



HIGHLIGHTS

MID-YEAR 2017 PRESCRIPTION DRUG MONITORING PROGRAM (PMP) BILLS

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MID-YEAR 2017 PMP BILLS HIGHLIGHTS

LINKS TO STATE SPECIFIC BILLS

<u>AR HB 1025</u>	<u>ID HB 5</u>	<u>MS HB 1032</u>	<u>VA SB 1180</u>
<u>AR SB 339</u>	<u>IN HB 1308</u>	<u>NC HB 243</u>	<u>VA SB 1232</u>
<u>AR SB 420</u>	<u>IN SB 151</u>	<u>NE LB 223</u>	<u>VA SB 1484</u>
<u>AZ HB 2307</u>	<u>KY HB 314</u>	<u>NH HB 291</u>	<u>VA SB 1561</u>
<u>AZ SB 1023</u>	<u>KY SB 32</u>	<u>NV SB 59</u>	<u>WA HB 1427</u>
<u>CO SB 146</u>	<u>LA SB 55</u>	<u>SC HB 3824</u>	<u>WV SB 333</u>
<u>DE HB 91</u>	<u>LA SB 96</u>	<u>SD SB 1</u>	<u>WV SB 2620</u>
<u>FL HB 557</u>	<u>ME HP 140</u>	<u>TX HB 2561</u>	
<u>GA HB 249</u>	<u>ME HP 1118</u>	<u>UT HB 50</u>	
<u>IA HF 524</u>	<u>ME SP 338</u>	<u>VA HB 2164</u>	

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CHANGE IN ADMINISTERING AGENCY

GA HB 249

(PMP moved from GA Drugs and Narcotics Agency to Department of Public Health)

ADDITIONAL MONITORED SUBSTANCES

AZ SB 1023

(Schedule V)

ME HP 1118 (LD 1619)

(With patient consent, methadone treatment facility shall report patient identifying information; name of methadone treatment facility; and dosage information at beginning of treatment, after first 90 days of treatment, and every 180 days afterwards)

NV SB 59

(Schedule V)

VA HB 2164

(Drugs of concern shall include gabapentin)

WV SB 333

(Drugs of concern – began collecting gabapentin as of 7/7/17)

FREQUENCY OF REPORTING (effective dates vary)

AR SB 339

(On or before 1/1/19, state to work with vendor to bring about same day reporting in real-time of funding and technology available.)

FL HB 557

(Next business day – effective 1/1/18)

GA HB 249

(At least every 24 hours)

NC HB 243

(No later than next business day after prescription delivered – effective 9/1/17; encouraged to report no later than 24 hours after prescription delivered)

SD SB 1

(At least every 24 hours unless waiver is obtained)

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PENALTIES FOR FAILURE TO REPORT/CORRECT PMP DATA

LA SB 96

(Administrative sanctions may be imposed for failing to correct or amend data after notification by the Board of Pharmacy)

NC HB 243

(Civil penalties may be imposed for failure to report information to the PMP after the PMP notifies the dispenser of missing or incomplete information)

NON-PMP INFORMATION REPORTED TO PMP

IN SB 151

(Dispenser indicates that patient is participating in pain management contract with designated practitioner, if information available to dispenser)

KY SB 32

(Before 7/1/18, Administrative Office of Courts to forward information on trafficking or possession of controlled substances or other prohibited acts for five previous calendar years. On or after 7/1/18, the Administrative Office is to forward the information on a continuing basis. The information is to be available when there is a query of the patient's name)

KY HB 314

(Licensed acute care hospital or critical access hospital shall report all positive toxicology screens performed by the hospital's ER to evaluate a patient's suspected drug overdose)

NV SB 59

(Law enforcement official is to report to his/her employer if he/she has probable cause to believe a person violated a law involving prescription controlled substances or the official receives a report of a stolen prescription)

NV SB 59

(Coroner, medical examiner or a deputy of a coroner or medical examiner is to report if he/she determines that a person died as a result of using a prescribed controlled substance)

WV SB 333

(Medical services provider shall report an overdose from an illicit or prescribed medication. Provider shall report the legal name, address, and date of birth of the person being treated and any known ancillary evidence of the overdose)

