Prescription Drug Monitoring Programs – Bill Status Update

Research current through February 25, 2016.

This project was supported by Grant No. G1599ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

	Bills	
Bill No.	**Description**	**Status and Date of Last Action**
US HR 6	Requires the Secretary to authorize Medicare Drug Integrity Contractors (MEDICs) to respond to requests for information from state PMPs in an effort to prevent fraud, waste, and abuse	7/13/2015 – Received in the Senate and read twice and referred to committee on health, education, labor, and pensions
US HR 953	- Planning and implementation grants for states - States receiving the grant shall establish a comprehensive response to opioid abuse, including a comprehensive PMP that includes: 1) data sharing with other states; 2) educating physicians, residents, medical students, and other prescribers on the PMP - Requires that states receiving grants have an integrated opioid abuse response program that: 1) ensures that each prescriber and dispenser registers with the PMP; 2) each prescriber and dispenser consults the PMP before prescribing a controlled substance; 3) that each dispenser reports the dispensing of controlled substances to the PMP with certain exceptions defined by the state; and 4) not fewer than four times each year, provide each prescriber an informational report showing how their prescribing patterns compare with their peers - Priority considerations include those states that ensure PMP data is available within 24 hours and ensure that prescribers and dispensers are notified by the PMP when overuse or misuse of a controlled substance by a patient is suspected - Grants awarded by the Attorney General in coordination with the Secretary of Health and Human Services and the Director of the Office of National Drug Control Policy	4/29/2015 – Referred to the subcommittee on Higher Education and Workforce Training
US HR 1725	- Reauthorizes NASPER funding - Allows funds to be used to improve, maintain, and operate an existing PMP	9/9/2015 – Received in the Senate and read twice and referred to Committee on

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Requires that states plan to apply the latest advances in HIT to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that states plan to achieve interoperability with at least one HIT system, such as an EHR, HIE, or e-prescribing system - Requires that states achieve interoperability between border states and include timelines for full implementation of such interoperability and also describe how it will achieve interoperability with HITs, as allowed by state law - Requires the state to report to the secretary on: interoperability with federal departments and agencies; interoperability with HITs such as EHRs, HIEs, and e-prescribing systems; and whether or not the state provides automatic, real-time or daily information about patients to providers - Requires states to provide the secretary with aggregate data to enable the secretary to evaluate the success of the state's program - Requires states to provide de-identified data to researchers - Requires states to take steps to facilitate use of the system, educate prescribers and dispensers regarding the benefits of using the system, and facilitate linkage to the state substance abuse agency and substance use disorder services - Appropriates $10,000,000 for fiscal years 2016 - 2020	Health, Education, Labor, and Pensions
US HR 2046	Amends § 7332(b) of Title 38 to provide that the secretary of Veterans' Affairs shall participate in each state PMP, including by providing such information to the program of an individual before filling an opiate prescription for such individual	5/11/2015 – Referred to Subcommittee on Health
US HR 2536	- Creates the "Recovery Enhancement for Addiction Treatment Act" - Provides that qualifying practitioners for medication-assisted treatment can submit a second notification of the need and intent of the qualifying practitioner to treat an unlimited number of patients as long as they agree to fully participate in the PMP in the state in which they are licensed	6/16/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

US HR 2805	- Creates the Heroin and Prescription Opioid Abuse Prevention, Education, and Enforcement Act of 2015 - Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP - Amends language to allow funds to be used for the purpose of improving or maintaining the program - Requires that states have a plan in place to apply the latest advances in health information technology in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires states to provide a timeline for achieving interoperability with other states and with the PMP and HIT systems - Requires a report to be made to the secretary on interoperability and data collection intervals - Requires states receiving funding to facilitate prescriber and dispenser use of the PMP, educate prescribers and dispensers on the benefits of the system, and facilitate linkage to the state substance abuse agency and substance abuse disorder services	7/9/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations
US HR 3677	- Creates the Opioid Abuse Prevention and Treatment Act of 2015 - Provides that the Secretary of Health and Human Services shall award grants to one or more states to carry out a 1-year pilot project to develop a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns through a review of PMPs in states receiving such grants - A state receiving a grant under this section shall, with respect to controlled substances for which a prescriber is required to be registered with by the DEA in order to prescribe such controlled substances, shall make the information with respect to such controlled substances from the PMP available to state regulators and licensing boards and, with respect to any other controlled substances, may make the information with respect to such controlled substances from the PMP available to state regulators and licensing boards	10/2/2015 – Referred to subcommittee on Health
US HR 3719	- Reauthorizes NASPER funding	11/3/2015 –

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Allows funds to be used to improve, maintain, and operate an existing PMP - Requires that states plan to apply the latest advances in HIT to incorporate PMP data directly into the workflow of prescribers and dispensers - Requires that states plan to achieve interoperability with at least one HIT system, such as an EHR, HIE, or e-prescribing system - Requires that states achieve interoperability between border states and include timelines for full implementation of such interoperability and also describe how it will achieve interoperability with HITs, as allowed by state law - Requires the state to report to the secretary on: interoperability with federal departments and agencies; interoperability with HITs such as EHRs, HIEs, and e-prescribing systems; and whether or not the state provides automatic, real-time or daily information about patients to providers - Requires states to provide the secretary with aggregate data to enable the secretary to evaluate the success of the state's program or to provide a report to Congress - Requires states to provide de-identified data to researchers - Requires states to take steps to facilitate use of the system, educate prescribers and dispensers regarding the benefits of using the system, and facilitate linkage to the state substance abuse agency and substance use disorder services - Appropriates $10,000,000 for fiscal years 2016 - 2020	Referred to subcommittee on crime, terrorism, homeland security, and investigations
US HR 3762	Provides for the appropriation of $750,000 for fiscal years 2016 and 2017 to award grants to states to address the substance abuse public health crisis or to respond to urgent mental health needs within the state, which funds shall be used by grantee states for, among other uses, improving state PMPs	2/2/2016 – Chair announced that bill and accompanying veto message were referred to Committee on the Budget; Chair directed clerk to notify the Senate of the action (Presidential veto

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

		because sections of the bill would repeal certain sections of the Affordable Care Act)
US HR 3889	21 USC 823 § 303 is amended to require practitioners to complete training prior to granting or renewing the registration of a practitioner to dispense, or conduct research with, Schedule II – V controlled substances including training regarding tools to manage adherence and diversion of controlled substances, including PMPs	12/4/2015 – Referred to subcommittee on crime, terrorism, homeland security, and investigations
US HR 4063	- Creates the "Promoting Responsible Opioid Management and Incorporating Scientific Expertise Act" or the "Jason Simcakoski PROMISE Act" - Requires that the Secretary of Veterans Affairs and the Secretary of Defense shall jointly update the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain which shall include guidance that each health care provider, before initiating opioid therapy to treat a patient, which shall include the ability to access the most recent patient information from the PMP of each state to assess the risk of adverse outcomes of opioid therapy for a patient - Requires that, in carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool of the Department, the secretary shall ensure access by providers to information on controlled substances through the PMP of each state, including by seeking to enter into memoranda of understanding with states to allow shared access of such information between the states and the department - Requires that health care providers of the department submit information on prescriptions received by veterans to each state PMP	12/1/2015 – Sponsor introductory remarks on measure
US HR 4396	- Amends 21 USC 823(g)(2)(B), related to registrations for practitioners dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment, to provide that, not earlier than one year after the date on which a qualifying practitioner obtained an initial waiver,	1/28/2016 – Referred to House education and workforce

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	the practitioner may submit a second notification to the secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients if, among other requirements, the practitioner agrees to fully participate in the PMP of the state in which the practitioner is licensed - Provides that two years after the date on which the first notification clause is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments which shall include an evaluation of the use of PMPs by waived practitioners	
US HR 4435	- Amends 21 USC 823(g)(2)(B), related to registrations for practitioners dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment, to provide that, not earlier than one year after the date on which a qualifying practitioner obtained an initial waiver, the practitioner may submit a second notification to the secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients if, among other requirements, the practitioner agrees to fully participate in the PMP of the state in which the practitioner is licensed - Provides that two years after the date on which the first notification clause is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments which shall include an evaluation of the use of PMPs by waived practitioners	2/5/2016 – Referred to subcommittee on health
US HR 4447	Provides $50,000,00 for "Injury Prevention and Control" for expanding state-level prescription drug abuse prevention efforts such as improving PMP programs, data collection and collaboration among states	2/3/2016 – Referred to House budget
US S 480	- Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP in addition to the previously existing allowances - Requires that applicants have a plan to apply the latest advances in HIT in order to incorporate PMP data directly into the workflow of prescribers and dispensers - Includes provisions regarding interoperability	2/12/2015 – Read twice and referred to Committee on Health, Education, Labor, and Pensions

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

US S 483	- Creates the "Ensuring Patient Access and Effective Drug Enforcement Act of 2016" - Provides that, not later than one year after the date of enactment, the Secretary of Health and Human Services, in coordination with the Administrator of the Drug Enforcement Administrator and in consultation with the Secretary of Defense and Secretary of Veterans Affairs, shall submit a report to various House and Senate committees identifying beneficial enhancements to state PMPs, including enhancements to require prescriber input and to expand access to the programs for appropriate authorized users	2/11/2016 – Placed on Senate legislative calendar under general orders
US S 524	- Planning and implementation grants for states - States receiving the grant shall establish a comprehensive response to opioid abuse, including a comprehensive PMP that includes: 1) data sharing with other states; 2) educating physicians, residents, medical students, and other prescribers on the PMP - Requires that states receiving grants have an integrated opioid abuse response program that: 1) ensures that each prescriber and dispenser registers with the PMP; 2) each prescriber and dispenser consults the PMP before prescribing a controlled substance; 3) that each dispenser reports the dispensing of controlled substances to the PMP with certain exceptions defined by the state; and 4) not fewer than four times each year, provide each prescriber an informational report showing how their prescribing patterns compare with their peers - Priority considerations include those states that ensure PMP data is available within 24 hours and ensure that prescribers and dispensers are notified by the PMP when overuse or misuse of a controlled substance by a patient is suspected - Grant applications submitted to the Attorney General	2/22/2016 – Placed on Senate legislative calendar under general orders
US S 636	- Reauthorizes NASPER funding - Allows funds to be used to maintain and operate an existing PMP in addition to the previously existing allowances - Requires that applicants have a plan to apply the latest advances in HIT in order to incorporate PMP data directly into the workflow of prescribers and dispensers	3/3/2015 – Read twice and referred to Committee on Health, Labor, Education, and Pensions

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Requires that the database: be interoperable with the PMPs of other states; be interoperable with electronic health records and e-prescribing, where appropriate; provide automatic, real-time or daily information about a patient when requested by a practitioner; require practitioners to use the database information to help determine whether to prescribe or renew a controlled substance prescription; require dispensers, or their designees where permitted, to enter data required by the Secretary, including patient name, the date and prescription dose - Provides that information required to be submitted shall include information with respect to methadone dispensed to a patient but further provides that no information relating to a patient's methadone use may be used to conduct a criminal investigation or substantiate any criminal charges against a patient - Requires the program to provide the Secretary with aggregate data and other information to enable the Secretary to evaluate the program's success or prepare and submit the report to Congress - Authorizes appropriations of $7,000,000 for each of fiscal years 2016 through 2020 - Requires health care practitioners and dispensers who participate in or are employed by a Federal health care program or federally funded health care program, including Indian Health Service, the Department of Veterans Affairs, the Department of Defense, etc., to use the PMP if the PMP is available to the practitioner or dispenser - Creates 1 year pilot project which awards grants for the purpose of developing a standardized peer review process and methodology to review and evaluate prescribing and pharmacy dispensing patterns through a review of PMPs - Amends 21 USC § 823(g)(2)(B) to allow a practitioner to treat more than 30 patients for maintenance and detoxification treatment if the practitioner agrees to fully participate in the state PMP	
US S 1641	- Creates guidelines for the management of opioid therapy by the Department of Veterans Affairs and Department of Defense which includes a requirement that health care providers with the VA or DOD retrieve information from	6/22/2015 – Sponsor introductory remarks on

	the state PMP before initiating opioid therapy to treat a patient - Requires the secretary to ensure access by health care providers of the DOD to information on controlled substances, include opioids and benzodiazepines, prescribed to veterans who receive care outside the DOD through the PMP of each state, including by entering into an MOU with each state to ensure access - Requires the secretary to require DOD health care providers to submit prescription information to the state PMP	measure; read twice and referred to committee
US S 2423	Provides $50,000,00 for "Injury Prevention and Control" for expanding state-level prescription drug abuse prevention efforts such as improving PMP programs, data collection and collaboration among states	12/18/2015 – Read twice and referred to committee on appropriations
US S 2479	Amends 42 USC § 280g-3 to provide that each state that receives a grant under this section and each state that receives a grant under the Harold Rogers Prescription Drug Monitoring Program shall demonstrate that information in the PMP is made available to all individuals authorized by the state to write Schedule II – IV controlled substances prescriptions	2/2/2016 – Read twice and referred to the committee on health, education, labor, and pensions
US SB 2562	- Amends 21 USC 823(g)(2)(B), related to registrations for practitioners dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment, to provide that, not earlier than one year after the date on which a qualifying practitioner obtained an initial waiver, the practitioner may submit a second notification to the secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients if, among other requirements, the practitioner agrees to fully participate in the PMP of the state in which the practitioner is licensed - Provides that two years after the date on which the first notification clause is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments which shall include an evaluation of the use of PMPs by waived practitioners	2/22/2016 – Read twice and referred to committee on health, education, labor, and pensions

