Requires submission of dispensing information within eight days - Modifies zero reporting requirements	1/9/2015 – Approved by Board; pending publication by Secretary of State
NH 381657 (ADC Med 401.03)	Physicians authorized to prescribe Schedule II-IV controlled substances must register with the PMP	1/8/2015 – Notice of proposed rules
NM (ADC 16.19.29)	- Amends definitions – adds exceptions to the definition of dispenser; adds definitions of "person," "PMP director," "PMP report," and "practitioner" - Requires all dispensers to submit PMP data - Changes data collection interval from weekly to daily - Adds instructions for submission of corrected data - Removes unsolicited reports provision - Modifies delegate provisions to provide that the supervising practitioner must also maintain an active account - Modifies provisions regarding provision of data to licensing boards - Allows provision of PMP data to state drug courts - Allows provision of PMP data to a living patient or an agent authorized by said individual - Provides that PMP information received from other states shall not be subject to civil subpoena nor shall it be disclosed, discoverable, or compelled to be produced in any civil proceeding - Deletes section 16.19.29.10 regarding requesting a PMP report and submission of specific reports to the board regarding unsolicited reports, etc. - Removes registration requirement for practitioners with DEA numbers - Requires all persons authorized to access the PMP to complete a web-based training program - Requires persons reporting prescription information to the PMP but not authorized for access to PMP information to apply for access	Adopted; effective 3/2015
OH 374502	Removes "all drugs containing tramadol" from definition of reported drugs	1/20/2015 – Final filings

(ADC 4723-9-12)		
OH 374875 (ADC 4731-11-12)	Requires physicians providing office based opioid treatment to check the PMP no less frequently than every 90 days for each patient	1/16/2015 – Final filings
RI 376784 (ADC 31-2-6:3.0, 4.0)	- Requires that practitioners to check the PMP prior to starting any opioid for a patient the practitioner is treating for chronic pain - For patients the practitioner is maintaining on continuous opioid therapy for six months or longer, the practitioner is required to check the PMP at least every 12 months and documentation of the review shall be noted in the patient's chart - Practitioner shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump - Requires all practitioners, as a condition of their initial registration or renewal of the practitioner's authority to prescribe controlled substances, register with the PMP	11/11/2014 – Proposed rules
RI 381551 (ADC 31-2-6:3.0, 4.0)	- Amends ADC 31-2-6:3.0 to require a practitioner treating a patient for pain management to review the PMP prior to starting an opioid and shall review the PMP at least every 12 months if the patient is continued on the opioid for a period of six months or longer - Requires practitioner to check the PMP prior to refilling or initiating therapy with an intrathecal pump - Amends ADC 31-2-6:4.0 to require all practitioners to register with the PMP	1/6/2015 – Proposed rules
UT 382274 (ADC R156-17b)	Amends pharmacy rule; no direct impact on PMP	1/15/2015 – Proposed rules
UT 382276 (ADC R156-37f)	- Amends definitions to include definition of "positive identification"	1/15/2015 – Proposed rules
VT 371707 (ADC 12-7-5:7502)	Requires all Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter	12/31/2014 – Adopted rules
VT 382987 (ADC 12-5-21:1.0 to 10)	- Repeals prior versions - 12-2-21:4.0 Requires prescribers who dispense to submit dispensing information to the PMP - 12-2-21:5.0 Requires pharmacists to register with the PMP	1/22/2015 – Proposed rules

	- Allows pharmacy delegates - 12-2-21:6.0 Requires certain professionals and entities to register with the PMP - Requires prescribers and/or their delegates to query the PMP prior to prescribing a controlled substance 1) the first time the provider prescribes an opioid to treat chronic pain; 2) when starting a patient on a controlled substance in Sch. II-IV for nonpalliative long-term pain therapy of 90 days or more; 3) prior to writing a replacement prescription; 4) at least annually for patients receiving ongoing opioid treatment; 5) when prescribing a controlled substance for acute pain for longer than 21 days - Requires prescribers and/or their delegates in an emergency department or urgent care setting to query the PMP 1) when a patient requests an opioid for chronic pain from an ED or urgent care prescriber; 2) when a patient requests an extension of a current opioid prescription; 3) before prescribing an opioid for longer than 10 days; 4) prior to prescribing buprenorphine or a drug containing buprenorphine to a VT patient for the first time and at regular intervals thereafter; 5) prior to writing a replacement prescription - 12-5-21:7.0 Allows provision of PMP data to pharmacists, prescribers, medical examiner, Medical Director of the Department of VT Health Access for Medicaid recipients, prescribers or medical examiners licensed in another state, delegates - Allow receipt of information by patients, professional boards - 12-5-21:8.0 Allows provision of unsolicited reports to prescribers and licensing boards	
WV 365548 (ADC 15-8-1 to -7)	- Amends definitions to include definitions of "CSMP" and "patient" - Amends access provisions for law enforcement - Amends access provisions for inspectors and agents of the Board - Allows practitioners or his/her delegate to access the PMP information of a prospective patient for the purpose of determining whether to accept the patient and provide treatment - Allows practitioner or delegate to check the PMP for information regarding a child-patient's breastfeeding mother, wet nurse, or other direct source of human breast	1/9/2015 – Notices of rule modification

	milk when the patient is a newborn or child being fed human breast milk - Allows practitioners to keep a copy of the PMP report in the patient's file and may share the information with other providers treating the patient, or with the patient or his/her authorized guardian but such information is not subject to discovery in a civil case without a court order - Provides for unsolicited alerts to prescribers and dispensers whose patients exceed set parameters - Allows the review committee to refer information regarding practitioners who may have breached professional or occupational standards or committed a criminal act to the practitioners, their licensing board, or law enforcement	
WI 374500 (ADC Phar. 18.03)	Modifies definitions to allow inclusion of various temporary medical licenses (ex., camp physician license, locum tenens license, temporary physician license, etc.) in order that they might access the PMP without the necessity of becoming a delegate	10/14/2014 – Scope statements
WI 383322 (Uncodified)	Notice of informational public hearing to be held on Feb. 11, 2015 to solicit public comments relating to submission to the PMP before preparing a proposed rule in draft form	1/26/2015 – Public notices

Highlighted text indicates the bill has been enacted into law or the regulation has been adopted.
Red text indicates the legislature is no longer in session.
Blue text represents updates from the previous NAMSDL bill status update.