

| State | Medical/Pharm Boards | Health Department | Miscellaneous Regulations | Notes |
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| Alabama | The Board will judge the validity of prescribing based on the physician's treatment of the patient and on available documentation. The goal is to reduce pain and/or improve patients' function. No specialty restrictions | | | |
| Alaska | Alaska's Board of Nursing has adopted a guideline on the use of controlled medications to treat pain, and that guideline is modeled after the Federation of State Medical Boards' Model Policy Statement. | | | |
| Arizona | Physicians should perform pain assessment and drug screen prior to prescribing opioids | Prescribing guidelines - focus on emergency medicine | | |
| Arkansas | Treatment with controlled substance for more than six months requires the physician to (1) keep adequate records (medical history, physical examination, treatment plan, informed consent, medications given and agreements with patient and periodic reviews), (2) periodically review, (3) written informed consent, and (4) valid license. | | | |
| California | Guidelines pertain to coordination of care, proper documentation, and abiding by all federal laws | | | |
| Colorado | The board adopted guidelines for the use of controlled substances to treat pain. They include: (1) patient evaluation, (2) treatment plans, (3) informed consent, (4) periodic review. | | | The Opioid Crisis: Guidelines and Tools for Improving Chronic Pain Management - Prescriber Toolkit |
| Connecticut | Board of Medicine's statement of treatment of pain practices recommends (1) proper evaluation of patient (medical history and physical examination), (2) treatment plan, (3) informed consent and treatment agreement, (4) periodic review, (5) consolation, (6) accurate and complete medical records, (7) compliance with controlled substance regulations and law. | | | |

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| DC | A physician must perform a patient evaluation including complete medical history. Guidelines outline steps for high risk patients. | | Federal Clinical Practice Guideline for Opioid Therapy: (1) Assessment of Patient, (2) Determine Appropriateness of Opioid Therapy, (3) Begin Opioid Therapy Trial, (4) Assess Patient Response to Therapy, (5) Adjust Therapy, (6) Consultation/Referral | |
| Delaware | Develops a Controlled Substance Advisory Committee. Guidelines do not include prescribing limitations based on specialty | | | |
| Florida | State Medical Boards Opioid Prescribing Policy-covers evaluation, informed consent, review, and consultation | | Pain Mgmt Clinics - maintain board certified PMR as qualifying training for physicians working in pain mgmt clinics | Laws Impacting availability of opioids, not ability to prescribe. Pharmacies do not have access to the meds. |
| Georgia | Georgia outlines a 10-step policy for opioid treatment. The Board of Medicine expects that physicians properly record rationale for opioid therapy and monitor patient response. Schedule II & III for more than 90 days a physician must have a written treatment agreement with the patient and require clinical visit every 3 months. | | | |
| Hawaii | Board guidelines require the physician to obtain, evaluation and document medical history and physical examination. The guidelines recommend the use of a treatment plan, and agreement for treatment. | | | |
| Idaho | The physician must obtain a medical history and physical examination that includes the effect of the pain on physical and psychosocial function. The physician should refer the patient to consultation, as necessary, but the Board does not provide consulting guidelines. | | | |

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| Illinois | No Medical Board Guidelines. Existing statutes outline prescription monitoring program and states that only physicians have the authority to prescribe C-II controlled substances. | | | |
| Indiana | Law requires all opiate-prescribing physicians to monitor patients histories in the state database | Guidelines include: (1) Patient Assessment, (2) Use of Alternate (non-opioid) treatment when medically appropriate, (3) Patient Informed Consent (4) Periodic Scheduled Visits, (5) Reporting and Drug Monitoring Tests | | First Do No Harm - Indiana Chronic Pain Management Toolkit |
| Iowa | If the patient is not meeting the objectives of the treatment plan, or if there is evidence of diversion or a pattern of abuse, the physician must consider consultation with, or referral to, a physician with expertise in pain medicine, addiction medicine, | | | |
| Kansas | Board has adopted guidelines that suggest: (1) evaluation of patient, (2) treatment plan, and (3) informed consent and agreement for treatment. | | | |
| Kentucky | Board guidelines require evaluation of patient with a complete medical history and physical examination. The guidelines recommend a treatment plan and informed consent and treatment agreements, periodic review, consultation as indicated | | | |
| Louisiana | A physician must: (1) evaluate the patient, (2) establish a medical diagnosis, (3) create an effective treatment plan, (4) and obtain informed consent, (5) must assess the treatment efficacy and monitor, and (6) drug screen if believed abuse may be taking place. | | | |

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| Maine | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) consultation as indicated, (5) Periodic Review, (6) Documentation | | Medicaid-Severe restrictions on opioids: Medicaid patients are now required to participate in alternative treatments before they qualify for chronic opioids. Medicaid does not cover the alternative therapies, although it requires that patients participate in them. | |
| Maryland | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent, (4) consultation as indicated, (5) Periodic Review, (6) Documentation | Maryland has developed an Opioid Overdose Prevention plan, which includes clinical education and training as well as a prescription drug monitoring program | | |
| Massachusetts | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) consultation as indicated, (5) Periodic Review, (6) Documentation | Overdose prevention education | Gov. Patrick outlined opioid overdose prevention plan which includes curbing unnecessary painkiller prescription practices | |
| Michigan | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) consultation as indicated, (5) Periodic Review, (6) Documentation | | | |
| Minnesota | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) consultation as indicated, (5) Periodic Review, (6) Documentation | | | |
| Mississippi | Medical Board guidelines: (1) Risk/benefit analysis and evaluation of patient, (2) Documentation, (3) treatment plan including stated objectives, informed consent, and written agreement, (4) consultation as indicated, (5) Periodic Review | | September 2014 is "Pain Awareness Month" | |

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| Missouri | <u>Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping</u> | | | |
| Montana | <u>Guidelines include: (1) thorough history and physical examination, (2) treatment plan, (3) informed consent, (4) Referral to appropriate specialist, including specialists in addiction medicine and chronic pain , and (5) documentation.</u> | | | |
| Nebraska | <u>Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping</u> | | | |
| Nevada | <u>Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping</u> | | | |
| New Hampshire | <u>Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping</u> | | | |
| New Jersey | <u>Prescriber and Pharmacist have corresponding responsibility for the proper prescribing and dispensing of controlled substances. No treatment guidelines or policies in place.</u> | | | |
| New Mexico | <u>Practitioner must (1) complete a physical examination, (2) have a written treatment plan, (3) discuss the risks and benefits with the patient, (4) complete and maintain accurate medical records, and (5) monitor and consultat, when indicated</u> | <u>Actively monitors opioid use/abuse</u> | | <u>State Prescription Monitoring Program</u> |

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| New York | An adequate assessment of the patient and the pain should be performed and documented. Physicians should initiate conversations to identify pain and qualify/quantify it and its impact on the patient's life. Treatment should be based on the diagnosis, type of pain, intensity and duration of pain, prior therapies, and the impact on quality of life. | Resource for providers outlining overdose prevention programs and guidelines | | |
| North Carolina | Position Statement provides Guidelines for treatment which include: complete patient evaluation, including pain history, physical examination, and risk assessment; establishment of a treatment plan; informed consent and treatment agreement; (d) periodic review; and consultation with specialists in various treatment modalities as appropriate | | | |
| North Dakota | Prescriber and Pharmacist have corresponding responsibility for the proper prescribing and dispensing of controlled substances. No treatment guidelines or policies in place. | | | |
| Ohio | Physician must complete medical, pain, alcohol, and substance abuse history, assessment of the impact of pain of functions, review of previous diagnostic studies, an assessment of coexisting illnesses, diseases, conditions, and appropriate physical examinations. Physicians must see patients at an appropriate periodic intervals and must obtain an immediate consultation with an addiction medicine or substance abuse specialist if the practitioner suspects abuse. | Ohio Health Department landing page for Opioid and Controlled Substances prescribing resources | BWC - Position paper stating the steps a practitioner must take to treat chronic pain under Workers' Comp | Emergency and Acute Care Facility Opioid Prescribing Guidelines |
| Oklahoma | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | Guidelines state that alternative treatments for chronic pain should be explored before beginning opioid therapy | | |
| Oregon | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | | | |