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

AZ SB 1283	- Amends § 36-2606 to provide that, beginning January 1, 2017, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in Schedule II – IV for a patient, shall obtain a PMP report unless: the patient is receiving hospice care; the patient is receiving care for cancer or cancer-related illness; a medical practitioner will administer the substance; the patient is receiving the substance during the course of inpatient or residential treatment in a hospital, nursing care facility, or mental health facility; the practitioner is a dentist and is prescribing the substance to a patient for no more than five days after oral surgery - Further provides that, if the practitioner uses electronic medical records that integrate data from the PMP, a review of the electronic medical records with the integrated data shall be deemed compliant with the mandatory access required - Provides that the board shall promote and enter into data sharing agreements for the purpose of integrating the PMP into EHR - Provides that practitioners are not subject to liability or disciplinary action arising from requesting or receiving, or failing to request or receive, data from the PMP; or acting or failing to act on the basis of the PMP data	2/23/2016 – Passed Senate
CA AB 611	- Amends Health and Safety Code § 11165.1 to allow an individual designated by a board, bureau, or program within the Dept. of Consumer Affairs, for the purpose of investigating a license holder, to obtain approval to access information online - Amends Health and Safety Code § 11165.1 to change "practitioner or pharmacist" to "authorized subscriber" AMENDMENT #1 - Additionally amends Health and Safety Code § 11165.1 to provide that an application for access to the program may be denied for any subscriber who has accessed the information for any reason other than investigating the holder of a professional license AMENDMENT #2 - Amends Health and Safety Code § 11165.1 to remove requirement that an individual designated by a board,	2/1/2016 – Died pursuant to Article IV, Section 10(c); from committee: filed with the Chief Clerk pursuant to Joint Rule 56

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	bureau, or program within the Dept. of Consumer Affairs submit an application to obtain access to the PMP	
CA SB 482	Makes technical changes to Health and Safety Code § 11165 AMENDMENT #1 - Removes technical changes to § 11165 - Creates Health and Safety Code § 11165.4 which requires a prescriber to consult the PMP before prescribing a Schedule II or III substance for the first time to that patient and at least annually when that substance remains a part of the patient's treatment - Provides that, if a patient has an existing prescription for a Schedule II or III substance, the physician shall not prescribe another controlled substance until the prescriber determines that there is a legitimate need for the additional substance - Requires a dispenser to access the PMP prior to dispensing a Schedule II or III substance for the first time to a patient and if the patient has an existing prescription for a Schedule II or III substance, the dispenser shall not dispense until s/he checks the PMP - Provides that failure to consult the PMP as required is cause for disciplinary action AMENDMENT #2 - Removes requirement that dispensers check the PMP prior to dispensing a Schedule II or III substance - Amends disciplinary provision to remove reference to dispenser's licensing board - Deletes references to "dispenser" throughout section	5/28/2015 – In Assembly; read first time; held at desk
CT HB 5301	Creates new section that requires prescribing practitioners, prior to issuing a prescription for an opioid analgesic in a single course of treatment to a patient under the age of 18, to review the patient's medical records, including those maintained in the PMP	2/26/2016 – Public hearing scheduled for March 3
CT HB 5434	Amends § 21a-254 to exempt non-opioid Schedule V controlled substances from the substances that trigger the mandatory access requirement	2/25/2016 – Referred to joint committee on general law
CT SB 69	Amends § 21a-254 to exempt veterinarians from the requirements	2/25/2016 – Favorable change of reference,

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

		House to committee on general law
CT SB 194	Amends § 21a-254 to change the data collection interval language from "in no event more than twenty-four hours" to "in no event later than the next day"	2/18/2016 – Referred to joint committee on general law
DC LB 371	- Amends the PDMP Act to replace the word "act" with "title" and creates Title II, Prescription Drug Repository	10/16/2015 – Notice of public hearing published
FL HB 313	Amends § 893.055 to add the administration or dispensing of a controlled substance in a rehabilitative hospital, an assisted living facility, or a nursing home to a patient, as needed, to a patient if the patient was transferred to the facility after surgery and the patient's physician ordered the provision of the substance, as needed, as an exemption to the PMP reporting requirements	1/22/2016 – Placed on calendar
FL HB 4021	- Makes technical changes to § 893.055 and § 893.0551	1/12/2016 – Introduced
FL HB 5003	Amends § 893.055 to provide that, for fiscal year 2016-2017, the department may use state funds appropriated in the 2016-2017 general appropriations act to administer the PMP and provides for expiration of that section on July 1, 2017	2/11/2016 – In returning messages
FL SB 616	Amends §§ 893.055 and 893.0551 to make technical changes to cross-reference	1/12/2016 – Introduced
FL SB 964	Amends § 893.055 to include the dispensing or administration of a prescription by a rehabilitative hospital, assisted living facility, or nursing home dispensing a certain dosage of a controlled substance, as needed, to a patient as ordered by the patient's treating physician to the list of exemptions from reporting	2/24/2016 – On committee agenda
FL SB 2502	Amends § 893.055 to provide that, for fiscal year 2016-2017, the department may use state funds appropriated in the 2016-2017 general appropriations act to administer the PMP and provides for expiration of that section on July 1, 2017	2/11/2016 – Laid on table; substituted by HB5003
FL SB 7038	- Amends §§ 893.055 and 893.0551 to allow the use of designees - Further amends §§ 893.055 and 893.0551 to allow the disclosure of PMP information to an impaired practitioner	1/20/2016 – Introduced

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	consultant retained by the department pursuant to law for the purpose of reviewing the database information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and who has separately agreed in writing to the consultant's access to and review of such information	
HI HB 1540	Creates the heroin and opioid abuse task force whose duties include mandating greater use of the PMP and upgrading its technology	1/25/2016 – Referred to health and finance
HI HB 2386	- Amends § 329-1 to add definitions for "pharmacy delegate" and "practitioner delegate" - "Pharmacy delegate" means an individual employed by the pharmacy and selected by the pharmacist to act as that pharmacist's agent and to whom the pharmacist has delegated the task of accessing the PMP and that the pharmacist takes full responsibility for the actions of that delegate - "Practitioner delegate" means an agent or employee of a practitioner to whom the practitioner has delegated the task of accessing the PMP and that the practitioner takes full responsibility for the actions of that delegate - Amends § 329-101 to provide that all practitioners and pharmacies shall be registered with the PMP - Amends § 329-104 to modify access provision to allow receipt of information by county law enforcement or regulatory agencies - Amends § 329-104 to allow provision of PMP information to delegates, the chief medical examiner or licensed physician designee who requests information and certifies the request is for the purpose of investigating a death, qualified personnel for the purpose of research or education so long as the information is de-identified and provided that release of the information may only be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance, and to other entities or individuals authorized by the administrator to assist the program with projects that enhance the PMP	1/29/2016 – Referred to health and judiciary
HI SB 2461	- Creates new section with definitions for "chronic opioid therapy," "pharmacist delegate," "practitioner," and "practitioner delegate"	2/18/2016 – Report adopted; passed second

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- "Chronic opioid therapy" means at least three months of continuous treatment for chronic pain with opioid drugs "Pharmacist delegate" means a pharmacy employee designated as the pharmacist's agent and is delegated with the task of accessing the PMP; pharmacist shall take full responsibility for any action taken by the delegate - "Practitioner delegate" means an agent or employee of the practitioner who is delegated with the task of accessing the PMP; practitioner shall take full responsibility for any action taken by the delegate - Amends § 329-101 to provide that, beginning January 1, 2017, all practitioners administering, prescribing, or dispensing Schedule II – IV controlled substances, shall register with the PMP - Amends § 329-104 to allow provision of PMP information to delegates, the chief medical examiner or a licensed physician designated by the chief medical examiner who certifies the request is for the purpose of investigating a death, de-identified data for legitimate research or educational purposes and provided that the release of information shall be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance, and to other entities or individuals authorized by the administrator to assist the program with projects that enhance the system	reading, as amended
HI SB 2915	- Amends § 329-1 to add definitions for "pharmacy delegate" and "practitioner delegate" - "Pharmacy delegate" means an individual employed by the pharmacy and selected by the pharmacist to act as that pharmacist's agent and to whom the pharmacist has delegated the task of accessing the PMP and that the pharmacist takes full responsibility for the actions of that delegate - "Practitioner delegate" means an agent or employee of a practitioner to whom the practitioner has delegated the task of accessing the PMP and that the practitioner takes full responsibility for the actions of that delegate - Amends § 329-101 to provide that all practitioners, except veterinarians, and pharmacies shall be registered with the PMP	2/24/2016 – Committee recommends measure be passed with amendments

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Amends § 329-104 to allow provision of PMP information to delegates, the chief medical examiner or licensed physician designee who requests information and certifies the request is for the purpose of investigating a death, qualified personnel for the purpose of research or education so long as the information is de-identified and provided that release of the information may only be made pursuant to a written agreement between qualified personnel and the administrator to ensure compliance, and to other entities or individuals authorized by the administrator to assist the program with projects that enhance the PMP	
ID HB 337	Amends § 37-2726 to provide that the PMP shall release information to a medical examiner or coroner for determining a cause of death or for performing other duties authorized by law	2/18/2016 – Read second time; filed for third reading
ID HB 374	- Amends § 37-2726 to allow the use of practitioner and pharmacist delegates - Provides that the board shall limit to four the number of delegates a practitioner or pharmacist may have - Further provides that a delegate means a nurse, medical or office assistant, or registered pharmacy technician designated by a supervising practitioner or pharmacist to access the database and who must register with the board of pharmacy for such access	2/19/2016 – Read second time; filed for third reading
IL SB 2378	Creates 410 § 130/225 to require that organizations that dispense medical cannabis to a qualifying patient or his or her caregiver shall transmit that information to the PMP within 7 days of dispensing	2/16/2016 – Assigned to executive committee
IA LD 5148	- Creates § 124.550, definitions, which provides definitions for "pharmacist" and "prescribing practitioner" - Amends § 124.551 to delete the definition of "prescribing practitioner" and provide that the board shall implement technological improvements to facilitate secure access to the program through electronic health and pharmacy information systems - Amends § 124.553 to provide that an institutional user established by the board to facilitate secure access of a prescribing practitioner or pharmacist to the program through electronic health and pharmacy information systems shall have access to the system	12/29/2015 – Prefiled

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Further amends § 124.553 to allow provision of de-identified data for statistical, public research, public policy, or educational purposes	
IA SF 2102 (IA SSB 3003)	- Amends § 124.550 to delete the definition of "prescribing practitioner" and to require the board to implement technological improvements to facilitate secure access to the program through electronic health and pharmacy information systems - Amends § 124.553 to allow access to the PMP by an institutional user established by the board to facilitate secure access of a prescribing practitioner or pharmacist to the program through electronic health and pharmacy information systems - Further amends § 124.553 to allow the provision of de-identified data for statistical, public research, public policy, or educational purposes	2/24/2016 – Read first time, referred to human resources
MD HB 437	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision or by July 1, 2017, whichever is sooner - Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program - Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness" - Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the circumstances under which a prescriber or pharmacist is required to request PMP data from the program	2/4/2016 – Hearing scheduled for February 18

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Further amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the process for the program's review of PMP data and reporting of possible misuse and abuse of a monitored prescription drug or a possible violation of law or breach of professional standards - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner - Further provides that pharmacists shall be registered with the program by July 1, 2017 - Provides that, prior to registering with the program, prescribers and pharmacists shall complete a course of instruction and training, developed in cooperation with the department about: 1) how to use the program; and 2) signs of possible misuse or abuse of controlled substances - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber or pharmacist: 1) shall request at least the prior 12 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed - Provides that a prescriber or pharmacist may authorize a delegate to access the PMP on his or her behalf if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2)	

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	the prescriber or pharmacist is responsible for: a) ensuring that access by the delegate is limited to purposes authorized by law; b) protecting the confidentiality of the data; and c) any breach of confidentiality by the delegate; 3) the decision whether to prescribe or dispense a monitored prescription drug for a patient remains with the prescriber or pharmacist and is reasonably informed by the PMP data - Provides that a prescriber or pharmacist is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual in an amount not to exceed 7 days; for the treatment of cancer or another condition associated with cancer; who is a patient: a) treated at an institution of postsecondary education to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians; b) a patient at a hospital, including any outpatient facility, clinic of a hospital, office of a hospital-employed health care practitioner, to the extent that the practitioner practices at the office as a hospital employee; a hospice patient; any other patient diagnosed with a terminal illness; a patient at a facility maintained or operated by the state; a patient at a nursing facility; a patient at a clinic maintained or operated by the federal government; patient at a clinic, facility, or practice at which the use of opioids or benzodiazepines for a majority of the patients is for treatment for pain immediately before, during, and not more than 14 days after surgery; or to treat acute pain resulting from a surgical or other invasive procedure or childbirth - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-06 to provide that the program shall (rather than may) review PMP data for indications of misuse or abuse and shall (rather than may)	

	report possible misuse or abuse to the prescriber or pharmacist - Further amends § 21-2A-06 to provide that the program shall review the PMP data for indications of a possible violation of law or a breach of professional standards by a prescriber or pharmacist and shall notify the appropriate licensing board or law enforcement agency and provide necessary information to carry out an investigation - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates	
MD HB 456	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision or by July 1, 2017, whichever is sooner - Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program - Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness" - Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to delete the provision that the rules adopted by the secretary shall specify that a prescriber or dispenser is not obligated to access the PMP and to provide that a licensing entity may adopt regulations that establish standards of practice for the review of prescription monitoring data - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the	2/4/2016 – Scheduled for hearing February 18

