BJA
Bureau of Justice Assistance
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Institute for Intergovernmental Research

PDMP TTAC
Prescription Drug Monitoring Program Training and Technical Assistance Center

Prescription Drug Monitoring Program
Legislative Update

Second Quarter – 2020

The following document is intended to inform interested stakeholders, including PDMP administrators and state legislators, about what the lawmakers in their own state and other states across the country are doing legislatively related to PDMPs. This document identifies all bills and regulations introduced at the state and federal levels related to PDMPs and tracks their progress throughout the year with quarterly (or more frequent, as needed) updates. Readers can read the full language by clicking on a bill number. **The bills and regulations in bold have been enacted or adopted by their respective states.** Do not rely on the summaries for a complete understanding of the item under review. Links to the bill or rule are provided and the complete version should be reviewed to place changes in context. While providing these summaries may provide the reader with legal information, nothing herein is intended to be, nor should be considered, the provision of legal advice.

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Prescription Drug Monitoring Program Bills and Regulations Through June 2020

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
US SB 3374	Provides that it is the sense of Congress that any person treating a patient through a program or activity with respect to which the confidentiality requirements of 42 CFR Part 2 apply is encouraged to access the applicable state-based PDMP when clinically appropriate	3/3/2020 – Introduced in Senate. Referred to the Committee on Health, Education, Labor, and Pension.
US SB 3380	Provides that the Centers for Disease Control and Prevention shall conduct a study on the feasibility of requiring ambulatory and outpatient health care providers to report prescriptions for antimicrobial drugs to a state PDMP and shall submit a report to Congress on the findings of the study and make recommendations for the use, improvement, or expansion of state PDMPs to capture information on prescriptions for antimicrobial drugs	3/3/2020 – Introduced in Senate
AL HB 102	Amends § 202214 to provide that authorized individuals of the Board of Nursing may receive PDMP information provided that access shall be limited to inquiries related to investigations or disciplinary activities concerning licensees of the board, including prescribing or dispensing information concerning licensees and prescriptions written for or dispensed to licensees of the board. Amendment added revising main bill.	3/12/2020 – Pending 5/18/2020 – Legislative session ended. Bill died.
AL SB 73	Amends § 202214 to provide that authorized individuals of the Board of Nursing may receive PDMP information provided that access shall be limited to inquiries related to investigations or disciplinary activities concerning licensees of the board, including prescribing or dispensing information concerning licensees and prescriptions written for or dispensed to licensees of the board	3/5/2020 – Pending 5/18/2020 – Legislative session ended. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
AL SB 165	Creates § 202A33 related to medical marijuana which provides, in part, that not later than December 1, 2020, the board shall adopt rules for the issuance of physician certifications for patients to use medical cannabis as recommended by a registered certifying physician, which rules shall include requirements for review of the patient's controlled drug prescription history in the PDMP	3/12/2020 Passed Senate 5/4/2020 – Health Committee 5/18/2020 – Legislative session ended. Bill died.
AK HB 184	Amends § 17.30.200 to delete Board of Veterinary Examiners from the list of boards required to be notified when a practitioner registers with the PDMP Amends definition of "practitioner," to provide that it does not include veterinarian Adds veterinarians to the list of exceptions to the reporting requirements	1/21/2020 – Introduced. 5/20/2020 – Legislative session ended. Bill died.
AK HB 242	"An Act relating to the prescription of opioids; relating to the practice of dentistry; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to the practice of nursing; relating to the practice of optometry; relating to the practice of pharmacy; relating to the practice of veterinary medicine; relating to the state medical examiner; relating to the controlled substance prescription database; relating to the duties of the Board of Pharmacy." Amends 08.64.101(a) Amends § 08.80.335 to provide that, before filling a prescription for and dispensing an opioid that is a schedule II, III, or IV controlled substance under federal law, a pharmacist shall confirm that the prescribing practitioner reviewed the patient's prescription records in the PDMP before prescribing the opioid	2/7/2020 – Introduced. 5/20/2020 – Legislative session ended. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Amends § 17.30.200 to provide that the board shall maintain the database to facilitate use of the PDMP for identification of: (1) practitioners who (a) prescribe controlled substances in an unprofessional or unlawful manner or (b) fail to review the PDMP to check a patient's prescription records before dispensing, prescribing, or administering a schedule II, III, or IV controlled substance; and (2) each occurrence for which a practitioner failed to review PDMP information as required Amends disciplinary provisions to provide that, after a hearing, and upon a finding by a practitioner's licensing board that the practitioner has failed to register with or review the PDMP as required, the board shall, rather than is grounds for, take disciplinary action against the practitioner Deletes immunity from civil liability for a dispenser's or practitioner's failure to query the PDMP Deletes data retention provision Amends unsolicited reports provision to provide that the board shall, rather than is authorized to, provide unsolicited notification to a patient's pharmacist and practitioner, as well as the practitioner's licensing board, if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice Further provides that, at least once a year, the board shall, rather than may, issue practitioner activity reports and shall simultaneously send to the practitioner's licensing board and, if the practitioner is in a group practice, to a director of the practice who is licensed under AS 08, a copy of the report that excludes personally identifiable information of patients Provides that a recipient may not disclose information in the report to a person who does not have access to the PDMP under this section Adds new subsection that provides that if the board receives notice from the state medical examiner or deputy medical examiner that a person's death was caused by an overdose of a controlled substance, the board shall: (1) review the PDMP and identify the practitioners who	

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	prescribed schedule II – IV controlled substances to the person during the three-month period preceding the person's death; and (2) promptly notify the practitioner and the practitioner's licensing board of the determination by the state medical examiner or deputy medical examiner regarding the person's cause of death	
AZ SB 1095	Makes technical amendments to § 362608 (controlled substances schedule designations).	3/3/2020 – Passed Senate. Read second time in House. 5/8/2020 – Legislative session ended. Bill died.
AZ SB 1137	Amends § 362604 to allow the board to charge a fee for the provision of deidentified data	3/5/2020 – Read second time in House. 5/8/2020 – Legislative session ended. Bill died.
AZ SB 1370	Amends § 362604 to subsection (C)(5) to provide that the PDMP may release data to the Arizona health care cost containment system administration and contractors regarding persons who are receiving services pursuant to Chapters 29 and 34 of this title or title XVIII of the Social Security Act and shall provide such information only if the administration or contractor states in writing that the information is necessary for an open investigation or complaint or for performing a drug utilization review for controlled substances that supports the prevention of opioid overuse or abuse and the safety and quality of care provided to the member Adds subsection (C)(6) to all the release of PMP data to a health care insurer and renumbers the remaining subsections	3/11/2020 – Read second time in House. 5/8/2020 – Legislative session ended. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Adds new subsection (D) to provide that data provided by the board pursuant to this section may not be used for: (1) credentialing health care professionals; (2) determining payment; (3) preemployment screening; (4) any other purpose other than preventing overuse or abuse of controlled substances and the safety and quality of care provided to the member Adds new subsection (F) to provide that any employee of the administration, a contractor, or a health care insurer who is assigned delegate access to the PDMP shall operate under the authority and responsibility of the delegee and shall hold a valid license or certification issued pursuant to law as a condition of being assigned and provided delegate access to the program Provides that each employee of the administration, a contractor, or health care insurer who is a licensed health care professional and who is authorized to prescribe or dispense controlled substances may authorize not more than 10 delegates Adds health care insurer throughout the section Amends § 362610 to provide that a licensed health care professional who fails to supervise a delegate commits an act of unprofessional conduct	
AZ SB 1372	Amends § 321907 related to funding to provide that all monies derived from administrative fees collected from consent agreements or hearings shall be deposited in the Arizona state board of pharmacy fund Amends subsection (C) of § 362602 to provide that the board shall maintain the following records for the following periods of time: (1) a record of dispensing controlled substances for seven years after the date of dispensing; (2) affidavits for the purpose of an open investigation by law enforcement for two years; (3) court orders requesting medical record information in the program for two years; (4) a patient's request for the patient's own prescription history for two years; and (5) a prescriber report for two years	1/30/2020 – Read second time in Senate. 5/8/2020 – Legislative session ended. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Amends § 362607 to provide that a registrant's professional licensing board may revoke or suspend a registrant's registration or may place the registrant on probation if a registrant that dispenses controlled substances does not resolve a failed attempt or missing transmission to the PDMP within 10 business days after the occurrence Amends § 362608, reporting requirements, to add naloxone hydrochloride or any other opioid antagonist that is approved by the FDA as a substance required to be reported to the PDMP Adds subsection (G) to provide that naloxone hydrochloride or any other opioid antagonist may not be viewable in the patient utilization report	
AZ SB 1568	Amends § 362604 to provide that the PDMP may provide information to a person who is authorized to prescribe or dispense a controlled substance, or the person's delegate, for the purpose of evaluating an individual's fitness for duty for employment in a safety sensitive position	2/5/2020 – Read second time in Senate. 5/8/2020 – Legislative session ended. Bill died.
CO HB 20-1085	Amends § 12280403 to include other drugs as required by rule to the list of substances required to be reported Provides that, beginning January 1, 2021, the dispenser must also report the name of the person paying for the prescription Provides that, other than an annual fee authorized by § 12280405(3), the board shall not charge a fee or other assessment against a practitioner, pharmacist, or designee of either a practitioner or pharmacist for registering or maintaining an account with the PDMP Adds pharmacists and pharmacists' designees as individuals who must submit dispensing data to the PDMP and further provides that, by January 1, 2021, the method established by the board shall require each pharmacist, pharmacist designee, or prescription drug outlet to enter each prescription	2/19/2020 – Amended version to House Appropriations.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	dispensed in this state or to an address in this state, including prescriptions not paid for by a third party payer, into the PDMP daily after each prescription is dispensed Amends § 12280404 to include other drugs that may be subject to program query to the list of substances for which authorized recipients may query the PDMP Amends access by medical examiners and coroners to provide that a medical examiner who is a licensed physician may access PDMP information that is specific to an individual who is the subject of an autopsy or a death investigation Extends indefinitely the current law's limit on prescribing more than a 7day supply of an opioid to a patient who has not had an opioid prescription within the previous 12 months unless certain conditions apply. Provision was set for repeal on 9/1/21 unless extended. Provides that PDMP information may be provided to the department of health care policy and financing for the purposes of care coordination and utilization review pertaining to recipients of medical assistance as long as the department's use of the program data is consistent with HIPAA including the requirement to remove any personally identifying information unless exempted from the requirement Provides that each practitioner or designee shall query the PDMP before prescribing a benzodiazepine to a patient unless the benzodiazepine is prescribed to treat a patient in hospice or to treat a seizure or seizure disorder, alcohol withdrawal, or a neurological or psychological emergency event including a posttraumatic brain injury Deletes mandatory query repeal date Provides that the director shall promulgate rules designating additional controlled substances and other prescription drugs to be tracked through the PDMP pursuant to law that have potential for abuse or have potential for an adverse drug interaction with a controlled substance	

Bills		
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	Further provides that, by January 1, 2021, the board shall provide a means of sharing prescription information with the health information organization network in order to work collaboratively with the statewide health information exchanges designated by the department of health care policy and financing and that use of information provided pursuant to this subsection is subject to the privacy and security protections of state and federal law	
CT HB 5295	Amends § 21a408d, related to medical marijuana, to provide that certain provisions shall not apply if the qualifying patient, or the qualifying patient's custodial parent, guardian, or other person having legal custody of the qualifying patient chooses to purchase such palliative marijuana from a dispensary that has more than one location, provided the dispensary at which the purchase is made has real time integration with the PDMP	3/11/2020 – Filed with Legislative Commissioner's Office 5/6/20 – Legislative session ended. Bill died.
DC LB-269	**Repeals § 48853.03a regarding mandatory registration for prescribers and dispensers** **Amends the Prescription Drug Monitoring Program Act of 2013 that require that any practitioner who is licensed, registered, or otherwise permitted to prescribe, dispense, distribute, conduct research with respect to, or to administer controlled substances or other covered substances in the course of his or her professional practice, and any dispenser licensed in DC to dispense a controlled substance or other covered substance to an ultimate user, his or her agent, or owner in the case of animals, shall be registered with the PDMP** **Beginning 90 days after enactment of the PDMP Amendment Act of 2020, each practitioner or dispenser who is required to be registered with the PDMP pursuant to this section shall register with the PDMP within 90 days of obtaining a new health professional license or before renewing an existing license, whichever occurs first** **Provides that the Health Occupations Board shall not approve a practitioner or dispense who is required to register with the PDMP for reinstatement, reactivation, or renewal of licensure without proof that the practitioner or dispenser is registered with the PDMP**	**6/24/2020 – Effective as Law Number L23-0116**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Failure to timely register with the PDMP shall constitute grounds for disciplinary action and the imposition of civil fines	
FL HB 5003	**Amends funding provisions of § 893.055 to provide that for the 20202021 fiscal year only, neither the Attorney General nor the department may use funds received as part of a settlement agreement to administer the PDMP; this subsection expires July 1, 2021. (Duplicate bill SB 2502—see below was tabled as HB 5003 passed.)**	**7/1/2020 – Effective (Florida's FY 20-21 budget bill)**
FL SB 2502	The Senate duplicate to HB 5003. (Was tabled when HB 5003—see above—was passed.)	2/13/2020 – SB was dropped and HR 5003 taken up. (See above.)
HI HB 140	Amends § 329104 to delete requirement that pharmacists and pharmacist delegates may only receive PDMP information related to a patient relating to a violation or possible violation of law Further provides that licensed healthcare providers or their delegates employed by the U.S. Department of Veterans Affairs and authorized employees of the department of human services medQUEST division may receive PDMP information	2/7/2020 – Passed second reading as amended and referred to committees on CPC 5/7/2020 – Session ended. Bill died.
HI HB 1660	Amends § 329101 to provide that the designated state agency shall determine those controlled substances that are purportedly being misused in the state and identify opioid antagonists that are used to reverse the effects of opioid overdose Amends law to include pharmacist prescribed opioid antagonists	2/5/2020 – Re-referred to HLT, CPC/JUD, FIN 5/7/2020 – Session ended. Bill died.
HI HB 2361	Companion Bill: HI SB 2917	1/27/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Amends § 329104 to allow persons registered under chapter 4572.7 to receive PDMP information Amends provision related to pharmacist access to PDMP information to delete requirement that pharmacists may only request prescription information about a customer relating to a violation or possible violation of law Adds provision that allows controlled substances prescribers, dispensers, and pharmacists of US Department of Veterans Affairs facilities within the state who submit data to the PDMP to receive information from the PDMP Adds provision that allows authorized employees of the State of Hawaii department of human services, medQUEST division to receive information from the PDMP	Referred to HLT, CPC, FIN 5/7/2020 – Session ended. Bill died.
HI HB 2363	Companion bill HI SB 2919 Amends § 329101 to provide that the designated state agency shall determine those controlled substances that are purportedly being misused in the state and identify opioid antagonists that are used to reverse the effects of opioid overdose Amends law to include pharmacist prescribed opioid antagonists	1/27/2020 – Referred to HLT, CPC/JUD, FIN 5/7/2020 – Session ended. Bill died.
HI SB 2917	Companion bill HI HB 2361 Amends § 329104 to allow persons registered under chapter 4572.7; as well as controlled substances prescribers, dispensers and pharmacists of the U.S. Department of Veteran Affairs with Hawaii who submit data to the electronic prescription accountability system; authorized employees of the State of Hawaii department of human services, medQUEST division to receive PDMP information Amends provision related to pharmacist access to PDMP information to delete requirement that	3/3/2020—Passed Senate 3/13/2020 – House second reading as amended; referred to committees on CPC/JUD 5/7/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	pharmacists may request prescription information about a customer only when relating to a violation or possible violation of law	Session ended. Bill died.
HI SB 2919	Amends § 329101 to include pharmacist prescribed opioid antagonists (used to reverse the effects of opioid overdoses) as substances monitored by the PDMP	3/3/2020—Passed Senate 3/13/2020 – House second reading as amended and referred to committees on CPC/JUD 5/7/2020 – Session ended. Bill died.
ID SB 1348	**Amends § 372722 by adding subsection (f): to provide that prior to issuing to a patient a prescription for outpatient use for an opioid analgesic or benzodiazepine listed in Schedule II, III or IV, the prescriber or prescriber's delegate shall review the patient's prescription drug history for the preceding twelve months from the PDMP and evaluate the data for indicators of prescription drug diversion or misuse** **Provides that querying is not required for patients receiving treatment in an inpatient setting, at the scene of an emergency or in an ambulance, in hospice care, or in a skilled nursing home care facility; or for a prescription in a quantity intended to last no more than three days** **Provides that the requirements only apply to individuals required to register for the PDMP**	**3/19/2020 – Signed into law by Governor; Entered as Session Law Chapter 220, generally effective 7/1/2020 but subsection (f) is specifically effective 10/1/2020**
IL HB 3889	Amends 720 § 570/316 to provide that the controlled substances reporting requirements also apply to opioid treatment programs that prescribe Schedule II – V controlled substances for the treatment of opioid use disorder	1/28/2020 – Assigned to Human Services Committee 5/23/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
		Session adjourned. Bill died.
IL HB 4467	Creates new section related to Medicaid Smart Cards which provides, in part, that, in implementing the pilot program, the Department may, among other things, allow electronic prescribing services and prescription database integration and tracking in order to prevent medical error through information sharing and to reduce prescription drug abuse and lower health costs	2/3/2020 – Referred to Rules Committee 5/23/2020 – Session adjourned. Bill died.
IL HB 5794	Amends Illinois Controlled Substances Act at Section 316 of the bill to require the Department of Financial and Professional Regulation (instead of the Department of Human Services) to provide Illinois' Prescription Monitoring Program and adopt rules requiring the Electronic Health Records Systems to interface with the PMP by no later than 1/1/2022.	5/22/2020 – First reading; referred to House Rules Committee 5/23/2020 –Session adjourned.
IN HB 1041	Creates new section related to medical cannabis which provides, in part, that a physician shall review the PDMP: (1) to determine the controlled substance history of a patient, before issuing a certification for medical cannabis; and (2) before recommending a change of amount or form of medical cannabis Further provides that a physician may access the PDMP to do any of the following: (1) to determine whether a patient is under treatment with a controlled substance by another physician or other person; (2) to allow the physician to review the patient's controlled substance history as considered necessary by the physician; or (3) to provide to the patient, or caregiver on behalf of the patient if authorized by the patient, a copy of the patient's controlled substance history Creates new section that provides that, after receiving a caregiver application, the required fee, and the results of the national criminal history background check, the department shall review the PDMP with respect to the applicant	1/16/2020 – First reading; referred to Committee on Public Health 3/11/2020 – Legislative session ended. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
IN HB 1182	**Adds Section 53. IC 1649.5 to create a new section related to the creation of Suicide and Overdose Fatality Review Teams ("SOFR")** **Provides that when conducting a SOFR review, the team may review records from the PDMP (Indiana Scheduled Prescription Collection and Tracking program – "INSPECT") if the records pertain to a person or incident within the scope of the SOFR team's review**	**3/18/2020 – Signed by Governor. 3/30/2020— Public Law 112-2020, effective 7/1/2020**
IA HF 2218	Formerly HSB 532; subsequently withdrawn because Senate File 2120 (summarized below) has been substituted as an identical bill.	3/11/2020 – Withdrawn; replaced by SF 2120 (see below)
IA SF 2120	**Formerly SSB 3051, and replaced (substituted) House File 2218 (see above)** **Amends §§ 124.551 and 124.553 to include veterinarians** **Amends § 124.554 to require all Schedule II, III, and IV controlled substances, Schedule V substances, including when dispensed by a pharmacist without a prescription except for the sales of pseudoephedrine that are reported to the real-time electronic repository, opioid antagonists, and other prescription substances that the advisory council and board determine can be addictive or fatal if not taken under the proper care and direction of a prescribing practitioner be reported to the PDMP** **Further amends statute to change the date by which reports are due to the general assembly from January 1, 2007 and every January 1 thereafter, to February 1, 2021 and annually by February 1 thereafter** **Deletes start date for prescriber activity reports and provides that reports shall be sent annually by February 1**	**6/1/2020 – Signed by Governor. 7/1/2020 – Effective Date**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
KS HB 2579	Amends § 651682, definitions, to add definitions of "audit trail information," which means information produced regarding requests for PDMP data that the board and advisory committee use to monitor compliance with this act; "delegate," which means (1) a registered nurse, licensed practical nurse, respiratory therapist, emergency medical responder, paramedic, dental hygienist, pharmacy technician or pharmacy intern who has registered to access the PDMP as an agent of a practitioner or pharmacist to request PDMP data on behalf of the practitioner or pharmacist; (2) a death investigator who has registered for limited access to the PDMP as an agent of a medical examiner, coroner, or another person authorized by law to investigate or determine causes of death; or (3) an individual authorized to access the PDMP by rules and regulations; "pharmacy;" and "program" Amends § 651683 to provide that dispensers must also submit the diagnosis code for prescriptions dispensed Deletes waiver provisions Provides that the board may, in consultation with the advisory committee, enable features and include additional information to enhance the PDMP, which may include, but not be limited to, the date or fact of a death, the dispensation or administration of opioid antagonists, and the data related to an overdose event Amends § 651685 to include audit trail information in the confidentiality provisions Provides that PDMP information may be provided to personnel of the board for purposes of operation of the program; persons operating a practitioner or pharmacist impaired provider program for the purpose of reviewing drugs dispensed to a practitioner or pharmacist enrolled in the program; authorized delegates; persons or organizations notified by the advisory committee in subsection (g); practitioners or pharmacists conducting research approved by an institutional review board who have obtained patient consent for the release of program data; and an overdose fatality review board	2/7/2020 – Referred to Committee on Health and Human Services 5/22/2020 – Legislative session ended. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Provides that individuals registered with the PDMP shall notify the board within 30 days of any action that would disqualify the individual from accessing PDMP information and, further, the appropriate licensing board shall notify the board within 30 days of any denial, suspension, revocation, or other administrative action on a practitioner's license or registration that would disqualify the practitioner from accessing the PDMP Further provides that if a review of PDMP information appears to indicate that a patient may be obtaining prescriptions in a manner that may represent misuse or abuse and the review does not identify a recent prescriber as a point of contact for potential clinical intervention, the advisory committee is authorized to notify the disability and behavioral health services section of the Kansas department for aging and disability services for the purpose of offering confidential treatment services and prohibiting further disclosure of information Provides that if a review of PDMP information appears to indicate that program data has been accessed or used in violation of law, the advisory committee shall determine whether a report to the professional licensing, certification, or regulatory agencies charged with administrative oversight of those persons is warranted Provides that the board may, in its discretion, block any user's access to the PDMP if the board has reason to believe that access to the data is or may be used by such user in violation of state or federal law Amends § 651687 to delete law enforcement or regulatory agency request for retention of information beyond destruction date provision Provides that program information shall not be stored outside the program database, with the following exceptions: (1) temporary storage necessary to deliver data to electronic health records or pharmacy management systems approved by the board; (2) retention of specific information or records related to an investigation proceeding under administrative or criminal law; (3) deidentified	