INTERJURISDICTIONAL DATA SHARING

IA HF 524

(Allows sharing of PMP data with any state with the information to be used in accordance with the laws of IA)

NC HB 243

(The Department of Health and Human Services shall continue to work toward establishing interstate connectivity)

ACCESS-DELEGATES

GA HB 249

(Maximum of 2 individuals per shift or rotation who are members of the prescriber's or dispenser's staff or employed at the health care facility in which the prescriber is practicing if the individuals are properly licensed or registered and meet certain other requirements)

GA HB 249

(Maximum of two individuals per shift or rotation who are employed or contracted by the health care facility in which the prescriber is practicing so long as the medical director of the facility has authorized the individuals for access to the PMP)

GA HB 249

(Two individuals per shift or rotation designated by a prescriber who are employed or contracted by a hospital that provides emergency services as long as the medical director of the hospital has authorized the individuals for access to the PMP)

ID HB 5

(Student of a health professional may be delegate for licensed practitioner or registered graduate who can access the PMP)

NE LB 223

(Allows prescribers to have delegates)

NC HB 243

(Administrator of an Emergency Department (ED) or acute care hospital submits a list of prescribers authorized to prescribe controlled substances for the medical care of patients in the ED or facility, and a list of delegates authorized to receive PMP data on behalf of the providers. Within one week of receiving an initial or updated list, the PMP staff will set up the delegate accounts)

UT HB 50

(Removed maximum of three delegates for practitioner)

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VA SB 1484

(Clinical designee may be delegate of a physician or pharmacist employed by Medicaid managed care if the designee holds a multistate license to practice nursing or has a license by a health regulatory board in the Department of Health Professions and is employed by Medicaid managed care)

ACCESS – NEW AUTHORIZED USERS

AZ HB 2307

(Department of Health if provides written statement that the PMP data is necessary to implement a public health response to help combat opioid overuse or abuse)

AR HB 1025

(Practitioner within AR Medicaid prescription drug program. Includes a contractor with the program to which the program has granted authority)

AR SB 420

(Insurance carriers may access PMP data to verify prescriber and dispenser registration for an individual who is part of the provider network)

CO SB 146

(Veterinarian with authority to prescribe may access PMP data if the query is for the patient or client AND there is a reasonable basis to believe the client committed drug abuse or mistreated an animal)

FL HB 557

(VA prescribers may access PMP data to review the prescription history of a current patient)

IN SB 151/HB 1308

(State epidemiologist under the Department of Health)

IN SB 151

(PMP data may be released to the management performance hub established by Executive Order 14-06 and continued by Executive Order 17-09 to the extent disclosure is not prohibited by applicable federal law)

LA SB 96

(Medical examiner, county coroner, or delegate thereof for the purpose of investigating an individual's death)

LA SB 96

(Licensed substance abuse addiction counselor providing services as part of a state-licensed substance abuse or addiction treatment program)

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LA SB 96

(Probation or parole officer for purpose of monitoring an offender's compliance with participation in a drug diversion program or with other conditions of probation or parole related to monitored drugs)

LA SB 96

(Judicially supervised specialty courts authorized by the LA Supreme Court may access PMP data)

LA SB 96

(Parent, legal guardian, or legal healthcare agent, for purpose of reviewing the history of monitored drugs dispensed to a child or an individual for whom the agent makes healthcare decisions, to extent consistent with federal and state confidentiality laws and regulations)

LA SB 96

(Executor of a will, or a court-appointed succession representative of an estate, for the purpose of reviewing the history of monitored drugs dispensed to a deceased individual)

ME HP 140

(CMO, Medical Director or other administrative prescriber of a licensed hospital can access PMP data that relates to prescriptions written by prescribers employed by the hospital)

ME SP 338 (LD 1031)

(Staff members of a group practice of prescribers who are authorized by a designated group practice leader for information that relates to a patient receiving care from the group practice)

TX HB 2561

(Veterinarian may access PMP data for the patient but not for the owner)