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner - Further provides that pharmacists shall be registered with the program by July 1, 2017 - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber or pharmacist: 1) shall request at least the prior 6 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed - Provides that a prescriber or pharmacist may authorize a delegate to access the PMP on his or her behalf if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the prescriber or pharmacist is responsible for: a) ensuring that access by the delegate is limited to purposes authorized by law; b) protecting the confidentiality of the data; and c) any breach of confidentiality by the delegate; 3) the decision whether to prescribe or dispense a monitored prescription drug for a patient remains with the prescriber or pharmacist and is reasonably informed by the PMP data - Provides that a prescriber or pharmacist is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual: for the treatment of cancer-related pain; in a general hospice program; diagnosed with a terminal illness; receiving treatment at an inpatient unit of a licensed hospital who resides in an	

	assisted living facility, a long-term care facility, a comprehensive care facility, or a developmental disability facility - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-05 to delete provision that prescription data may not be used as the basis for imposing clinical practice standards - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates	
MD SB 382	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision or by July 1, 2017, whichever is sooner - Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program - Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness" - Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to delete the provision that the rules adopted by the secretary shall specify that a prescriber or dispenser is not obligated to access the PMP and to provide that a licensing entity may	2/3/2016 – Hearing scheduled February 24

	adopt regulations that establish standards of practice for the review of prescription monitoring data - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner - Further provides that pharmacists shall be registered with the program by July 1, 2017 - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber or pharmacist: 1) shall request at least the prior 6 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every 90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed - Provides that a prescriber or pharmacist may authorize a delegate to access the PMP on his or her behalf if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the prescriber or pharmacist is responsible for: a) ensuring that access by the delegate is limited to purposes authorized by law; b) protecting the confidentiality of the data; and c) any breach of confidentiality by the delegate; 3) the decision whether to prescribe or dispense a monitored prescription drug for a patient remains with the prescriber or pharmacist and is reasonably informed by the PMP data	

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Provides that a prescriber or pharmacist is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual: for the treatment of cancer-related pain; in a general hospice program; diagnosed with a terminal illness; receiving treatment at an inpatient unit of a licensed hospital who resides in an assisted living facility, a long-term care facility, a comprehensive care facility, or a developmental disability facility - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-05 to delete provision that prescription data may not be used as the basis for imposing clinical practice standards - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates	
MD SB 506	Makes technical corrections to PMP statutes	2/24/2016 – Passed Senate; first reading in House; hearing scheduled February 29
MD SB 537	- Amends Criminal Law § 5-304 to provide that an authorized provider who prescribes a controlled substance listed in Schedules II – V shall be registered with the PMP before obtaining a new or renewal registration with the department under subsection (A) of this provision or by July 1, 2017, whichever is sooner - Amends Health General Law § 21-2A-01 to amend the definition of "dispenser" to provide that a dispenser does not include an opioid treatment services program - Further amends Health General Law § 21-2A-01 to add definitions of "pharmacist," "pharmacist delegate," "prescriber delegate," "registered," and "terminal illness"	2/4/2016 – Scheduled for hearing February 24

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Amends Health General Law § 21-2A-02 to provide that the mission of the PMP is to assist prescribers and pharmacists rather than prescribers or dispensers - Amends Health General Law § 21-2A-03 to provide that the secretary may identify and publish a list of monitored prescription drugs that have a low potential for abuse by individuals and, further, educate dispensers, prescribers, pharmacists, prescriber delegates, pharmacist delegates and consumers about the purpose of the program - Amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the circumstances under which a prescriber or pharmacist is required to request PMP data from the program - Further amends Health General Law § 21-2A-04 to provide that the secretary shall adopt regulations that specify the process for the program's review of PMP data and reporting of possible misuse and abuse of a monitored prescription drug or a possible violation of law or breach of professional standards - Creates Health General Law § 21-2A-04.1 to provide that a prescriber shall be registered with the program before obtaining a new or renewal registration with the department under Criminal Law § 5-304(A) or by July 1, 2017, whichever is sooner - Further provides that pharmacists shall be registered with the program by July 1, 2017 - Provides that, prior to registering with the program, prescribers and pharmacists shall complete a course of instruction and training, developed in cooperation with the department about: 1) how to use the program; and 2) signs of possible misuse or abuse of controlled substances - Creates Health General Law § 21-2A-04.2 to require that, beginning July 1, 2018, a prescriber or pharmacist: 1) shall request at least the prior 12 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine; 2) shall, if a patient's course of treatment continues to include prescribing or dispensing an opioid or benzodiazepine for more than 90 days after the initial request for PMP information, request PMP data for the patient at least every	

	90 days until the course of treatment has ended; and 3) shall assess PMP data requested from the program before deciding whether to prescribe or dispense or continue prescribing or dispensing an opioid or benzodiazepine - Provides that, if a prescriber decides to prescribe or continue to prescribe an opioid or benzodiazepine after requesting PMP data and assessing the data, the prescriber shall document in the patient's medical record that the data was requested and assessed - Provides that a prescriber or pharmacist may authorize a delegate to access the PMP on his or her behalf if: 1) the prescriber or pharmacist takes reasonable steps to ensure that the delegate is competent in the use of the program; 2) the prescriber or pharmacist is responsible for: a) ensuring that access by the delegate is limited to purposes authorized by law; b) protecting the confidentiality of the data; and c) any breach of confidentiality by the delegate; 3) the decision whether to prescribe or dispense a monitored prescription drug for a patient remains with the prescriber or pharmacist and is reasonably informed by the PMP data - Provides that a prescriber or pharmacist is not required to request PMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual in an amount not to exceed 7 days; for the treatment of cancer or another condition associated with cancer; who is a patient: a) treated at an institution of postsecondary education to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians; b) a patient at a hospital, including any outpatient facility, clinic of a hospital, office of a hospital-employed health care practitioner, to the extent that the practitioner practices at the office as a hospital employee; a hospice patient; any other patient diagnosed with a terminal illness; a patient at a facility maintained or operated by the state; a patient at a nursing facility; a patient at a clinic maintained or operated by the federal government; patient at a clinic, facility, or practice at which the use of opioids or benzodiazepines for a majority of the patients is for treatment for pain immediately before, during, and not more than 14 days	

	after surgery; or to treat acute pain resulting from a surgical or other invasive procedure or childbirth - Includes certain other exceptions for when a prescriber or dispenser is not required to check the PMP - Amends Health General Law § 21-2A-05 to provide that the board shall provide an annual report to the Governor and General Assembly that includes the number of prescribers, pharmacists, and delegates registered with and using the program - Amends Health General Law § 21-2A-06 to provide that the program shall (rather than may) review PMP data for indications of misuse or abuse and shall (rather than may) report possible misuse or abuse to the prescriber or pharmacist - Further amends § 21-2A-06 to provide that the program shall review the PMP data for indications of a possible violation of law or a breach of professional standards by a prescriber or pharmacist and shall notify the appropriate licensing board or law enforcement agency and provide necessary information to carry out an investigation - Amends Health General Law § 21-2A-09 to modify the provision to provide that the penalty provisions apply to prescribers, pharmacists, and delegates	
MA HB 3675	Requires the secretary of health and human services, in collaboration with the department of public health and safety, to conduct or provide for an examination of the prescribing and treatment history of persons in Massachusetts who suffered a fatal opioid overdose in 2014 and make a report and, in conducting such examination, information shall be provided, including PMP data, and a report will be made no later than one year after the effective date of the act	7/20/2015 – Incorporated into HB 3650
MA HB 3817	Amends 94C § 24A to require that the regulations proposed require every practitioner to use the PMP prior to prescribing an opiate	12/30/2015 – Accompanied a new draft; see HB3926
MA HB 3926	- Amends 94C § 18 to require that practitioners access the PMP prior to issuing a prescription for an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use the first time and shall note in the patient's	1/13/2016 – New draft substituted; see HB3944

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	medical record the reasons for prescribing that medication over other forms of pain management - Creates 94C § 18A which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the patient's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department	
MA HB 3944	- Amends 94C § 24A to provide that the department shall promulgate rules and regulations relative to the use of the PMP by registered participants which shall include the requirement that participants use the PMP prior to issuing a prescription for a Schedule II or III narcotic drug to a patient for the first time and every time prior to issuing a prescription for an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use - Creates 94C § 18A which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the patient's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department	1/13/2016 – Published as amended; see HB3947
MA HB 3947	- Amends 94C § 24A to require that the department promulgate rules and regulations relative to the use of the prescription monitoring program by registered participants which shall include the requirement that, prior to issuance, participants shall utilize the PMP each time a prescription for a narcotic drug that is contained in Schedule II is issued - Creates 94C § 18A which establishes a voluntary non-opiate directive and that the secretary shall establish procedures to record the directive in the patient's interoperable electronic health record and in the PMP	1/21/2016 – Reported, in part, by HB3956

	- Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board - Bill requires that the department of public health investigate and study the occurrence of opiate prescribing to patients who have experienced non-fatal overdoses, which study shall include, among other things, an examination of the feasibility of including a Schedule II substance utilized in order to prevent an opiate-related adverse event and any other opiate antagonist medications in the PMP database - Further requires that, within 180 days of completion of the study, the department shall take all operational steps necessary to ensure all professionals licensed to prescribe or dispense Schedule II – V controlled substances shall maintain the ability to document a non-fatal opiate-related adverse event within the PMP	
MA SB 1041	- Amends 94C § 18 to provide that prescriptions for narcotic substances that pose a heightened level of public health risk shall only be issued by practitioners with a specialty designation who are currently enrolled in and compliant with all requirements of the PMP - Creates new section 94C § 18A that requires a practitioner intending to issue a prescription to a patient that exceeds the days' supply limitations to use the PMP prior to issuing such prescription - Additionally provides that, prior to issuing an initial prescription for an opioid drug identified as posing a heightened risk to the public health, a practitioner must use the PMP	7/22/2015 – Hearing scheduled for 7/28/2015

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Amends 94C § 24A to require that participants who are authorized to prescribe high risk drugs to use the PMP prior to issuing such prescription - Further provides that the department shall bi-annually conduct a random audit of prescriptions using the PMP to determine whether such prescriptions have been issued in compliance with the law	
MA SB 1045	Amends 94C § 24A to change data collection interval from weekly to 24 hours	9/17/2015 – Hearing scheduled for Sept. 24
MA SB 1930	Amends 94C § 24A to change data collection interval from weekly to 24 hours	5/21/2015 – See, HB 3401 (not related to PMPs)
MA SB 2008	- Creates 94C § 18A which provides that, for an opioid drug identified as posing a heightened level of public health risk, prior to issuing a prescription, a practitioner shall, among other things, use the PMP - Creates 94C § 18B which establishes a voluntary non-opiate directive and requires the secretary to establish procedures to record the directive in the person's electronic health record and in the PMP	9/10/2015 – Placed on file
MA SB 2010	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B to require the secretary to promulgate rules to create procedures to record the voluntary non-opiate directive form in the PMP; a non-opioid directive form is a form executed by a patient stating that the patient shall not be administered or offered a prescription for an opiate - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually	10/1/2015 – Substituted by SB 2020, amended

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board	
MA SB 2020	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B to require the secretary to promulgate rules to create procedures to record the voluntary non-opiate directive form in the PMP; a non-opioid directive form is a form executed by a patient stating that the patient shall not be administered or offered a prescription for an opiate - Creates 94C § 24B to provide that the department shall annually determine, through use of the PMP, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners within categories of prescribers	10/1/2015 – Passed to be engrossed in Senate
MA SB 2022	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B which establishes a voluntary non-opiate directive form and requires the secretary to promulgate regulations and establish procedures to record the directive in the person's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or	11/12/2015 – Committee recommended ought to pass and referred to committee on House ways and means

	criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board	
MA SB 2030	Requires that the department of public health shall, not later than May 1, 2017, develop or provide for the development of a publicly available application-programming interface to enable the development of third party end-user software and applications that improve ease of access and utilization of the PMP	10/13/2015 – Read; referred to committee on House ways and means
MA SB 2103	- Creates 94C § 18A to require that practitioners utilize the PMP prior to issuing an extended release long-acting opioid in a non-abuse deterrent formula for outpatient use the first time - Creates 94C § 18B which establishes a voluntary non-opiate directive form and requires the secretary to promulgate regulations and establish procedures to record the directive in the person's interoperable electronic health record and in the PMP - Creates 94C § 24B which provides that the department shall annually determine, through the PMP system, the mean and median quantity and volume of Schedule II and III opiate prescriptions issued by practitioners as determined by categories of providers of a similar specialty or practice area as determined by the department - Further provides that the department shall work in conjunction with the various licensing boards to annually determine each practitioner's standing and such information shall be confidential, shall not constitute a public record, and shall not be admissible in a civil or criminal proceeding, nor may it be used as the sole basis for an investigation by a licensure board	1/19/2016 – See HB3947
MI HB 4811	- Amends § 733.7333a to provide that the department shall provide data to certain individuals and entities rather than may - Further amends § 733.7333a to provide that information shall be provided to a state, federal, or municipal employee or agent whose duty is to enforce state or federal laws related to drugs, prescription drug diversion, or health care fraud - Allows provision of information to a PMP in another state with whom MI has an agreement for the mutual exchange of information	8/19/2015 – Printed bill filed