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	program data provided; or (4) board retention of information for purposes of operation of the program and administration and enforcement of this act Amends advisory committee provisions of § 651689	
KS HB 2740	Creates new section related to medical marijuana which provides that an application by a patient for registration to use medical marijuana shall include a statement from the physician certifying that the physician, or such physician's designee, has requested from the PDMP a report of information related to the patient that covers at least the 12 months immediately preceding the date of the report Creates new section which provides that a physician who holds a certificate to recommend medical marijuana may recommend that a patient be treated with medical marijuana if the physician, or the physician's designee, has requested from the PDMP a report of information related to the patient that covers at least the 12 months immediately preceding the date of the report, and the physician has reviewed such report Creates new section that requires medical marijuana dispensaries to report to the PDMP the information required by § 651683	3/11/2020 – Introduced; referred to Committee on Federal and State Affairs 5/22/2020 – Legislative session ended. Bill died.
KY HB 344	**Amends § 218A.240 to add new subsection (10) to provide that if the office or clinic of a practitioner abruptly closes or is subject to emergency closure or other enforcement action resulting in a suspension or termination of the practitioner's controlled substance prescribing privileges, the Cabinet for Health and Family Services or applicable professional licensing board may use data from the PDMP to issue notification as soon as practicable to the practitioner's patients to help prevent the disruption of medical treatment and promote continuity of care** **Amends § 218A.245 to delete subsection (4) requiring the secretary to prepare an annual report to the Governor and the Legislative Research Commission summarizing interstate sharing agreements.**	**3/17/2020 – Signed by Governor. KY Acts Ch. 20**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
LA SB 362	Amends § 40:978 related to mandatory queries to delete exception to requirement that query is not required if no more than a single seven-day supply is prescribed or administered to the patient	3/9/2020 – Introduced in Senate; read by title; rules suspended; read second time and referred to Committee on Health and Welfare
LA SB 371	Amends § 40:978 to provide that, prior to issuing a prescription for an opioid, the medical practitioner shall determine whether the patient is opioid naïve by reviewing the patient's record in the PDMP	3/9/2020 – Introduced in Senate; read by title; rules suspended; read second time and referred to Committee on Health and Welfare
LA HB 819	**Amends R.S. 40:1046 by adding (F)(2) to require marijuana dispensing pharmacies to record dispensed marijuana in the PDMP.**	**6/11/2020 – Signed by Governor; Act 286 8/2/2020 – Effective.**
ME HP 1511	Renames "Controlled Substances Prescription Monitoring Program" to "Prescription Monitoring Program" throughout the act Amends 22 § 7246 to add definitions of "federally qualified health center," which means a health center receiving a reimbursement designation from the United States Department of Health and Human Services, Bureau of Primary Health Care and Centers for Medicare and Medicaid Services or	3/17/2020 – Legislature adjourned. Bill carried over, in same posture, to any special session

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	a health center determined by the Secretary of the United States Department of Health and Human Services to meet the requirements for receiving a grant based on recommendations of the federal Health Resources and Services Administration; and "medical practice," which means a location where one or more licensed health care professionals with authority to prescribe controlled substances or prescription drugs provide health care services Amends definition of "prescriber" to provide that it includes a licensed health care professional with authority to prescribe prescription drugs Amends 22 § 7248 to provide that no later than January 1, 2021, the department shall expand the PDMP to include the reporting of the dispensing of all prescription drugs, excluding noncontrolled drugs not intended for human consumption Amends 22 § 7249, reporting requirements, to change "controlled substances" to "prescription drugs" throughout the section Amends 22 § 7250 to provide that the PDMP may provide prescription monitoring information to a federally qualified health center or medical practice Creates 22 § 7255 to provide that nothing in this chapter may be construed as requiring a prescriber or dispenser to access the PDMP to review the prescribing or dispensing for a patient except for those instances in which access is required in order to comply with the provisions of section 7253	of the 129th Legislature pursuant to Joint Order SP 788. No special session has been announced as of 6/2/2020.
ME SP 692	Amends 22 § 7250 to provide that PDMP data may be provided to the US Attorney for the District of Maine in connection with an authorized criminal investigation pursuant to a valid court order that is based upon a finding of good cause and that imposes appropriate safeguards against unauthorized disclosure Further allows PDMP data to be provided to the Attorney General	3/17/2020 – Legislature adjourned. Bill carried over, in same posture, to any special session of the 129th Legislature pursuant

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
		to Joint Order SP 788. No special session has been announced as of 6/2/2020.
MD HB 560	**Amends Health Occupations § 14404 to provide that a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee fails to comply with the requirements of the PDMP** **Amends Health Occupations § 15314 to provide that a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant fails to comply with the requirements of the PDMP**	**Passed Legislature. 5/8/2020 – Under Article II, Section 17(c) of MD Constitution Bill became law w/o Governor's signature. MD Ch. 0612. Effective 5/8/2020.**
MD HB 663	**Amends Health-General section of Maryland statutes § 212A01, definitions, definition of "pharmacist" to provide that pharmacist includes an individual licensed in another state** **Amends Health Occupations § 4315 to provide that the Board of Dentistry may deny a general license to practice dentistry, a limited license to practice dentistry, or a teacher's license to practice dentistry to any applicant, reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist if the applicant or licensee fails to comply with the requirements of the PDMP** **Amends Health Occupations § 14404 to provide that a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee fails to comply with the requirements of the PDMP**	**Passed legislature. 5/8/2020 – Under Article II, Section 17(c) of MD Constitution Bill became law w/o Governor's signature. MD Ch. 0290 Effective 10/1/2020**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Amends Health Occupations § 15314 to provide that a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant fails to comply with the requirements of the PDMP	
MD HB 1486	Creates new subtitle within Health-General for the creation of the noncontrolled substances (NCS) prescription record system Creates Health-General § 212D01, definitions, which includes definitions of "advisory committee," "commission," "dispense," "dispenser," "health care practitioner," "NCS prescription drug," "pharmacist," "prescriber," "prescriber delegate," "prescription information system," "program," and "state-designated health information exchange" Creates Health-General § 212D02, creation of NCS prescription record system within the Health Care Commission Creates Health-General § 212D03, standards, which requires the commission to establish by regulation the standards for selecting a prescription information system that may electronically transmit NCS prescription drug information, and any other means for the transmission of NCS prescription drug information within the program and further requires that such standards require a prescription information system to: (1) meet privacy and security concerns; (2) comply with privacy and security control and technical performance standards; and (3) accept NCS prescription drug information submitted by dispensers Creates Health-General § 212D04 which provides that the commission shall determine: (1) the categories of prescribers and dispensers who are required to participate in and comply with the requirements of the program and excluded from participation; (2) the time period within which a dispenser shall transmit information to the system; and (3) the method by which patients may opt out of the system	2/10/2020 – Hearing scheduled. 3/18/2020 – Legislative session adjourned. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Provides that a dispenser may not submit NCS prescription drug information from a prescriber who is excluded from the program and shall submit all information electronically Further provides that the state-designated health information exchange shall accept and store NCS prescription drug information and make such information available to prescribers, pharmacists, prescriber delegates, and pharmacist delegates Provides that the health information exchange may not charge a fee to a dispenser, prescriber, or prescription information system for the transmission or retrieval of NCS prescription drug information or make available or store NCS prescription drug information for any individual who has opted out of the program or the state-designated health information exchange Creates Health-General § 212D05 which provides that each dispenser and prescriber who participates in the program shall provide notice to consumers that information on an NCS prescription drug dispensed or prescribed will be submitted to the program unless the consumer opts out or the prescriber is excluded, and a description of how the program may use the record of a dispensed or prescribed NCS prescription drug, as well as notice that such information will be shared with health care practitioners engaged in the patient's care unless the patient opts out, the website through which the patient may opt out, and any information required by the commission Creates Health-General § 212D06, advisory committee, which sets out the requirements of the NCS prescription drug system advisory committee, including membership and duties Creates Health-General § 212D07 which provides that the commission shall annually report to the legislature on the program	
MD HB 1654	Amends Health-General section of Maryland statutes § 212A04.2 to provide that if a prescriber prescribes or dispenses an opioid in a dosage of 50MMEs or more, the prescriber shall notify the PDMP whether the prescriber: (1) has received education regarding the risks associated with opioid use; (2) is aware that an opioid overdose reversal drug is available; and (3) has prescribed or dispensed an opioid overdose reversal drug	3/2/2020 – First reading; referred to House Rules and Executive Nominations.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Further provides that the practitioner is not required to make the notification more than once	3/18/2020 – Legislative session adjourned. Bill died.
MD SB 395	**Amends Health Occupations section of Maryland statutes § 14404 to provide that a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee fails to comply with the requirements of the PDMP** **Amends § 15314 to provide that a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant fails to comply with the requirements of the PDMP**	**3/18/2020 – passed legislature.** **On 5/8/2020 under Article II, Section 17(c) of MD Constitution Bill became law w/o Governor's signature.** **MD Chapter 0613. Effective 5/8/2020.**
MD SB 710	Amends Health-General section of Maryland statutes § 212A06 to provide that PDMP information can be provided to a local health department or local health officer for the purpose of evaluating the distribution or abuse of a monitored prescription drug	2/7/2020 – Hearing scheduled. 3/18/2020 – Legislative session adjourned. Bill died.
MD SB 752	Creates new subtitle within Health-General section of Maryland statutes for the creation of the noncontrolled dangerous substance (NCDS) prescription record system Creates § 212D01, definitions, which includes definitions of "advisory committee," "board certified," "commission," "dispense," "dispenser," "health care practitioner," "NCDS prescription drug," "pharmacist," "prescriber," "prescriber delegate," "prescription information system," "program," and "state-designated health information exchange" Creates § 212D02, creation of NCS prescription record system within the Health Care Commission	2/21/2020 – Hearing scheduled. 3/18/2020 – Legislative session adjourned. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Creates § 212D03, standards, which requires the commission to establish by regulation the standards for selecting a prescription information system that may electronically transmit NCDS prescription drug information, and any other means for the transmission of NCDS prescription drug information within the program and further requires that such standards require a prescription information system to: (1) meet privacy and security concerns; (2) comply with privacy and security control and technical performance standards; and (3) accept NCS prescription drug information submitted by dispensers Creates § 212D04 which provides that the commission shall determine: (1) the categories of prescribers and dispensers who are required to participate in and comply with the requirements of the program and excluded from participation; (2) the time period within which a dispenser shall transmit information to the system; and (3) the method by which patients may opt out of the system Provides that a dispenser may not submit NCDS prescription drug information from a prescriber who is excluded from the program and shall submit all information electronically Further provides that the state-designated health information exchange shall accept and store NCDS prescription drug information and make such information available to prescribers, pharmacists, prescriber delegates, and pharmacist delegates Provides that the health information exchange may not charge a fee to a dispenser, prescriber, or prescription information system for the transmission or retrieval of NCDS prescription drug information or make available or store NCS prescription drug information for any individual who has opted out of the program or the state-designated health information exchange Creates § 212D05 which provides that each dispenser and prescriber who participates in the program shall provide notice to consumers that information on an NCDS prescription drug dispensed or prescribed will be submitted to the program unless the consumer opts out or the prescriber is excluded, and a description of how the program may use the record of a dispensed or	

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	prescribed NCDS prescription drug, as well as notice that such information will be shared with health care practitioners engaged in the patient's care unless the patient opts out, the website through which the patient may opt out, and any information required by the commission Creates § 212D06, advisory committee, which sets out the requirements of the NCDS prescription drug system advisory committee, including membership and duties Creates § 212D07 which provides that the commission shall annually report to the legislature on the program	
MA HB 1703	Bill's preamble declares it to be an emergency law necessary for the immediate preservation of the public health Creates 94C § 24C which provides that every person that manufactures any opioid drug for distribution, dispensing or use in the commonwealth, shall pay an assessment equal to the production of (i) the ratio of the manufacturer's annual aggregate distribution and dispensing of opioid drugs in the commonwealth and (ii) the total annual aggregate distribution and dispensing of opioid drugs in the commonwealth; the total assessment from all manufacturers shall not exceed $15,000,000 Further provides that annually, before October 1, the department shall establish each person's or manufacturer's liability to pay the assessment; the department shall specify by regulation appropriate mechanisms, including use of the PDMP, to provide for determination of the person's or manufacturer's liability for the assessment	1/17/2019— Introduced 3/9/2020 – New draft substituted, see HB 4532 below
MA HB 4532	Creates 94C § 24C which provides that every person that manufactures any opioid drug for distribution, dispensing or use in the commonwealth, shall pay an assessment equal to the production of (i) the ratio of the manufacturer's annual aggregate distribution and dispensing of opioid drugs in the commonwealth and (ii) the total annual aggregate distribution and dispensing of opioid drugs in the commonwealth; the total assessment from all manufacturers shall not exceed $15,000,000	3/9/2020 – Introduced 4/29/2020 – House reporting date extended to 6/19/20.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Further provides that annually, before October 1, the department shall establish each person's or manufacturer's liability to pay the assessment; the department shall specify by regulation appropriate mechanisms, including use of the PDMP, to provide for determination of the person's or manufacturer's liability for the assessment	
MA HB 1936	Provides that, notwithstanding any law to the contrary, the PDMP shall require any person or persons prescribing any Schedule II – V drug to submit a daily report of the issuance of the said prescriptions by any and all medical practitioners for use by doctors, pharmacies, walk-in clinics, practitioners, and patients to track any Schedule II – V drug prescribed to an individual from the point of prescription to consumption as a mechanism for addressing the loophole in the existing PDMP to track the overprescribing of drugs by medical practitioners and to track such prescriptions to keep patients safe	1/18/2019 – Filed in House. 2/04/2020 – Accompanied study Order H.4449
MA HB 1998	Amends 94C § 24A to provide that the Board of Registration in Medicine shall promulgate regulations relative to participation in the PDMP and enforcement through its disciplinary unit which shall make provisions to reprimand, censure, impose fines, require the performance of public service in a manner and at a time and place to be determined by the board, require a course of education or training, or otherwise discipline a physician who fails to comply with the requirements of this section	1/13/2019 – Filed in House. 2/04/2020 – Accompanied study Order H.4449
MA HB 3486	Amends 94C § 24A to provide that the department shall establish, by rule or regulation, a process by which to include information about the administration of opioid maintenance treatment in the PDMP when the inclusion of such information does not conflict with state or federal privacy rules to ensure that licensed professionals authorized to prescribe controlled substances receive information through the PDMP about an individual patient's participation in opioid maintenance treatment prior to issuing a new prescription for an opioid substance other than the substance used for opioid maintenance treatment Amends 111E § 18 to provide that each facility that is an opioid treatment program shall present to each individual entering treatment a form that allows the individual to consent to the release of	1/17/2019 – Filed in House 5/13/2020 – Accompanied study order H4449.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	information, through the PDMP, about the administration of opioid maintenance treatment at the facility, which form shall be accompanied by information clearly explaining that such consent is not required but is encouraged to improve coordination of services and by information on how the individual may complete and return the form to the facility or to the department of public health if they elect to give such consent	
MA HB 3762	Amends 94C § 24A to provide that registered participants who are required to utilize the PDMP prior to issuing a prescription who does not utilize such program as so required shall be fined in an amount to be set by the department in regulations	1/18/2019 – Filed in House 2/24/2020 – Accompanied study Order H. 4449.
MA SB 1277	Amends 94C § 24A to provide that the department shall establish, by rule or regulation, a process by which to include information about the administration of opioid maintenance treatment in the PDMP when the inclusion of such information does not conflict with state or federal privacy rules to ensure that licensed professionals authorized to prescribe controlled substances receive information through the PDMP about an individual patient's participation in opioid maintenance treatment prior to issuing a new prescription for an opioid substance other than the substance used for opioid maintenance treatment Amends 111E § 18 to provide that each facility that is an opioid treatment program shall present to each individual entering treatment a form that allows the individual to consent to the release of information, through the PDMP, about the administration of opioid maintenance treatment at the facility, which form shall be accompanied by information clearly explaining that such consent is not required but is encouraged to improve coordination of services and by information on how the individual may complete and return the form to the facility or to the department of public health if they elect to give such consent	1/11/2019 – Filed in Senate. 5/7/2020 – Accompanied study Order S2683
MA SB 1348	Amends 94C § 24A to provide that the department may provide data from the PDMP to practitioners provided, however, that health care providers, as defined in law, shall be able to access the PDMP directly through a secure electronic medical record, health information exchange,	1/18/2019 – Filed in Senate 2/04/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	or other similar software or information systems connected to the PDMP to: (1) improve ease of access and utilization of such data for treatment, diagnosis or health care operations; (2) support integration of such data within the electronic health records of a health care provider for treatment, diagnosis or health care operations; or (3) allow health care providers and their vendors to maintain such data for the purposes of compiling and visualizing such data within the electronic health records of a health care provider that supports treatment, diagnosis or health care operations Further provides that the department may establish protocols or other processes to ensure the secure sharing of patient information that is compatible and interoperative, to the maximum feasible extent, with existing electronic medical records systems	Accompanied study Order S2547
MI HB 5045	Amends § 333.7303a, exceptions to mandatory query requirement, to provide that a practitioner is not required to query the PDMP if the controlled substance is prescribed for the treatment of epilepsy or seizure disorder and is approved by the FDA for the treatment of such conditions	10/8/2019 – Introduced; Referred to H. Committee on Health Policy.
MI HB 5554	Provides that the department shall submit a report on the PDMP to the senate and house appropriations committees, the senate and house fiscal agencies, and the state budget director by November 30, which report shall include, but is not limited to, the following: (a) total number of licensed health professionals registered to use the PDMP; (b) total number of dispensers registered to the PDMP; (c) total number of prescribers using the PDMP; (d) total number of dispensers using the PDMP; (e) number of cases related to overprescribing, over dispensing, and drug diversion where the department took administrative action as a result of information and data generated from the PDMP; (f) the number of hospitals, doctor's offices, pharmacies, and other health facilities that have integrated the PDMP into their electronic health records systems; (g) total number of delegate users registered to the PDMP	2/26/2020 – Introduced and referred to H. Committee on Appropriations.
MI SB 802	Provides that the department shall submit a report on the PDMP to the senate and house appropriations committees, the senate and house fiscal agencies, and the state budget director by	2/26/2020 – Introduced; referred