WA HB 1427

(Director or designee within the health care authority regarding Medicaid clients for quality improvement, patient safety, and care coordination)

WA HB 1427

(Local health officer for patient follow-up and care coordination following a controlled substance overdose event)

WA HB 1427

(Coordinated care electronic tracking program regarding Emergency Department admissions to provide notice to providers, care coordination staff, and prescribers listed in the PMP report of a patient's controlled substance overdose)

WV SB 333

(Agents of the Office of Health Facility Licensure and Certification for certification, licensure, and regulation of health facilities)

WV SB 333

(Dean of a medical school or a designee located in WV to monitor prescribing practices of faculty members, prescribers, and residents enrolled in a degree program at a dean's school)

WV SB 333

(Physician reviewer designated by an employer of medical providers to monitor prescribing practices of physicians, advanced practice registered nurses or physician assistants in their employment)

WV SB 333

(Hospital CMO or physician designated by Hospital CEO to monitor prescribing practices of prescribers with admitting privileges)

WV HB 2620

(New Office of Drug Control Policy may exchange necessary information, including PMP data, with bureaus, departments, the administrator of courts, poison control centers, and the board of pharmacy)

ACCESS – NEW PURPOSES FOR EXISTING AUTHORIZED USERS

AZ HB 2307

(Health care containment cost system can access PMP data for purposes of drug utilization review for controlled substances and for ensuring continuity of care)

CO SB 146

(Allows practitioner access to PMP data for current patient without requirement that practitioner be prescribing or considering prescribing a controlled substance)

KY HB 314

(Practitioner can review PMP data for the birth mother of an infant being treated by the practitioner for neonatal abstinence syndrome, or who has symptoms that suggests prenatal drug exposure)

ME SP 338 (LD 1031)

(Licensed hospital staff authorized by CMO can access PMP data for patient receiving surgical services from hospital)

ME HP 1118 (LD 1619)

(Practitioner treating a patient in an emergency setting may receive patient identifying information, the name of the methadone treatment facility, and dosage information reported to the PMP with the patient's consent by the methadone treatment facility. Disclosure is limited to information necessary to meet a bona fide emergency in which the patient's prior informed consent cannot be obtained)

TX HB 2561

(Regulatory boards or entities may access PMP data for monitoring potentially harmful prescribing or dispensing patterns)

WA HB 1427

(Department of Health can access PMP data for assessing prescribing practices and providing quality improvement feedback to providers)

WA HB 1427

(Health care facility or qualified health care provider group can access PMP data for quality improvement purposes)

**INTEGRATION OF PMP DATA/HEALTH INFORMATION EXCHANGES
(HIE)**

NE LB 223

(PMP data will be available to the state HIE unless a patient opts out of the HIE)

SC HB 3824

(Practitioner deemed in compliance with requirement to check the PMP if the practitioner utilizes technology that automatically displays the patient's controlled substance prescription history from the PMP in the practitioner's electronic medical record system. He practitioner must be able to demonstrate that this technology has bene deployed in his practice)

SD SB 1

(PMP may provide data to a prescriber or dispenser to further program purposes, including integration with electronic medical records)

VA SB 1561

(Creates Emergency Care coordination Program and requires the program to be integrated with the PMP to enable automated queries and automated delivery of information into the workflow)

MANDATED REGISTRATION
(effective dates vary; exceptions may apply)

GA HB 249

(Prescriber with DEA number as of 1/1/18 shall register. If a prescriber gets a DEA number after 1/1/18, the prescriber has 30 days to register with the PMP)

ID HB 5

(Pharmacists shall annually register)

LA SB 55

(Prescribers, except veterinarians, shall be automatically registered upon their initial application or renewal of a controlled dangerous substances license from the Board of Pharmacy)

MS HB 1032

(All licensed practitioners holding active DEA numbers shall register)

NC HB 243

(Within 30 days after obtaining an initial or renewal license, a dispenser shall demonstrate to the Board of Pharmacy that he/she is registered with the PMP)

SD SB 1

(Any person with a controlled drug or substance registration to prescribe or dispense any controlled drug or substance, except veterinarians, must register)