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Provides that information may only be used for bona fide criminal, civil or administrative investigatory or evidentiary purposes relating to drugs, prescription drug diversion, or health care fraud - Provides that information received by any individual or entity that includes patient identifiers may not be shared with any other person except a state, federal, or municipal employee or agent whose duty is to enforce the laws of the state or US relating to drugs, prescription drug diversion, or health care fraud - Provides that reporting is mandatory for veterinarians, pharmacists, prescribers, and dispensing prescribers - Creates new subsection that requires the department to include in the PMP a system for monitoring controlled substances prescribed in the state and sharing that information with other states and to provide a format for prescribers to report prescribing data to the system - Provides that prescribers must use the PMP prior to prescribing a controlled substance to a patient for the first time, whether the patient is new or existing; at least annually before prescribing a controlled substance for a patient, unless a more frequent utilization is otherwise required; at least once during every 12-week period before prescribing a controlled substance to a patient if the prescriber is treating the patient on a protracted basis, which means in excess of a 12-week period; before prescribing a controlled substance to a patient if the patient exhibits behaviors of concern to the prescriber - Creates a definition for "behaviors of concern," which includes selling prescription drugs, forging or altering a prescription, stealing or borrowing a controlled substance, etc.	
MS HB 462	- Amends § 73-21-103 to provide that the board may impose a monetary penalty for any person who obtains prescription information and who knowingly discloses the information for misuse or purposely alters the reporting information, or uses the PMP in any manner other than for which it was intended, of not more than $50,000 per violation - Amends § 73-21-127 to provide that the submission and reporting of dispensing information is mandatory for any	2/16/2016 – Title sufficient; do pass

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	entity dispensing controlled substances in or into Mississippi, except for the dispensing of controlled substances by a veterinarian - Further amends § 73-21-127 to delete the reference to the DEA schedules of controlled substances and include specified noncontrolled substances identified by the Board of Pharmacy as substances to be reported - Further amends § 73-21-127 to provide that the board 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 - Requires that pharmacists licensed by the Mississippi Board of Pharmacy must be registered user of the PMP and provides that failure to register is grounds for disciplinary action by the board - Further provides that the PMP, through the Board of Pharmacy, may: 1) establish the cost of administration, maintenance, and operation of the program and charge to like agencies a fee based on a formula to be determined by the board with collaboration and input from participating agencies; and 2) assess charges for information and/or statistical data provided to agencies, institutions, and individuals; provides that the amount of fees shall be set by the Executive Director of the board based on the recommendation of the PMP director and all such fees shall be deposited into the special fund of the state board of pharmacy and used to support the operations of the PMP - Provides immunity to the board and PMP from civil liability arising from any inaccuracy of any of the information submitted to the program - Deletes repeal provision	
MS HB 474	Amends § 73-21-127 to delete repeal provision	2/23/2016 – Died in committee
MS HB 694	- Amends § 73-21-127 to provide that PMP data is not subject to disclosure, civil subpoena, and shall not be disclosed, discoverable, or compelled to be produced in any civil proceeding and shall not be deemed as admissible as evidence in any civil proceeding for any reason	2/23/2016 – Died in committee

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

MS HB 1379	- Amends § 73-21-127 to provide that the board of pharmacy shall develop and implement a computerized program to track all prescriptions rather than track prescriptions for controlled substances and to report suspected abuse and misuse of controlled substances and to require the reporting of all prescription drugs to the PMP - Amends repeal provision to provide that the PMP statute will expire on July 1, 2018	2/23/2016 – Died in committee
MS SB 2614	- Amends § 73-21-127 to provide that a dispenser pharmacist or practitioner licensed to dispense or prescribe controlled substances and the specified noncontrolled drugs who knowingly fails to obtain PMP information before dispensing or prescribing controlled substances and the specified noncontrolled substances shall be subject to actions against the pharmacist's or practitioner's license, registrations or permit, an administrative penalty, or both - Deletes repeal provision	2/23/2016 – Died in committee
MS SB 2729	- Amends § 73-21-127 to provide that the submission or reporting of dispensing information is mandatory for any entity dispensing controlled substances in or into Mississippi, except for the dispensing of controlled substances by a veterinarian - Further amends § 73-21-127 to delete the reference to the DEA schedules of controlled substances and include specified noncontrolled substances identified by the Board of Pharmacy as substances to be reported - Further amends § 73-21-127 to provide that the board 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 - Requires that pharmacists licensed by the Mississippi Board of Pharmacy must be registered user of the PMP and provides that failure to register is grounds for disciplinary action by the board - Further provides that the PMP, through the Board of Pharmacy, may: 1) establish the cost of administration, maintenance, and operation of the program and charge to like agencies a fee based on a formula to be determined by the board with collaboration and input from participating agencies; and 2) assess charges for information and/or	2/23/2016 – Died in committee

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	statistical data provided to agencies, institutions, and individuals; provides that the amount of fees shall be set by the Executive Director of the board based on the recommendation of the PMP director and all such fees shall be deposited into the special fund of the state board of pharmacy and used to support the operations of the PMP - Provides immunity to the board and PMP from civil liability arising from any inaccuracy of any of the information submitted to the program - Amends repeal provision to provide that the PMP statute shall be repealed on July 1, 2019 - Amends § 73-21-103 to provide that the board may impose a monetary penalty for any person who obtains prescription information and who knowingly discloses the information for misuse or purposely alters the reporting information, or uses the PMP in any manner other than for which it was intended, of not more than $50,000 per violation	
MO HB 1608	Creates new section which requires pain management clinics to participate in any PMP in MO	1/19/2016 – Public hearing completed
MO SB 768	- Amends § 195.050 to provide that all registrants who dispense controlled substances shall maintain dispensing records and report the dispensing to the department's PMP - Creates §§ 195.450 to 195.471, the "Prescription Drug Monitoring Program Act" - Creates § 195.450, definitions - Creates § 195.453 which provides that the department, using an existing data aggregation platform through the state data center within the office of administration, shall establish and maintain a program to monitor the prescription and dispensing of all Schedule II – IV controlled substances and sets out the funding and vendor provisions, as well as the requirements for information required to be reported to the PMP - Further provides that, at the time of prescribing a Schedule II – IV substance, each prescriber may, and every prescriber who holds themselves out to the public as a specialist in pain management and who are prescribing a Schedule II controlled substance shall, submit certain information to the PMP	1/12/2016 – Second read and referred to transportation, infrastructure, and public safety committee

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Provides that, if a dispenser does not otherwise transmit the prescription of a drug to a third party payor, then each dispenser shall submit the information to the PMP within seven days - Creates § 195.456 which provides that prescription data is confidential and may only be disclosed pursuant to law - Further provides that the department may only provide data to: a patient or registrant requesting his or her own prescription and dispensing data; the board of pharmacy, when used to further an investigation based on a complaint; the state board of registration for healing arts, when used to further an investigation based on a complaint; the state board of nursing, when used to further an investigation based on a complaint; local, state, and federal law enforcement or prosecutorial officials, both in-state and out-of-state, engaged in the administration, investigation, or enforcement of drug laws based on a specific case and under a court-issued subpoena or court order; medical examiners and coroners for the purpose of investigating the cause of death of any person; the family support division within the department of social services regarding MO HealthNet program recipients; a judge or judicial authority under subpoena or court order; personnel of the bureau of narcotics and dangerous drugs, or its successor agency, for the administration and enforcement of this act; dispensers and prescribers pursuant to §§ 195.458 and 195.459; deidentified data to public or private entities for statistical, research, or educational purposes - Provides civil immunity for dispensers and prescribers for obtaining or not obtaining information from the PMP - Creates § 195.458 which provides that no dispenser shall have access to information contained in the PMP, but shall only transmit information to be included in it and shall expect to receive a response from the department indicating whether there is cause for concern; if no concern is detected, the dispenser may dispense the prescription; if concern is detected, the dispenser shall dispense or not dispense according to his or her judgment, appropriate to the concern communicated by the department; if the department does not respond, the dispenser shall dispense	

	or not dispense according to his or her professional judgment - Requires dispensers to post notice that all controlled substance prescriptions shall be reported to the bureau of narcotics and screened for violations - Creates § 195.459 which provides that prescribers shall not have access to the PMP but shall only transmit information to be included in it, and shall expect to receive a response from the department; if no concern is detected, the prescriber may issue the prescription; if concern is detected, the prescriber shall issue or not issue the prescription according to his or her professional judgment, appropriate to the concern communicated by the department; if the department does not respond, the prescriber shall issue or not issue the prescription according to his or her professional judgment - Creates § 195.460 which provides that the department shall electronically screen all information submitted to the PMP to determine if the prescription can properly be dispensed or issued and if a similar prescription has been dispensed or issued within the allowable days' supply limits set by the department; if no concern is detected, the department shall automatically and electronically communicate to the dispenser or prescriber that no concern was detected; if a concern is detected, the department shall electronically and automatically issue a communication to the dispenser or prescriber that a concern was detected and shall state the nature of the concern identified - Further provides that the department shall, from time to time, review the concerns generated and, if there is reasonable cause to believe that a person has obtained a prescription fraudulently from one or more prescriber, the department shall contact the prescribers and, as appropriate, inform them of the concern and patient details, and request copies of the controlled substance records relating to the prescriptions of concern; prescribers shall provide the records by fax or electronically, if possible, and, if after review, it is clear that the person has obtained prescriptions under false pretenses, the entire matter shall be referred to the appropriate law enforcement agency or local prosecutor for action	

	- Further provides that the bureau shall review the prescription information and, if there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, the bureau shall refer the matter to the appropriate law enforcement agency or professional licensing agency and provide the prescription and dispensing information required for an investigation - Creates § 195.465 which provides penalties for unlawfully accessing, disclosing, or using PMP data - Creates § 195.466 which requires that the department annually provide a report to the general assembly including the number of controlled substances dispensed, broken down by drug, the number of incidents of fraudulent prescriptions identified and any other pertinent information requested by the general assembly - Creates § 195.468 which creates various educational courses	
NE LB 471	- Amends § 71-2454 to provide that a PMP shall be established for the purposes of preventing the misuse of controlled substances and allowing prescribers and dispensers to monitor care and treatment of patients - Further provides that, beginning January 1, 2017, all dispensed controlled substances prescriptions shall be reported to the PMP and, beginning January 1, 2018, all prescription information shall be reported - Further provides that the PMP shall including provisions including: 1) that patients shall not be allowed to opt-out of the system; 2) that require all prescriptions dispensed in Nebraska or to an address in Nebraska be reported to the PMP daily by the dispenser or his/her designee; 3) that allow all prescribers and dispensers to access the system; 4) ensure that the PMP includes information relating to all payors, including, but not limited to, the medical assistance program - Includes the data elements required to be reported - Provides that, beginning January 1, 2018, veterinarians that dispense a Schedule II – IV substance shall be required to report that information to the PMP - Provides that all data submitted, all data contained within the PMP, and any report obtained from data contained in the PMP are not public records	2/25/2016 – Approved by Governor; effective on passage

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Provides that a designee is any licensed or registered health care professional designated by the dispenser to act as an agent of the dispenser for purposes of submitting or accessing data in the PMP and who is directly supervised by such dispenser - Bill creates the Veterinary PMP Task Force which is tasked with conducting a study to develop recommendations of which controlled substances shall be reported by vets to the PMP when dispensing drugs from a vet's office or animal shelter and shall report their findings and recommendations to the Health and Human Services committee on or before December 1, 2016	
NH SB 533	Appropriates $100,000 for fiscal year 2016 for the purpose of making enhancements to the PMP software to allow for mandatory reporting requirements	2/10/2016 – Hearing scheduled February 11
NH SB 576	- Amends § 318-B:32 to amend provision regarding funding through grants, gifts, or user contributions and delete provision prohibiting the use of appropriations to implement or operate the PMP and allow the board to charge a fee to individuals who request their own prescription information - Amends § 318-B:33 to provide that only registered prescribers, dispensers, their designees, and federal health prescribers and dispensers working in federal facilities located in NH, MA, ME, and VT are eligible to access the program - Amends § 318-B:33 to change the data collection interval from weekly to daily and to require veterinarians to submit data every seven days - Amends § 318-B:35 to allow access to the office of the chief medical examiner for the purpose of investigating the death of an individual - Creates § 318-B:39 which provides that prescribers are required to check the PMP for a patient's initial prescription when prescribing Schedule II – IV opioids for the management or treatment of pain and then periodically, at least twice per year, except when: 1) controlled medications are being administered to patients in a health care setting; 2) treating acute pain associated with serious traumatic injury, post-operatively, or with an acute medical	1/26/2016 – Signed by Governor; effective January 21, 2016; data collection interval and mandatory access provisions effective September 1, 2016 only if moneys are appropriated or otherwise acquired for technology upgrades to the PMP

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	condition, with clear objective findings by the practitioner, for no more than 30 days	
NJ AB 1300	Amends § 45:1-46 to provide that, except as otherwise provided, nothing requires a practitioner or pharmacist to access or check the PMP	1/26/2016 – Introduced; referred to Assembly health and senior services committee
NJ AB 2451	Creates new section to provide that, to the maximum extent practicable, the division shall seek to coordinate the process of reporting of medication dispensed by a health care professional to a terminally ill patient for the purpose of self-administration to aid in dying and reporting of said patient's death with the process for reporting PMP information by a pharmacy permit holder	2/4/2016 – Introduced; referred to Assembly health and senior services committee
NJ SB 241	Amends § 45:1-46 to provide that, except as otherwise provided, nothing requires a practitioner or pharmacist to access or check the PMP	1/12/2016 – Introduced; referred to Senate health, human services and senior citizens committee
NM SB 263	- Creates new section that requires practitioners, excluding veterinarians and pharmacists, to obtain and review a PMP report prior to prescribing or dispensing an opioid for the first time to a patient and a report from an adjacent state if the practitioner has access to such system and shall review said reports no less than once every three months when the practitioner continuously prescribes or dispenses opioids - Does not apply to the prescribing or dispensing of an opioid for a supply of four days or less - No requirement to access PMP when prescribing an opioid to a patient in a nursing facility or in hospice care	2/17/2016 – Passed House
OK HB 2485	- Amends 63 § 2-309D to provide that PMP information may be provided to a court with juvenile docket responsibilities where the information is relevant to the safety of a child or children in the home in a proceeding pursuant to the provisions of the Oklahoma Children's Code	2/2/2016 – Second reading; referred to judiciary and civil procedure