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	November 30, which report shall include, but is not limited to, the following: (a) total number of licensed health professionals registered to use the PDMP; (b) total number of dispensers registered to the PDMP; (c) total number of prescribers using the PDMP; (d) total number of dispensers using the PDMP; (e) number of cases related to overprescribing, over dispensing, and drug diversion where the department took administrative action as a result of information and data generated from the PDMP; (f) the number of hospitals, doctor's offices, pharmacies, and other health facilities that have integrated the PDMP into their electronic health records systems; (g) total number of delegate users registered to the PDMP	to H. Committee on Appropriations
MS HB 688	**Section17 reenacts Section 7321103(1)(d)(v) and (vi), Mississippi Code of 1972, authorizing monetary penalties of up to $10,000for failure to use the PMP or up to $50,000 for submitting false information to the PMP** **Section 32 reenacts Section 7321127(e)(ii) through (v), Mississippi Code of 1972, providing at (ii) that the Director of the Mississippi Bureau of Narcotics, or his designee has access to the PMP for investigative purposes; at (iii) that the State Board of Pharmacy may also provide PMP 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; at (iv) that any pharmacist licensed by the Mississippi Board of Pharmacy must be a registered user of the PMP ; and at (v) that all licensed practitioners as defined under Section 732173(ee) holding an active DEA number shall register as users of the PMP** **Reenacts Section 7321127(f) establishing a Board of Pharmacy fee structure to support the operation of the PMP** **Reenacts Section 7321127(g) indicating any dispenser pharmacist or practitioner licensed to dispense controlled substances and specified noncontrolled substance drugs who knowingly fails to submit drug monitoring information or knowingly submits incorrect dispensing information shall be subject to actions against the pharmacist's or practitioner's license, registrations or permit and/or an administrative penalty as provided in Sections 732197 and 7321103.; and that any misuse of the PMP is subject to penalties as provided in Sections 732197 and 7321103**	**6/30/2020 – Signed by Governor 7/1/2020 – Effective**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
MO HB 1693	Creates § 195.450 Includes definitions for "controlled substance"; "dispenser," which means a person who delivers a Schedule II, III, or IV controlled substance to a patient, but does not include: (1) a hospital that distributes such substances for the purpose of inpatient care or dispenses prescriptions for controlled substances at the time of discharge from such facility; (2) a practitioner or other authorized person who administers such a substance; or (3) a wholesale distributor of a controlled substance; "health care provider"; "patient"; and "Schedule II, III, or IV controlled substance" Creates the "Joint Oversight Task Force for Prescription Drug Monitoring" within the office of administration which shall be authorized to supervise the collection and use of patient dispensation information for prescribed Schedule II, III, or IV controlled substances as submitted by dispensers under this section Provides that the task force shall enter into a contract with a vendor, through a competitive bid process, for the operation of the program which vendor shall be responsible for the collection and maintenance of patient dispensation information submitted to the vendor by dispensers Provides that, in addition to appropriations from the general assembly, the task force may apply for available grants and shall be able to accept other gifts, grants, and donations to develop and maintain the program Further provides that dispensation information submitted to the vendor shall include: (1) pharmacy's DEA number; (2) date of dispensation; (3) if there's a prescription, the following: (a) prescription number or other unique identifier; (b) whether the prescription is new or a refill; (c) prescriber's DEA or NPI; (4) the NDC for the drug dispensed; (5) dosage and quantity; (6) patient's identification number including, but not limited to, any of the following: (a) patient's driver's license number; (b) patient's government-issued identification number; or (c) patient's insurance cardholder identification number; and (7) the patient's name, address, and date of birth	5/13/2020 – Passed House 5/15/2020— Senate Motion to Adopt withdrawn. 5/15/2020 – Legislative session adjourned. Bill died.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Requires that dispensers submit the required information within 24 hours and, beginning January 1, 2022, the vendor shall begin phasing in a requirement that dispensers report dispensation information in real time, with all dispensation information to be submitted in real time by January 1, 2023 Provides that, beginning August 28, 2022, the vendor shall maintain an individual's dispensation information for a maximum of three years from the date of dispensation, after which such information shall be deleted from the program Provides that dispensation information shall be protected health information, confidential, and not subject to public disclosure Provides that patient dispensation information shall only be utilized for the provision of health care services to the patient; prescribers, dispensers, and other health care providers shall be permitted to access a patient's dispensation information collected by the vendor in the course of providing health care services to the patient; the vendor shall provide dispensation information to the individual patient upon his or her request Further provides that the dispensation information shall be shared with any health information exchange operating in the state, upon request of the exchange; the charges assessed to the exchange by the vendor shall not exceed the cost of the actual technology connection or recurring maintenance thereof Provides that dispensation information of MO HealthNet program recipients may be shared with the MO HealthNet division for purposes of providing the division and MO HealthNet providers patient dispensation history and facilitating MO HealthNet claims processing and information retrieval Provides that the task force may provide data to public and private entities for statistical, research, or educational purposes only after removing information that could be used to identify individual patients, prescribers, dispensers, or persons who received dispensations from dispensers	

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Provides that no dispensation information shall be provided to local, state, or federal law enforcement or prosecutorial officials, both in-state or out-of-state, or any regulatory board, professional or otherwise, for any purposes other than those explicitly set forth in HIPAA and any regulations promulgated thereunder Provides that no dispensation information submitted under this section shall be used by any local, state, or federal authority to prevent an individual from owning a firearm nor shall it be the basis for probable cause to obtain an arrest or search warrant as part of a criminal investigation Further provides that a dispenser who knowingly fails to submit dispensation information as required, or who knowingly submits incorrect dispensing information, shall be subject to an administrative penalty in the amount of $1,000 for each violation; the penalty shall be assessed through an order issued by the task force Provides that any person who unlawfully and purposefully accesses or discloses, or any person authorized to have patient information who purposefully discloses, such information in violation of this section or purposefully uses such information in a manner and for a purpose in violation of this section is guilty of a Class E felony Provides that the provisions of this section shall supersede any local laws, ordinances, rules, or regulations enacted by a county, municipality, or other political subdivision of this state; any PDMP in operation prior to August 28, 2020, shall cease operation within this state when the vendor's program under this section is available for utilization by prescribers and dispensers throughout the state Authorizes the task force to enter into an agreement, or authorize the vendor to enter into an agreement, with any PDMP operated by a county, municipality, or other political subdivision of this state prior to August 28, 2020 to transfer patient dispensation information from the county, municipality, or other program to the vendor's program created under this section	
NE LB 817	Creates new section which provides, in part, that prescribing psychologists shall check the patient's	2/12/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	dispensed prescription drug information using the PDMP	Amendment offered; 3/25/2020 – Legislative session suspended indefinitely due to COVID-19.
NE LB 1183	Creates the Health Information Technology Board whose membership includes the program director of the PDMP Among its duties, the HIT Board is directed to: (1) establish criteria for data collection and disbursement by the statewide health information exchange and the PDMP to improve the quality of information provided to clinicians; (2) evaluate and ensure that the statewide health information exchange is meeting technological standards for reporting of data to the PDMP, including the data to be collected and reported and the frequency of data collection and disbursement; (3) provide the governance oversight necessary to ensure that any health information exchange and the PDMP may be accessed, used, or disclosed only in accordance with the privacy and security protections Requires the HIT Board, by November 15 each year, to submit an annual report to the Governor and legislature regarding considerations undertaken, decisions made, accomplishments, and other relevant information Amends § 712454 to provide that the PDMP shall include provisions that require any prescription drug dispensed in this state to be entered into the system by the dispenser or his or her delegate no less frequently than daily after such prescription drug is delivered, rather than dispensed Requires that dispensers include the date the prescription is delivered to the patient in the information submitted to the PDMP as well as any additional information as determined by the HIT Board or as published in the submitter guide for the PDMP system	1/23/2020 – Introduced 3/23/2020 – Amendment filed; 3/25/2020 – Legislative session suspended until 7/20/2020 due to COVID-19.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Amends deidentified data provision to provide that the department, or the statewide health information exchange in accordance with policies adopted by the HIT Board, may release data collected pursuant to this section for quality measures as approved or regulated by state or federal agencies, statistical, research, public policy, or educational purposes, or patient quality improvement initiatives approved by the HIT Board and deletes requirement that such data have personal identifiers removed	
NH SB 546	Amends § 318B:31 to add definition of "chronic pain," which means a state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that might or might not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years; also includes intermittent episodic pain that might require periodic treatment Provides that "chronic pain" does not cover or in any way determine treatment for pain from terminal disease Provides that "chronic pain"" includes, but is not limited to, pain defined as "chronic," "intractable," "high impact," "chronic episodic," and "chronic relapsing" Provides that a diagnosis of "chronic pain" made by a practitioner licensed in any of the states of the United States or D.C. and supported by written documentation of the diagnosis by the treating practitioner shall constitute proof that the patient suffers from chronic pain	1/8/2020 – Introduced 1/16/2020 – Hearing before Senate Health and Human Services Committee 3/14/2020 – Legislature suspended its session indefinitely due to COVID-19
NH SB 576	Amends §§ 318B:33, B:35 to change New Hampshire's Controlled Drug Prescription Health and Safety Program (CDPHSP) references to "program administrator" to "executive director" throughout the CDPHSP statutes Amends § 318B:38 to provide that members of the CDPHSP advisory council shall not serve on the council for more than three consecutive 3year terms	1/8/2020 – Introduced 3/11/2020 – Amended; referred to Finance Committee 3/14/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
		Legislature suspended its session indefinitely due to COVID-19
NH SB 676	Creates § 126A:5f which provides confidentiality provisions for PDMP information Further provides that the department may release reports for analysis and evaluation, statistical analysis, public research, public policy, and educational purposes, provided that the information is aggregated or otherwise deidentified Provides that the department shall enter into one or more reciprocal data sharing agreements with the office to share PDMP information for public health purposes including, but not limited to, public health evaluation, coordination of health care, and for the delivery of critical services to address substance use disorders; data sharing agreements shall include: (1) the purpose of sharing data; (2) a description of the data sets that will be included; (3) the criteria and procedures for the development of data sets; (4) the criteria and procedures to ensure data security and destruction; and (5) a proposed time frame in which the data will be used Provides that under no circumstances shall the data or information received by the department pursuant to this section be copied or released by the department to any other person or entity, unless the data is aggregated or otherwise deidentified Amends § 318B:31, definitions, to provide that a dispenser includes a person or entity lawfully authorized to conduct medication reconciliation but does not include a practitioner who neither prescribes nor dispenses and who is not actively working as a pharmacist within a New Hampshire licensed pharmacy or health care facility Amends § 318B:32 to provide that the office may enter into agreements or contracts to facilitate the confidential sharing of information relating to the prescribing and dispensing of Schedule II – IV controlled substances by practitioners within the state and to establish secure connections between	1/8/2020 – Introduced 3/11/2020 – Referred to interim Study S. Calendar 11 3/14/2020 – Legislature suspended its session indefinitely due to COVID-19

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	the program and a practitioner's electronic health record keeping system Provides that the electronic health record keeping system may use functionality for automated query and retrieval of program information for display and retention in the patient's medical information; the system owner or license holder shall be responsible for ensuring that only authorized individuals have access to PDMP information Amends § 318B:34 to provide that a practitioner who intends to request and use information from the PDMP about a patient shall post a sign that can be easily viewed by the public that discloses to the public that the practitioner may access and use information contained in the PDMP or, in lieu of posting such a sign, may provide such notice in written material provided to the patient	
NH SB 708	Creates § 126A:83, nonopioid directive form, which provides, in part, that before signing a voluntary nonopioid directive form a health care practitioner may, if deemed appropriate, assess the patient's personal and family history of alcohol or drug abuse and evaluate the patient's risk for medication misuse or abuse; in evaluating such risks, the practitioner shall access the PDMP to determine whether an unusual or suspect pattern for the prescribing of controlled substances containing opioids to the patient has been reported to the PDMP	1/8/2020 – Introduced 3/11/2020 – Ordered 3rd S. Reading. 3/14/20 – Legislature suspended its session indefinitely due to COVID-19
NH HB 1491	Bill's section 313 amends RSA 318B:31, IV to include in the definition of a "Dispenser" persons lawfully authorized to "conduct medication reconciliation" Bill's section 314 amends RSA 318B:32 by inserting after paragraph I a new paragraph authorizing entering into agreements or contracts to facilitate the confidential sharing of information relating to the prescribing and dispensing of schedule IIIV controlled substances, by practitioners within the state and to establish secure connections between the PDMP program and a practitioner's electronic health record keeping system to allow for the query and retrieval of program information	6/30/2020 – House did not concur with Senate version. Bill remains unpassed.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	for display and retention in the patient's medical information; provided that nothing in the section shall allow the electronic health record keeping system owner or license holder to perform data queries unrelated to individuals under the practitioner's care; and making the electronic health record keeping system owner or license holder responsible for ensuring that only authorized individuals have access to program information. Bill's section 315 amends RSA 318B:34 by inserting after paragraph II a new paragraph requiring any practitioner who intends to request and use information from the PDMP program about a patient to provide written notification or post a sign that can be easily viewed by the public that discloses that the practitioner may access and use information contained in the PDMP program	
NJ A264	Identical bill: S1884 Amends § 45:146, access to PDMP information, to provide that the division shall establish a process by which a patient may request that the patient's PDMP information include an indication that the patient should not be prescribed opioid drugs or other controlled substances with a significant potential for abuse or addiction and shall also establish a process to remove such indication at the patient's request	1/14/2020 – Introduced; referred to Health Committee
NJ A288	Creates new law which provides that whenever a practitioner enters into a pain management agreement with a patient, or an existing pain management agreement is terminated, the practitioner shall furnish to the Director of the Division of Consumer Affairs in the Department of Law and Public Safety such information, in such a format and at such intervals, as the director shall prescribe by regulation, for inclusion in an electronic system that will be used to monitor the status of pain management agreements in association with the dispensation of Schedule II controlled substances Provides that the pain management agreement monitoring system shall be cross-referenced with the PDMP and, at a minimum, shall identify the first name, surname, and birth date of the patient, the type of medications that have been authorized under the agreement, any limits imposed on the patient's acceptance of prescriptions from other practitioners, and, if the agreement has been terminated, the reason for, and date of, such termination, and shall be made available to any	1/14/2020 – Introduced; referred to Health Committee

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	practitioner, pharmacist, or other person who accesses PDMP information when prescribing or dispensing a Schedule II controlled substance to a patient with chronic pain Amends § 45:146.1, mandatory query provisions, to provide that, if a new patient is being prescribed a Schedule II controlled substance for the treatment of chronic pain, the practitioner or delegate accessing PDMP information pursuant to this section shall additionally access any linked information that has been compiled in relation to the existence or termination of any pain management agreements Further provides that if the new or current patient continues to receive Schedule II substances for the treatment of chronic pain, the practitioner or delegate accessing PDMP information on a quarterly basis shall additionally access, at the same quarterly intervals, any linked information that has been compiled in relation to the existence or termination of any pain management agreements Provides that a pharmacist shall not dispense a Schedule II substance to any person for the treatment of chronic pain without first accessing the information that has been compiled related to pain management agreements and linked to the PDMP in order to determine whether the person is subject to, and is acting in compliance with, a pain management agreement, or was previously subject to a pain management agreement that has been terminated by a practitioner on the basis of the patient's misrepresentation of facts or failure to adequately comply with the medication regimen, if the pharmacist has a reasonable belief that the person may be seeking the substance, in whole or in part, for any purpose other than the treatment of chronic pain, such as for purposes of misuse, abuse, or diversion	
NJ A687	Identical Bill: S1039 Creates new statutes related to the dispensing of HIV prophylaxis by pharmacists without an individual prescription under certain circumstances. Provides that the pharmacist shall furnish at least a 30day supply, and up to a 60day supply, of HIV preexposure prophylaxis to a patient without an individual prescription if, among other things, the	1/14/2020 – Introduced; referred to Health and Senior Services Committee

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	patient does not report taking any contraindicated medications, and the pharmacist reviews the patient's PDMP information to confirm no contraindicated prescriptions have been issued or dispensed to the patient in the past six months Requires that the pharmacist include the dispensation of the HIV preexposure prophylaxis in the PDMP with a note indicating it was provided without an individual prescription	
NJ A796	Creates new law which provides, in part, that a patient who elects to execute a nonopioid advanced directive form shall sign the form and file it with the person's primary or attending physician, who shall include the form in the patient's medical record and note the existence of the form in the patient's PDMP information and shall delete the entry if the patient revokes the directive Creates new law which creates the Drug Usage and Prescribing Practices Review Committee to review controlled substance usage, prescribing, and dispensing practices in the state and identify abnormal or unusual patterns in this regard Provides that the committee shall, working independently, query the PDMP based on the parameters established by the Advisory Committee on Drug Usage and Prescribing and, using those parameters, the review committee shall determine whether any abnormal or unusual usage, prescribing, or dispensing patterns are evident from the data and, if any such patterns are discovered, shall document its findings and refer the case to law enforcement or the appropriate regulatory board Makes technical amendments to the privacy and confidentiality provisions of § 45:146 Further amends statute to allow authorized members of the Drug Usage and Prescribing Practices Review Committee to access PDMP information Further provides that the division shall establish a process pursuant to which a practitioner may make a notation in a patient's PDMP record to indicate that the patient has executed an advance directive for nonopioid treatment and a process for removal of the notation if the directive is	1/14/2020 – Introduced; referred to Health and Senior Services Committee

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	revoked	
NJ A1376	Amends § 24:2115.1 to provide that a primary care physician, when developing or supplementing a patient's medical history, shall access PDMP information and shall make appropriate verbal inquiries of the patient, in order to determine, to the fullest extent practicable, whether the patient or any of the patient's family members has ever experienced a substance use disorder or dependency Amends § 45:146.1 to provide that practitioners or delegates must query the PDMP whenever the practitioner is developing or supplementing a patient's medical history	1/14/2020 – Introduced; referred to Health and Senior Services Committee
NJ A1503	Creates new law which provides that veterinarians shall query the PDMP prior to issuing a prescription for an animal Amends § 45:144 to add definition of "certified veterinary aide" and "veterinary client" or "client," which means an animal owner who receives a prescription from a veterinarian; adds veterinarian to definition of "practitioner" Amends § 45:145 to provide that, if the information being submitted to the PDMP by a dispenser has been prescribed by a veterinarian for use by an animal, the dispenser shall submit the surname, first name, date of birth, street address, and telephone number of the veterinary client or clients identified on the prescription blank, and the name and approximate age of the animal for whom the substance was prescribed Amends reporting requirements to provide that the dispenser shall submit identifying information for any individual, other than the patient or veterinary client for whom the prescription was written, who picks up, or attempts to pick up, a prescription, if the pharmacist has a reasonable belief that the person may be seeking the substance, in whole or in part, for any reason other than delivering the substance to the patient or animal, as appropriate Amends § 45:146 to include veterinary client information in the confidentiality and privacy provisions and adds veterinarians, veterinary clients, and certified veterinary aides throughout the	1/14/2020 – Introduced; referred to Agriculture and Natural Resources Committee

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	section related to access to PDMP information	
NJ A2124	Identical Bill: S2170 Amends § 45:146, access to PDMP information, to provide that the director shall, upon request, provide nonidentifying PDMP information to the Office of Alcohol and Drug Use Disorders Policy for the purposes of establishing, maintaining, implementing, and maximizing the utilization and functionality of the centralized Alcohol and Drug Use Disorders Treatment Database	1/14/2020 – Introduced; referred to Law and Public Safety
NJ A2655	Amends § 45:146 to provide that the division shall provide online access to the PDMP to a designated representative of a carrier that provides coverage for prescription drugs and any third-party administrator or pharmacy benefit manager that administers a pharmacy benefit, and to the Director of the Division of Medical Assistance and Health Services and the Commissioner of Human Services, or their designees, for the purpose of identifying whether a recipient of benefits under the Medicaid program or the NJ Family Care program, or any other person, as applicable, is obtaining a prescription in a manner that may be indicative of misuse, abuse, or diversion of a controlled dangerous substance or of a violation of law or regulation or a breach of an applicable standard of practice	2/13/2020 – Introduced; referred to Health and Senior Services Committee
NJ A2869	Amends § 45:144 to include veterinarians in the definition of practitioner Amends § 45:146.1 to provide that the mandatory query requirements do not apply to a veterinarian who administers or prescribes a controlled dangerous substance to an animal while providing, assisting in, or supervising emergency care performed on the animal	2/20/2020 – Introduced; referred to Health and Senior Services Committee
NJ A3356	Amends § 45:146 to provide that a practitioner, other than a physician, shall register to access the PDMP upon initial application for, or renewal of, the practitioner's CDS registration; a physician shall register to access PDMP information upon initial application for, or renewal of, the physician's license to practice medicine or surgery	2/25/2020 – Introduced; referred to Health and Senior Services Committee
NJ A3869	Identical bill: S2323	3/23/2020