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| Pennsylvania | Minimum standards include (1) initial medical history and physical examination, and (2) re-evaluations. Informed consent requires patient counseling. | | | |
| Rhode Island | Treatment of pain guidelines include: (1) evaluation, (2) treatment plan and objectives, (3) informed consent and agreement for treatment, (4) periodic review, (5) consultation, (6) adequate records, and (7) compliance with federal and state controlled substances law. | Prescribing Guidelines - Including provision that the prescriber should co-prescribe Naloxone if patient is at-risk for overdose | Health Professionals must report any opioid overdoses within 48 hours | Health department continuously monitors trends in opioid prescribing |
| South Carolina | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | | | |
| South Dakota | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | | | |
| Tennessee | Board has the expectation that physicians will create a record that shows: Proper indication for the use of drug or other therapy; Monitoring of the patient where necessary; The patient's response to therapy based on follow-up visits; and All rationale for continuing or modifying the therapy | Health Department Guidelines: (1) Patient History including physical examination, assessment of comorbidities, mental health assessment, and review of prior records; (2) Establish a diagnosis; (3) Assessment of Risk for Abuse; (4) Goals for Treatment | | |
| Texas | Medical Board guidelines: (1) History and physical examination, (2) treatment plan, (3) informed consent, (4) Treatment agreement, (5) Periodic Review, (5) Consultation and referral as indicated | | | |
| Utah | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | Health Department Clinical Guidelines mirror Medical Board Guidelines | | |

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| Vermont | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | | On June 4th, 2014, VT Board of Medical Practice approved the use of buprenorphine for office-based treatment of addiction | |
| Virginia | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | | | |
| Washington | Guidelines include: (1) history and medical examination, (2) diagnosis and medical indication, (3) written treatment plan with recorded measurable objectives, (4) informed consent (5) consultation when necessary, and (6) periodic reviews and modifications | Pain Management Guidelines - Includes PM&R | Medical Directors - Allowable Prescribers- Includes PM&R | |
| West Virginia | Medical Board guidelines: (1) Evaluation of patient, (2) treatment plan, (3) informed consent and written agreement, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | | | |
| Wisconsin | Position Board Statement encourages pain management; Recognizes that pain management, and the use of opioids for pain management, are a part of medical/pharmacy practice; and, Recognizes confusion exists around the terms addiction, physical dependence, and tolerance. | | | |
| Wyoming | Medical Board guidelines: (1) Adequate history and physical, (2) treatment plan with objective criteria, (3) risk/benefit documentation, (4) Periodic Review, (5) Consultation as indicated, (6) adequate record keeping | | | |

| State | Bill Information and Summary |
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| Alabama | House Bill 624 |
| | <p>This bill would authorize a physician or dentist to prescribe an opioid antagonist to an individual at risk of experiencing an opiate-related overdose or to an individual who is in a position to assist another individual at risk of experiencing an opiate-related overdose. This bill would provide immunity to a physician or dentist who prescribes an opioid antagonist and to an individual who administers an opioid antagonist. Failed</p> |
| California | Assembly Bill 831 |
| | <p>Would establish within the State Health and Human Services Agency, a temporary working group, to develop a plan to reduce the rate of fatal drug overdoses in the state. Would also establish a grant program to provide funds for programs related to drug overdose prevention, recognition, and response education. Failed</p> |
| | Assembly Bill 1535 |
| | <p>Would authorize a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed by the pharmacist and an authorized prescriber or developed and approved by both the State Board of Pharmacy and the Medical Board. Would require a pharmacist to complete a training program on the use of opioid antagonists prior to performing the procedure. Pending</p> |
| | Senate Bill 1258 |
| | <p>Would require the prescribing and dispensing of Schedule V controlled substances to be monitored in the Controlled Substance Utilization Review and Evaluation System (CURES). Would also authorize an individual who is investigating a professional license application to apply for access to the CURES regarding the controlled substance history of the applicant. Pending</p> |
| | Senate Bill 1438 |
| | <p>This bill clarifies that peace officers are included among the persons authorized to receive and distribute opioid antagonists to a person experiencing an overdose. Would also establish training and standards for the use of opioid antagonists and authorize hospitals and trauma centers to share information with local law enforcement agencies about controlled substances. Pending</p> |
| Colorado | House Bill 1173 |
| | <p>This bill would grant the medical director, or his or her designee, at substance abuse treatment facilities, with patient permission, access to the state prescription drug monitoring program. Also requires the Office of Behavioral Health to create a secure online substance abuse treatment registry to allow substance abuse treatment facilities to verify patient eligibility and register patients. Would grant the Department of Human Services the authority to impose a wider range of disciplinary actions for violations of the act. Pending</p> |
| | House Bill 1207 |
| | <p>This bill would create a household medication take-back program. To Governor</p> |

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| | <p>House Bill 1283</p> <p>This bill would make changes to the current prescription drug monitoring program to do the following: to deliver unsolicited reports of prescription data to practitioners and pharmacies; to allow a prescribing practitioner or pharmacist to delegate authority to access the database to up to three designees; to requires prescribers and pharmacists to register with the PDMP; and allow out-of-state pharmacists to access database information. Pending</p> |
| Connecticut | <p>House Bill 5487</p> <p>This bill would provide immunity to a person who administers an opioid antagonist to another person experiencing an opioid-related drug overdose. Pending</p> |
| Florida | <p>House Bill 1381</p> <p>Would revise provisions relating to database of controlled substance dispensing information and program funding requirements. Would also require a prescriber to access and view certain patient information in database before initially prescribing controlled substance. Pending</p> |
| | <p>House Bill 7177</p> <p>Would revise provisions relating to public record exemption for certain information held in the prescription drug monitoring program. Would also specifiu that certain entities may disclose confidential and exempt information in certain instances if such information is relevant to active investigation, and would require certain steps to ensure continued confidentiality of nonrelevant confidential and exempt information before disclosure of such information. Pending</p> |
| | <p>Senate Bill 862</p> <p>Would require a law enforcement agency to submit a court order as a condition of direct access to information in the prescription drug monitoring program. This bill would also authorize the department of health to provide relevant information that does not contain personal identifying information if the program manager determines a specified pattern exists. Pending</p> |
| | <p>Senate Bill 866</p> <p>Would amend current law to strengthen security of persona indentifying information in the prescription drug monitoring database by requiring law enforcement agencies to obtain a court order prior to receiving confidential information from the database, and would restrict information the department of health sends to law enforcement agencies. Failed</p> |
| | <p>Senate Bill 7014</p> <p>Amends provisions which make confidential and exempt certain information of a patient or patient's agent, health care practitioner, and others held by the Department of Health. Also specifies that the Attorney General, health care regulatory boards, and law enforcement agencies may disclose certain confidential and exempt information to certain entities only if such information is relevant to an active investigation that prompted the request for the information. Pending</p> |
| | <p>Senate Bill 7016</p> |