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Further provides that this section shall not prevent access, at the discretion of the director, to various entities, including child welfare workers employed by the Department of Human Services in furtherance of deprived child investigations	
OR HB 4124	- Amends § 431A.865 to provide that the PMP may disclose data to a practitioner or pharmacist, or the practitioner or pharmacist's staff, through a health information technology system to access information about a patient if: the practitioner, pharmacist, or member of staff is authorized to access the information in the HIT system; the information is not permanently retained in the HIT; the HIT system meets any privacy and security requirements and other criteria, including criteria required by HIPAA - Further provides that the PMP may disclose data to the state medical examiner or delegate of the medical examiner, for the purpose of conducting a medicolegal investigation or autopsy	2/25/2016 – Passed House; first reading in Senate; referred to President's desk
RI HB 7518	Amends § 21-28-3.32 to remove warrant requirement for law enforcement and provide that the information in the PMP may be provided to local, state, and federal law enforcement or prosecutorial officials engaged in the administration, investigation, or enforcement of the laws governing prescription drugs provided that the data requested is in connection with a bona fide specific controlled substance or additional drug-related investigation	2/10/2016 – Introduced; referred to committee
TN HB 1864	- Amends § 53-10-306 to allow provision of PMP information to personnel of a drug court treatment program to the extent it relates to a current participant in the program - "Personnel of a drug court treatment program" includes a judge of a drug court treatment program, and any person employed by the program and designated by the judge to have access to the information - Changes expiration of statute from June 30, 2016 to June 30, 2018	2/2/2016 – Taken off notice for calendar in subcommittee
TN HB 2267	Amends § 53-10-309 to provide that all information released from the database for the annual report to the legislature shall be in the aggregate and such report may be transmitted in an electronic format	1/27/2016 – Assigned to business and

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

		utilities subcommittee
TN HB 2361	Amends § 53-10-310 to provide that, unless otherwise exempted, all prescribers or their delegates shall check the PMP prior to prescribing a designated controlled substance to a human patient	1/27/2016 – Assigned to health subcommittee
TN HB 2447	- Creates new section that requires that, upon receiving notification from the office of vital records of the death of an individual from a possible overdose of prescription opiates, the committee must investigate and, if possible, identify from the PMP those prescribers who may be associated with an individual's death and shall refer the names of those prescribers to the appropriate regulatory board to investigate whether: 1) the prescriber acted in good faith and in accordance with the applicable community standards of practice; 2) a pattern of over-prescribing exists that warrants corrective action - Amends § 68-3-502 to provide that the office of vital records shall provide a copy of a death certificate for an individual whose cause of death is identified as an overdose of opiates for which a prescription is required under state or federal law to the PMP advisory committee	2/24/2016 – Placed on calendar in health subcommittee for March 1
TN HB 2571	- Amends § 53-10-301 to change the name of the act to the "Tennessee Prescription Safety Act of 2016" - Amends § 53-10-302 to add new definition for "dispensing practice," which means an individual pharmacy licensed by the board of pharmacy - Amends § 53-10-302 to amend the definition of "healthcare practitioner extender" to provide that the prescriber or dispenser shall be responsible for actions taken by their agents - Amends § 53-10-302 to amend the definition of "law enforcement personnel" to include U.S. Attorneys - Amends § 53-10-303 to remove provision that the executive director of the board of pharmacy shall serve as database manager - Amends § 53-10-304 to provide that the executive director of the database shall be responsible for determining staffing - Amends § 53-10-305 to provide that information regarding who has accessed the PMP, and the information	2/24/2016 – Placed on subcommittee calendar in health for March 1

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	they obtained from the PMP, is retained for at least one year or a period determined by the committee - Amends § 53-10-306 to include U.S. Attorneys as law enforcement personnel; removes requirement that officer or agent's supervisor be the chief of police, county sheriff, or judicial district drug task force director; adds U.S. Attorney to list of persons to whom list of preapproved personnel may be sent - Amends § 53-10-306 to remove reference to pilot program in subsection related to provision of PMP information to drug court judge - Amends § 53-10-306 to remove provision that a healthcare practitioner extender's request for PMP information be related to a current or bona fide prospective patient to whom the prescriber or dispenser has prescribed or dispensed, is prescribing or dispensing, or is considering prescribing or dispensing a controlled substance - Amends § 53-10-307 to delete the provision related to failure to submit dispensing information due to technical difficulties - Amends § 53-10-308 to provide that any data released pursuant to this section or § 53-10-306, other than de-identified aggregate data or data released to personnel of the department or a health-related board, is limited to reports of drugs prescribed to specific patients by specific prescribers - Amends § 53-10-310 to provide that a new episode of treatment means a prescription that has not been prescribed or dispensed by that prescriber or dispensing practice within the previous 12 months - Amends § 53-10-310 to include prescribers in the requirement to check the PMP if the prescriber or dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance for fraudulent, illegal, or medically inappropriate purposes - Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions or dispensings of a controlled substance which do not exceed an amount adequate to treat the patient for a single, seven-day treatment period with no refills	

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions to be administered directly to a patient during the course of inpatient treatment at a mental health hospital - Bill deletes automatic repeal of changes made to PMP statutes under Chapter 880 of the Public Acts of 2012, which provides for expiration of the changed provisions on June 30, 2016 - Bill deletes expiration provision of June 30, 2016 in Chapter 791 of the Public Acts of 2014	
TN SB 1834	- Amends § 53-10-306 to allow provision of PMP information to personnel of a drug court treatment program to the extent it relates to a current participant in the program - "Personnel of a drug court treatment program" includes a judge of a drug court treatment program, and any person employed by the program and designated by the judge to have access to the information - Changes expiration of statute date from June 30, 2016 to June 30, 2018	2/16/2016 – Assigned to general subcommittee of the Senate judiciary committee
TN SB 1850	- Creates new section that requires that, upon receiving notification from the office of vital records of the death of an individual from a possible overdose of prescription opiates, the committee must investigate and, if possible, identify from the PMP those prescribers who may be associated with an individual's death and shall refer the names of those prescribers to the appropriate regulatory board to investigate whether: 1) the prescriber acted in good faith and in accordance with the applicable community standards of practice; 2) a pattern of over-prescribing exists that warrants corrective action - Amends § 68-3-502 to provide that the office of vital records shall provide a copy of a death certificate for an individual whose cause of death is identified as an overdose of opiates for which a prescription is required under state or federal law to the PMP advisory committee	2/23/2016 – Action deferred in Senate judiciary committee to March 8
TN SB 1982	Amends § 53-10-309 to provide that all information released from the database for the annual report to the legislature shall be in the aggregate and such report may be transmitted in an electronic format	1/25/2016 – Passed on second consideration; refer to Senate

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

		judiciary committee
TN SB 2050	Amends § 53-10-310 to provide that, unless otherwise exempted, all prescribers or their delegates shall check the PMP prior to prescribing a designated controlled substance to a human patient	1/25/2016 – Placed on second consideration, refer to Senate health and welfare committee
TN SB 2552	- Amends § 53-10-301 to change the name of the act to the "Tennessee Prescription Safety Act of 2016" - Amends § 53-10-302 to add new definition for "dispensing practice," which means an individual pharmacy licensed by the board of pharmacy - Amends § 53-10-302 to amend the definition of "healthcare practitioner extender" to provide that the prescriber or dispenser shall be responsible for actions taken by their agents - Amends § 53-10-302 to amend the definition of "law enforcement personnel" to include U.S. Attorneys - Amends § 53-10-303 to remove provision that the executive director of the board of pharmacy shall serve as database manager - Amends § 53-10-304 to provide that the executive director of the database shall be responsible for determining staffing - Amends § 53-10-305 to provide that information regarding who has accessed the PMP, and the information they obtained from the PMP, is retained for at least one year or a period determined by the committee - Amends § 53-10-306 to include U.S. Attorneys as law enforcement personnel; removes requirement that officer or agent's supervisor be the chief of police, county sheriff, or judicial district drug task force director; adds U.S. Attorney to list of persons to whom list of preapproved personnel may be sent - Amends § 53-10-306 to remove reference to pilot program in subsection related to provision of PMP information to drug court judge - Amends § 53-10-306 to remove provision that a healthcare practitioner extender's request for PMP	1/25/2016 – Passed on second consideration; refer to Senate judiciary committee

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	information be related to a current or bona fide prospective patient to whom the prescriber or dispenser has prescribed or dispensed, is prescribing or dispensing, or is considering prescribing or dispensing a controlled substance - Amends § 53-10-307 to delete the provision related to failure to submit dispensing information due to technical difficulties - Amends § 53-10-308 to provide that any data released pursuant to this section or § 53-10-306, other than de-identified aggregate data or data released to personnel of the department or a health-related board, is limited to reports of drugs prescribed to specific patients by specific prescribers - Amends § 53-10-310 to provide that a new episode of treatment means a prescription that has not been prescribed or dispensed by that prescriber or dispensing practice within the previous 12 months - Amends § 53-10-310 to include prescribers in the requirement to check the PMP if the prescriber or dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance for fraudulent, illegal, or medically inappropriate purposes - Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions or dispensings of a controlled substance which do not exceed an amount adequate to treat the patient for a single, seven-day treatment period with no refills - Amends § 53-10-310 to delete exemption from mandatory query requirement for prescriptions to be administered directly to a patient during the course of inpatient treatment at a mental health hospital - Bill deletes automatic repeal of changes made to PMP statutes under Chapter 880 of the Public Acts of 2012, which provides for expiration of the changed provisions on June 30, 2016 - Bill deletes expiration provision of June 30, 2016 in Chapter 791 of the Public Acts of 2014	
UT HB 114	- Amends § 58-37f-201 to provide that the purpose of the database is to contain, in addition to prescription information, data reported regarding poisoning or overdose, data regarding convictions for driving under the	2/25/2016 – Senate committee, not considered

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	influence of a prescribed controlled substance or impaired driving, and data reported regarding certain violations of the controlled substances act - Further provides that the information in the database shall be used to identify, in addition to other factors already listed, individuals admitted to a general acute hospital for poisoning or overdose involving a prescribed controlled substance, and individuals convicted for driving under the influence of a controlled substance, driving while impaired, in whole or in part, by a controlled substance, or certain violations of the controlled substances act - Amends § 58-37f-703 to provide that, when the division receives a report from a court relating to conviction of driving under the influence of, or while impaired by, a prescribed controlled substance, the division shall enter information supplied in the report into the database, including the date on which the person was convicted - Creates § 58-37f-704 which provides that, beginning July 1, 2016, if the division receives a report regarding certain violations of the controlled substances act, the division shall enter the information supplied in the report into the database daily	
UT HB 150	- Amends § 58-37f-301 to allow an individual to request that the division provide PMP information to a third party designated by the individual each time a controlled substance prescription for the individual is dispensed; information provided shall only be the fact that a controlled substance was dispensed, without identifying the substance, and the date the substance was dispensed - Further provides that the individual may direct the division discontinue providing information to the third party and the division shall notify the third party that the individual has so directed and shall discontinue providing such information	2/18/2016 – Passed House; placed on third reading calendar in Senate
UT HB 239	- Creates § 58-37f-303 which provides that, no later than January 1, 2017, the division shall make opioid prescription information in the PMP available to an electronic data system user via the user's electronic data system - Electronic data system means a software product or an electronic service used by a prescriber to manage	2/25/2016 – Passed House; sent to Senate standing committee

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	electronic health records or a pharmacist to manage the dispensing of prescription drugs - Amends § 58-37f-601 to add information in the database accessed under § 58-37f-303 to the list of actions that might give rise to criminal or civil liability	
UT HB 375	- Creates § 58-37f-303 which provides that a prescriber or dispenser of an opioid for outpatient usage shall diligently access and review the database - Further provides that the division, in collaboration with prescriber and dispenser licensing boards, shall develop a system that gathers and reports to prescribers and dispensers the progress and results of their individual access and review of the database and reduce or waive the division's continuing education requirements regarding opioid prescriptions for prescribers and dispensers whose utilization of the system contribute to life-saving and public safety purposes - Further provides that if a dispenser's review of the system indicates that a patient seeking an opioid may be obtaining opioids in quantities or frequencies inconsistent with generally recognized standards, the dispenser shall attempt to contact the prescriber to obtain the prescriber's informed, current, and professional opinion as to whether the prescribed opioid is medically justified - Amends § 58-37f-701, immunity, to provide that an individual who has accessed and reviewed PMP information may not be held civilly liable for such actions, or lack of action, which are protected and not subject to civil discovery	2/29/2016 – Fiscal note sent to sponsor
UT HB 400	- Creates § 58-37f-303 to provide that an individual authorized to prescribe or dispense an opioid replacement drug to a patient in an opioid treatment program shall access the PMP once every two weeks for a patient receiving the opioid replacement drug - Further provides that failure to check the PMP has engaged in unprofessional practice under the individual's license	2/24/2016 – Sent to House standing committee
UT HCR 9	Concurrent resolution of the General Assembly seeking to have methadone prescriptions and methadone doses dispensed by certified outpatient opioid treatment programs reported to the PMP	2/22/2016 – House committee – held