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Requires opioid antidote prescriptions for certain patients. A practitioner who prescribes an opioid drug to a patient who has a history of substance use disorder, whose daily opioid prescription is greater than 50 morphine milligram equivalents, or wo has a prescription for a benzodiazepine that is concurrent to the patient's opioid prescription shall also issue the patient a prescription for a product approved by the federal Food and Drug Administration for the reversal of an opioid overdose.	Introduced; Referred to Health and Senior Services Committee
NJ S1039	Identical bill A687 Creates new statutes related to the dispensing of HIV prophylaxis by pharmacists without an individual prescription under certain circumstances. Provides that the pharmacist shall furnish at least a 30day supply, and up to a 60day supply, of HIV preexposure prophylaxis to a patient without an individual prescription if, among other things, the patient does not report taking any contraindicated medications, and the pharmacist reviews the patient's PDMP information to confirm no contraindicated prescriptions have been issued or dispensed to the patient in the past six months Requires that the pharmacist include the dispensation of the HIV preexposure prophylaxis in the PDMP with a note indicating it was provided without an individual prescription	1/30/2020 – Introduced; referred to Senate Health, Human Services and Senior Citizens Committee
NJ S1828	Creates new section which provides that any hospital, emergency medical services provider, or law enforcement agency whose staff members administer an opioid antidote to a person suffering from an opioid overdose may furnish to the Direct of the Division of Consumer Affairs in the Department of Law and Safety such information, in such a format and at such intervals, as the director shall prescribe by regulation, for inclusion in an electronic system that will be used to monitor the administration of opioid antidotes in the state; the system shall be cross-referenced with the PDMP and shall be made available to any practitioner, pharmacist, or other person who accesses PDMP information	2/24/2020 – Introduced; referred to Senate Health, Human Services and Senior Citizens Committee

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Amends § 45:146.1, mandatory query requirements, to provide that individuals required to query the PDMP shall also access any linked opioid antidote administration information Amends § 45:147 to provide that the director shall adopt a regulation to expand the PDMP to include information about each prescription that is dispensed for an opioid antidote	
NJ S1884	Identical bill: A264 Amends § 45:146 to provide that the division shall establish a process by which a patient may request that the patient's prescription monitoring information include an indication that the patient should not be prescribed opioid drugs or other controlled substances with a significant potential for abuse or addiction, which indication shall not be included in the patient's prescription monitoring information except at the patient's request Further provides that the division shall establish a process to remove the indication at the patient's request and shall establish a method for persons who indicate they do not wish to be prescribed opioid drugs to communicate this preference in the event the person is incapacitated or otherwise unable to communicate this preference prior to or while receiving health care services	2/24/2020 – Introduced; referred to Senate Health, Human Services and Senior Citizens Committee
NJ S2170	Identical bill: A2124 Amends § 45:146, access to PDMP information, to provide that the director shall, upon request, provide nonidentifying PDMP information to the Office of Alcohol and Drug Use Disorders Policy for the purposes of establishing, maintaining, implementing, and maximizing the utilization and functionality of the centralized Alcohol and Drug Use Disorders Treatment Database	3/16/2020 – Introduced; referred to Senate Health, Human Services and Senior Citizens Committee
NJ S2323	Identical bill: A3869 Requires opioid antidote prescriptions for certain patients. A practitioner who prescribes an opioid drug to a patient who has a history of substance use disorder, whose daily opioid prescription is greater than 50 morphine milligram equivalents, or wo has a prescription for a benzodiazepine that	4/9/20— Introduced; referred to Senate Health, Human Services, and Senior Citizens

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	is concurrent to the patient's opioid prescription shall also issue the patient a prescription for a product approved by the federal Food and Drug Administration for the reversal of an opioid overdose.	Committee
NY A01617	The "Marihuana Regulation and Taxation Act; Identical bill: S015270 Provides that every practitioner shall consult the PDMP prior to making or issuing a certification for medical cannabis Further provides that when dispensing medical cannabis to a certified patient or designated caregiver, the registered organization: (i) shall not dispense an amount greater than a 60day supply to a certified patient until the certified patient has exhausted all but a seven day supply provided pursuant to a previously issued certification; and (ii) shall verify the information in subparagraph (i) of this paragraph by consulting the PDMP	3/11/2020 – Amend and recommit to Codes 6/2/2020 – Legislature adjourned.
NY A03741	Identical bill S4482 Amends Public Health § 3343a to provide that any practitioner who administers naloxone or another overdose reversal agent to a patient in the case of a suspected or confirmed overdose shall report the administration of the agent to the PDMP within 72 hours of administration Provides that the report shall contain the following information, if available: (1) the name of the patient; (2) the address of the patient; (3) the date of birth of the patient; (4) the time and place of the administration of the agent; and (5) the identity of the person who administered the agent to the person	1/8/2020 – Referred to Health 6/2/2020 – Legislature adjourned.
NY A3823	Amends Public Health Law § 3343a to add gabapentin to the list of substances to be reported to the PDMP	1/8/2020 – Referred to Codes 6/2/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
		Legislature adjourned.
NY A7467	Amends Public Health Law § 3364 to provide that when dispensing medical marihuana to a certified patient or designated caregiver, the registered organization (i) shall not dispense an amount greater than a 60 day supply to a certified patient until the certified patient has exhausted all but a seven day supply provided pursuant to a previously issued certification, and (ii) shall verify the information in subparagraph (i) of this paragraph by consulting the PDMP	1/8/2020 – Referred to Codes 6/2/2020 – Legislature adjourned.
NY A8914	Amends Public Health Law § 3343a to provide that the department shall periodically analyze PDMP information to identify information that indicates that a violation of law or breach of professional standards may have occurred, including the inappropriate prescribing of controlled substances	1/8/2020 – Referred to Health 6/2/2020 – Legislature adjourned.
NY A9509	Identical bill S07509 was taken up and passed. See S07509, below.	4/1/20 – Identical S07509 passed (see S07509 below)
NY S07509	**Identical bill A09509 which was dropped when S07509 passed.** **Provides that every practitioner shall consult the PDMP prior to making or issuing a certification for medical cannabis, for the purpose of reviewing a patient's controlled substance history** **Provides that, when dispensing medical cannabis to a certified patient or designated caregiver, the registered organization shall not dispense an amount greater than an amount established by the executive director in regulation and shall verify the information by consulting the PDMP**	**4/3/2020 – S07509 passed legislature and Signed by Governor Chapter 59 Effective immediately except when sections**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
		indicate different date.
NY S01527	Identical bill A01617C Creates new section which provides, in part, that every practitioner shall consult the PDMP prior to making or issuing a certification for the use of medical cannabis Provides that when dispensing medical cannabis to a certified patient or designated caregiver, the registered organization shall not dispense an amount greater than a 60day supply to a certified patient until the patient has exhausted all but a seven day supply provided pursuant to a previously issued certification as verified through the PDMP	3/12/2020 – Amend and recommit to Finance 6/2/2020 – Legislature adjourned.
NY S03271	Amends Public Health § 3371 to provide that PDMP information may be provided to a practitioner to inform him or her that a patient is under treatment for a controlled substance overdose by hospital or emergency room practitioner for the purposes of this section Further provides that practitioners may receive PDMP information to inform him or her that a patient is under treatment for a controlled substance overdose Amends Public Health § 3343a to provide that every emergency room or hospital practitioner shall consult the PDMP when treating a patient for a controlled substance overdose and shall notify the patient's prescriber of such overdose	1/8/2020 – Referred to Health 6/2/2020 – Legislature adjourned.
NY S04482	Identical bill A03741 Amends Public Health § 3343a to provide that any practitioner who administers naloxone or another overdose reversal agent to a patient in the case of a suspected or confirmed overdose shall report the administration of the agent to the PDMP within 72 hours of administration	1/8/2020 – Referred to Health 6/2/2020 – Legislature adjourned.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Provides that the report shall contain the following information, if available: (1) the name of the patient; 2) the address of the patient; (3) the date of birth of the patient; (4) the time and place of the administration of the agent; and (5) the identity of the person who administered the agent to the person	
NY S05653	Identical bill A08914 Amends Public Health § 3343a to provide that the department shall review PDMP information and identify and investigate prescribers with statistically high prescribing patterns; if the department reasonably believes after such investigation that a violation of law has occurred, the department shall provide such information to the attorney general	2/4/2020 – Passed Senate Referred to Assembly's Health 6/2/2020 – Legislature adjourned.
NC SB 704	**COVID19 emergency legislation indicating at bill's SECTION 3D.4.(a): Notwithstanding any other provision of law to the contrary, for the duration of the COVID–19 emergency, pharmacists licensed in this State under Article 4A of Chapter 90 of the General Statutes may confirm the identity of any individual seeking dispensation of a prescription by the visual inspection of any form of government issued photo identification. If the individual seeking dispensation is a known customer, the pharmacist may confirm the individual's identity by referencing existing records, including the controlled substances reporting system. Nothing in this section shall be construed to relieve a pharmacist of the obligation to review information in the controlled substances reporting system in accordance with G.S. 90–113.74D**	**5/2/2020 – Passed Legislature 5/4/2020 Signed by Governor Enacted as NC 2020 Session Law 2020-3**
NC HB 1043	**COVID19 emergency legislation; identical language related to use of controlled substances reporting system as in NC SB 704, summarized above.**	**5/2/2020 – Passed Legislature 5/4/2020 Signed by Governor Enacted as NC 2020 Session Law 2020-4**
OH HB 699	Proposes numerous additions to various sections of the Ohio Revised Code intended to reduce the	6/9/2020 –

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	abuse of prescription opiates. The proposed amendment to Section 313.213 requires a coroner who determines a drug overdose is the cause of death to provide notice of the death to the licensed health care professional(s) who prescribed the drugs on which the person overdosed. The coroner is to make that identification using the Ohio PDMP database, or available medical or psychiatric records received by the coroner. In addition the coroner is to contact hospitals within the coroner's jurisdiction, the deceased's health insurer, in known, and the U.S. department of veterans affairs if the deceased was a veteran. Section 3179.062 is proposed to be amended to require a prescriber who issues an initial prescription for an opioid analgesic for the treatment of acute pain to limit the prescription to a period of not more than three days and to require a reexamination and a new prescription before prescribing additional opioid analgesics after the initial three-day period. The proposed amendment to Section 3719.065 requires a prescriber to evaluate a patient for signs of drug abuse or addiction before initially prescribing an opioid analgesic or personally furnishing a complete or partial supply of such a drug, and at least annually thereafter for a patient on a continuing treatment with such a drug. Section 3719.066 is revised to require a pharmacist who dispenses an opioid analgesic in an amount indicated for a period of five or more days to discuss with the patient or the patient's representative the risks of opioid addiction, including that the risk of addiction increases substantially after taking such a drug for five or more days. The pharmacist is authorized to receive a fee as established under Section 5164.7517 for each such discussion. A proposed amendment to Section 4723.51 implements additional procedures for Advanced Practice Registered Nurses (APRNs) to follow in medication-assisted treatment involving controlled substances to (i) encourage use of non-addicting medication-assisted treatment when possible; (ii) encourage the tapering of addicting medication-assisted treatment; (iii) discourage the use of lifelong treatment except as a last resort when it is believed as a matter of professional clinical judgment, that the risk of addiction and abuse of the medication-assisted treatment is outweighed	Introduced

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	by the risk that the patient will abuse illicit drugs and suffer greater harm; and (iv) encourage the use of formulations of medication-assisted treatment with abuse-deterrence labeling claims indicating that the formulation is expected to deter or reduce its abuse. A proposed amendment to Section 4730.55 implements identical additional procedures as stated regarding 4723.51 (discussed above) for physician assistants. A proposed amendment to Section 4731.056 implements identical additional procedures as stated regarding 4723.51 (discussed above) for physicians. Section 4729.811 is proposed to be added to require the state medical board by 1/1/2021 to develop and implement a system to actively monitor for suspicious prescribing activity the PDMP drug database. If suspicious prescribing activity is found through the monitoring, the state medical board or other health-related licensing board shall investigate the activity.	
OH HB 700	Bill proposes numerous revisions and additions to current law for the purpose of making addiction treatment widely available, with specific focus on naltrexone, methadone and buprenorphine. Section 3719.064 is proposed to be amended to require a prescriber who prescribes opioid analgesics shall offer, during business hours at the location where the prescriber practices, administration of injectable long acting or extended release forms of naltrexone and allows the administration to be delegated. Immunity from civil liability for delegation resulting in injury, death, or loss that arises from an act or omission of the delegate in administering naltrexone is provided if the delegation was done in accordance with Ohio law. Section 3719.065 is proposed to be amended to require a prescriber who prescribes methadone or noninjectable forms of buprenorphine shall taper the patient off the drug within sixty days. If such tapering is not possible, only daily doses of those drugs may be personally furnished by the prescriber thereafter. All prescribers are required to complete training regarding injectable long acting or extended release forms of naltrexone and burprenorphine.	6/10/2020 – Introduced

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Section 3727.27 is proposed to be added to, through stated financial incentives and tax exemptions or new tax obligations, require hospitals to have at least eight inpatient beds and an outpatient program dedicated to treating drug addiction. Section 3727.61 is proposed to be added to require hospitals to perform, on demand and regardless of ability to pay or health insurance coverage, a laboratory test of liver function, the results of which may be used by specified persons to determine whether it is appropriate to administer to the person tested an injectable long-acting or extended-release form of naltrexone for treatment of drug addiction. Section 4729.791 is proposed to be added to requires specified persons who administer injectable long-acting or extended-release forms of naltrexone to submit to the state board of pharmacy (which maintains the PDMP), information including but not limited to the name of the individual receiving the drug by injection, the date administered, and the name, strength and national drug code of the furnished drug. Certain test result information is also required to be submitted to the board. Proposed addition of Section 4731.92 lists numerous types of persons who may administer by injection, in accordance with a protocol meeting statutory requirements, long-acting or extended-release forms of naltrexone for treatment of drug addiction. Persons listed include, but are not limited to pharmacists, psychologists, licensed counselors, EMT's, police officers and health care professionals specifically identified in an authorized protocol meeting statutory requirements. All such persons are required to complete an online course in the administration of the drugs, be certified to perform basic life-support procedures via a course certified by the American red cross or American heart association and must submit information as required in Section 4729.791 to the state board of pharmacy. Methods of obtaining test results are stated at subsection (E)(1). Under subsection (G), persons acting in compliance with the stated provisions are not liable for damages in any civil action allegedly arising from, or subject to prosecution in any criminal proceeding or professional disciplinary action for, any act or omission associated with administering injectable	

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	long-acting or extended-release forms of naltrexone under this section, unless the act or omission constitutes willful or wanton misconduct.	
OH HB 341	Amends § 4729.80 to provide that the PDMP shall provide PDMP information on receipt of a request from a prescriber or pharmacist who is from or participating with a PDMP operated by a federal agency and approved by the board, but only if there is a written agreement under which the information is to be used and disseminated according to the laws of this state	6/24/2020 – Engrossed
OK HB 3896	Amends 63 § 2309I to add treatment for sickle cell anemia to the list of exceptions to the mandatory query requirements	3/10/2020 – Passed House 4/6/2020 Second reading in Senate; referred to Health and Human Services Committee 5/29/2020 – Legislature adjourned
OK SB 1277	Amends 63 § 2309D to provide that the members of the opioid overdose fatality review board may access PDMP information for the purpose of carrying out the duties prescribed by law Allows access to tribal law enforcement agencies Amends mandatory query requirement to provide that prior to prescribing or authorizing a refill, if 30 days have elapsed prior to the previous access, practitioners must query the PDMP rather than 180 days	2/23/2020 – Passed Senate 4/6/2020 – On House floor vote calendar 5/29/2020 – Legislature adjourned

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
OK SB 1494	Amends 63 § 2309I to add treatment for sickle cell anemia to the list of exceptions to the mandatory query requirements	2/6/2020 – Second reading; referred to Health and Human Services
OK SB 1607	Creates new law which creates the Controlled Dangerous Substances Scheduled Drug Review Board within the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control Provides that the Board shall have the power and duty to: (1) collect, analyze, and interpret state and local data on data relating to the registration and control of the manufacture, distribution, dispensing, prescribing, and administering of controlled substances in this state; (2) monitor data derived from the PDMP; (3) recommend investigations into prescription practices of participants; (4) recommend disciplinary action to licensing purposes; and (5) recommend policies, procedures, and practices for consideration to the Director of the Bureau	2/6/2020 – Second reading; referred to Public Safety Committee then to Appropriations Committee 5/29/2020 – Legislature adjourned
OK SB 1763	Amends 63 § 2309D to provide that PDMP information may be provided, to the extent allowed under state or federal law, to the statewide health information exchange for the purposes of the Oklahoma Health Information Exchange Act	2/6/2020 – Second reading; referred to Health and Human Services 5/29/2020 – Legislature adjourned
OR HB 4129	Provides that the Oregon State Veterinary Medical Examining Board may, in consultation with the Oregon Health Authority, adopt rules regarding the use of the PDMP by individuals licensed to practice veterinary medicine Amends § 431A.850 to add Oregon State Veterinary Medical Examining Board to the definition of "health professional regulatory board"	2/4/2020 – Referred to Health Rules Committee 3/8/2020 – Legislature adjourned

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Adds definition of "patient," which means the individual to whom a prescription drug is prescribed or, if the prescription drug is prescribed by a veterinarian for an animal, the individual to whom the prescription drug is dispensed on behalf of the animal Adds veterinarian to the definition of "practitioner" and adds definition of "veterinary facility" Amends § 431A.855 to include prescription drugs dispensed at veterinary facilities as drugs to be monitored by the PDMP Amends § 431A.860 to provide that if a drug is dispensed for an animal, the dispenser shall submit information regarding the species, name, and sex of the animal for which the prescription drug was dispensed Amends § 431A.880 to add the Oregon State Veterinary Medical Examining Board to the definition of "board" Amends § 431A.898 to provide that the authority shall, in consultation with the Oregon State Veterinary Medical Examining Board, develop criteria by which a practitioner may be required to receive education or training in the prescribing of opioids or opiates specifically tailored for practitioners who are veterinarians	Bill died
PA HB 1944	Creates new section 2803G which provides, in part, that the Department of Health shall provide a report on the number of individuals identified in the PDMP to need and referred to addiction treatment Further provides that the Board of Medicine shall provide a report on the progress on implementing a continuing medical education requirement in effective warm handoff to addiction treatment for individuals who are identified in the PDMP as being at risk of having a substance use disorder or have survived a drug overdose	2/5/2020 – Re-referred to Health

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
PA HB 2387	Appropriations bill that authorizes use of federal funds to support state's Monitoring All Prescriptions Program.	5/29/2020 – Approved by Governor Pa. Act No. 1A Effective immediately.
PA SB 432	Amends 35 § 872.9, access to prescription monitoring information, to provide that the PDMP may provide data to designated Commonwealth personnel and contracted staff Further provides that data may be provided to personnel of an organization that has an agreement to be paid on a capitated basis to provide services to medical assistance beneficiaries who are engaged in care management, the development and evaluation of quality improvement strategies, program integrity initiatives, or conducting internal compliance reviews and data reporting for the medical assistance program Provides that personnel engaged in the above listed activities may query the system to review the requested dispensing or prescribing of a controlled substance under this act to an individual to whom the organization provides services under Title XIX of the Social Security Act and shall notify the Department of Human Services and the Office of the Attorney General if fraud is suspected based on the results of the query and review of the database Further provides that an authorized employee of a county or municipal health department may query the PDMP if the employee has a unique identifier when accessing the database and the employee accesses the system for any of the following purposes: (1) developing educational programs relating to prescribing practices and controlled substance abuse; (2) identifying at-risk individuals for the purpose of connecting them with addiction treatment professionals and programs, including single county authorities; or (3) compiling epidemiological data to ensure that	2/12/2020 – Approved by Governor Pa. Act 2020-8 PDMP provision effective immediately