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| | Would revise provisions relating to the comprehensive electronic database system and prescription drug monitoring program maintained by the Department of Health; requires a law enforcement agency to submit a subpoena as a condition of direct access to information in the program. Pending |
| Georgia | House Bill 965 |
| | Would provide immunities from certain arrests, charges, or prosecutions for persons seeking medical assistance for a drug overdose. Enacted |
| Hawaii | House Bill 393/Senate Bill 394 |
| | This bill would establish limited immunity for individuals who seek medical assistance for victims of drug-related overdoses. Failed |
| | House Bill 2144 |
| | Would limit the number of days of supply of narcotic drugs that a physician may prescribe for pain management. Would also require a blood or urine test and consultation with a pharmacist for refills of narcotic drugs in certain circumstances. Failed |
| Hawaii | Senate Bill 650 |
| | Would prohibit doctors, nurses, and pharmacists from prescribing long-acting opioid painkillers in emergency rooms. Would also prohibit doctors, nurses, and pharmacists in emergency rooms from prescribing more than a three-day supply of opioid painkillers. Failed |
| | Senate Bill 2928 |
| Illinois | This bill would create the Lake County Prescription Drug Disposal Pilot Program to facilitate the collection, transportation, and disposal of pharmaceuticals by law enforcement agencies. Pending |
| Iowa | House File 181 |
| | Would require the department of public health to adopt guidelines for the prescribing of opiates in the emergency departments of hospitals in order to assist emergency departments in reducing the inappropriate use of opiates while preserving the vital role of the emergency department. Pending - Carryover |
| | House File 2207 |
| | Would grant immunity from prosecution to certain persons seeking medical assistance in possession of a controlled substance cases. Also clarifies that a person who, in good faith, seeks medical assistance for another person experiencing a controlled substance overdose shall not be charged or prosecuted for possession of a controlled substance if the evidence for the charge was obtained as a result of the person seeking medical assistance for the other person. Pending |
| | House Study Bill 186 |
| Iowa | Would require a pharmacist or prescribing practitioner to obtain information about a patient from the information program for drug prescribing and dispensing before prescribing or renewing a prescription for a controlled substance if the pharmacist or prescribing practitioner believes or has reason to believe the patient is at risk of drug diversion, misuse, or abuse. Pending - Carryover |
| | Senate Study Bill 1015 |

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| | The bill would require a pharmacist or prescribing practitioner to obtain information about a patient from the information program for drug prescribing and dispensing before prescribing or renewing a prescription for a controlled substance if the pharmacist or prescribing practitioner believes or has reason to believe the patient is at risk of drug diversion, misuse, or abuse. (Similar to House Study Bill 186). Pending - Carryover |
| Kansas | House Bill 2237 Would allow the board of pharmacy to charge an annual portal fee for use of the prescription monitoring program and other programs that serve pharmacists and non-pharmacists, including, but not limited to, a wholesale distributor, pharmacist, dispenser or other person authorized to prescribe or dispense scheduled substances and drugs of concern. Pending - Carryover |
| Kentucky | House Bill 458 Would allow peace officers, firefighters, paramedics, and emergency medical technicians to be prescribed, possess, and use naloxone at the scene of a opioid drug overdose. Pending |
| | Senate Bill 5 This bill would increase the scope of mandatory coroner and medical examiner reporting in deaths involving Schedule I deaths and directs that a portion of recaptured savings from criminal justice reforms be directed to funding of KY-ASAP. Would specify the controlled substance treatment services to be offered under Medicaid, and would increase the availability of naloxone for use as a rescue drug for narcotic overdose situations. Pending |
| | Senate Bill 12 Would allow peace officers, firefighter, paramedics, and emergency medical technicians to use naloxone at the scene of a narcotic drug overdose. Pending |
| | House Bill 754 Would authorize a first responder to receive a prescription for naloxone, and authorize the first responder to administer naloxone to a third party. This bill would also limit liability for the administration of naloxone by a first responder, and require training prior to receiving a prescription for naloxone. The Department of Public Safety and Corrections would be required to promulgate a set of best practices under this bill. Pending |
| Louisiana | House Bill 755 Would authorize the administration of naloxone by a third party. Pending |
| | Senate Bill 422 Would provide immunity from prosecution for persons seeking emergency assistance involving alcohol consumption and drug overdoses, and prohibit a person from initiating an action against a peace officer, state agency or political subdivision based on the officer's compliance. This bill would also grant first responders authority to administer opiate antagonists without prescription when encountering an individual exhibiting signs of an opiate overdose, and would provide first responders administering antagonist immunity from civil actions. Pending |
| | House Bill 1209 |

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| Maine | Would authorize the prescription, possession and administration of opioid antagonists under certain circumstances and would provide criminal and civil immunities for such prescription, possession and administration. Also would provide for Medicaid coverage of naloxone hydrochloride using existing resources. To Governor |
| | Senate Bill 743 |
| | This bill implements the recommendations of the Substance Abuse Services Commission with regard to the Controlled Substances Prescription Monitoring Program including updating the monitoring program's online enrollment mechanism for prescribers of controlled substances and directing the department of health and human services to take action to enable those prescribers to renew professional applications online. To Governor |
| Maryland | House Bill 1296 |
| | Would authorize the prescription drug monitoring program to review prescription monitoring data for a specified purpose and report possible misuse or abuse of a monitored prescription drug to a prescriber or dispenser. To Governor |
| | House Bill 1297 |
| | Would create a task force to study the use and trade of illicit opioids in traditionally rural counties. Pending |
| | Senate Bill 969 |
| This bill would require the secretary of Veterans Affairs to establish an opioid time lock dispenser pilot program, which would provide a device that is programmed to dispense medication on a schedule to veterans participating in the program (Similar to House Bill 1343- Failed). Pending | |
| Massachusetts | House Bill 2126 |
| | This bill would establish guidelines governing the prescription drug drop-off grant program. Pending |
| | Senate Bill 1817 |
| | This bill would require the department of public safety to establish a prescription drug drop-off box grant program, for the purpose of providing grants to assist police departments with the purchase, placement, operation, or maintenance of prescription drug drop-off boxes at police stations. Pending |
| | Senate Bill 2100 |
| Requires the commission drug formulary commission to prepare a drug formulary of abuse deterrent interchangeable opioid drug products, which shall be adopted by regulations of the department of public health, and which shall list commercially available abuse deterrent products that serve as equivalent alternatives to non-abuse deterrent opioid products. Pending | |
| | House Bill 2307 |
| | Would provide for drug and alcohol overdose prevention and medical assistance, and would permit prescription and administration of opiate antagonists. Failed |
| | House Bill 2527/Senate Bill 2134 |

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| Minnesota | <p>Would establish the Prescription Monitoring Program Advisory Task Force and require the Minnesota State Board of Pharmacy to establish an electronic system for reporting the information. Provides that a pharmacist, prescriber, or other dispenser making a report to the program in good faith under this section is immune from any civil, criminal, or administrative liability. Pending</p> |
| | <p>Senate Bill 1900</p> |
| | <p>This bill would limit the liability for the administration of opiate antagonists for drug overdose. Pending</p> |
| Mississippi | <p>House Bill 371</p> |
| | <p>would prohibit pharmacists from substituting analgesic drugs for an opioid analgesic drug incorporating a tamper resistance technology without verifying equivalence or obtaining the written, signed consent of the prescribing physician. Failed</p> |
| | <p>House Bill 843</p> |
| | <p>Would provide that data collected in the prescription monitoring program is not subject to disclosure, and that collected data in the program shall not be subject to civil subpoena, and shall not be disclosed, discoverable or compelled to be produced in any civil proceeding, and shall not be deemed admissible as evidence in any civil proceeding for any reason. Failed</p> |
| | <p>House Bill 844</p> |
| Mississippi | <p>Would require veterinarians to report all narcotic drugs prescribed or administered to the board of veterinary medicine. Failed</p> |
| | <p>House Bill 1178</p> |
| | <p>Would require dispensers and prescribers to check the Prescription Monitoring Program Database before dispensing or prescribing certain drugs. Failed</p> |
| | <p>House Bill 1272</p> |
| | <p>Would remove controlled substance drugs dispensed by a veterinarian from the class of controlled substance required to be reported to and monitored by the Board of pharmacy under the prescription monitoring program. Failed</p> |
| | <p>Senate Bill 2824</p> |
| | <p>Would require dispensers and prescribers to check the prescription monitoring program database before dispensing or prescribing certain drugs. Failed</p> |
| Missouri | <p>HB 1133</p> |
| | <p>Would enact state prescription drug monitoring program. Pending</p> |
| | <p>LB 535</p> |