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

UT SB 54	Amends § 58-37f-301 to allow provision of PMP information to a probation or parole officer employed by the Department of Corrections or by a political subdivision without a search warrant	1/25/2016 – To Senate standing committee
UT SB 73	- Creates § 26-58-103, state electronic verification system, which requires, in part, that an electronic verification system created in connection with medical marijuana transmit an individual's cannabis product purchase history to the PMP - Creates § 26-58-201 which provides, in part, that a physician who recommends medical marijuana for a patient shall, among other things, look up in the individual in the PMP to check for potential interactions or warning signs	2/25/2016 – Passed Senate; first reading in House
UT SB 89	- Creates § 58-37f-204 which requires that the division shall establish a process for cannabidiol dispensary agents to submit information at a specified time during each 24-hour period regarding the dispensing of cannabidiol which information includes the name of the recommending physician, the date of the recommendation, the date dispensed, the name of the individual with the medical cannabidiol card, positive identification of the individual, the amount dispensed, etc. - Provides that an individual can request their own cannabidiol dispensing records from the PMP - Creates § 58-67-807 which provides, in part, that a physician who recommends cannabidiol for a patient must consult the PMP prior to making such recommendation	2/25/2016 – Passed Senate; to House standing committee; Senate received fiscal note from fiscal analyst
UT SB 136	- Amends § 58-37f-301 to allow provision of PMP information to a board member if: a) the board member is assigned to monitor a licensee on probation; b) the board member is limited to obtaining information from the database regarding the specific licensee on probation - Further allows provision of information to a member of a diversion committee if: a) the diversion committee member is limited to obtaining information from the database regarding the person whose conduct is subject to the committee's consideration, and b) the conduct that is the subject of the committee's consideration includes a violation or a potential violation of the controlled	2/11/2016 – Placed on second reading calendar

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	substances act or another relevant violation or potential violation under this title - Further allows provision of information to employees of the Department of Health in the medical examiner's office	
VT HB 687	Amends 18 § 4289 to provide that the department of health shall provide each registered prescriber with a report on his or her prescribing history over the previous three months as compared to other prescribers in the same region with the same licensure and scope of practice, which quarterly report shall include information about the type of controlled substances prescribed, the amount prescribed, the number of refills authorized, and the number of unique patients receiving a prescription for a controlled substance for each prescriber; the data shall be aggregated totals and shall contain no personally identifiable information	1/27/2016 – Read first time; referred to committee on human services
VT HB 814	- Creates 18 § 4214a to require practitioners treating patients for chronic pain, and who have issued a prescription for a 30-day supply of an opioid, to check the PMP prior to issuing a subsequent 30-day prescription for an opioid and shall screen the patient for signs of a substance use disorder - Amends 18 § 4289 to provide that practitioners shall query the PMP at least once every 30 days, prior to prescribing a refill for patients who are receiving ongoing treatment with a Schedule II – IV controlled substance opioid; when starting a patient on a Schedule II – IV controlled substance for non-palliative long-term pain therapy of 90 days or more for a non-opioid, or of 30 days or more for an opioid	1/29/2016 – Read first time; referred to committee on human services
VT HB 821	- Amends 18 § 4218 to provide that the VT state police drug diversion unit shall have access to information from the PMP - Further provides that the commissioner of public safety shall, annually on or before January 15, report to the house committees on human services and on judiciary and the senate committees on health and welfare and judiciary regarding the activities of the VT state police drug diversion unit during the preceding year and shall include the number and types of investigations undertaken during the preceding year as well as recognizable trends the commissioner expects for the upcoming year	1/29/2016 – Read first time; referred to committee on human services

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Amends 18 § 4282 to amend the definition for "health care provider" to include veterinarians - Amends 18 § 4284 to provide that the department shall provide information to a drug diversion investigator or a detective with the VT state police drug diversion unit, who shall access the PMP only for the purpose of investigating allegations of improper or inappropriate prescription practices by a health care provider and shall only obtain de-identified information regarding individual patients	
VT SB 201	- Creates 18 § 4214a to require practitioners treating patients for chronic pain, and who have issued a prescription for a 30-day supply of an opioid, to check the PMP prior to issuing a subsequent 30-day prescription for an opioid and shall screen the patient for signs of a substance use disorder - Amends 18 § 4289 to provide that practitioners shall query the PMP at least once every 30 days, prior to prescribing a refill for patients who are receiving ongoing treatment with a Schedule II – IV controlled substance opioid; when starting a patient on a Schedule II – IV controlled substance for non-palliative long-term pain therapy of 90 days or more for a non-opioid, or of 30 days or more for an opioid	1/5/2016 – Read first time; referred to committee on health and welfare
VT SB 243	- Amends 18 § 4289 to provide that failure to register with the PMP may be considered unprofessional conduct for providers and dispensers - Further amends 18 § 4289 to modify the mandatory access requirements to provide that providers shall query the PMP each time the provider issues a new or renewal prescription for an opioid Schedule II – IV substance to a patient, when starting a patient on a Schedule II – IV non-opioid substance for non-palliative long-term pain therapy of 90 days or more - Further provides that failure to query or report to the PMP as required may be considered unprofessional conduct	1/5/2016 – Read first time; referred to committee on health and welfare
VA HB 290	- Amends § 54.1-2523.1 to provide that the director shall develop, in consultation with an advisory panel, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method	2/16/2016 – Left in health, welfare, and institutions

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	for analysis of data collected by the PMP using the criteria for indicators of misuse to identify unusual patterns of prescribing and dispensing of covered substances by individual prescribers or dispensers or potential misuse of a covered substance by a recipient - Further provides that, in cases in which analysis of data collected by the PMP using criteria for indicators of misuse indicates an unusual pattern of prescribing or dispensing of a covered substance by a prescriber or dispenser or potential misuse by a recipient, the director may: 1) disclose information about the unusual prescribing or dispensing by a prescriber or dispenser to a) the enforcement division of the Department of Health Professions or b) an agent who has completed the VA state police drug diversion school; or 2) disclose information about a recipient to a) the prescriber or prescribers who have prescribed a covered substance to the recipient for the purpose of intervention to prevent such misuse or b) an agent who has completed the VA state police drug diversion school	
VA HB 293	- Amends § 54.1-2522.1 to provide that a prescriber or his or her delegate shall, at the time of initiating a new course of treatment to a patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than 14 days, request PMP information - Provides that the requirement does not apply for prescriptions for: patients receiving hospice or palliative care; patients as part of treatment for a surgical or invasive procedure and such prescription is not refillable; patients during an inpatient hospital admission or at discharge; nursing home patients or patients in an assisted living facility that uses a sole source pharmacy - Amends § 54.1-2522.2 to provide that prescribers and dispensers may delegate access authority to individuals who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser and are licensed, registered, or certified by a health regulatory board or have routine access to confidential patient data and have signed a patient data confidentiality agreement	2/25/2016 – Passed House; reported from Senate education and health committee

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

VA HB 657	- Amends § 54.1-2523.1 to provide that the director shall develop, in consultation with an advisory panel, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method for analysis of data collected by the PMP using the criteria for indicators of misuse to identify unusual patterns of prescribing and dispensing of covered substances by individual prescribers or dispensers or potential misuse of a covered substance by a recipient - Further provides that, in cases in which analysis of data collected by the PMP using criteria for indicators of misuse indicates an unusual pattern of prescribing or dispensing of a covered substance by a prescriber or dispenser or potential misuse by a recipient, the director may: 1) disclose information about the unusual prescribing or dispensing by a prescriber or dispenser to a) the enforcement division of the Department of Health Professions or 2) disclose information about a recipient to a) the prescriber or prescribers who have prescribed a covered substance to the recipient for the purpose of intervention to prevent such misuse or b) an agent who has completed the VA state police drug diversion school	2/25/2016 – Sent to Governor; Governor's action deadline midnight, March 3, 2016
VA HB 829	Amends § 54.1-2523 to provide that the PMP may provide information to the board of medicine about prescribers who meet a certain threshold for prescribing covered substances for the purpose of requiring relevant education, which threshold shall be determined by the board of medicine in consultation with the program	2/25/2016 – Passed House; reported from Senate education and health committee
VA HB 1044	- Amends § 54.1-2520 to provide that the advisory committee shall provide guidance to the director regarding information disclosed about a Medicaid recipient - Amends § 54.1-2523 to provide for disclosure of PMP information regarding a Medicaid recipient to a physician or pharmacist licensed in Virginia who is employed by the VA Medicaid managed care program which information shall only be used to determine eligibility for and to manage the care of a specific recipient in a Patient Utilization Management Safety or similar program and notice shall be provided to recipients that information may be requested	2/25/2016 – Passed House; reported from Senate education and health committee

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

VA SB 287	- Amends § 54.1-2521 to provide that dispensing information shall be submitted to the department within 24 hours or the dispenser's next business day, whichever comes later - Amends § 54.1-2523 to provide that the director may disclose PMP data to a prescriber for the establishing the treatment history of a recipient when such recipient is either under the care and treatment by the prescriber or the prescriber is consulting on or initiating treatment of such recipient - Further provides that the director may disclose PMP data to a dispenser for the purpose of establishing the prescription history to assist the dispenser in: 1) determining the validity of a prescription or 2) when providing clinical consultation on the care and treatment of the recipient - Amends § 54.1-2525 to provide that nothing shall prohibit a person who prescribes or dispenses a reported substance from redisclosing information obtained from the PMP to another prescriber or dispenser who has prescribed or dispensed a covered substance to a recipient or a person who prescribes a covered substance from placing information obtained from the PMP in the recipient's medical record	2/25/2016 – House vote block passage
VA SB 491	- Amends § 54.1-2520 to provide that the advisory committee shall provide guidance to the director regarding information disclosed about a Medicaid recipient - Amends § 54.1-2523 to provide for disclosure of PMP information regarding a Medicaid recipient to a physician or pharmacist licensed in Virginia who is employed by the VA Medicaid managed care program which information shall only be used to determine eligibility for and to manage the care of a specific recipient in a Patient Utilization Management Safety or similar program and notice shall be provided to recipients that information may be requested	2/22/2016 – Passed Senate; assigned to House subcommittee on health and human resources
VA SB 513	- Amends § 54.1-2522.1 to provide that a prescriber or his or her delegate shall, at the time of initiating a new course of treatment to a patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than 14 days, request PMP information	2/23/2016 – Sent to Governor; Governor's action deadline

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Provides that the requirement does not apply for prescriptions for: patients receiving hospice or palliative care; patients as part of treatment for a surgical or invasive procedure and such prescription is not refillable; patients during an inpatient hospital admission or at discharge; nursing home patients or patients in an assisted living facility that uses a sole source pharmacy - Amends § 54.1-2522.2 to provide that prescribers and dispensers may delegate access authority to individuals who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser and are licensed, registered, or certified by a health regulatory board or have routine access to confidential patient data and have signed a patient data confidentiality agreement	midnight, March 1, 2016
WA HB 1103	- Amends § 70.225.040 to allow receipt of PMP information by personnel of a test site pursuant to an agreement between the test site and the patient's prescriber or dispenser - Adds new section that provides the test site must be located in Washington state, licensed, and certified as a drug testing laboratory - Adds new section that provides that test sites may not store data received from the PMP in any form AMENDMENT #1 - Removes requirement that the test site be physically located in Washington - Adds provision that test sites cannot receive any form of compensation for providing services	1/11/2016 – By resolution, reintroduced and retained in present status; referred to health care and wellness committee
WA HB 1106	- Appropriates $64,000 of the Medicaid fraud penalty account for the purpose of integrating the PMP into the coordinated care electronic tracking program where said integration must provide PMP data to emergency personnel when the patient registers in the emergency department - Such exchange may be a private or public joint venture, including the use of the state HIE	1/11/2016 – By resolution, reintroduced and retained in present state; referred to appropriations
WA HB 2192	Repeals the PMP	1/11/2016 – By resolution, reintroduced and retained in present status

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

WA HB 2730	- Amends § 70.225.040 to provide that the department may provide PMP data to persons authorized to prescribe or dispense controlled substances and legend drugs - Further amends § 70.225.040 to provide that the department may provide PMP data to a health care facility or entity for the purpose of providing medical or pharmaceutical care to the patients of the facility or entity if: 1) the facility or entity is licensed by the department; and 2) the facility or entity is a trading partner with the state's health information exchange - Further provides that the department may provide PMP data to a health care provider group of five or more providers for purposes of providing medical or pharmaceutical care to the patients of the group if: 1) all the providers in the provider group are licensed by the department; and 2) the provider group is a trading partner with the state's health information exchange	2/24/2016 – Passed to rules committee for second reading
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	2/25/2016 – Senate Rules "X" file
WA SB 5815	Creates new section that requires naturopaths to register with the PMP	1/11/2016 – By resolution, reintroduced and retained in present status
WA SB 6051	- Appropriates $64,000 of the Medicaid fraud penalty account for the purpose of integrating the PMP into the coordinated care electronic tracking program where said integration must provide PMP data to emergency personnel when the patient registers in the emergency department - Such exchange may be a private or public joint venture, including the use of the state HIE	2/25/2016 – Senate Rules "X" file
WI AB 364	- Amends § 961.385 to amend the definitions of "administer," "patient," and "prescription order" and to add definitions for "agent," "business day," "deliver or delivery," and "dispense" - "Administer" means the direct application of a monitored prescription drug to the body of a patient by: 1) a practitioner or his/her agent; 2) a patient at the direction of a practitioner; or 3) a pharmacist - "Patient" is amended to include animal	1/26/2016 – Report correctly enrolled