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	security of the system when an authorized employee of a county or municipal health department accesses the system **Further provides that political subdivisions of the Commonwealth may not establish a database requiring the submission and query of prescription data by prescribers and dispensers in addition to the database established under this act**	
RI SB 2653	Amends § 21283.32 to provide that the PDMP may provide prescription monitoring information to a medical director, or a designee of the medical director, of the practitioner's practice for quality improvement activities within the practice	2/27/2020 – Referred to Senate Health and Human Services 6/1/2020 – Legislative sessions cancelled indefinitely due to COVID-19.
SC HB 5201	SC's general appropriations bill Provides that the Department of Alcohol and Other Drug Abuse Services and the Department of Health and Human Services shall assist the Department of Health and Environmental Control with any funding required to implement necessary programmatic enhancements to the PDMP; the departments must consider changes to strengthen risk assessments and patient support tools, as well as the potential integration of electronic health record systems; to the extent possible, the PDMP must be expanded to include the administration of naloxone and other opioid overdose antidotes	3/10/2020 – Passed House 3/11/2020 – Referred to Senate Committee on Finance 5/12/2020 – Legislative session adjourned, but intermittent meetings continue.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
TN HB 2239	Section 7 of the bill proposes to amend TN Code §5310306(l) to delete current language and substitute allowing personnel of the department of mental health and substance abuse services actively engaged in analysis of controlled substances prescription information as a part of their assigned duties and responsibilities to access the database for controlled substances prescription information for specific patients or healthcare practitioners Section 8 of the bill proposes to amend TN Code § 5310306(n) to delete references to "aggregate information" and substituting "deidentified." Section 9 of the bill proposes to add a subsection to TN Code §5310306 indicating that "deidentified information" from the PDMP must not include "the identifying information of any patient, healthcare practitioner, healthcare practitioner delegate or healthcare facility."	2/3/2020 – Introduced 2/6/2020 – Referred to H. Health Committee 6/2/2020 – Removed from Health Committee calendar
UT HB 117	Amends § 5837f301 to amend the provisions related to access to PDMP information Amends access by law enforcement to provide that the division may make PDMP information available to a federal, state, or local law enforcement officer (1) who is engaged in a joint investigation with the division; (2) to whom the division has referred a suspected criminal violation of controlled substances laws; (3) if (a) the officer is appointed by the officer's law enforcement agency or department as a designated officer assigned to investigate legally prescribed controlled substances cases; (b) the officer is registered with the division as a designated officer; (c) the designated officer's law enforcement agency or department has entered into a memorandum of understanding that (i) is executed by the designated officer's chief, sheriff, or law enforcement chief executive officer; (ii) notifies the law enforcement agency or department that the division may audit the designated officer's and the law enforcement agency's or department's use of PDMP information at any time; and (iii) allows the division to immediately suspend access to the PDMP by the designated officer for any reason; and (d) the designated officer and the officer's agency or department meet the requirements of any rules made by the division related to these requirements	3/12/2020 – House file for bills not passed

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
UT HB 285	**Amends § 5837f301, access to database, to delete access to PDMP information by a member of a diversion committee** **Provides that PDMP information may be provided to a person the division authorizes to obtain that information on behalf of the Utah Professionals Health Program if: (1) the person the division authorizes is limited to obtaining information regarding the person who is the subject of the division's consideration; and (2) the conduct that is the subject of the division's consideration includes a violation or potential violation of law**	**3/24/2020 – Signed by Governor.**
UT HB 314	Amends § 5837f301, access to database, to provide that the PDMP may provide PDMP information to a licensed pharmacist who is authorized by a managed care organization to access the information on behalf of the organization if: (i) the organization believes that an enrollee has obtained or provided a controlled substance in violation of a medication management program contract between the enrollee and the managed care organization; and (ii) the organization included a description of the medication management program in the enrollee's outline75 of coverage Amends § 5837f302, other restrictions on access to database, to provide that the restrictions described do not apply to a civil, judicial, or administrative action brought against a managed care organization if: (1) the action is related to Medicaid coverage; (2) the organization has entered into a written agreement with the Department of Health; and (3) the division and the Department of Health agree in writing not to apply the restrictions	3/12/2020 – House file for bills not passed
UT HB 423	**Amends § 5837f203 to delete provision regarding allowing pharmacists, prior to January 1, 2016, to choose between data reporting interval periods** **Further deletes exceptions to reporting requirements in (3)(a) for controlled substances dispensed to an inpatient or administered for a patient at a health care facility and provides exceptions in subsection (3)(b) for controlled substances dispensed for administration to, or use by, a patient at a health care facility**	**3/24/2020 – Signed by Governor.**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Amends § 5837f301 to provide that PDMP data may be provided to a licensed pharmacist having authority to dispense a controlled substance, or a licensed pharmacy intern or pharmacy technician working under the general supervision of a licensed pharmacist, to the extent the information is provided or sought for the purpose of: (1) dispensing or considering dispensing any controlled substance; (2) determining whether a person: (a) is attempting to fraudulently obtain a controlled substance from the pharmacy, practitioner, or health care facility; or (b) has fraudulently obtained, or attempted to fraudulently obtain, a controlled substance from the pharmacy, practitioner, or health care facility; (3) reporting to the controlled substance database; or (4) verifying the accuracy of the data submitted to the controlled substance database on behalf of a pharmacy where the licensed pharmacist, pharmacy intern, or pharmacy technician is employed **Deletes subsection related to pharmacy interns and pharmacy technicians as delegates for pharmacists** **Amends § 5837f303 to include pharmacy interns and pharmacy technicians in the definitions of "EDS user" and "electronic data system"** **Amends § 5837f304 to add pharmacy technicians working under the supervision of a licensed pharmacist to the definition of "dispenser"**	
UT HB 425	**This bill amends provisions regarding medical cannabis. Amends Section 2661a201 require any qualified medical provider who recommends or renews a recommendation for medical marijuana to review any record related to the patient in the state's electronic verification system and the controlled substance database (as created in Section 58037f201).**	**3/24/2020 – Signed by Governor**
UT SB 23	**Amends § 5837f203 to delete references to the date on which pharmacists must comply with the submission requirements**	**3/30/2020 – Signed by Governor**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Further amends statute to delete requirement that patients requesting correction of database information must provide a postal address for the division's response and deletes references to postmarks **Provides that the patient may submit an appeal to the Department of Commerce within 60 days after the patient's written request for correction** **Amends § 5837f302 to provide that, in a state criminal proceeding, a court may: (i) order release of information contained in the PDMP if the court determines good cause has been shown and (ii) at any time order that information released under this subsection be restricted, limited, or restrained from further dissemination as the court determines is appropriate** **Further provides that, upon the motion of a defendant, the court may only issue an order compelling production of PDMP information that pertains to a victim if the court finds upon notice, and after a hearing, that the defendant is entitled to production of the information under applicable state and federal law** **Further provides that a motion by a defendant for PDMP information pertaining to a victim shall be served by the defendant on (i) the prosecutor and on counsel for the victim or victim's representation; or (ii) the prosecutor if the victim is unrepresented by counsel** **Provides that, upon a defendant's motion for PDMP information pertaining to a victim, if the court determines that good cause exists to order release of database information pertaining to the victim, the court shall conduct an in camera review and may only disclose to the defense and prosecution those portions of database information that are relevant to the state criminal proceeding**	
UT SB 145	**Section 16 of the bill ("Pharmacy Practice Act Amendments") amends Section 5837f20. to clarify the purpose of the PDMP and to exempt any drug dispensed for administration to, or use by, a patient at a health care facility, including a patient in an outpatient setting at the health care facility from reporting to the PDMP**	**3/30/2020 – Signed by Governor**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
VA HB 30	Appropriates $250,000 from the first year and $250,000 the second year from non-general funds to implement a demonstration program with the Medical Society of Virginia and the PDMP to enhance the use of the PDMP by prescribers through the use of real-time access to the program via interoperability with electronic health records systems Provides that the Department of Health Professions shall report on the increased use of the PDMP by prescribers in the demonstration program to the Chairman of the House Appropriations and Senate Finance Committees by July 1, 2018 [sic.]	5/21/2020 – Signed by Governor Acts of Assembly Chapter 1289
VA HB 347	Amends § 54.13442.6 related to pharmaceutical processors of cannabidiol oil and THCA oil, to provide that, in addition to its other responsibilities, the Board shall adopt regulations which include a process for reporting cannabidiol oil and THCA oil dispensations to the PDMP	4/6/2020 – Signed by Governor Acts of Assembly Chapter 0711
VA HB 648	Amends § 54.12523 to provide that the PDMP may provide information about a specific recipient to the Emergency Department Care Coordination Program pursuant to § 32.1372(B) Amends § 54.12525 to provide that nothing in this section shall prohibit a person who prescribes or dispenses a covered substance to a recipient from redisclosing information received from the PDMP to another prescriber or dispenser who has responsibility for treating the recipient Further provides that information obtained from the PDMP pursuant to § 32.1372(B) shall become part of the patient's medical record. See also VA SB 575.	4/10/29 – Signed by Governor. Acts of Assembly Chapter 1068
VA HB 1670	Amends PDMP statutes to change "cannabidiol oil or THCA oil" to "cannabis oil"	4/9/2020 Signed by Governor Acts of Assembly Chapter 0928

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
VA SB 575	**Amends § 54.12523 to provide that the PDMP can provide information about a specific recipient to the Emergency Department Care Coordination Program** **Amends § 54.12525 to provide that information obtained from the PDMP pursuant to subdivision B6 of § 32.1372 shall become part of the patient's medical record. See also VA HB 648.**	**4/10/2020 – Signed by Governor Acts of Assembly Chapter 1067**
VA SB 976	**Amends PDMP statutes to change "cannabidiol oil or THCA oil" to "cannabis oil"**	**4/22/2020 – Signed by Governor Acts of Assembly Chapter 1278**
WA HB 2378	**Amends § 70.225.040 to delete osteopathic physician assistants from the definition of "prescribing professions"**	**3/19/20 – Signed by Governor Chapter 80, 2020 Laws Effective 6/11/20**
WA HB 2438	Creates new section which creates the prescription opioid impact account in the state treasury which shall include all fees collected from manufacturers of opioid prescription products and any attorney fees recovered by the attorney general under section 5 of this act, which allows the attorney general to bring an action on behalf of the state to enforce this act Provides that moneys in the account may be used to reimburse the state general fund with interest for any amounts appropriated to the department of health during the 20192021 biennium for costs to modify the PDMP to implement the requirements of section 4 of this act Creates new section (4) which provides that if more than 100,000 MMEs of an opioid manufacturer's prescription opioid products are dispensed in this state during a quarter year, the opioid manufacturer must pay a prescription opioid impact fee of 1% per MME for a prescription opioid dispensed and reported in the PDMP	2/21/2020 – Referred to Rules for second reading 3/12/2020 – Legislature Sine Die (bill did not pass)

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Provides that the department of revenue shall: (1) calculate the total amount of the impact fee on a quarterly basis using the information in the PDMP; and (2) send an invoice to manufacturers of prescription opioids dispensed in this state for the impact fee due under this section quarterly Amends § 70.225.040 to provide that the PDMP may provide PDMP information to the department of revenue for purposes of billing prescription opioid manufacturers for the prescription opioid impact fee	
WV HB 2752	Amends § 60A95 to provide that PDMP information may be provided to a licensed healthcare professional who is certified as a medical examiner with the Federal Motor Carrier Safety Administration	1/8/2020 – Referred to Health and Human Resources Sine Die 3/7/2020 Bill did not pass
WV HB 4102	**Amends § 16466, related to reporting of opioid antagonists, to provide that the distribution of an opioid antagonist by a governmental or nongovernmental entity, granting institution, medical provider, or pharmacy whose software cannot automatically report to the PDMP database must report to the Office of Drug Control Policy on a monthly basis** **Provides that the report must be generated and submitted by the 10th day of each month for the opioids dispensed or distributed in the previous month and provides that the following information must be reported: (1) the name and address of the entity dispensing or distributing the opioid antagonist; (2) the name and NDC for each formulation of opioid antagonist dispensed or distributed; and (3) the total quantity of each formulation of opioid antagonist dispensed or distributed** **Further provides that the Board of Pharmacy shall query the PDMP to compile all data related to the dispensing of opioid antagonists and combine that data with any additional data maintained**	**3/25/20 – Approved by Governor Chapter 274, Acts, Regular Session 2020**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	by the Board of Pharmacy related to prescriptions for and distribution of opioid antagonists and that aggregate data shall be reported to the Office of Drug Control Policy by the 10th day of each month **Amends § 60A94, required information, to delete opioid antagonists from the list of substances required to be reported by a medical services provider and adds Schedule V substances to the list of substances required to be reported by all dispensers**	
WV HB 4395	Amends § 60A1101, definitions, to delete "veterinarian" from the definition of "practitioner" so that veterinarians are no longer subject to the requirements of the PDMP	3/25/20 – Vetoed by Governor
WV HB 4419	Amends § 60A95a to add pharmacists licensed by the West Virginia Board of Pharmacy to the mandatory query requirement	1/22/20 – Passed House 1/23/20 – Senate Health and Human Resources Sine Die 3/7/2020. Bill did not pass.
WI AB 647	**Amends § 961.385 to provide that the mandatory query requirement does not apply after April 1, 2025** **Further amends the statute to provide that the evaluation requirement and report to legislature subsections do not apply after October 30, 2025**	**3/3/2020 – Approved by Governor 2019 Wisconsin Act 121**
WI AB 750	Amends § 961.385 to provide that "patient" includes a person for whom medical marijuana is recommended Further provides that the PDMP shall monitor the recommendation for the use of, and issuance of registry identification cards for, medical marijuana	4/1/20 – Failed to pass pursuant to Senate Joint Resolution 1

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Adds new subsections to require a practitioner to generate a record documenting each recommendation made by the practitioner for the use of medical marijuana and require the medical marijuana regulatory commission to generate a record documenting the issuance of a registry identification card Adds new subsection to provide that the board shall identify specific data elements to be contained in a record documenting the making of a recommendation for the use of medical marijuana and the specific data elements to be contained in a record documenting the issuance of a registry identification card Amends subsection (2)(cm) related to law enforcement and regulatory board access to PDMP information to provide that the board or law enforcement agency is involved in an active and specific investigation of any state or federal law involving marijuana Amends mandatory query requirement to provide that a practitioner must query the PDMP prior to making a recommendation for medical marijuana Amends mandatory query exceptions to provide that a practitioner is not required to query the PDMP if, due to an emergency, it is not possible to review the patient's records before making a recommendation for medical marijuana	
WI SB 581	Amends § 961.385 to provide that the mandatory query requirement does not apply after April 1, 2025 Further amends the statute to provide that the evaluation requirement and report to legislature subsections do not apply after October 30, 2025	4/1/20 – Failed to pass pursuant to Senate Joint Resolution 1.
WI SB 683	Amends § 961.385 to provide that "patient" includes a person for whom medical marijuana is recommended	4/1/20 – Failed to pass pursuant to Senate Joint Resolution 1.

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	Further provides that the PDMP shall monitor the recommendation for the use of, and issuance of registry identification cards for, medical marijuana Adds new subsections to require a practitioner to generate a record documenting each recommendation made by the practitioner for the use of medical marijuana and require the medical marijuana regulatory commission to generate a record documenting the issuance of a registry identification card Adds new subsection to provide that the board shall identify specific data elements to be contained in a record documenting the making of a recommendation for the use of medical marijuana and the specific data elements to be contained in a record documenting the issuance of a registry identification card Amends subsection (2)(cm) related to law enforcement and regulatory board access to PDMP information to provide that the board or law enforcement agency is involved in an active and specific investigation of any state or federal law involving marijuana Amends mandatory query requirement to provide that a practitioner must query the PDMP prior to making a recommendation for medical marijuana Amends mandatory query exceptions to provide that a practitioner is not required to query the PDMP if, due to an emergency, it is not possible to review the patient's records before making a recommendation for medical marijuana	
WY HB 85	**Amends § 3571060 to provide that the board shall promulgate rules to administer the tracking program which may specify requirements and procedures for practitioners, pharmacists, and any other person authorized or required to use the tracking program** **Further provides that practitioners shall also query the PDMP as needed based on current best practice guidelines for the practitioner's licensed profession, except for prescribed opioids for**	**3/12/2020 – Signed by Governor Chapter Number 68 effective immediately**

Bills		
Bill No.	**Summary**	**Status and Date of Last Action**
	which the practitioner or his delegate shall repeat the search every three months thereafter for as long as the prescribed opioids remain part of the treatment **Adds exception to query requirement for settings where the risk for diversion or misuse of medication is found by the board to be minimal** **Provides that the board may conduct a survey or audit of a practitioner's usage of the PDMP in relation to the practitioner's prescribing patterns; if the board finds low or inappropriate usage of the PDMP, the board shall report its findings to the practitioner's professional licensing board**	
WY SF 73	Amends § 3571060 to provide that the board may establish a data sharing agreement with other states for purposes of this section and may release information to those states when the release of the information may be of assistance in preventing or avoiding inappropriate use of controlled substances	2/13/2020 – Withdrawn
WY SF 77	**Amends § 3571060 to provide that the board may establish a data sharing agreement with other states for purposes of this section and may release information to participating states when the release of the information may be of assistance in preventing or avoiding inappropriate use of controlled substances**	**3/10/2020 – Signed by Governor Chapter Number 39 effective immediately**

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
85 FR 3728601 (42 CFR Parts 433, 438, 447 and 456)	Proposed Federal Regulation amends 42 CFR 456 by advance Centers for Medicare and Medicaid Services (HHS) to advance the Services' efforts to support state flexibility to enter into value-based purchasing arrangements (VBPs) with manufacturers, and to provide manufacturers with regulatory support to enter into VBPs with payers, including Medicaid Includes new Medicaid Drug Utilization Review (DUR) provisions designed to reduce opioid related fraud, misuse and abuse including required review of PDMP information, specifically: adding language at § 456.703(h)(1)(iii) that states must conduct retrospective claims review automated processes that indicate prescription fills in excess of the prospective safety edit limitations specified by the state under paragraphs § 456.703(h)(1)(i) or (h)(1)(ii) to provide for the ongoing review of opioid claims data to identify patterns of fraud, misuse, abuse, excessive utilization, inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or provision of inappropriate or medically unnecessary care among prescribers, pharmacists and individuals receiving Medicaid benefits above proposed limitations. In addition to opioid claims data, the rule intends for states to consider incorporating other available records to provide for the ongoing periodic reviews of opioids claim data and other records (including but not limited to prescription histories, diagnoses, medical records, and prescription drug monitoring program (PDMP) files, when available), in their retrospective claims review automated processes order to identify patterns of fraud, misuse, abuse, excessive utilization, or inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or excessive utilization among physicians, pharmacists and individuals receiving Medicaid benefits. The process of reviewing PDMP data required by this proposed rule is designed to help to identify potential fraud or abuse, can help ensure that state officials and staff implementing the state's program integrity, and promote collaborative efforts to identify opportunities for Medicaid DUR activities to assist in the identification of potential fraud and abuse.	6/19/20 Proposed
84 FR 4456801 (42 CFR Part 2)	Proposed Federal Regulation amends 42 CFR Part 2 related to privacy and confidentiality of substance use disorder treatment records to provide that a Part 2 treatment program or other	8/26/2019 – Notice of proposed rules

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
	lawful holder of patient information is permitted to report any SUD medication prescribed or dispensed by the Part 2 program to the applicable state PDMP if required by applicable state law Further provides that the Part 2 program must obtain patient consent to disclosure of records prior to reporting such information	10/24/19 Cutoff for public comments
AL ADC 730X3.12	**Creates rule which provides risk and abuse mitigation strategies for podiatrists** **Provides that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient; examples include PDMP checks** **Provides that, for the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor shopping, the board sets forth the following requirements for use of the PDMP: (1) for controlled substance prescriptions totaling 30 MME or less, podiatrists shall use the PDMP in a manner consistent with good clinical practice; (2) when prescribing a patient controlled substances of more than 30 MME per day, podiatrists shall query the PDMP at least two times per year; (3) podiatrists shall query the PDMP every time a prescription for more than 90 MME per day is written, on the same day that it is written**	**4/30/2020 – Adopted (45 business days after publication on 2/28/20 in AL Register)**
AK 12 AAC 68.930	**New rule requires veterinarians with a federal DEA registration to register with the PDMP.**	**5/16/20 Effective**
AK 12 AAC 44.446	**Amends rule to provide that investigations regarding APRNs shall notify the DEA and the PDMP of any final decision revoking or suspending prescriptive authority for a person licensed under AS 08.68 and shall notify the board's executive administrator when notification to the DEA and PDMP has been completed**	**3/5/2020 – Effective**
AK 12 AAC 28.940, and .953	Proposed amendments by Board of Dental Examiners to amend 12 AAC 28.940(b)(8)(B)(iii) to include in the structured clinical exam testing "prescription writing."	5/19/2020 Proposed