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| Nebraska | This bill would establish the Prescription Drug Monitoring Program Act, which would require the department of health and human services to establish a program that collects, manages, analyzes and provides information regarding controlled substances that have the potential to be abused. Failed |
| New Jersey | Assembly Bill 706 |
| | Concerns access to the information maintained by the prescription monitoring program. Pending |
| | Assembly Bill 711 |
| | Would require proof of identification for dispensation of certain prescription medications. Pending |
| | Assembly Bill 1232 |
| | Would require prescribers and pharmacists to check prescription monitoring program prior to prescribing and dispensing schedule II drugs. Pending |
| | Assembly Bill 1436 |
| | Would establish a Statewide Opioid Law Enforcement Coordinating Task Force. Pending |
| | Assembly Bill 2770 |
| | Would provide for certification for emergency medical technicians to administer opioid antidotes. Pending |
| | Assembly Bill 3007 |
| | This bill would requires practitioners prescribing Schedule II drugs to check prescription monitoring program prior to issuing prescription and to report prescriptions for Schedule II drugs to program. Pending |
| | Assembly Bill 3008 |
| | Would strengthen requirements regarding prescription monitoring program and broadens access to prescription monitoring program by law enforcement agencies. Pending |
| Assembly Bill 3056 | |
| Would establish an Opioid Abuse Prevention Committee to study the effectiveness of policies on reducing the harms related to opioid abuse. Pending | |
| Assembly Bill 3062 | |

Would implement recommendations of the report entitled "Scenes from an Epidemic" concerning prescription drug and heroin abuse including requiring pharmacies to report to the prescription drug monitoring program every business day, allowing law enforcement access to the prescription drug monitoring program, and requiring the Board of Medical Examiners to establish a pain management policy. **Pending**

[Senate Bill 101](#)

Would require prescribers and pharmacists to check prescription monitoring program prior to prescribing and dispensing Schedule II drugs. **Pending**

[Senate Bill 105](#)

Would require insurers to provide minimum of 30 days inpatient treatment for substance abuse when physician determines treatment is medically necessary. **Pending**

[Senate Bill 364](#)

Concerns access to information maintained by Prescription Monitoring Program. **Pending**

[Senate Bill 365](#)

Would implement recommendations of the report entitled "Scenes from an Epidemic" concerning prescription drug and heroin abuse. **Pending**

Assembly Bill 877

This bill would prohibit the substitution of opioid analgesic drugs for an opioid analgesic drug incorporating tamper resistance technology. This bill would also require pharmacists to verify equivalence or obtain written consent of prescribing physician. **Pending**

[Assembly Bill 1124](#)

This bill would require clinical education every four years in pain management and palliative care for health care professionals practicing in the state. **Pending**

[Assembly Bill 1348](#)

Would require the office of alcoholism and substance abuse services to develop educational materials for health care providers and qualified health professionals relating to screening and referrals for prescription drug abuse and misuse. **Pending**

[Assembly Bill 1481](#)

Would require the office of alcoholism and substance abuse services, in consultation with the department of health, to develop a prescription drug abuse public awareness campaign. **Pending**

[Assembly Bill 2247](#)

This bill would establish standards to advance the management and treatment of chronic pain and incorporate continuing education programs for health care professionals that treat patients that have chronic pain. **Pending**

[Assembly Bill 3025](#)

New York

Would enact the Behavioral Health Services for Veterans Act to establish a Behavioral Health Services for Veterans Advisory Board to study the adequacy of existing and the need for new behavioral health services for veterans. Would also require access to behavioral health services in every county in the state to provide inpatient, outpatient, and residential pharmacotherapy for alcohol dependence, opioid dependence and other chemical dependence and substance abuse disorder treatment. **Pending**

Assembly Bill 8637

Would amend the Public Health Law to require the Commissioner of Public Health to establish standards of opioid antagonist prescribing, dispensing, distribution, possession and administration. **Pending**

[Assembly Bill 9250](#)

Would establish standards to advance the management and treatment of chronic pain. Would also incorporate continuing education programs for health care professionals that treat patients that have chronic pain. **Proposed Council does not include a PM&R representative. Pending**

[Senate Bill 1753](#)

This bill would prohibit the substitution of opioid analgesic drugs for an opioid analgesic drug incorporating tamper resistance technology. This bill would also require pharmacists to verify equivalence or obtain written consent of prescribing physician. **Pending**

[Senate Bill 2361](#)

This bill would establish standards to advance the management and treatment of chronic pain and incorporate continuing education programs for health care professionals that treat patients that have chronic pain. **Pending**

Senate Bill 2947

This bill would require clinical education every four years in pain management and palliative care for health care professionals practicing in the state. **Pending**

Senate Bill 4765

Would enact the behavioral health services for veterans act and would establish a behavioral health services for veterans advisory board. This bill calls for studies, and analyzes the adequacy of existing behavioral health services for veterans. **Pending**

[Senate Bill 6477](#)

Would allow a health care professional to prescribe, dispense, and distribute an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose (similar to Assembly Bill 8637). **Pending**

Senate Bill 6692

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| | <p>Would require the office of alcoholism and substance abuse services, in consultation with the department of health, to develop a prescription drug abuse public awareness campaign. Pending</p> |
| | <p>Senate Bill 6725</p> |
| | <p>Would require the commissioner of mental hygiene and the commissioner of health, to create or utilize existing educational materials about the dangers of misuse and the potential for addiction to prescription drugs, treatment resources available, and the proper way to dispose of unused prescription drugs. These materials would be made available to pharmacists and distributed with any prescribed drug that is a controlled substance by a pharmacist. Pending</p> |
| North Carolina | <p>House Bill 351</p> <p>This bill would created the “Joint Legislative Study Commission on Prescription Drug Abuse by Students”. The purpose of the commission is to study prescription drug abuse among high school and college students in the state and to make recommendations to curtail or reduce the occurrences. Pending - Carryover</p> |
| Ohio | <p>Senate Bill 313</p> <p>Would provide a qualified immunity from arrest, prosecution, conviction, penalizing, and supervised release sanctioning for a minor drug possession offense or a drug paraphernalia possession or use offense for a person who seeks assistance for self or another person who is experiencing an emergency drug overdose. Pending</p> <p>Bill package to address opioid abuse</p> |
| Oklahoma | <p>House Bill 1849</p> <p>This bill would clarify right of pharmacy to refuse to dispense a drug or device in certain circumstances and would require pharmacies to provide options in certain circumstances. Would direct pharmacies to deliver certain services in specified manner and require pharmacies to display certain notice. Pending - Carryover</p> <p>Senate Bill 188</p> <p>This bill would authorize the director of the Oklahoma state bureau of narcotics and dangerous drugs control to seek an injunction from the district court of Oklahoma County to prohibit the commercial sale of a specific chemical or substance not otherwise scheduled as a controlled dangerous substance if it clearly appears from specific facts, after a hearing before the district court, that the following criteria exist: there is a current or imminent danger to the public health and safety, and here is a history and current pattern of abuse, including actual abuse, diversion from legitimate channels or clandestine importation, manufacture or distribution. Pending - Carryover</p> <p>Senate Bill 457</p> <p>This bill would allow first responders to administer, without prescription, opioid antagonists when encountering an individual exhibiting signs of an opiate overdose. Pending - Carryover</p> <p>Senate Bill 937</p> <p>Would create the “Task Force on Prescription Drug Fatality”. Pending - Carryover</p> |
| | <p>House Bill 1176</p> |