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- "Prescription order" is amended to include prescriptions written by veterinarians - Changes data collection interval to daily - Amends disclosure provisions to provide that the board shall establish rules to permit the board to disclose records generated to relevant licensing boards and agencies, relevant agencies of other states, relevant law enforcement agencies, and relevant prosecutorial agencies if the circumstances indicate suspicious or critically dangerous conduct - Amends disclosure provisions to provide that the board shall establish rules to permit the board to provide PMP data to a practitioner, pharmacist, registered nurse, substance abuse counselor, or individual authorized to treat alcohol or substance dependency or abuse as a specialty if the individual is directly treating or rendering assistance to a patient or the individual is being consulted regarding the health of the patient by an individual who is directly treating or rendering assistance to the patient - Amends disclosure provisions to provide that the board shall establish rules to permit the provision of PMP data to a person who medically coordinates, directs, or supervises, or establishes standard operating procedures for, a practitioner, pharmacist, registered nurse, substance abuse counselor, or individual authorized to treat alcohol or substance dependency or abuse as a specialty if the person is evaluating the job performance of an individual specified above or is performing quality assessment and improvement activities, including outcomes evaluation or development of clinical guidelines, and if the disclosure does not include personally identifiable information and is limited to only those records regarding the individual the person medically coordinates, directs, or supervises, or for whom the person establishes standard operating procedures - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit with a written request and the individual is engaged in an active and specific investigation and the record being requested is reasonably related to that investigation or prosecution	

	- Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit upon written request for the record and is monitoring the patient as part of a drug court - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to an agent of a practitioner or pharmacist - Amends provisions to provide that the board shall establish rules requiring a practitioner to review a patient's record prior to issuing a prescription, which provision shall expire 3 years after the effective date of this subdivision - Further provides that the requirement does not apply if the patient is receiving hospice care, the prescription is for a number of doses that is intended to last the patient three days or less and is not subject to refill, the substance is directly administered to the patient, emergency circumstances prevent practitioner from reviewing prior to issuing a prescription - Amends provision stating that pharmacies, pharmacists, and practitioners are not required to obtain PMP data to delete practitioners	
WI AB 365	- Creates § 961.37 to require that law enforcement officers report to his or her employer if the officer does any of the following: 1) encounters a situation where s/he reasonably suspects that a violation involving a monitored prescription drug is occurring or has occurred; 2) encounters an individual who the officer believes is undergoing or has immediately prior experienced an opioid-related drug overdose or a deceased individual who the officer believes died as a result of using a narcotic drug; or 3) receives a report of a stolen controlled substance prescription - The officer must report the following information: 1) the name and date of birth of all of the following – a) individual suspected of the violation; b) individual who experienced an opioid-related drug overdose; c) individual who died as a result of using a narcotic drug; d) individual who filed the stolen prescription report; e) individual for whom a prescription drug related to the foregoing was prescribed; 2) name of the prescribing practitioner, the	1/26/2016 – Report correctly enrolled

	prescription number, and the name of the drug as it appears on the prescription order or container - The law enforcement agency receiving the report shall submit notice of the suspected violation, opioid related overdose, death as the result of using a narcotic drug, or the report of the stolen controlled substance prescription to the PMP - Amends § 961.385 to provide that the PMP may disclose information provided to the PMP by a law enforcement agency pursuant to § 961.37 to relevant pharmacists, practitioners, and others to whom the board may make disclosures	
WI AB 766	- Amends § 961.385 to provide that, beginning in 2017 and no later than October 1 of each year until October 2020, the board shall conduct a review of the PMP to evaluate the actual outcomes of the PMP compared with projected outcomes, as determined by the board, and said review shall include an evaluation of all of the following: 1) satisfaction with the program of pharmacists, pharmacies, practitioners, and other users of the program; 2) the program's impact on referrals of pharmacists, pharmacies, and practitioners to licensing or regulatory boards for discipline and to law enforcement agencies for investigation and possible prosecution - Further amends § 961.385 to provide that, beginning in 2017, no later than November 1 of each year, the board shall provide a report to the department of safety and professional services for the previous fiscal year that includes all of the following: 1) the results of the board's review outlined above; 2) an assessment of the trends and changes in the use of monitored prescription drugs in this state; 3) the number of practitioners, by profession, and pharmacies submitting records to the board under the program; 4) the description of the number, frequency, and nature of submissions by law enforcement agencies; 5) a description of the number, frequency, and nature of requests for disclosure of records generated under the program; 6) the number of individuals receiving prescription orders from 5 or more practitioners or having monitored prescription drugs dispensed by 5 or more pharmacies within the same 90-day period; 7) the number	2/17/2016 – Available for scheduling

	of individuals receiving daily morphine milligram equivalents of 1 to 19 mg, 20 to 49 mg, 50 to 99 mg, and 100 or more mg; 8) the number of individuals to whom both opioids and benzodiazepines were dispensed within the same 90-day period	
WI SB 268	- Amends § 961.385 to amend the definitions of "administer" and "patient" and to add definitions for "agent," "business day," "deliver or delivery," and "dispense" - Changes data collection interval to daily - Amends disclosure provisions to provide that the board shall establish rules to permit the board to disclose records generated to relevant licensing boards and agencies, relevant agencies of other states, relevant law enforcement agencies, and relevant prosecutorial agencies if the circumstances indicate suspicious or critically dangerous conduct - Amends disclosure provisions to provide that the board shall establish rules to permit the board to provide PMP data to a practitioner, pharmacist, registered nurse, or substance abuse counselor if the individual is directly treating or rendering assistance to a patient or the individual is being consulted regarding the health of the patient by an individual who is directly treating the patient - Amends disclosure provisions to provide that the board shall establish rules to permit the provision of PMP data to a person who medically coordinates, directs, or supervises, or establishes standard operating procedures for, a practitioner, pharmacist, registered nurse, or substance abuse counselor if the person is evaluating the job performance of the individual or is performing quality assessment and improvement activities and if the disclosure is limited to only those records regarding the individual the person medically coordinates, directs, or supervises, or for whom the person establishes standard operating procedures - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit with a written request and the individual is engaged in an active and	1/7/2016 – Fiscal estimate received

	specific investigation and the record being requested is reasonably related to that investigation or prosecution - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to a state board or agency, agency of another state, law enforcement agency, or prosecutorial unit upon written request for the record and is monitoring the patient as part of a drug court - Amends disclosure provisions to provide that the board shall establish rules to allow provision of PMP data to an agent of a practitioner or pharmacist - Amends provisions to provide that the board shall establish rules requiring a practitioner to review a patient's record prior to issuing a prescription - Amends provision stating that pharmacies, pharmacists, and practitioners are not required to obtain PMP data to delete practitioners	
WI SB 269	- Creates § 961.37 to require that law enforcement officers report to his or her employer if the officer does any of the following: 1) encounters a situation where s/he reasonably suspects that a violation involving a monitored prescription drug is occurring or has occurred; 2) encounters an individual who the officer believes is undergoing or has immediately prior experienced an opioid-related drug overdose or a deceased individual who the officer believes died as a result of using a narcotic drug; or 3) receives a report of a stolen controlled substance prescription - The officer must report the following information: 1) the name and date of birth of all of the following – a) individual suspected of the violation; b) individual who experienced an opioid-related drug overdose; c) individual who died as a result of using a narcotic drug; d) individual who filed the stolen prescription report; e) individual for whom a prescription drug related to the foregoing was prescribed; 2) name of the prescribing practitioner, the prescription number, and the name of the drug as it appears on the prescription order or container - The law enforcement agency receiving the report shall submit notice of the suspected violation, opioid related overdose, death as the result of using a narcotic drug, or	10/29/2015 – Available for scheduling

	the report of the stolen controlled substance prescription to the PMP - Amends § 961.385 to provide that the PMP may disclose information provided to the PMP by a law enforcement agency pursuant to § 961.37 to relevant pharmacists, practitioners, and others to whom the board may make disclosures	
WI SB 271	- Creates § 51.4223 to require that a physician or other health care provider authorized to prescribe methadone review a patient's PMP report for other methadone or pain medication use	10/16/2015 – Available for scheduling
WI SB 272	- Creates § 50.65 to provide that a physician or other health care provider at a pain clinic who is authorized to prescribe pain medication shall review a patient's PMP data for use of other pain medications prior to prescribing a pain medication for the patient	10/21/2015 – Fiscal estimate received
WI SB 716	- Amends § 961.385 to provide that, beginning in 2017 and no later than October 1 of each year until October 2020, the board shall conduct a review of the PMP to evaluate the actual outcomes of the PMP compared with projected outcomes, as determined by the board, and said review shall include an evaluation of all of the following: 1) satisfaction with the program of pharmacists, pharmacies, practitioners, and other users of the program; 2) the program's impact on referrals of pharmacists, pharmacies, and practitioners to licensing or regulatory boards for discipline and to law enforcement agencies for investigation and possible prosecution - Further amends § 961.385 to provide that, beginning in 2017, no later than November 1 of each year, the board shall provide a report to the department of safety and professional services for the previous fiscal year that includes all of the following: 1) the results of the board's review outlined above; 2) an assessment of the trends and changes in the use of monitored prescription drugs in this state; 3) the number of practitioners, by profession, and pharmacies submitting records to the board under the program; 4) the description of the number, frequency, and nature of submissions by law enforcement agencies; 5) a description of the number, frequency, and nature of requests for disclosure of records generated under the	2/12/2016 – Available for scheduling

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	program; 6) the number of individuals receiving prescription orders from 5 or more practitioners or having monitored prescription drugs dispensed by 5 or more pharmacies within the same 90-day period; 7) the number of individuals receiving daily morphine milligram equivalents of 1 to 19 mg, 20 to 49 mg, 50 to 99 mg, and 100 or more mg; 8) the number of individuals to whom both opioids and benzodiazepines were dispensed within the same 90-day period	
Regulation No.	**Description**	**Status**
80 FR 68126-01	- Proposed rule to revise the discharge planning requirements that hospitals, including long term care facilities and inpatient rehabilitation facilities, critical access hospitals, and home health agencies must meet in order to participate in Medicare and Medicaid programs - Encourages providers to consider using their state PMP during the evaluation of a patient's co-morbidities and past medical and surgical history - Soliciting comments on whether providers should be required to consult with their state's PMP and review a patient's risk of non-medical use of controlled substances and substance use disorders as indicated by the PMP report - Also soliciting comments on whether, as part of the medication reconciliation process, practitioners should be required to check their state PMP even if they are not going to prescribe controlled substances to the patient - Encourages practitioners to check their state PMP as part of the medication reconciliation process - Soliciting comments that provide specific information on the feasibility, costs, and patient benefits of using PMP systems in hospital discharge planning, and on workable implementation and enforcement standards for a possible mandatory requirement	11/3/2015 – Proposed rules
AL 408686 (ADC 540-X-19-.05)	Requires that the medical director of a pain management clinic have a current registration with the PMP	12/31/2015 – Certified adopted rules; effective February 1, 2016
AR 401919 (ADC 060.000.1-2)	- Requires that prescribers check the PMP at least once every six months for patients with chronic, non-malignant pain	12/21/2015 – Adopted regulations;

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Requires that prescribers found to be in violation of a rule or law involving prescription drugs shall be required to register with the PMP and access prescription information prior to writing a prescription for an opioid	effective December 14, 2015
AR 401922 (ADC 060.00.1-19)	- Requires physicians operating a pain management program to check the prescriptive history of a patient at least every six months when that patient is being treated with controlled substances for chronic, non-malignant pain - Requires that prescribers who have been found to be in violation of a law or rule involving prescription drugs to register with the PMP and access patient information prior to writing a prescription for an opioid	12/21/2015 – Adopted regulations; effective December 14, 2015
AR 409927 (ADC 007.07.4-III, -IV, -VI, -VII)	- III – Adds definitions for "certified law enforcement prescription drug diversion investigator," "delegate," "opioid," and "qualified law enforcement agency" - IV – Sets out the requirements for law enforcement access to PMP information - VI – Adds certified law enforcement prescription drug diversion investigator, and the Department of Human Services or the Crimes Against Children Division of the Department of Arkansas State Police to the list of entities allowed receipt of PMP information - VII – Adds provisions related to unsolicited reports	11/23/2015 – Proposed regulations
AR 409935 (ADC 069.00.1-V-IX1)	Requires an optometrist who has been found to be in violation of a rule or law involving prescription drugs to register with the PMP and access prescription information prior to prescribing an opioid	11/23/2015 – Proposed regulations
AR 412297 (ADC 069.00.1-V-IX1)	Requires an optometrist who has been found to be in violation of a rule or law involving prescription drugs to register with the PMP and access prescription information prior to prescribing an opioid	2/19/2016 – Adopted regulations; effective February 6, 2016
AR 415764 (ADC 007.07.4-III, -IV, _VI, -VII)	- III – Adds definitions for "certified law enforcement prescription drug diversion investigator," "delegate," "opioid," and "qualified law enforcement agency" - IV – Sets out the requirements for law enforcement access to PMP information - VI – Adds certified law enforcement prescription drug diversion investigator, and the Department of Human Services or the Crimes Against Children Division of the	2/19/2016 – Adopted regulations; effective March 1, 2016