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
	Amending 12 AAC 28.953 to require any licensed dentist holding a DEA registration number to register with the PDMP w/in 30 days of initial licensure or DEA registration, whichever is later.	
AR ADC 007.07.4IV, V	**Amends IV to provide that a prescriber shall query the PDMP when prescribing an opioid from Schedule II or III for every time prescribing the medication to a patient and a benzodiazepine medication for the first time prescribing the medication to a patient** **Provides that a licensing board that licenses practitioners who have authority to prescribe shall adopt rules requiring the practitioners to query the PDMP** **Further provides that the mandatory query requirement does not apply to: (1) a practitioner administering a controlled substance immediately before or during surgery, during recovery from a surgery while in a healthcare facility, in a healthcare facility, or necessary to treat a patient in an emergency situation at the scene of an emergency, in a licensed ground ambulance or air ambulance, or in the intensive care unit of a licensed hospital; (2) a practitioner prescribing or administering a controlled substance to a palliative care or hospice patient or a resident in a licensed nursing home facility; (3) situations in which the PDMP is not accessible due to technological or electrical failure** **Provides that the State Board of Health may amend, by rule, the exceptions listed above upon a recommendation of the Director of the Department of Health and a showing that the exception or lack thereof is unnecessarily burdensome or has created a hardship** **Further provides that a licensed oncologist shall query the PDMP when prescribing to a patient on an initial malignant diagnosis and every three months thereafter while continuing treatment** **Amends V to add additional members to the advisory committee**	**3/5/2020 Effective**

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
	Amends VI to provide that PDMP information may be accessed by a practitioner within the Arkansas Medicaid prescription drug program, and the Office of Medicaid Inspector General for review and investigation of fraud, waste, and abuse within the Arkansas Medicaid prescription drug program if access is limited to beneficiaries of the Arkansas Medicaid prescription drug program **Amends VII to provide that the Department of Health shall review the PDMP information, including without limitation a review to identify information that appears to indicate whether a person is obtaining prescriptions in a manner that may represent misuse or abuse of controlled substances based on prescribing criteria determined by the Director of the Department of Health upon consultation with the PDMP advisory committee** **Provides that the prescribing criteria shall be posted on the department's website** **Further provides that, if the information appears to indicate misuse or abuse may have occurred, the department shall notify the practitioners and dispensers who have prescribed or dispensed in the following manner: (1) the department shall provide quarterly reports to the individual practitioners and dispensers; and (2) if after 12 months of providing quarterly reports, the information appears to indicate misuse or abuse may be continuing, the department shall send a report to the licensing boards of the practitioner or dispenser who prescribed or dispensed the prescription** **Provides that on or before January 1, 2019, the department shall contract with a vendor to make the PDMP interactive and to provide same-day reporting in real-time, if funding and technology are available** **Further provides that the department may provide patient, prescriber, or dispenser information to public or private entities for research purposes after encrypting or removing any patient's identifying information and prescriber or dispenser information that could be used to identify patients**	

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
	Provides that the department may provide PDMP information to insurance carriers for the purpose of verifying prescriber or dispenser registration for individuals that are part of the health plan's network of providers **Amends VIII to allow the Arkansas PDMP to share information with federal PDMPs** **Amends XI to provide that a practitioner who purposely fails to access the PDMP as required is subject to disciplinary action by the licensing board of the practitioner**	
AR ADC 007.33.25 I – XII	**Repeals prior ADC provisions 073.00.1 IIX and replaces them with ADC 007.33.25 I – XII, much of which uses prior version's wording** **Revisions provide, in part, that a podiatric medicine physician/physician assistant shall not prescribe excessive amounts of Schedule II narcotics (as defined at 007.33.25IX3(A))** **Provides that, in there is a documented medical justification, "excessive" is defined as prescribing opioids at a level that exceeds 50 MMEs per day, unless the physician/physician assistant documents, among other things, that the PDMP has been checked prior to issuing the prescription** **Requires in 007.33.25IX(3)(A)(f) and at 007.33.25X that a podiatrist shall query the PDMP when prescribing an opioid from Schedule II or III for every time prescribing the medication to a patient and a benzodiazepine medication for the first time prescribing the medication to a patient;** **Failure to query the PDMP is a disciplinary offense under ADC 007.33.25III(1)(J).** **Provides that this does not apply to a licensee administering a controlled substance immediately before or during surgery, during recovery from a surgery while in a healthcare facility, in a healthcare facility, or necessary to treat a patient in an emergency situation at**	**5/31/2020 Effective**

Regulations		
Regulation No.	Summary	Status and Date of Last Action
	the scene of an emergency, in a licensed ground or air ambulance, or in the intensive care unit of a licensed hospital Does not apply to a healthcare provider prescribing or administering a controlled substance to a palliative care or hospice patient, a resident in a licensed nursing home facility, or situations in which the PDMP is not accessible due to technological or electrical failure	
AR ADC 007.34.4 VII.	Provides for the ability of an APRN to have a collaborative agreement to include a podiatrist Allows an APRN to prescribe drugs listed in Schedule II if expressly authorized by a collaborating physician or podiatrist The APRN shall not prescribe Schedule II opioids for acute pain for more than a five (5) day period. If additional Schedule II opioids are needed for management of acute pain, the patient must be referred to the collaborating physician. The APRN is authorized to prescribe Schedule II drugs that are classified as stimulants once the following criteria are met: 1. The prescription was originally initiated by a physician; 2. The physician has evaluated the patient within six (6) months before the APRN issues a prescription; 3. The prescription by the APRN is to treat the same condition as the original prescription is treating.	1/20/2020 Amended
CA 11 ADC 820 – 828	Creates Chapter 8.5 under Title 11 of the California Code of Regulations related to the CURES PDMP Creates 11 ADC 820, definitions, which includes definitions for “abuse,” “aggregated data,” “annual renewal,” “applicant type,” “bona fide research,” “bona fide researcher,” “category of licensure,” “compliant password,” “connectivity fee,” “controlled substance,” “CURES,”	5/28/2019 – Approved. 7/1/2020 Effective.

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
	"CURES PDMP," "DEA," "DEA Number," "DEA registration certificate," "deidentified individual-level data," "delegate," "department," "department investigative team," "diversion," "diversion and resultant abuse," "health care practitioner," "health information technology system," "HIPAA," "HIPAA regulations," "identified individual-level data," "information exchange web service," "institutional DEA number," "interstate pharmacist," "interstate prescriber," "law enforcement agency," "law enforcement official," "law enforcement user," "licensing agency," "licensing board," "list of patients," "out-of-state licensing board," "out-of-state pharmacist," "out-of-state prescriber," "patient activity report," "patient entity," "patient picklist," "PDMP," "peer review," "personal identifying information," "pharmacist," "pharmacist history report," "pharmacist user," "prescriber," "prescriber history report," "prescriber user," "prescription theft or loss report," "regulatory agency," "regulatory agency official," "regulatory agency user," "research purposes," "search period," "secure lab," "security question answer," "state," "state license number," "team member," "terms and conditions of CURES," "ultimate user," "under his or her care," "under the care of," "user," "user search," and "web-based application" **Creates 11 ADC 821, prescribers and out-of-state prescribers, which provides that a prescriber who possesses a valid DEA registration certificate for a practice location in California must register for access to CURES and a prescriber who possesses a valid DEA registration certificate for a practice location in a state or states other than California may register for access to CURES if the prescriber's licensing board expressly permits or requires the prescriber to register for access to CURES** **Provides that an out-of-state prescriber who possesses a valid DEA registration certificate for a practice location in a state or states other than California may register for CURES** **Includes procedures for registering with the PDMP and the information required for such registration** **Provides that prescribers may access patient information in CURES through both of the following: (1) a patient activity report; (2) a list of patients**	

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
	Provides that prescribers may only access patient information to: (1) treat a patient under the care of the prescriber; if the patient does not have an ongoing patient-provider relationship with the prescriber, the prescriber must not access the patient's information earlier than 24 hours, or the previous business day, before the appointment for professional medical consultation with the prescriber; (2) comply with the mandatory query requirement; (3) obtain a list of patients for whom the prescriber is listed as the prescriber or out-of-state prescriber **Provides that a veterinarian may only access patient information of the veterinarian's animal-patient and may not access patient information for the animal-patient's owner** **Prohibits prescribers from using, disclosing, or transferring patient information obtained from the PDMP unless the use, disclosure, or transfer is consistent with all of the following: (1) the use, disclosure, or transfer is for the same authorized purpose for which the patient information was originally requested; and (2) the use, disclosure, or transfer complies with all applicable federal and state privacy, confidentiality, and security laws and regulations** **Provides that a prescriber may disclose or transfer patient information to the prescriber's licensing board to document compliance with the law if the disclosure or transfer complies with this section and the patient information was obtained in accordance with this rule** **Requires prescribers and delegates to complete an annual review every 365 days to update his/her information in the CURES database** **Provides a procedure for requesting information from the CURES database** **Provides that a prescriber must complete a "delegate registration application" to designate an individual as a delegate and electronically submit the application to the department**	

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
	Creates 11 ADC 822, pharmacists and out-of-state pharmacists, which provides that a pharmacist who possesses a valid California license must register for access to CURES and an out-of-state pharmacist who possesses a valid pharmacist license in a state or states other than California may register for access to CURES **Other provisions of 822 applicable to pharmacists are similar or the same as the requirements for prescribers under 821** **Creates 11 ADC 823, interstate prescribers and interstate pharmacists, which provides that an interstate prescriber or pharmacist is eligible to request information from CURES through the prescriber's or pharmacist's PDMP if all of the following requirements are met: (1) the state has entered into an MOU with the department for interstate sharing of data from CURES, and that MOU is in effect at the time of the request; (2) the authorized interstate data sharing hub through which the interstate prescriber's or dispenser's PDMP will request data from CURES has entered into an MOU with the department for interstate data sharing of data from CURES, and that MOU is in effect at the time of the request; (3) the prescriber or pharmacist complies with all applicable federal and state privacy, confidentiality, and security laws and regulations; and (4) the prescriber's or pharmacist's PDMP complies with all applicable federal and state laws** **Provides that interstate prescribers and pharmacists can access patient activity reports and must only access information to treat a patient under the care of the prescriber or pharmacist** **Provides for restrictions on the use, disclosure, or transfer of patient information and a mechanism for requesting patient information** **Creates 11 ADC 824, regulatory agencies, to provide that regulatory agencies are eligible to access information in CURES and may access patient activity reports, prescriber history reports, pharmacy history reports, and any other reports generated by CURES**	

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Regulation No.	**Summary**	**Status and Date of Last Action**
	Provides that a regulatory agency official may only access information in CURES to assist the efforts of the regulatory agency to control the diversion and resultant abuse of controlled substances for any of the following authorized purposes: (1) to investigate or evaluate compliance by a licensee with any state or federal law related to controlled substances, including compliance by that licensee with that licensee's obligation to query the PDMP; (2) to investigate or evaluate compliance by a licensee with the applicable standard of practice related to controlled substances; (3) to investigate or evaluate compliance by a dispensing pharmacy, clinic, or other dispenser with the obligation to report information to CURES; (4) to investigate or evaluate compliance by a prescriber with the obligation to report information to CURES; or (5) to investigate or evaluate compliance by a licensee with the obligation to comply with Health and Safety Code §§ 11153 and 11153.5, or any applicable professional standard of care **Provides that a regulatory agency user must complete the annual review every 365 days to update his/her information in CURES** **Provides a procedure for requesting information from CURES** **Creates 11 ADC 825, law enforcement, which provides that law enforcement officials are eligible to access CURES or obtain data from CURES and may access patient activity reports, prescriber history reports, pharmacy history reports, and any other report generated by CURES** **Provides that a law enforcement official who is a coroner, medical examiner, or officer or employee of a law enforcement agency directly assisting a coroner or medical examiner is prohibited from obtaining a prescriber history report or pharmacy history report** **Provides that a law enforcement official must only access CURES, or request data from CURES, on behalf of a law enforcement agency to assist the efforts of that law enforcement agency to control the diversion and resultant abuse of controlled substances in connection**	

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	with an investigation or prosecution of a violation or possible violation of law related to controlled substances **Law enforcement officials must have a case number and violation code or crime code to access a prescriber or pharmacy history report** **To access a patient activity report, a law enforcement official must have a case number, violation code or crime code (unless the official is a coroner or medical examiner or officer or employee directly assisting a coroner or medical examiner and the subject of the request is deceased), and a search warrant or court order** **Provides that a law enforcement official is not eligible for direct electronic access to a patient activity report in connection with an investigation or prosecution of a possible violation of law but may request a patient activity report through a written submission to the PDMP** **Provides that a law enforcement official is not required to submit a search warrant or court order under any of the following circumstances: (1) the official provides the PDMP with a grand jury subpoena; (2) the official provides a subpoena that meets all of the following requirements: (a) the request is from a federal, state, or local prosecutor; (b) the records requested are for the named defendant in the case; (c) the request identifies the court and court case number; and (d) the records are to be delivered to the court; (3) the official provides the PDMP with an administrative subpoena issued under federal law; (4) the official provides a federal civil subpoena; (5) the official is an officer or employee of the Department's Bureau of MediCal Fraud and Elder Abuse or the Department of Health Care Services and provides the PDMP with a MediCal beneficiary status report indicating that the individual to be searched was a MediCal beneficiary during the search period included in the patient activity report; (6) the official provides the PDMP with a copy of the individual's death certificate or memorandum produced on the law enforcement agency's official letterhead that includes all of the following: (a) a statement attesting that the subject of the search is deceased; (b) a statement attesting that the search is related to an open law**	

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	enforcement investigation or a coroner or medical examiner case; (c) the decedent's first and last name; (d) decedent's date of birth; (e) search period; and (f) official's signature and job title; (7) the official is an officer or employee of the Department and has written approval from the Attorney General to access CURES, or request data from CURES, on behalf of the Department for limited purposes and uses consistent with law related to the Attorney General's investigative authority; or (7) the official is an officer or employee of an agency that is a member of a Department Investigative Team **Provides that law enforcement officials must complete an annual review every 365 days and update all relevant information** **Provides a procedure for requesting a patient activity report** **Creates 11 ADC 826, research requestors, which provides that a public or private entity and bona fide researchers are eligible to obtain data from CURES; researchers that are not bona fide researchers are limited to obtaining aggregated data** **Provides that bona fide researchers may obtain aggregated data, deidentified individual-level data, and identified individual-level data** **Provides that research requestors may only obtain data from CURES for educational, peer review, statistical, or research purposes** **Creates 11 ADC 827, individual requestors, which provides that an individual, or an authorized personal representative, may obtain his or her prescription history information from the PDMP** **Provides that if the individual is deceased, the requestor must provide evidence to the PDMP that the requestor is the court-appointed executor or authorized representative of the decedent or decedent's estate**	

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	If the individual is a minor, an adult who has been placed under conservatorship, or an incapacitated individual who has been appointed a health care agent, the requestor must provide evidence to the PDMP that the requestor is the parental or court-appointed guardian of the minor, the court-appointed conservator, or authorized health care agent **Provides a procedure for requesting information from the PDMP** **Creates 11 ADC 828, information exchange web service, which sets out the requirements for eligibility for integration with the information exchange web service**	
DE 24 CSA 9.0	Amends rule to provide that, prior to issuing a prescription for an opioid analgesic or benzodiazepine, the practitioner must query the PDMP to obtain and review the patient's history Deletes query requirement in section 9.5.3 (now 9.6.3) providing that practitioners must query the PDMP for opioid prescriptions of more than 7 days' supply Deletes section 9.6.1, requirement to query the PDMP for the first subsequent prescription that goes beyond the initial 7day period and for any subsequent prescriptions after that Deletes section 9.8.1, requirement to query the PDMP at least every six months, more frequently if clinically indicated, or whenever the patient is also being prescribed a benzodiazepine	7/1/2019 – Proposed regulations
DE Title XIX Medicaid State Plan, section 1004 (uncodified)	Establishes the Drug Utilization Review Board which provides, in part, that the DMMA shall receive monthly data from the PDMP; analysis is done at the prescriber and client level; additional steps are taken, such as audits or client lock-in to a specific pharmacy, when outliers are identified	9/1/2019 – Proposed regulations
DC 22B ADC 1003	**Adds new subsection that requires, beginning August 1, 2019, prior to applying for renewal of a controlled substance registration, a practitioner shall be registered with the PDMP**	**3/13/2020 – Final rulemakings;**

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	Further provides that the department shall not renew a controlled substance registration for a practitioner that is not registered with the PDMP	**effective March 13, 2020**
FL ADC 64B98.006	**FL Department of Health Rule applied to nurses as related to the ranges of penalties under the Department's Disciplinary Guidelines** **Rule section (cc) provides that failing to consult the PDMP as required by law has a minimum penalty of $250 fine and a reprimand and maximum penalty of professional suspension and $500 fine.**	**5/27/2020 Filed 6/11/2020 Effective**
GA GAC 48010A.01	**Creates rule that provides, in part, that prescriptions filled at a central fill pharmacy must be reported to the PDMP at least every 24 hours and must include all required information**	**12/5/2019 – Adopted**
ID ADC 27.01.01.000 .704	**Board of Pharmacy temporary rule, "Rules of the Idaho State Board of Pharmacy"** **Provides at 27.01.01.600 that specified data on controlled substances must be reported by the end of the next business day by all drug outlets that dispense controlled substances in or into Idaho and prescribers that dispense controlled substances to humans** **27.02.02.600.01 indicates that to obtain online access, a prescriber or pharmacist, or their delegate must complete and submit a registration application and agree to adhere to the access restrictions and limitations established by law** **27.02.02.600.02 states that information obtained from the PDMP must not be used for purposes outside the prescriber's or pharmacist's scope of professional practice. A delegate may not access the PDMP outside of their supervisor's scope of professional practice** **27.02.02.600.03 provides an opportunity for authorized persons without online access to obtain a PDMP profile by completing a Board of Pharmacy form and submitting it to the**	**4/15/20 Proposed 3/20/20 Retroactively effective as emergency rule**

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	Board office with proof of identification and other credentials necessary to confirm the requestor's authorized status pursuant to Section 372726, Idaho Code	
IL 77 ADC 2080	Proposed rules would update the PDMP definitions and language to reflect current law and program needs, specifically, mandated registration, electronic health record integration, unsolicited letters to pharmacies, access to the PDMP, and the PDMP advisory and review committees	7/12/2019 – Proposed regulation text
IA ADC 645182.4	**Creates new subsection that provides that prior to prescribing any controlled substance, an optometrist shall review the patient's information in the PDMP, unless the patient is receiving inpatient hospice care or long-term residential care facility**	**2/26/2020 – Filed; effective April 1, 2020**
KS Executive Order 2035	**Governor's COVID related Executive Order 2035** **Promotes telemedicine and suspends while Order is in place all statutes, rules and regulations requiring physicians to conduct an in-person examination of a patient prior to prescribing a controlled substance and provides options for out-of-state physicians to utilize telemedicine when treating Kansas patients as long as stated conditions are met** **Encourages physicians engaging in telemedicine as authorized by the Order to access the PDMP if in judgment of the physician it is appropriate before issuance of a controlled substance prescription and requires physicians to document the appropriate medical indication for any such prescription issued**	**5/26/2020 Order issued and effective. Remains in effect until earlier of 6/30/2020 or rescinding of the Order.**
KY 201 KAR 25:090	**Amends rule to provide that a podiatrist licensed by the board may prescribe and dispense controlled substances necessary for the treatment of a patient that comes with the practice of podiatry if the licensee, among other things, registers with and uses the PDMP** **Provides that if prescribing or dispensing a controlled substance, the podiatrist shall query the PDMP for all data available on the patient for the 12 month period immediately**	**8/1/2019 – Administrative regulations as amended by promulgating agency**