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| Pennsylvania | <p>This bill would require the board of pharmacy to create a list of opioid analgesic drugs that incorporate an abuse-deterrent technology. Would also prohibit a pharmacist from interchanging or substituting an opioid analgesic drug, brand or generic, unless the pharmacist: verifies from the list under subsection that the substituted opioid analgesic drug has substantially similar abuse-deterrent properties to the originally prescribed drug; or obtains written, signed consent for the substitution from the prescriber for the interchange or substitution. Pending</p> <p>Senate Bill 423</p> <p>Would establish a prescription drug monitoring program. Pending</p> <p>Senate Bill 611</p> <p>Would establish the “Pharmaceutical Accountability Monitoring System”. Pending</p> <p>Senate Bill 612</p> <p>Would provide for a felony of the third degree if a person acquires or attempts to acquire a prescription or prescription order by knowingly misrepresenting or knowingly withholding information from a practitioner for the sole purpose of procuring controlled substances for abuse or sale. Pending</p> |
| Rhode Island | <p>House Bill 6237</p> <p>Would give the prescribers of medication the discretion to request a prior authorization for a tamper-resistant opioid medication for patients with a history of abuse/diversion or at risk of abusing drugs. Pending</p> |
| South Carolina | <p>House Bill 4811</p> <p>Would provide that certain professionals and other individuals protection from civil and criminal liability and professional discipline for prescribing, dispensing, or administering an opioid antidote to individuals at risk of an opioid overdose. Would also require provision of instructional information to non-health care professionals administering opioid antidotes and documentation of receipt of the instruction. Pending</p> |
| Tennessee | <p>Senate Bill 221/House Bill 482</p> <p>This bill would require a physician in an emergency department to check the controlled substance database in overdose cases and to make certain reports, if appropriate. Failed</p> <p>House Bill 1264</p> <p>Would authorize protocols and other requirements for prescribing certain controlled substances and revises requirements for pain clinics. Failed</p> <p>Senate Bill 1820/House Bill 1966</p> <p>Would revise the Intractable Pain Treatment Act to promote more appropriate use of controlled substances. Failed</p> <p>House Bill 2400</p> <p>Would require the executive director of the board of pharmacy to consult with the commissioner of health when staffing the controlled substance database. Failed</p> <p>House Bill 1427</p> |

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| | <p>Would provide for immunity from civil liability for prescribers of opioid antagonists and those who administer it in order to address opioid-related drug overdoses. Failed</p> <p>Senate Bill 1631</p> <p>Would provide for immunity from civil liability for prescribers of opioid antagonists and those who administer it in order to address opioid-related drug overdoses. Enacted, Chapter 623</p> <p>Senate Bill 2547</p> <p>Would require the executive director of the board of pharmacy to consult with the commissioner of health when staffing the controlled substance database. To Governor</p> |
| Utah | <p>Senate Bill 29</p> <p>Would provide access to the Controlled Substance Database to authorized employees of a Medicaid managed care organization if the Medicaid managed care organization suspects the Medicaid recipient is improperly obtaining a controlled substance. Enacted, Chapter 68</p> <p>Senate Bill 178</p> <p>Would modify the Controlled Substance Database Act regarding access by allowing the pharmacist-in-charge to designate a specified number of licensed pharmacy technicians to have access to the database on behalf of the pharmacist in accordance with statutory requirements. Enacted, Chapter 401</p> |
| Vermont | <p>House Bill 121</p> <p>This bill proposes to repeal the statutory provision permitting law enforcement officers to have access without a warrant to prescription records at pharmacies. Pending - Carryover</p> <p>House Bill 331</p> <p>This bill proposes to require health care providers to search the Vermont Prescription Monitoring System prior to prescribing a controlled substance. It would expand the categories of persons who may access the Vermont Prescription Monitoring System (VPMS) and reestablish the VPMS Advisory Committee. Pending - Carryover</p> <p>House Bill 364</p> <p>This bill proposes to require health care providers to report to the Department of Public Safety when they receive a request for a replacement prescription for a controlled substance. It would also require dispensers to report to the Vermont Prescription Monitoring System when they fill a replacement prescription for a controlled substance. Pending - Carryover</p> <p>Senate Bill 60</p> <p>This bill would require the Department of Health to report to the General Assembly detailed recommendations for permitting a practitioner to prescribe and dispense lawfully naloxone or another opioid antagonist to a person at risk of experiencing an opiate-related overdose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. Pending - Carryover</p> |

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| | Senate Bill 67 This bill would make changes to the Vermont prescription monitoring system. Pending - Carryover |
| | Senate Bill 300 Relates to substance abuse testing and treatment for recipients of public assistance. Pending |
| Virginia | House Bill 874 Would require prescribers to report prescription drugs of concern to the Prescription Monitoring Program. Enacted, Chapter 664 |
| | House Bill 1249 Would require prescribers to request information from the Prescription Monitoring Program for the purpose of establishing a drug treatment history prior to initiating treatment with benzodiazepines or other opiates and then a specified time after initiating such treatment and at least every specified number of days thereafter for so long as the prescriber continues to prescribe benzodiazepine for the patient. Enacted, Chapter 93 |
| | Senate Bill 294 Would require prescribers licensed in the Commonwealth to register with the Prescription Monitoring Program. Would also require registered prescribers to request, from the Director of the Department of Health Professions, information regarding a patient's treatment history prior to issuing a prescription for benzodiazepine or an opiate. Enacted, Chapter 178 |
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| Washington | House Bill 1593/Senate Bill 5772 Allows the department of health to provide data in the Prescription Monitoring Program to personnel of in clinical laboratories that are engaged by agreement with a person authorized to prescribe and dispense drugs for medical care. Failed |
| | Senate Bill 5493 Would fund the prescription monitoring program from the Medicaid fraud penalty account. Failed |
| | Senate Bill 5554 This bill would require a study of the prescription monitoring program and its role in increasing coordination of care. Failed |
| | Senate Bill 5772 Would provide access to the prescription drug monitoring database for clinical laboratories. Failed |
| | House Bill 2327 Would add the county sheriff, or his or her designee, to those law-enforcement officials who are granted access to certain confidential pharmaceutical information. Failed |

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| West Virginia | Senate Bill 17/House Bill 4161/Senate Bill 336 |
| | Would allow possession of opioid antagonist by certain public safety personnel. Failed |
| | House Bill 4169 |
| | This bill would ensure the emergency aid medication Naloxone is made available to patients prescribed opiates, establish responsibilities for licensed prescribers of opiates to follow, and provide for education of patients, their family members or caregivers. Failed |
| Wisconsin | Assembly Bill 446 |
| | Would require emergency medical technicians to carry opioid antagonists and would provide immunity for certain individuals who prescribe, dispense, delivery, or administer opioid antagonists. Enacted, Act 200 |
| | Senate Bill 352 |
| | Would require emergency medical technicians to carry naloxone, and immunity for certain individuals who administer naloxone . Failed |

2009-2013 State Laws on the Prevention of Prescription Drug Overdose and Abuse

| State | Description of Law |
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| Alabama | 2013 Ala. Acts, Act 256 |
| | Made changes to the controlled substances prescription database advisory committee. Also required payment information to be included in the prescription monitoring database. This law changed the people and entities who can access the database to include authorized representatives of the Alabama Medicaid Agency and up to two employees on behalf of an authorized physician. (2013 HB 150) |
| | Prescription Drug Abuse and Diversion Package (HB 150, HB 151, HB 152) addresses prescription drug database, pain management clinics, and doctor shopping |
| | 2013 Ala. Acts, Act 257 Provided additional powers for the Alabama Board of Medical Examiners regarding regulating pain management clinics and physicians. (2013 HB 151) |
| Alaska | HB 53 - Requires physicians who prescribe 120mg or more/day of an opiate to consult with a pain mgmt specialist, defined as: a physician with (1) certification in pain management care by a credentialing agency or organization acceptable to the board; (2) minimum of three years clinical experience acceptable to the board in a pain management care setting; or (3) current practice at least 30 percent of which consists of the direct provision of pain mgmt care |
| California | 2013 Cal. Stats., Chap. 707 |
| | Authorized a licensed health care provider who is permitted by law to prescribe an opioid antagonist and is acting with reasonable care to prescribe and subsequently dispense or distribute an opioid antagonist for the treatment of an opioid overdose to a person at risk of an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. (2013 AB 635) |
| | 2013 Cal. Stats., Chap. 400 Established the Controlled Substance Utilization Review and Evaluation System (CURES) Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES. (2013 SB 809) |
| | 2013 Cal. Stats., Chap. 399 Authorized the California Medical Board, if it receives a report pursuant to either of the provisions described above that involves the death of a patient from a prescription drug overdose, to inspect and copy the medical records of the deceased patient without the consent of the patient's next of kin or a court order in order to determine the extent to which the death was the result of a prescriber's inappropriate conduct. (2013 SB 670) |
| | 2013 Colo., Sess. Laws, Chap. 178 |