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	Department of Arkansas State Police to the list of entities allowed receipt of PMP information - VII – Adds provisions related to unsolicited reports	
CO 412723 (3 ADC 709-1:IX)	Provides that all dentists with a current DEA registration are required to register and maintain a user account with the PMP	12/25/2015 – Notice of proposed rulemaking
DC 402819 (17 ADC 10300 – 10316, 10399)	- Creates Chapter 103 of the DC Code of Regulations to implement the provisions of the PMP - Sec. 10300 provides there is no requirement to access the PMP and includes immunity provisions - Sec. 10301 provides for daily reporting of dispensing information, requires nonresident pharmacies to report, and exceptions to reporting requirements - Sec. 10302 includes cyclobenzaprine and products containing butalbital as covered substances - Sec. 10303 - 10305 provide standards and format for reporting and zero reporting and waiver of reporting requirements - Sec. 10306 sets out the requirements for prescribers, dispensers, and delegates to access PMP data and sets out the requirements for delegate use of the PMP - Sec. 10307 provides for mandatory disclosure to law enforcement and regulatory purposes upon request - Sec. 10308 sets out discretionary disclosures to patients, parent or legal guardian of a patient, regulatory authorities, Medicaid, medical examiner, de-identified data - Sec. 10309 provides for interstate sharing - Sec. 10310 provides for notice to consumers of prescriber or dispenser's intent to access PMP data - Sec. 10311 contains the confidentiality provisions - Sec. 10312 provides for corrections to PMP data - Sec. 10313 – 10315 are reserved - Sec. 10316 creates the advisory committee - Sec. 10399 contains definitions	12/11/2015 – Final rulemakings
FL 398937 (ADC 64B16-27.831)	- Provides that, if a pharmacist has doubts or concerns about the validity of a prescription, he or she may attempt to resolve concerns be accessing the PMP in lieu of either initiating communication with the patient or the patient's representative to acquire information about the validity of	12/8/2015 – Effective rules; effective December 24, 2015

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	the prescription or initiating communication with the prescriber or prescriber's agent - Further provides that all pharmacists shall complete a board-approved 2-hour continuing education course, which course shall include, among other topics, use of the PMP	
FL 400022 (ADC 64K-1.003, 004, 005)	Department will develop rules establishing procedures for acquiring both direct and indirect access to the database, procedures for revoking access, standards for denial of requests for access, as well as any other measures related to access, database operation or database management identified during the rulemaking process	2/2/2016 – Effective rules; effective February 17, 2016
IL 408920 (77 ADC 2080.100)	Changes data collection interval from weekly to daily	2/5/2016 – Meeting agenda
IL 414788 (77 ADC 2080)	To add naloxone as a selected, non-Schedule II – V product to be reported to the PMP when used by an emergency department, EMT, police department, school or community pharmacy as an opioid overdose agonist	1/15/2016 – Regulatory agendas
LA 403922 (ADC 46:XLV: 7717)	Requires that physicians check the PMP prior to issuing any written request or recommendation for marijuana	12/20/2015 – Rules; effective December 20, 2015
LA 403946 (ADC 40:I:2004, :2009, :2016, :2021, :2109, :2111)	- 2004 - Provides that providers should check the PMP prior to prescribing opioids for more than 14 days for neck pain without radicular pain or neurologic findings in worker's compensation cases - 2009 - Provides that providers should access the PMP if necessary when treating patients in worker's compensation cases for chronic pain management - 2016 - Provides that providers should check the PMP prior to prescribing opioids for more than 14 days for low back pain in worker's compensation cases - 2021 - Provides that physicians should access the PMP if necessary when treating patients for chronic pain management in worker's compensation cases - 2109 – Provides that information regarding medications should be checked against the PMP for patients in worker's compensation cases - 2111 – Provides that chronic use of opioids should not be prescribed until the physician has reviewed the PMP for patients in worker's compensation cases	9/20/2015 – Notices of Intent

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Further provides that physicians should review the PMP for a patient whenever drug screens are done	
ME 412877 (ADC 02-373 Ch. 2, § 5)	Requires the primary and secondary, if any, supervisory physicians for a physician assistant to conduct semi-annual evaluations of the physician assistant, which shall include a review of the PMP if the physician assistant prescribes controlled substances	12/23/2015 – Proposals
MD 409514 (COMAR 10.47.07.05)	- Provides that the PMP shall disclose information to a licensing entity, other than the Board of Physicians, upon receipt of an administrative subpoena voted on by a quorum of the board or the state Board of Physicians upon receipt of an administrative subpoena voted on by a quorum of a disciplinary panel - Further provides that the PMP may disclose information to the following case review entities for the purpose of furthering an existing bona fide individual case review: State Child Fatality Review Team or local child fatality review team; local drug overdose fatality review team; the Maternal Mortality Review Program; a medical review committee	11/13/2015 – Proposed actions on regulations
MS 413650 (ADC 30-20-3001:IV, V)	Requires all licensed pharmacists to register with PMP and adds action against pharmacists for failure to register	1/31/2016 – Final action on rules; effective January 15, 2016
MS 416827 (ADC 30-20-3001:XLIII)	- Amends regulation to provide that reporting of Schedule II – V dispensing information shall be every 24 hours or the next business day - Exempts substances dispensed directly by a veterinarian, direct administration of a controlled substance to a patient, and any quantity of a drug dispensed that is limited to an amount adequate to treat the patient for 48 hours or less - Requires that prescriptions dispensed to patients in nursing facilities, ICFMRs, and assisted living facilities are required to be reported - Provides that PMP information shall be provided to: pharmacists; practitioners; local, state, and federal law enforcement officials; regulatory and licensing boards; division of Medicaid; judicial authorities under grand jury subpoena; the patient; and PMPs in other states - Further provides that the Director of the Mississippi Bureau of Narcotics, or his designee, shall have access to	1/31/2016 – Proposed action on rules

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	the PMP for the purpose of investigating the potential illegal acquisition, distribution, dispensing, prescribing, or administering of controlled substances - Provides for the provision of de-identified information for research and educational purposes - Requires that pharmacists register with the PMP - Provides certain penalties for knowing disclosure of PMP information, or for purposely misusing or altering PMP information	
NV 396490 (NAC 639.926)	Requires pharmacies to submit dispensing information within one business day	9/17/2015 – LBC Drafts
NH 415228 (ADC Med 502)	Rules regarding the prescribing of opioids require practitioners to query the PMP unless the opioid is being administered or specific instances of acute prescribing	1/21/2016 – Notices
NJ 408992 (NJAC 13:45A-35.1 – 35.11)	- 35.1 – Sets out purpose and scope of rules and delineates to whom the rules apply - 35.2 – Definitions - 35.3 – Sets out reporting requirements for pharmacies filling outpatient prescriptions for Schedule II – V controlled substances, including that dispensing information be reported daily - 35.4 – Requests for waivers or exemptions from reporting requirements - 35.5 – Provides that the data collection interval for reporting dispensing information is daily - 35.6 – Provides that the division shall provide PMP information to pharmacists, practitioners, delegates, medical resident, dental resident, designated representatives of certain specified licensing boards, designated representative of a state Medicaid or other government program, state or county medical examiner, deputy or assistant county medical examiner - Further provides that the division may provide PMP information to: properly convened grand jury pursuant to a subpoena; state, federal, or municipal law enforcement officer pursuant to a court order; PMP in another state with which the division has an interoperability agreement or which participates with the division in a system that facilitates the secure sharing of information between states	11/16/2015 – Rule proposals

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- Requires that persons authorized to have online access to the PMP must register with the division - Provides that delegates may only share information with his or her delegating practitioner; that designated representatives from licensing boards, designated representatives from state Medicaid or other government programs, and the medical examiner, deputy or assistant medical examiner may share information with personnel from his or her agency in the performance of his or her duties - Allows the provision of de-identified data to public or private entities for statistical, research, or educational purposes - Allows the division to obtain unsolicited reports from the PMP and provide them to pharmacists, practitioners, and other licensed health care professionals - 35.7 – Requires that all persons authorized to have access to the PMP register with the division; further provides that the division shall register a practitioner to have online access to the PMP upon issuance or renewal of the practitioner's controlled dangerous substance registration - 35.8 – Sets out the requirements for delegates, including any licensure, certification, and employment requirements - 35.9 – Provides that a practitioner or practitioner delegate must access PMP information for a new or current patient: 1) the first time the practitioner prescribes a Schedule II substance for acute or chronic pain; 2) on a quarterly basis during the time a current patient continues to receive prescriptions for a Schedule II substance for acute or chronic pain - Provides that a pharmacist must access the PMP if the pharmacist has a reasonable belief that the person may be seeking a controlled substance, in whole or in part, for any purpose other than treatment of an existing medical condition - Provides exemptions to access requirements - 35.10 – Requires that individuals who designate a delegate shall establish, retain, and follow written procedures to document, as part of the patient record, the PMP look-up as required and any PMP information accessed for that patient	

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	- 35.11 – Sets out actions which may be deemed professional misconduct, including noncompliance with the rules, and further provides that certain actions, including knowing disclosure of PMP information, shall refer the violator to law enforcement	
NY 402536 (14 ADC 820.7)	- Creates new regulations related to residential services for treatment of individuals with substance use disorders - Requires that programs check the PMP prior to admitting a patient to determine any and all medications which may be prescribed to a patient or prospective patient	9/9/2015 – Emergency/ proposed rulemakings
NY 402537 (14 ADC 822.8)	- Repeals former Section 822 and enacts new regulations regarding standards for chemical dependence outpatient and opioid treatment programs - Requires programs to check the PMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient - Requires that patients admitted to opioid medical maintenance have verified stability in the PMP and that checks of the PMP be performed as clinically indicated	12/9/2015 – Notices of adoption; effective November 20, 2015
ND 411868 (ADC 54-05-03.1-10)	Requires that advanced practice nurses with prescriptive authority use the PMP in the following situations: 1) new client requiring a prescription for controlled substances; 2) every six months during treatment of a client with a controlled substance; 3) client requests early refills or pattern of taking more than prescribed dosage; 4) suspicion or known drug overuse, diversion, or abuse	1/21/2016 – Public hearing
OH 404161 (ADC 4731-11-11)	- Repeals and replaces prior version - Defines "delegate," "OARRS," "OARRS report," "personally furnish," and "reported drugs" - Sets out the standards of care for physicians: 1) when prescribing or personally furnishing a reported drug; 2) in considering whether the prescribing or personally furnishing of a reported drug is appropriate for a patient, the physician shall review a PMP (OARRS) report; 3) requires that a physician obtain and review a PMP report to help determine if it is appropriate to prescribe or personally furnish an opioid analgesic, benzodiazepine, or reported drug to a patient, unless an exception applies, but shall obtain a report if the patient's course of treatment with a reported drug other than an opioid analgesic or	9/24/2015 – Proposed filings

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	benzodiazepine has lasted more than 90 days, unless an exception applies - Provides a list of red flags that require the physician to obtain and review a PMP report - Requires 1) that a physician obtain and review a PMP report at least every 90 days for patients whose treatment with an opioid analgesic or benzodiazepine lasts more than 90 days; 2) that a physician obtain and review a PMP report at least annually for patients whose treatment with a reported drug other than an opioid analgesic or benzodiazepine lasts more than 90 days - Requires that if the physician practices primarily in a county that adjoins another state, the physician shall also request a report from the other state - Lists exceptions to review requirements	
OH 406668 (ADC 4723-9-12)	- Repeals and replaces prior version - Defines "APRN," "delegate," "OARRS," "OARRS report," and "reported drugs" - Sets out the standard of care for APRNs, which includes that an APRN consider obtaining and reviewing a PMP (OARRS) report when considering whether to prescribe or personally furnish a reported drug - Provides that an APRN shall obtain and review a PMP report if any red flags as set out in the regulation are noted - Requires an APRN to obtain and review a PMP report before initially prescribing a reported drug that is an opioid analgesic or benzodiazepine and shall obtain a report every 90 days if the patent continues to receive such prescriptions for more than 90 days - Requires an APRN to obtain and review a PMP report following a course of treatment for a period of more than 90 days if the treatment includes the prescribing or personally furnishing of reported drugs that are not opioid analgesics or benzodiazepines and at least annually thereafter as long as the course of treatment continues - Provides that if the APRN practices in a county that adjoins another state, the APRN shall also request a report from that state, if available	10/15/2015 – Proposed filings
OH 407088 (ADC 4729-37-07)	Amends regulation to require pharmacies to notify the board electronically if it is not open seven days per week	12/29/2015 – Final filings

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended

	and to notify the board electronically or in writing if the pharmacy stops dispensing controlled substances	
OR 411105 (ADC 410-121-4010, et seq.)	Proposing to permanently amend regulation to renumber it to OAR 333-023-0810 to revise the reporting requirements, as well as revise and renumber rules in OAR Chapter 410, division 121, pertaining to the PMP, to Chapter 333, division 23, since the public health division is responsible for the administration of the program	2/1/2016 – Administrative rules; effective February 1, 2016
TX 412429 (22 TAC 315.1 – 315.14)	New rules proposed to give effect to SB 195 which transfers the PMP to the Board of Pharmacy	12/15/2015 – Proposed
VA 409328 (18 VAC 76-20)	Propose to amend the regulations to update the required version for reporting data electronically and include several new data elements	11/16/2015 – Notices of intended regulatory action
WA 387037 (ADC 246-470-030, 040, 050, 060, 090)	Revise regulations to add tribal officials to the list of appropriate law enforcement prosecutors who can access the PMP for bona fide specific investigations	2/17/2016 – Proposed rules
WI 389879 (ADC Phar. 18.01 – 18.14)	Requires that the name of the person as verified by checking an identification card or as known to the pharmacist or other person dispensing or delivering controlled substance to person be transmitted to the PMP	9/14/2015 – Rule-making notices; submittal of rules to Legislative Council Clearinghouse
WI 403847 (ADC Phar. 18.01 – 18.14)	Rules are intended to effect the changes implemented by 2015 Act 55 transferring the PMP from the Pharmacy Examining Board to the Controlled Substances Board	1/4/2016 – Rule-making notices; submittal of rules to Legislative Council Clearinghouse

Blue text indicates updates since the last NAMSDL Bill Status Update
Yellow highlighted text indicates the legislation has been enacted into law
Red text indicates the legislative session has ended