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	preceding the patient encounter and appropriately use that data in the evaluation and treatment of the patient **Provides that if the course of the patient's treatment with a controlled substance extends beyond three months, the podiatrist shall, among other things, obtain and review a PDMP report on the patient no less than once every three months for all available data on the patient for the 12 month period immediately preceding the query and modify or terminate treatment as appropriate** **The requirement to query the PDMP does not apply: (1) in an emergency situation; (2) as part of a patient's hospice or end of life treatment; (3) as part of the patient's treatment of cancer or pain associated with cancer; (4) admitted to a licensed hospital as an inpatient, outpatient, or observation patient, during and as part of a normal and expected part of the patient's course of care in that hospital; (5) for a single dose to relieve anxiety, pain, or discomfort related to a diagnostic test or procedure; or (6) qualifying under exemptions set forth in § 218A.172 or § 218A.205**	
KY 201 KAR 8:540	**Amends rule to amend query requirements for dentists to provide that, prior to the initial prescribing or administration of a Schedule II controlled substance, the dentist shall obtain and review a PDMP report for the 12month period immediately preceding the patient encounter and appropriately utilize that data in the evaluation and treatment of the patient** **Provides that the query requirement does not apply when prescribing or administering a controlled substance as part of the patient's hospice or end-of-life treatment, to a patient admitted to a licensed hospital as an inpatient or observation patient, during and as part of a normal and expected part of the patient's course of care, for the treatment of pain associated with cancer or the treatment of cancer, or as necessary to treat a patient in an emergency situation** **Deletes current exceptions to query requirement**	**11/1/2019 – Administrative regulations as amended by promulgating agency**

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Regulation No.	**Summary**	**Status and Date of Last Action**
	Provides that a dentist shall obtain and review a new PDMP report if the treatment extends beyond three months **Amends penalties to provide that the board may privately admonish a dentist who fails to register with the PDMP; provides that if the dentist is privately admonished, the dentist shall be given no more than 30 days to become compliant, after which time the dentist may be fined up to $10,000 for failure to be registered with the PDMP** **Provides that a dentist who fails to query the PDMP as required may be fined up to $250 per incident by the board**	
KY 201 KAR 20:057	Proposed amendment of 201 KAR 20:057. The Board of Nursing, in consultation with the Kentucky Office of Drug Control Policy, proposed to establish by administrative regulation mandatory prescribing and dispensing standards for licensees authorized to prescribe or dispense controlled substances, and in accordance with the Centers for Disease Control and Prevention (CDC) guidelines, to establish a prohibition on a practitioner issuing a prescription for a Schedule II controlled substance for more than a three (3) day supply if intended to treat pain as an acute medical condition, unless an exception applies. Imposes limits upon APRNs in prescribing controlled substances and regulates APRN access to and use of the Kentucky All Schedule Prescription Electronic Reporting (KASPER) System. Requires an APRN with a CAPACS to obtain a USDEA number and register for an account with the Kentucky All Schedule Prescription Electronic Reporting System (KASPER) prior prescribing controlled substances. A copy of the registration needs to be submitted to the Nursing Board with thirty (30) days of receiving confirmation by KASPER. Requires the APRN to maintain in the patients record all KASPER report ID numbers and the date of issuance of each KASPER report or a copy or saved image of the KASPER report. If neither an identification number nor an image can be saved to the patient's record as a result of technical limitations of the APRN's electronic health record system, the APRN shall make a	4/1/2020 Proposed Written comments due by 5/31/2020

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	concurrent note in the patient's record documenting the date and time that the APRN reviewed the patient's KASPER report. Prohibits an APRN from prescribing or administering controlled substances to his or her-self or immediate family and provides exceptions. Immediate family shall include a spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, brother, or sister-in-law, stepparent, stepchild, stepsibling, or other relative residing in the same residence as the prescribing practitioner. An APRN may prescribe or administer controlled substances to an immediate family member: (a) In an emergency situation; (b) For a single episode of an acute illness through one prescribed course of medication; or (c) In an isolated setting when no other qualified practitioner is available. An APRN who prescribes or administers controlled substances for an immediate family member pursuant to subsections (4)(a) or (b) of this section shall document all relevant information and notify the appropriate provider. An APRN who prescribes or administers controlled substances for an immediate family member pursuant to subsection (4)(c) (above) shall maintain a provider-practitioner relationship and appropriate patient records.	
KY 201 KAR 20:065	Amends 201 KAR 20:065 related to professional standards for APRNs prescribing Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone for medication assisted treatment for opioid use disorder. Adds language indicating it is not within the scope of practice for an APRN who does not hold a DATA 2000 waiver to conduct a focused examination required to prescribe Buprenorphine for the treatment of substance use disorder.	6/1/2020 Proposed

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Regulation No.	**Summary**	**Status and Date of Last Action**
	APRNs shall comply with all federal statutes and regulations pertaining to prescribing of controlled substances via telehealth for medication assisted treatment for opioid use disorder. DEA registered APRNs acting within the United States, including DATA 2000wiavered practitioners, are exempt from the in-person medical evaluation requirement as a prerequisite to prescribing or dispensing controlled substances via the Internet in the practice of telemedicine as defined by 21 U.S.C. §803(54). The APRN who is at a remote location from the patient, or health care professional who is treating the patient, using a telecommunications system referred to in section 1295m(m) of Title 42, shall comply with applicable federal and state laws.	
KY 201 KAR 9:270	**Amends 201 KAR 9:270 related to professional standards for physicians practicing in Kentucky who prescribe or dispense Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone.** **Indicates that transmucosal Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone shall only be prescribed or dispensed for medically-supervised withdrawal or as a maintenance treatment for a patient diagnosed with opioid use disorder or for treatment of pain as limited subsection (b) of the rule.** **Subsection (b) indicates that Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone shall not be used for the treatment of pain or any other condition, unless delivered in a Federal Drug Administration (FDA) approved form and for an FDA approved purpose.** **Requires the physician to obtain and review a Kentucky All Schedule Prescription Electronic Reporting System (KASPER) report for that patient for the twelve (12) month period**	**6/1/2020 Adopted**

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	immediately preceding the initial patient encounter and appropriately utilize that information in the evaluation and treatment of the patient. **At new addition to Section 2(4)(e)2c. Imposes limitations on dosage for pregnant patients, those engaged in cancer treatment, hospice or palliative care, undergoing major surgery or who have suffered significant physical trauma (acute, blunt, blast or penetrating bodily injury that has a risk of death, physical disability or impairment.** **Adds at Section 2(5)f a requirement that the patient be drug tested initially at least once weekly, decreasing as the patient becomes more stable in treatment but at least monthly. Patients in sustained remission may be given drug tests on a less frequent basis.** **Details in new Section 3 standards for the use of transmucosal buprenorphine-mono-product or buprenorphine-combined-with-naloxone for treatment of opioid use disorder in emergency situations.** **Details in new Section 4 professional standards for patient assessment, education, treatment agreement and informed consent, action plans, outcomes and monitoring.**	
KY 902 KAR 20:160	Proposed amendments to Department of Public Health's Chemical Dependency Treatment Services and Facility Specifications, including programs that elect to provide outpatient behavioral health services for individuals with a substance use disorder or cooccurring disorder in which substance use disorder is the primary diagnosis. Adds language at Section 5, Provision of Outpatient Behavioral Health Services, Plan of Care and Client Records subparagraph (p)2a(i) requiring a physician or physicians who prescribe FDA-approved drugs for the treatment of opioid addiction in adult patients to document in the patient's record whether the patient is compliant with prescribing dosing as evidenced by a Kentucky All Schedule Prescription Electronic Reporting (KASPER) report released to the physician.	6/1/2020 Proposed

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
KY 908 KAR 1:374	**Amends 902 KAR 55:110, related to facilities offering office-based opiate treatment (OBOT) services.** **Service provider must ensure that a physician or advanced practice registered nurse documents in the patient's record whether the patient is compliant with prescribed dosing as evidenced by the results of a Kentucky All Schedule Prescription Electronic Reporting (KASPER) report.**	**8/1/2019 Proposed 4/1/2020 Effective**
LA LAC 46 :LIII.2901, 03, 05, 07, 09, 11, 14, 17, 19 and 21	The proposed changes for §2901 remove several terms and their definitions which are duplicated from the PMP law. The proposed amendment of the definition of the term "drugs of concern" adds nine drugs, seven of which are used for the treatment of hepatitis to that list. The proposal also adds to the list of "drugs of concern" promethazine when present in oral liquid formulation as well as gabapentin. The effect of adding these nine drugs to that list will require pharmacies dispensing these drugs to include those dispensing transactions in their automated reports to the state PMP. The proposed addition of §2914 relative to record retention will implement the provisions of Act 189 of the 2016 Legislature. With respect to the proposed changes in §2917 relative to authorized access privileges to PMP information, Paragraphs 5 and 6 will implement the provisions of Act 241 of the 2017 Legislature; Paragraph 7 will implement the provisions of Act 232 of the 2018 Legislature; and Paragraph 9 will implement the provisions of Act 80 of the 2019 Legislature. With respect to the proposed changes in §2919 relative to PMP access registration procedures, Paragraph 1 will implement the provisions of Act 76 of the 2017 Legislature. While the legislation only requires automatic registration for prescribers, the board proposes to extend the automatic registration procedures to include dispensers. With respect to the	4/20/2020 Proposed notice to amend filed

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	proposed changes in §2921 relative to methods of access to PMP information, the proposed additions to Subsections B, E, F, G, H, K, L, and M were authorized by Act 241 of the 2017 Legislature; the proposed addition to Subsection I was authorized by Act 232 of the 2018 Legislature; the proposed addition to Subsection N was authorized by Act 80 of the 2019 Legislature; and the proposed new Subsection O was authorized by Act 352 of the 2012 Legislature.	
LA LAC 40: I:2104, 2109 and 2111	**Amends 2104 to provide, in part, that physicians treating patients for chronic pain shall query the PDMP and shall continue to query the PDMP during treatment with opioids** **Amends 2109 to provide, in part, that prescription information reported by a patient should be checked against the PDMP** **Amends 2111 to provide, in part, that medication history may consist of evaluating patient refill records through pharmacies and the PDMP to determine if the patient is receiving their prescribed regimen** **Further provides that chronic use of opioids should not be prescribed until, among other things, the practitioner completes a review of the PDMP and ongoing, long-term management after a successful opioid trial should include a review of the PDMP** **Provides that physicians should review their patients in the PDMP whenever drug screens are done**	**2/20/2020 – Effective**
LA LAC 46:LI:303 and 611)	**Provides that an optometrist with prescriptive authority in Louisiana for controlled dangerous substances is exempt from the continuing education requirement for renewal of his/her license to practice optometry if he/she completes and submits to the board a certification attesting that he/she has not prescribed, administered, or dispensed a controlled substance during the previous calendar such; such attestation shall be verified by the board through the PDMP**	**1/20/2020 – Effective**

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Regulation No.	**Summary**	**Status and Date of Last Action**
	Provides that, prior to initially prescribing any opioid to a patient, a prescriber or his/her delegate shall query the PDMP and, if opioids are prescribed to the patient for more than 90 days, shall query the PDMP at least every 90 days **Provides that this requirement does not apply if: (1) the drug is prescribed or administered to a hospice patient or any other patient diagnosed as terminally ill; (2) the drug is prescribed or administered for the treatment of cancer-related chronic or intractable pain; (3) the drug is ordered or administered to a patient being treated in a hospital; (4) the PDMP is not accessible or not functioning properly due to an electronic issue; however, the prescriber shall check the PDMP after electronic accessibility has been restored and note the cause of the delay in the patient's chart; or (5) no more than a single 7day supply of the drug is prescribed or administered to the patient** **Provides that failure to query the PDMP as required may be deemed to constitute just cause for the suspension, revocation, refusal to issue, or the imposition of probationary or other restrictions on any license or permit to practice optometry or for other administrative action as the board may determine is appropriate**	
LA LAC 40:1:2013, 15, 17, 19, 21, 23	Proposed amendment regarding low back pain guidelines to include at LAC 40:1:2015 A10 an indication that all prescribing will be done in accordance with the laws of Louisiana as applied to each individual licensee to include the Louisiana Board of Pharmacy Prescription Monitoring Program.	6/20/2020 Notices of Intent Published
ME ADC 02373, Ch. 12 § 5	**Joint rule filing. See ADC 02383, below for summary.**	**5/27/2020 Effective**
ME ADC 02380, Ch. 12 § 5	**Joint rule filing. See ADC 02383, below for summary.**	**5/27/2020 Effective**

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ME ADC 02383, Ch. 12 § 5	Joint rule filing by the Board of Licensure in Medicine, State Board of Nursing, and the Board of Osteopathic Licensure Provides that office-based opioid treatment clinicians shall register with the PDMP and comply with laws regarding reporting on dispensed controlled substances and shall query the PDMP prior to initiating office-based opioid treatment and at least every 90 days thereafter or more frequently when clinically indicated Office Based Opioid Treatment (OBOT) means providing medication and other nonpharmacologic modalities to treat Opioid Use Disorders in outpatient medical settings other than certified Opioid Treatment Programs. Rule requires OBOT clinicians to register with the Maine Prescription Monitoring Program (MPMP) and comply with Maine's laws and rules regarding reporting on dispensed controlled substances. OBOT clinicians shall check the MPMP prior to initiating OBOT and at least every ninety days thereafter or more frequently when clinically indicated. To ensure patient and public safety, each OBOT clinician shall develop a written policy outlining their clinical practices to minimize risk of diversion of medications to treat OUD which shall include querying the MPMP. OBOT clinicians shall maintain in their medical records specified information, including documentation of MPMP queries and their effect on treatment; The Rule states that each clinician has an obligation to deal with persons who use the clinician to perpetrate illegal acts, such as illegal acquisition or selling of drugs; this may include reporting to law enforcement. Information suggesting inappropriate or drug-seeking behavior should be addressed appropriately and documented. Use of the MPMP is mandatory in this situation.	5/27/2020 Effective
ME ADC 10144, Ch. II, § 65.0611	Section 65.0611 of Department of Health and Human Services emergency rule related to Behavioral Health Services indicates under “Medication Administration” that all prescribers of Medication-Assisted Treatment with Methadone are required to consult the Prescription Monitoring Program (PMP) prior to initial treatment, changes in dosages, and as clinically	5/21/2020 Effective

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	indicated. All Medication-Assisted Treatment facilities must develop and implement a Diversion Control Plan with measures to reduce the possibility of diversion of controlled substances.	
MD COMAR 10.47.07.02, .04, .05	**The purpose of this action is to enable the Maryland Prescription Drug Monitoring Program (PDMP) to implement recent expansion of the requirements and authorities of the PDMP to support the safe and effective use of controlled dangerous substance prescription in Maryland. These guidelines are being promulgated in accordance with H.B. 25, Ch. 531, Acts of 2019, Public Health — Prescription Drug Monitoring Program — Revisions, and H.B. 466, Ch. 364, Acts of 2019, Prescription Drug Monitoring Program — Program Evaluation.** **Amends definitions to provide that an "authorized user" means a licensed prescriber, a prescriber delegate, a licensed pharmacist, a pharmacist delegate, or a licensed health care practitioner registered with another state's PDMP** **Adds definition of "existing bona fide individual investigation," which means an active and good faith investigation of an identified prescriber, dispenser, or patient for possible violations falling under the jurisdiction of the requesting governmental unit or agency; adds definition of "existing bona fide investigation," which means an active and good faith investigation of identified prescribers, dispensers, or patients for possible violations falling under the jurisdiction of the requesting governmental unit or agency** **Adds definition of "medical director," which means an individual who is: (a) a prescriber; and (b) employed by or under contract with a health care facility and serves as that facility's chief medical officer or in an equivalent role** **Amends rule to provide that the PDMP shall, rather than may, review PDMP data for indications of possible: (1) misuse or abuse of a monitored prescription drug; and (2) violations of law or possible breaches of professional standards by a prescriber or dispenser; in determining whether its review indicates a possible violation of law or breach of**	**1/17/2020 – Proposed action on regulations.** **5/18/2020 Changes effective.**

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	professional standards, the PDMP shall take into account to the extent practicable the particular specialty, circumstances, patient type, and location of the prescriber or dispenser **Amends rule to provide that if the PDMP's review of PDMP data indicates possible misuse or abuse of a monitored prescription drug, possible violation of law, or possible breach of professional standards by a prescriber or dispenser, the PDMP shall, rather than may: (1) report the possible misuse or abuse, or possible violation of law, or possible breach of professional standards to the prescriber or dispenser of the monitored prescription drug in a manner and form determined by the PDMP; and (2) provide education to the prescriber or dispenser** **Amends access provisions to provide that the PDMP shall disclose PDMP data to a licensing entity upon receipt of an administrative subpoena which includes information sufficient to identify the unique prescriber or dispenser about whom PDMP data is requested; the time frame for which prescription monitoring information is requested; a case number or other identifier sufficient to identify an existing bona fide individual investigation; and the name, title, and original signature of the official under whose authority the subpoena is issued** **Further amends access provisions to provide that the PDMP shall disclose PDMP data to the Office of the Attorney General for the purpose of furthering an existing bona fide investigation, on receipt of a subpoena that includes information sufficient to identify the prescribers, dispensers, or patients about whom PDMP data is requested; specifies the time frame for which PDMP data is requested; includes the agency case number or other identifier sufficient to identify an existing bona fide investigation; and bears the name, title, and signature of the official under whose authority the subpoena is issued** **Provides that the PDMP shall, rather than may, disclose PDMP information to an authorized user of another state's PDMP or an authorized user with any other authorized local, state, territorial, or federal agency in connection with the provision of medical care**	

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Regulation No.	**Summary**	**Status and Date of Last Action**
	Deletes Office of the Chief Medical Examiner and Division of Drug Control from the list of departmental units that to which the PDMP can provide information **Adds provision that allows the PDMP to provide data to the medical director of a health care facility for the purpose of providing health care practitioners employed or contractually employed at the health care facility access to the PDMP in connection with the provision of medical care or the dispensing of a monitored prescription drug to an individual who receives health care at the health care facility and on whom a medical record is maintained at the health care facility, provided that the facility is licensed by the Department of Health or is operated by the federal government or a federally recognized Indian tribe; has an active participation agreement with the State's health information exchange; operates in accordance with all other state and federal laws and regulations governing the security and confidentiality of protected health information and personal medical records; and can provide an audit trail of the facility's staff access to the PDMP data upon request** **Adds provision allowing the PDMP to provide PDMP data to the Office of the Chief Medical Examiner; upon request of the Office of the Chief Medical Examiner, the PDMP shall disclose decedent-specific PDMP data, provided that the request is made solely for the purpose of carrying out duties authorized under law** **Further amends rule to provide that the PDMP may disclose PDMP data to the authorized administrator of another state's PDMP or authorized agency for disclosure to an authorized user** **Further amends rule to provide that the PDMP may disclose data and make a referral to the Office about a possible violation of law or breach of professional standards by a prescriber or dispenser if the PDMP: (1) determines the: (a) outreach and education provided was inadequate to address the possible breach or violation; or (b) outreach and education would be inadequate to address the possible violations of law or a possible breach of professional standards; (2) provides notice and an opportunity to the Technical Advisory Committee to make recommendations within 10 business days regarding interpretation of the PDMP data;**	

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	(3) provides the recommendations, if any, of the Technical Advisory Committee to the Office; and (4) notifies the prescriber or the dispenser that the PDMP data will be provided to the Office for further investigation	
MI ADC R338.3162b	**Amends rule to provide that a pharmacy licensed by this state that dispenses in this state or to an address in this state shall report the following information to the PDMP: an animal's name if the medication is being dispensed for an animal; the patient's or client's full name, address, phone number, gender, and date of birth; the species code as specified by ASAP; the number of refills authorized; the refill number of the prescription fill; the prescription transmission form code, as specified by ASAP, that indicates how the pharmacy received the prescription; the prescription payment type; the electronic prescription reference number, if applicable; the patient's or client's location code when receiving pharmacy services, as specified by ASAP;** **Further provides that, beginning January 1, 2020, pharmacists shall also report the following: the first and last name, relationship, and identifier of the patient, the patient's representative, or the client who is obtaining the dispensed controlled substance on behalf of the patient or animal**	**7/15/2019 – Effective**
NE 172 ADC Ch. 56 § 007	Creates new rule regarding continuing education for dentists which provides that among the acceptable continuing education sources and activities is prescribing opiates and the PDMP	5/29/2019 – Filed for public hearing 5/26/2020 Current rule does not include.
NH ADC Nat 408	**Naturopathic Board of Examiners proposed rule readopting with amendment several sections and adopting Nat 408 regarding prescription drug monitoring program registration, to clarify that licensees who have a DEA number shall register with the PDMP**	6/4/2020 Proposed
NH Med. 402.01	Amends rule to provide that all physicians licensed by the board of medicine who are required pursuant to § 318B:40 to register with the PDMP shall complete 3 hours of approved online	3/21/2019 – Proposed rule change