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| Colorado | <p>Allowed a person who acts in good faith to administer an opiate antagonist to another person whom the person believes to be suffering an opiate-related drug overdose event to be immune from criminal prosecution. (2013 SB 14)</p> <p>2011 Colo., Sess. Laws, Chap. 230</p> <p>Continued the PDMP until July 1, 2021. Provided a mechanism for law enforcement officials and regulatory boards to investigate prescriber behavior that is potentially harmful to the public. Also provided that each prescriber and each dispensing pharmacy is required to disclose to a patient receiving a controlled substance that their identifying prescription information will be entered into the program database. (2011 SB 192)</p> |
| Connecticut | <p>2013 Conn. Acts, P.A. 172</p> <p>Required the commissioner of health to establish an electronic prescription drug monitoring program to collect, by electronic means. Also established certain rules for this program. (2013 HB 6406)</p> <p>2012 Conn. Acts, P.A. 159</p> <p>Clarified that health professionals may prescribe opioid antagonists to a broader group of persons for the prevention of prescription drug overdoses. (2012 HB 5063).</p> <p>2011 Conn. Acts, P.A. 11</p> <p>Amended the pharmacy practice act and practitioner controlled substance registration and clarifies controlled substance registration provisions. This law also required a biennial rather than an annual pharmacy license.</p> |
| Delaware | <p>Vol. 79 Del. Laws, Chap. 85</p> <p>Provided criminal immunity for persons who suffer or report an alcohol or drug overdose or other life threatening medical emergency. (2013 SB 116)</p> <p>Vol. 79 Del. Laws, Chap. 164</p> <p>Authorized licensed chemical dependency professionals and licensed professional counselors of mental health to access the Prescription Monitoring Program when a patient is enrolled in a substance abuse treatment program, and for the Chief Medical Examiner or a licensed physician designee for the purpose of investigating a person's death. Also authorized the exchange of prescription information submitted to the PMP through an interstate commission with an authorized member state. (2013 SB 59)</p> <p>2010 Vol. 77 Del. Laws, Chap. 396</p> <p>Created the Delaware Prescription Monitoring Program (PMP) Act in the Office of Controlled Substances. PMP will monitor the prescribing and dispensing Schedule II, III, IV, and V controlled substances. This information will be provided to prescribers, dispensers, and patients to help avoid the illegal use of controlled substances. It will also be used to assist law enforcement in a related investigation.</p> <p>2009 Vol. 77 Del. Laws, Chap. 161</p> |

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| | Created a new offense which makes it a crime to be in possession of a blank prescription form or pad if not a practitioner as defined. This law also makes it a crime to take exercise control over, produce or reproduce transfer, use, give or sell a prescription form or pad of a practitioner with the intent to deprive the practitioner of such prescription pad. (SB 178 of 2009) |
| Florida | 2013 Fla. Laws, Chap. 26 |
| | Prohibited certified optometrists from administering or prescribing pharmaceutical agents listed in Schedule I or Schedule II. (2013 HB 239) |
| | 2013 Fla. Laws, Chap. 456 |
| | FL Statute includes ABPM Designation as well as ABPMR as a Board Eligible practitioner |
| | 2011 Fla. Laws, Chap. 141 |
| | Required prescriptions for controlled substances to be written on a counterfeit proof prescription pads. This law also clarified standards of practice for the prescribing of controlled substances. Pain management clinic regulation and registration are amended in this law. (2011 HB 7095) |
| | 2010 Fla. Laws, Chap. 211 |
| Allowed the Department of Health to obtain patient records from patient if there is reasonable cause to believe that a health care practitioner has excessively or inappropriately prescribed any controlled substance. The Department does not need to obtain a release or subpoena for the investigation. This law also required all privately owned pain management clinics to register with the Department. Physicians must also be registered. Any physician or clinic not registered will not be able to practice medicine in that clinic. (2010 SB 2272) | |
| Georgia | 2013 Ga. Laws, p. 128 |
| | Enacted the "Georgia Pain Management Clinic Act" and require the licensure of pain management clinics. Also provided for requirements for pain management clinic licensure and the denial, suspension, and revocation of licenses. (2013 HB 178) |
| | HR 869 |
| | Recognizes pain as a medical issue |
| | 2011 Ga. Laws, 229 |
| Provided for the establishment of a program to monitor the prescribing and dispensing of controlled substances and among other things also provides for the establishment of an Electronic Database Review Advisory Committee. (2011 SB 36) | |
| Idaho | 2013 Idaho Sess. Laws, Chap. 317 |
| | Appropriated \$627,600 from the Millennium Income Fund to the Office of Drug Policy for the period July 1, 2013, through June 30, 2014 to implement a statewide "Lock Your Meds" media campaign designed to educate Idahoans about the dangers of prescription drug abuse. (2013 SB 1181) |

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| | <p>2012 Idaho Sess. Laws, Chap. 198</p> <p>Amended current law to clarify that practitioners and pharmacists licensed by states other than Idaho may access the controlled substances prescriptions database for treatment purposes. Also clarified that the board may provide unsolicited reports to pharmacists and practitioners. (2012 HB 439)</p> |
| Illinois | <p>2010 Ill. Laws, P.A. 96-0361</p> <p>Created the Drug Overdose Prevention Program. The Director of the program may publish an annual report on drug overdose trends statewide that includes trends in drug overdose rates, trends in ER utilization due to drug overdose and related costs, among other items. The Director may also establish a program to provide for the production and publication of overdose prevention, recognition, and response establishment. Among other provisions, this law allows the Director to award grants to create or develop local drug overdose prevention, recognition, and response projects. (2010 HB 497)</p> |
| | <p>2010 Ill. Laws, P.A. 96-1183</p> <p>Amended the Senior Pharmaceutical Assistance Act by expanding the scope of the Senior Pharmaceutical Assistance Review Committee to include, among other provisions, requiring the conducting of public hearings for prescription drug abuse and to determine if state should increase penalties especially against those under age 25. In order to do this, the Committee may review guidelines from State universities addressing drug abuse. (2010 HB 4922)</p> |
| Indiana | <p>2013 Ind. Acts, P.L. 114</p> <p>Establishes the Indiana Scheduled Prescription Electronic Collection and Tracking Program (INSPECT) interim study committee to study potential enhancements to the program, including real time reporting of collected information, reporting of criminal convictions for crimes involving controlled substances and illegal drugs, and requiring health care practitioners who prescribe medications to use the program. (2013 HB 1465)</p> |
| Kentucky | <p>2012 Ky. Acts, Chap. 1</p> <p>Established restrictions on pain management clinics including requiring a licensed physician with a specialty in pain management to be physically present practicing medicine in the pain management facility for at least 50 percent of the time patients are present in the facility. Also required each state licensing board to adopt administrative regulations establishing certain requirements for licensees authorized to prescribe or dispense controlled substances. (2012 Special Session HB 1) Amended 2013: http://www.lrc.ky.gov/record/13rs/HB217.htm</p> |
| Louisiana | <p>La. Acts 2012, 352</p> <p>Authorized the sharing of prescription monitoring program information with prescription monitoring programs located in other states. (2012 SB 112)</p> <p>La. Rev. Stat. Ann. §40:2198.12</p> |
| | <p>Required all pain management clinics to be licensed by the department of health and hospitals and requires this department to prescribe and publish minimum standards, rules, and regulations regarding the operation of pain management clinics.</p> |
| | <p>2013 Me. Laws, Chap. 25</p> <p>Required the Substance Abuse Services Commission to develop a process to increase registration in the Controlled Substances Prescription Monitoring Program through professional licensing boards and to develop strategies to promote the use of the program by prescribers. (2013 LD 388)</p> |
| | <p>2013 Me. Laws, Chap. 121</p> <p>Made changes to the Unused Pharmaceutical Disposal Program as recommended by the Prescription Drug Abuse Task Force, which was established by the Governor and the Attorney General by Executive Order 2012-002. The purpose of the law is to reduce the cost of safe, effective and proper disposal of unused pharmaceuticals in order to reduce prescription drug abuse. (2013 LD 881)</p> |

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| Maine | <p>2011 Me. Laws, Chap. 217</p> <p>Adopted the interstate prescription monitoring program compact which would provide a mechanism for state prescription monitoring programs to securely share prescription data. (2011 HB 1056)</p> <p>2011 Me. Laws, Chap. 81</p> <p>Directed the Substance Abuse Services Commission to convene a work group to review and make recommendations for improvements in how physicians and other prescribers treat patients in chronic, noncancer-related pain without causing addiction or diversion. (2011 HB 1102)</p> |
| Massachusetts | <p>2012 Mass. Acts, Chap. 244</p> <p>Required practitioners renewing their registration to register as a participant in the prescription drug monitoring program. Also required the department of health to distribute to pharmacies educational information about prescription drug abuse, proper disposal of prescription drugs, and addiction support or treatment resources.</p> |
| Maryland | <p>2013 Md. Laws, Chap. 299</p> <p>Provided for an Overdose Response Program overseen by the Department of Health and Mental Hygiene. Authorized a certified individual to receive a prescription for naloxone and supplies, possess prescribed naloxone and supplies, and administer naloxone, under specified circumstances, to specified individual. (2013 SB 610)</p> <p>2013 Md. Laws, Chap. 177</p> <p>Added the Division of Drug Control of the Department of Health and Mental Hygiene to the list of units of the department to which the Prescription Drug Monitoring Program must disclose prescription monitoring data under specified circumstances. (2013 SB 80)</p> <p>2011 Md. Laws, Chap. 166</p> <p>Established a prescription drug monitoring program to assist prescribers, dispensers and public health professionals in the identification, treatment and prevention of prescription drug abuse. This bill allowed the data from the state's program to be shared with another state's prescription drug monitoring program. (2011 SB 883)</p> |
| Mississippi | |
| Montana | <p>2013 Mont. Laws, Chap. 407</p> <p>Revised workers' compensation laws on prescribing schedule II and III drugs and would permit a query of the prescription drug registry prior to prescribing a schedule II or schedule III drug for treatment of a workers' compensation injury or occupational disease. (2013 SB 323)</p> <p>2011 Mont. Laws, Chap. 241</p> |

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| | Required the board of pharmacy to establish and maintain a prescription drug registry for the purpose of improving patient safety. Also establishes rules and requirements of registry. (2011 HB 83) |
| New Hampshire | 2013 N.H. Laws, Chap. 161 |
| | Established a committee to study the use and misuse of prescription drugs in workers' compensation cases. (2013 SB 71) |
| | 2012 N.H. Laws, Chap. 196 |
| | Established the controlled drug prescription health and safety program and would grant the New Hampshire pharmacy board rulemaking authority for the purposes of the bill. (2012 SB 286) |
| New Jersey | 2013 N.J. Laws, Chap. 46 |
| | Created the Opioid Antidote and Overdose Prevention Act to provide immunity from civil and criminal liability and professional discipline for health care professionals who prescribe or dispense naloxone or any similarly acting drug approved for the treatment of an opioid overdose. Provided immunity from civil and criminal liability for other persons who administer such a drug in an emergency to an individual who the person believes in good faith is experiencing an opioid overdose. (2013 SB 2082/AB 3095) |
| New Mexico | 2012 N.M. Laws, Chap. 41 Amended the current New Mexico pain relief act by requiring continuing education for non-cancer pain management. (2012 SB 215) |
| New York | 2011 N.Y. Laws, Chap. 477 |
| | Enacted the Internet System for Tracking Over-Prescribing. Provided for the creation of a system for collecting, monitoring and reporting data concerning the prescribing and dispensing of schedule II, III, IV and V controlled substances and any other substance identified by the commissioner. (2011 SB 7637) |
| | 2010 N.Y. Laws, Chap. 178 Amended the current prescription drug monitoring program to inform the pharmacy that a person who presents or has presented a prescription for one or more controlled substances at the pharmacy may have also obtained one or more controlled substances at another pharmacy where the circumstances indicate a possibility of drug abuse or diversion, potential harm to the person, or similar grounds under regulations of the commissioner. (2010 AB 7662) |
| North Carolina | 2013 N.C. Sess. Laws, Chap. 23 |
| | Provided immunity from civil or criminal liability for: practitioners who prescribe, dispense, or distribute an opioid antagonist to certain third parties, and certain individuals who administer an opioid antagonist to a person experiencing a drug-related overdose. (2013 SB 20) |
| | 2011 N.C. Sess. Laws, Chap. 117 Established the North Carolina Smart Card Pilot program. In this pilot program the department of health and human services may allow electronic prescribing services and prescription drug database integration and tracking in order to prevent medical error through information sharing and to reduce pharmaceutical abuse. (2011 SB 307) |
| | 2013 Ohio Laws, Chap. 29 |

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| Ohio | <p>Established a pilot project in Lorain County from August 1, 2013, to July 31, 2014, pursuant to which qualified emergency responders in that County may be able to obtain and administer naloxone to revive a person suffering from an apparent opioid-related overdose. (2013 SB 57)</p> <p>HB 93</p> <p>Required the board of pharmacy to license pain management clinics and provides for the clinics to be licensed as terminal distributors of dangerous drugs with a pain management clinic classification. Also required the board to adopt rules establishing standards for physician operation of pain management clinics and standards to be followed by physicians who provide care at the clinics. Required the pharmacy board, Attorney General, and department of alcohol and drug addiction services to develop a program under which drugs are collected from the community for destruction or disposal. Authorized a coroner to notify the medical board about a death caused by a drug overdose. Also required each Medicaid managed care organization and the Medicaid fee-for-service system to establish a coordinated services program for Medicaid recipients who obtain prescription drugs at a frequency or in an amount that is not medically necessary.</p> |
| Oklahoma | <p>2013 Okla. Sess. Laws, Chap. 322</p> <p>Allowed first responders to administer opiate antagonists without a prescription when encountering a person exhibiting signs of a drug overdose. (2013 HB 1782)</p> <p>2013 Okla. Sess. Laws, Chap. 323</p> <p>Created the Oklahoma Prescription Drug Reform Act of 2013 and prohibited more than two refills for any product containing hydrocodone with another active ingredient. (2013 HB 1783)</p> |
| Oregon | <p>2013 Or. Laws, Chap. 340</p> <p>Required the Oregon Health Authority to prescribe criteria for training on treatment of opiate overdose and specifies requirements for training. Also allowed persons successfully completing training to possess and administer naloxone for treatment of opiate overdose. (2013 SB 384)</p> <p>https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Documents/naloxone/naloxone-training-protocol.pdf</p> <p>2013 Or. Laws, Chap. 297</p> <p>Provided that the Oregon State Board of Nursing may authorize certified registered nurse anesthetists to write prescriptions and dispense prescription drugs, including prescriptions for scheduled controlled substances. (2013 SB 136)</p> |
| Pennsylvania | <p>HB 1694</p> <p>Created prescription drug monitoring program which would replace the attorney general’s existing Schedule II database, which only tracks a very narrow category of prescription drugs and does not make any information collected accessible to doctors and pharmacists. House Bill 1694 will now include Schedule II through V that will be a great help to doctors, pharmacists and law enforcement to improve patient care, prescribing practices, help uncover drug diversion, identify “doctor shopping” and provide training for health care professionals in prevention, identification of drug problems and referral when appropriate.</p> |
| Rhode Island | <p>2013 R.I. Pub. Laws, Chap. 124</p> <p>Required the director of the Department of Health to promulgate rules and regulations for the purpose of adopting a system for electronic data transmission of prescriptions for schedule II and III controlled substances. (2013 HB 5756)</p> <p>2013 R.I. Pub. Laws, Chap. 132</p> <p>Required the director of the Department of Health to promulgate rules and regulations for the purpose of adopting a system for electronic data transmission of prescriptions for controlled substances in schedule II, III and IV. (2013 SB 647)</p> |