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	continuing education or pass an online examination in the area of pain management or addiction disorders	But not included in final rules
NH ADC Ph. 2205.02, 2206.03	Ph. 2205.02 provides, in part, that investigations into complaints shall be done by the pharmacy board commissioners and board investigators in conjunction with board counsel and the New Hampshire Attorney General's Administrative Protection Unit; investigations shall focus on evidence of, among other things, noncompliance with the PDMP. Ph. 2206.03 provides that all Pharmacy Board investigations concerning the PDMP shall be referred to the respective board of the licensee upon completion.	5/2/2019 – Notices of proposed rules 5/28/2020 Changes still pending
NH ADC Ph. 2109.04)	Amends Ph. 2109.04 to subject persons or entities to a warning letter and discipline for failure to correct a failure to submit information required pursuant to the PDMP	5/2/2019 – Notices of proposed rules 5/28/2020 Changes still pending
NJ AC 13:305.1	Amends rule related to continuing education for dentists to provide that dentists must complete 10 mandatory hours of continuing education which includes three hours of continuing education of pharmacology and internal medicine, which includes the appropriate use of the PDMP	11/18/2019 – Proposed 5/4/20 Not yet adopted
NJ AC 13:357.6	A proposal to amend N.J.A.C. 13:357.6 to require prescribers to co-prescribe an opioid antidote (for example, naloxone) under certain circumstances. In addition, the Board proposes to amend N.J.A.C. 13:357.6 which concerns limitations on prescribing, administering, or dispensing of controlled dangerous substances, with specific limitations for opioid drugs, and establishes special requirements for the management of acute and chronic pain. These limitations and requirements apply to physicians, podiatrists, physician assistants, and certified nurse midwives. The proposed amendments clarify the timing of the requirement to enter into a pain management agreement, amend the definition of "initial prescription," and revise the definition of "chronic pain" in the rule consistent with the	4/6/2020 Proposed 6/5/2020 Comments deadline

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	amended statute. The proposed regulation will bring alignment with the statutory definition of chronic pain, which is pain that persists "or recurs" for more than three months. Similarly, the term "initial prescription" clarifies that the five-day limit for opioid prescriptions for acute pain would not be triggered if the patient had "used or was administered" a pharmaceutical equivalent of the prescribed medication within the last year. Subchapter 7 of the proposed rule makes numerous changes to N.J.A.C. 13:357.6 related to the prescription, administration and dispensing of drugs.	
NJ 52 N.J.R. 827(a)	**N.J. Governor's Emergency COVID19 Executive Order 109 (2020), temporarily stopping elective procedures and giving the Director of Division of Consumer Affairs authority and power in his or her sole discretion, but in consultation with the Commissioner of DOH, to waive any restriction on the entry or reentry into practice (or any restriction on the prescription of controlled dangerous substances or on access to the prescription monitoring program) of any person who has received training for employment in a healthcare profession or who has retired from practice.**	**3/23/2020 Effective**
NJ 52 N.J.R. 830(a)	**N.J. Governor's Emergency COVID19 Executive Order 112 (2020) , allowing recently retired health professionals to have their licenses reactivated and indicating that any requirement to hold a controlled dangerous substance registration as a precondition for registering with the Prescription Monitoring Program (N.J.S.A. 45:146) is suspended and waived for any healthcare professional with prescribing authority who is granted an expedited temporary license by the Director of the DCA and who holds a current valid registration with the U.S. Drug Enforcement Administration.**	**4/1/2020 Effective**
NM Admin. Code 16.10.14.7	**Add a new "I" to define "Opioid antagonist" as a drug approved by the FDA that when administered negates or neutralizes in whole or in part the pharmacological effects of an opioid analgesic in the body, including naloxone and similar approved medications.**	**3/24/20 Effective**
NY Title 10 NYCRR 80	NY State Department of Health proposed change to Title 10, Section 80 related to the PMP Registry to reflect statutory changes related to electronic prescribing and to allow for interstate sharing of PDMP data	1/29/2020 – Proposed

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Regulation No.	**Summary**	**Status and Date of Last Action**
NC 21 NCAC 32M.0117	Amends rule to provide that the Department may report to the N.C. Board of Nursing information regarding prescribers who authorize a prescription for opioids to at least one patient where the prescribing meets the following criteria: (1) the prescription is for greater than 100 MME; (2) the prescription is for 30 or more days; (3) the patient has not received a prescription for an opioid from any prescriber in the six months prior to the prescription in question as demonstrated in the NC Controlled Substances Reporting System at the time the prescription was authorized and as reported by the patient	3/2/2020 – Proposed rules
NC 21 NCAC 16R.0101	Amends rule 21 NCAC 16R0101 related to dental licensure applications to read: "…the renewal application shall include…(15) whether the licensee is registered with and using the N.C. Controlled Substances Reporting System as of the date of the application…."	4/15/2020 Proposed
ND ADC 61120103 and 04	**Amends 61120103 to provide that the board may allow access to the PDMP to delegates certified by an authorized individual listed in § 1903.503; the authorized individual shall manage the delegates accessing the PDMP under their authority** **Further provides that the board shall allow access to controlled substance records to authorized individuals listed in § 1903.503 for a period of three years** **Amends 61120104 to provide that each dispenser licensed by a regulatory agency who dispenses a controlled substance for a patient shall, at a minimum, request and review a PDMP report; prior to initially dispensing a prescription, with the exception of prescriptions for a patient in a skilled long-term care facility or a hospice patient** **Provides that, for purposes of compliance with the mandatory query requirement, a report could be obtained through NARxCARE**	**10/1/2019 – Rule effective**
ND ADC 63060101	Creates new rule which requires every podiatrist with a DEA registration number to register with the PDMP	3/4/2020 – Proposal filed 4/21/2020

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	Provides that when a podiatrist determines that reported drugs will be prescribed to a patient for a period to exceed twelve weeks, the podiatrist shall query the PDMP for that patient and at least semiannually thereafter Provides that the mandatory query requirement does not apply to reported drugs prescribed to patients in a controlled setting in which the drugs are locked and administered to the patient, for example, admitted hospital or hospice patients, long-term care patients or group home residents Further provides that podiatrists shall also query the PDMP when it is documented in the prescribing podiatrist's medical record for that patient that the patient exhibits signs associated with diversion or abuse, including: selling prescription drugs; forging or altering a prescription; stealing or borrowing reported drugs; taking more than the prescribed dosage; having a positive drug screen; being arrested, convicted, or diverted by the criminal justice system for a drug-related offense; receiving reported drugs from providers not reported to the treating podiatrist; having a law enforcement or health professional express concern about the patient's use of drugs; violating any prescribing agreement with the podiatrist; frequently requesting early refills; appearing impaired or excessively sedated in any patient encounter; and has a history of drug abuse dependency	Public hearing held
OH ADC 4729:5902.6	Creates new rule which provides, in part, that a pharmacist shall conduct a prospective drug utilization review of the patient profile prior to dispensing any initial medication order or medication order change for the purpose of identifying any of the listed potential prescription issues and, upon identifying any issue, shall take steps to avoid or resolve the potential problem which may include, among other things, requesting and reviewing a PDMP report.	6/11/2020 Refiled
OH ADC 4730402 and ADC 47313302	Proposes adding a new provision, ADC 4730402 Standards and procedures for withdrawal management for drug or alcohol addiction, requiring a physician assistant (PA) to, prior to providing ambulatory detoxification conduct a biomedical and psychosocial evaluation of the patient that includes requesting and documenting a review of an OARRS (PDMP)) report on the patient as well as requiring the PA to take steps to reduce the chances of medication	6/19/2020 Proposed

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	diversion by using the appropriate frequency of office visits, pill counts, and weekly checks of OARRS (PDMP) Proposes adding a new provisions, ADC 47313302 Standards and procedures for withdrawal management for drug or alcohol addiction, requiring physicians to, prior to providing ambulatory detoxification conduct a biomedical and psychosocial evaluation of the patient that includes requesting and documenting a review of an OARRS (PDMP)) report on the patient as well as requiring the physician to take steps to reduce the chances of medication diversion by using the appropriate frequency of office visits, pill counts, and weekly checks of OARRS (PDMP)	
OH ADC 4729:7203	Proposal replaces 47291603 when adopted. Proposes new language regarding drugs compounded in a pharmacy with numerous standards and obligations including at subsection (O) a requirement that such pharmacies must comply with the drug database reporting requirements set by division 4729:8 of the rules.	6/11/202 Refiled
OH 551738 (ADC 51222103; 51223020, 25, 27; and 51224005, 07, 09, 11, 12)	**Emergency Rule to accommodate COVID19 realities, allowing delay in testing related to nursing facility admissions if Personal Protective Equipment (PPE) is not available; to allow some opioid treatment services to be provided by video teleconferencing rather than onsite; raising opioid counselor to patient ration from 1:65 to 1:80; and requiring each opioid treatment facility to have a disaster preparedness inventory of methadone to last for 15 days (prior provision required 10 days). As emergency rule, it will expire in 120 days or at end of declared emergency, whichever is first.**	4/10/2g020 Adopted
OK ADC 340:753450	Amends rule related to drug endangered children to provide that the Oklahoma Bureau of Narcotics and Dangerous Drugs is available to assist child welfare specialists in cases involving drug-endangered children Provides that when allegations of prescription drug abuse or misuse are alleged in a report, the child welfare specialist contacts law enforcement or the district attorney to inquire about	4/19/2019 – Revised

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	accessing information through the PDMP and, when the information is obtained, the child welfare specialist utilizes all pertinent information necessary to assist in a thorough safety evaluation	
OR OAR 3330230810	**Amends 0810 adding new (k)) and (l) to require pharmacists to submit the ICD10 code to the PDMP if it is provided by the prescriber with the prescription and the reason for the prescription, if provided by the prescriber**	**11/1/2019 – Proposed rules 1/1/2020 Effective**
OR OAR 3330230820	**Amends 0820 to add new (1) (b) to provide that practitioner or pharmacist delegates may have access to the PDMP** **Adds dental directors to the list of individuals allowed to access PDMP information at 0820(e)** **Clarifies at 0820(9) that a designee of the State Medical Examiner is an individual with authority to conduct a medicolegal investigation or autopsy on behalf of the State Medical Examiner** **Provides at 0820(40) that a medical, dental, or pharmacy director may request information from the PDMP for the sole purpose of overseeing their organization's quality assessment and improvement activities and is not permitted for the purpose of determining prior authorization or reducing healthcare costs to their respective organizations**	**11/1/2019 Proposed rules 1/1/2020 Effective**
OR OAR 8470100120	**Oregon Board of Medicine rule describing how all Board licensees are to register for the PDMP (established under Oregon Revised Statute 431A.855) if they have a US DEA registration to prescribe in Oregon;** **This rule mirrors the Oregano Health Authority's OAR 3330230825. Both rules were passed to conform with the requirements of Oregon HB 4143 passed in 2018 and requires new**	**4/7/2020 Effective date**

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	licensees with an active DEA registration to register with the PDMP within 30 calendar days of Oregon licensure or DEA registration, whichever is later.	
OR OAR 8510550078	Proposed rule establishes standards of practice for advanced practice nurses (APRNs) requiring all such nurses with a DEA number to register with the Oregon PDMP. (8510550078(4))	4/25/2020 Proposed 6/9/2020 Comment deadline
RI 216 RICR 20204.4	**Amends rule to provide that, prior to initially prescribing any opioid and regardless how the prescription is issued, prescribers must review the PDMP and must recheck the PDMP at least every three months** **Further provides that patients may file a voluntary nonopioid directive form and such form, or information regarding the revocation of such form, shall be filed in the patient's electronic health record and in the PDMP**	**1/20/2020 – Effective**
TN ADC 09400535.02, 09400536.06	**Amends 09400535.02, definitions, to include definition of "CSMD," controlled substance monitoring database** **Amends 09400536.06 which provides that all office based opioid treatment plus facilities must report all medications dispensed to the PDMP to the extent permitted by 42 CFR, Part 2**	**6/27/201 – Effective**
TX 16 TAC 130.58 and 130.72	**Part of a rules package adoption that amends §130.58 to permit a podiatrist to designate an agent to communicate prescriptions to a pharmacist.** **Additionally, the amendment specifies that unauthorized access of the Texas Prescription Monitoring Program (PMP) is grounds for disciplinary action by the Department.**	**6/26/2020– Adopted 7/1/2020 Effective**

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Regulation No.	**Summary**	**Status and Date of Last Action**
	Amends §130.72 to establish grounds for disciplinary actions and sanctions based upon improper access and dissemination of information obtained from the PMP. **Additionally, the amendment incorporates denial of licensure, and suspension or revocation of licenses, for offenses identified in Chapter 108, Subchapter B, of the Occupations Code.**	
TX 22 TAC 315.16	**Creates new rule related to patient access to PDMP information** **Provides that a patient, the patient's parent or legal guardian if the patient is a minor, or the patient's legal guardian if the patient is an incapacitated person, may obtain a copy of the patient's PDMP report, including a list of persons who have accessed that record, by submitting the following: (1) a completed, notarized patient data request form, including any information or supporting documentation requested on the form; (2) a copy of the requestor's driver's license or other state photo identity card; (3) if requesting as a parent or legal guardian, a copy of the patient's birth certificate or the order of guardianship; and (4) a $50 fee**	**2/28/2020 –** **Effective June 1, 2020**
TX 22 TAC 170.3 and 170.9	Proposed amendments to clarify the difference between "Acute Pain" and "Chronic Pain." "Acute Pain" is time limited to no later than 30 days from the date of the initial prescription for opioids during a period of treatment related to the acute condition or injury. It excludes (A) chronic pain; (B) pain being treated as part of cancer care; (C) pain being treated as part of hospice or other end of life care; (D) pain being treated as part of palliative care; or (E) postsurgical, post-procedure, or persistent nonchronic pain. "Chronic Pain" is defined as pain that is not relieved with acute, postsurgical, post-procedure, or persistent nonchronic pain treatment parameters and persists beyond the usual course of an acute condition typically caused by, or resembling that caused by, actual or potential tissue injury or trauma, disease process, or operative procedure or the healing or recovery of such condition with or without treatment. This type of pain is associated with a chronic pathological process that causes continuous or intermittent pain for no less than 91 days from the date of the initial prescription for opioids.	4/3/2020 Proposed

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Regulation No.	**Summary**	**Status and Date of Last Action**
	22 TAC 170.3 is proposed to be revised at 1(C) to amend regulations concerning minimum requirements to treat chronic pain to state that "prior to prescribing opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic pain, a physician must review prescription data and history related to the patient, if any, contained in the Prescription Drug Monitoring Program. Requires a physician to consider obtaining at a minimum a baseline toxicology drug screen to determine the presence of drugs in a patient, if any. If a physician determines that a baseline toxicology drug screen is not necessary, the physician must document in the medical record his or her rationale for not requiring the screen.	
UT R15637f203, R15637f301	**Amends R15637f203 to provide that the PDMP shall collect information regarding the prescription of gabapentin and butalbital** **Amends R15637f301 to provide that a designating practitioner or other person that employs a designee authorized to obtain PDMP information shall submit to the division a notice of disassociation of designee as soon as practicable after that designee ceases employment or is otherwise no longer designated** **Provides that the notice of disassociation shall be on a form provided by the division and shall include identifying information for the designee, the designating practitioner, and the establishment, and the reason for the disassociation**	**12/9/2019 – Effective**
VT ADC 1275:7502	Deletes all prior language, including requirement that Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary query the PDMP	11/1/2019 – Rule repealed.
VT ADC 125200:221.6; 28.3.3, 33.1	**Amends rule related to continuing medical education at 22.1.6 to provide that all physician licensees who are required to certify completion of CME and who prescribe controlled substances shall certify at the time of each renewal that at least two hours of qualifying**	**1/11/2020 – Adopted rules; 1/1/2020 Effective**

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Regulation No.	**Summary**	**Status and Date of Last Action**
	CME activity on controlled substances prescribing; the topics to be covered include the appropriate use of the Vermont Prescription Monitoring System. **Amends rule related to continuing medical education for physician assistants at 28.3.3 to provide that all licensees who prescribe controlled substances shall certify at the time of each renewal that at least two hours of CME activity on controlled substances prescribing; the topics to be covered include the appropriate use of the Vermont Prescription Monitoring System.** **Amends rule related to continuing medical education for podiatrists at 33.1 to provide that all podiatry licensees who prescribe controlled substances shall certify at the time of each renewal that they have completed at least two hours of CME activity on controlled substances prescribing; the topics to be covered include the appropriate use of the Vermont Prescription Monitoring System.**	
VA 12 VAC 301305050	**Amends rule related to opioid treatment program services to provide that OTP risk management shall be clearly and adequately documented in each individual's record and shall include, among other things, a check of the PDMP prior to initiation of buprenorphine products or naltrexone products and at least quarterly for all individuals thereafter.**	**1/20/2020 – Proposed; 3/5/ 2020 Effective**
VA 12 VAC 301305060	**Amends rule related to preferred office-based opioid treatment to provide that OBOT risk management shall be documented in each individual's record and shall include, among other things, a check of the PDMP prior to initiation of buprenorphine products or naltrexone products and at least quarterly for all individuals thereafter.**	**1/20/2020 – Proposed; 3/5/ 2020 Effective**
WA WAC 246470XXX	Proposed new section relating to establishing a waiver process and criteria for facilities, entities, offices, or provider groups with ten or more prescribers to apply for an exemption from the PDMP and electronic health record integration required by SSB 5380.	2/5/2020 – Preproposals

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Regulation No.	**Summary**	**Status and Date of Last Action**
WA WAC 246922700, 780, 790	Amending the regulations regarding the requirement for podiatric physicians to check the PMP when prescribing opioids; by changing the requirement from the second refill or renewal to the first refill or renewal.	2/5/2020 Preproposals
WA WAC 182530	The Health Care Authority proposes rulemaking intending to establish rules regarding provider use of the qualified prescription drug monitoring program, as required by Section 5042 of the SUPPORT for Patients and Communities Act (P.L. 115271), prior to prescribing or dispensing scheduled drugs. During its review, the agency may identify additional related changes to improve clarity of update policy.	6/3/2020 Preproposals
WA 552110 WAC 246918801	Proposed amendments to expand the types of patients who are exempt from certain provisions of reporting rule when being prescribed opioid drug to include the treatment of patients with cancer-related pain; the provision of palliative, hospice, or other end of life care; the treatment of inpatient hospital patients who are patients who have been admitted to a hospital for more than twenty-four hours; or the provision of procedural medications.	4/1/2020 Current with amendments adopted through 2007 WA State Register.
WV ADC Section 69141,2,3	**Rule establishes requirements to facilitate:** **(1) the exchange of data and information with the Office of Drug Control Policy, the Department of Health and Human Resources and its Bureaus, the Department of Military Affairs and Public Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center, the Board of Pharmacy, law enforcement, local health departments, and emergency medical service agencies in each county; and** **(2) the reporting of overdoses by law enforcement agencies, including state, county, and local police departments, health care providers, emergency response providers, medical examiners, and hospital emergency rooms.**	**4/13/2020** **Effective**

Regulations		
Regulation No.	**Summary**	**Status and Date of Last Action**
WV ADC 2422	West Virginia Board of Osteopathic Medicine's new rule implements requirements for Osteopathic Physician Assistants to include at 2.1.n.12 registration with the West Virginia Controlled Substance Monitoring Program.	5/8/2020 Proposed 8/02/2020 Effective
WV ADC 111B2	West Virginia Board of Medicine's new rule implements requirements for Physician Assistants to include at 2.1.n.11 registration with the West Virginia Controlled Substance Monitoring Program.	5/8/2020 Proposed 8/02/2020 Effective
WI CSB 4.04, .09, .093, and .11	Amends rules to include drug dosage units and partial fill indicator to be submitted to the PDMP Provides that healthcare professionals may access monitored prescription drug history reports about a patient for scientific research purposes if the patient is a direct patient of the healthcare professional and the patient has given informed consent Further provides that healthcare professionals may access PDMP information about a patient for purposes of conducting an overdose fatality review Allows department staff who are charged with investigations to access audit trails related to the log of monitored prescription drug history reports and PDMP data disclosed and a log of requests for PDMP information or monitored prescription drug history reports even when no information was disclosed	3/9/2020 – Approved by Governor