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| | 2013 R.I. Pub. Laws, Chap. 272 |
| | Created a seven member special house commission whose purpose would be to study the feasibility of enacting legislation that would establish an Internet system for tracking over-prescribing (I-STOP) and create a prescription monitoring program registry. (2013 HB 5982) |
| Tennessee | 2013 Tenn. Pub. Acts, Chap. 430 |
| | Authorized protocols and other requirements for prescribing certain controlled substances and revises requirements for pain clinics. (2013 SB 676) |
| | 2013 Tenn. Pub. Acts, Chap. 398 |
| | Required a pregnant woman referred for drug abuse or drug dependence treatment at any treatment resource that receives public funding to be a priority user of available treatment and prohibits any such treatment resource from refusing to treat a person solely because the person is pregnant if appropriate resources are offered by the treatment resource. (2013 SB 459) |
| | 2013 Tenn. Pub. Acts, Chap. 336 |
| | Prohibited pain management clinics from dispensing controlled substances. (2013 HB 868) |
| | 2013 Tenn. Pub. Acts, Chap. 276 |
| | Required a pharmacist to make every reasonable effort to prevent the abuse of drugs which the pharmacist dispenses. (2013 SB 962) |
| | 2012 Tenn. Pub. Acts 340 |
| | Regulated pain management clinics and requires that such clinics apply for certification with the department of health. (2012 HB 1040) |
| | 2012 Tenn. Pub. Acts, 932 |
| | Required the board of pharmacy to publish a list of opioid drugs incorporating tamper or abuse resistance properties. (2012 SB 3003) |
| | 2012 Tenn. Pub. Acts, Chap. 880 |
| | Enacted the Tennessee Prescription Safety Act of 2012 and revise various provisions of present law regarding the controlled substance database. |
| | Senate Bill 1643 of 2013 |
| | Created the Interagency Prescription Monitoring Work Group. Also required the method of payment to be included in the prescription drug monitoring program. |
| | Senate Bill 316 of 2013 |

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| Texas | <p>Required the Board of Pharmacy to develop a continuing education program regarding opioid drug abuse and the delivery, dispensing, and provision of tamper-resistant opioid drugs after considering input from interested persons. The board by rule may require a license holder to satisfy a number of the continuing education hours.</p> <p>2011 Tex. Gen. Laws, Chap. 1228</p> <p>Amended current law to allow certain controlled substances to be dispensed with an electronic prescription. (2011 SB 594)</p> |
| Utah | <p>2013 Utah Laws, Chap. 130</p> <p>Amended the Controlled Substance Database Act to allow designees of the director of the Utah Department of Health to access the controlled substance database. Allowed access to the controlled substance database to designated individuals conducting scientific studies regarding the use or abuse of controlled substances. (2013 HB 270)</p> <p>2013 Utah Laws, Chap. 450</p> <p>Established the continuing education requirements for controlled substance prescribers under the Utah Controlled Substances Act. (2013 SB 214)</p> <p>2012 Utah Laws, Chap. 174</p> <p>Made information in the controlled substances database and information obtained from other state or federal prescription monitoring programs by means of the database available to certain individuals. Allowed individuals employed in an emergency room of a hospital to exercise access to the database. (2012 HB 257)</p> <p>2011 Utah Laws, Chap. 38</p> <p>Made information in the prescription drug monitoring database available to employees of the Office of Internal Audit and Program Integrity within the Department of Health who are engaged in their specified duty of ensuring Medicaid program integrity. (2011 HB 358)</p> <p>2011 Utah Laws, Chap. 103</p> <p>Designated the month of April as Clean Out the Medicine Cabinet Month in Utah. (2011 HB 241)</p> <p>2011 Utah Laws, Chap. 226</p> <p>Authorized certain individuals to access the controlled substance database for the purpose of reviewing a patient's request for workers' compensation benefits. (2011 SB 248)</p> <p>2010 Utah Laws, Chap. 287</p> |

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| | <p>Amended provisions relating to the Controlled Substance Database and states requirements for individuals, other than veterinarians, who are licensed to provide a controlled substance or applying for a license or renewing a license. These individuals have to register to use the database, take a tutorial and pass a test relating to the database and prescribing of a controlled substance. Any failure to register will result in a felony. (2010 HB 28)</p> <p>2010 Utah Laws, Chap. 290</p> <p>Provided for notification of practitioners if a patient 12 years of age or older is admitted to hospital for poisoning by or overdose of a prescribed, controlled substance that practitioner may have prescribed. (2010 HB 35)</p> |
| Vermont | <p>2013 Vt. Acts, Act 75 Required health care providers to search the Vermont Prescription Monitoring System prior to prescribing a controlled substance and expanded the categories of persons who may access the Vermont Prescription Monitoring System (VPMS). (2013 HB 522)</p> |
| Virginia | <p>2013 Va. Acts, Chap. 739</p> <p>Added an agent designated by the chief law-enforcement officer of any county or city to the list of individuals to whom the Department of Health Professions must disclose information relevant to a specific investigation of a specific recipient, dispenser, or prescriber upon request, and provided that agents designated by the superintendent of the Department of State Police or the chief law-enforcement officer of a county or city to receive information relevant to a specific investigation of a specific recipient, dispenser, or prescriber to complete the Virginia State Police Drug Diversion School. (2013 HB 1704)</p> <p>2012 Va. Acts, Chap. 21</p> <p>Modified the prescription drug monitoring program to require dispensers of covered substances to report the method of payment for the prescription. Also required the director of the department of health professions to report information relevant to an investigation of a prescription recipient, in addition to a prescriber or dispenser, to any federal law-enforcement agency with the authority to conduct drug diversion investigations. (2012 HB 347)</p> |
| Washington | <p>2013 Wash. Laws, Chap. 36</p> <p>Funded the prescription monitoring program from the Medicaid fraud penalty account. (2013 HB 1565/SB 5493)</p> <p>SB 5516</p> <p>Created provisions for drug overdose prevention. Among other provisions, the law allows a person who is experiencing an overdose and seeks medical attention may not be charged or prosecuted for possession of a controlled substance.</p> |
| West Virginia | <p>2013 W.Va. Acts, Chap. 82</p> <p>Created the Unintentional Pharmaceutical Drug Overdose Fatality Review Team under the Office of the Chief Medical Examiner. (2013 SB 108)</p> <p>2010 W.Va. Acts, Chap. 147</p> <p>Created the official prescription program act, which requires prescriptions to be written on a tamper-proof prescription pad, among other provisions. (2010 SB 81)</p> |
| | <p>2013 Wis. Laws, Act 3.</p> |

Wisconsin

[Excluded veterinarians from the prescription drug monitoring program. \(2013 AB 3\)](#)