TX HB 2561

(Regulatory agencies shall provide to the Board of Pharmacy the contact information for prescribers and dispensers to register the prescribers and dispensers with the PMP)

MANDATED USE
(effective dates vary; exceptions may apply)

AR SB 339

(Each prescribing of a Schedule II and III opioid and the initial prescribing of a benzodiazepine)

AR SB 339

(Oncologist must check the PMP when prescribing on the initial malignant episodic diagnosis and every three months)

GA HB 249

(Initial prescribing of opiates or benzodiazepines and at least every 90 days; only effective as of 7/1/18 AND if Department of Health certifies that PMP accessible and operational 99.5% of time)

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LA SB 55

(Initial prescribing of an opioid and at least every 90 days if the treatment with the opioid continues for more than 90 days)

NV SB 59

(Before initiating a Schedule II-IV controlled substance or a Schedule V opioid if the patient is new, or if the patient is established and the prescription is for more than seven days for a new course of treatment)

NH HB 291

(Veterinarians excluded from requirement to check the PMP prior to initial prescribing of a Schedule II-IV opioid for pain and at least twice a year)

NC HB 243

(Prior to initially prescribing a targeted controlled substance and every three months that the targeted substance remains part of the medical care. Requirement applies to acts committed 30 days after the Chief Information Officer notifies the Revisor of Statutes that (1) PMP upgrades are completed, and (2) the upgraded database is fully operational within the Department of Information Technology and is connected to the state HIE)

NC HB 243

(Prior to dispensing a targeted controlled substance if certain circumstances exist, e.g., prescriber or user is from outside of the geographic area usually served by the dispenser. Requirement applies to acts committed 30 days after the Chief Information Officer notifies the Revisor of Statutes that (1) PMP upgrades are completed, and (2) the upgraded database is fully operational within the Department of Information Technology and is connected to the state HIE)

SC HB 3824

(Before issuing a Schedule II controlled substance prescription)

TX HB 2561

(Before prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol; effective 9/1/19)

TX HB 2561

(Pharmacist shall check the PMP if he/she observes patient behavior suggestive of drug abuse or diversion, or potentially harmful prescribing patterns or practices; effective 1/1/18)

TX HB 2561

(Regulatory boards for prescribers shall check the PMP periodically to determine whether a prescriber is engaging in potentially harmful prescribing patterns or practices)

UT HB 50

(Before initial prescribing of a Schedule II or III opioid)

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VA SB 1180

(Dentistry and medical boards shall adopt regulations for the prescribing of opioids for the treatment of acute and chronic pain that include a requirement to check the PMP)

VA SB 1232

(When initiate treatment that includes the prescribing of an opioid that is anticipated at the onset of treatment to last more than seven consecutive days)

UNSOLICITED/PROACTIVE NOTICE

AR SB 339

(Department of Health shall review the PMP information 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 upon consultation with the PMP Advisory Committee. If there are indicators of misuse or abuse, the Department of Health shall notify practitioners and dispensers who prescribed or dispensed the substances. The Department shall provide quarterly reports to individual practitioners and dispensers. If after 12 months of providing quarterly reports, information appears to indicate that misuse or abuse may be continuing, the Department of Health shall send reports to the licensing boards of the practitioner or dispenser who prescribed or dispensed the prescriptions)

DE HB 91

(If there is reasonable cause to believe there is a breach of professional standards, the new PMP Advisory Committee shall notify the appropriate regulatory agency or entity and provide prescription information required for an investigation)

GA HB 249

(After review or investigation of a reported potential violation of law, the Drugs and Narcotics Agency shall (1) refer possible personal misuse or abuse to the patient's primary prescriber, (2) refer probable violations of controlled substances being acquired for illegal distribution to appropriate authorities for investigation and potential prosecution, or (3) refer probable regulatory violations by prescribers or dispensers to the appropriate regulatory board.

IN HB 1308

(Each regulatory board for prescribers and dispensers may send an unsolicited exception report received from the PMP to a law enforcement agency or the office of the attorney general for purposes of an investigation. Notwithstanding the authority of each regulatory board to review and act upon an unsolicited exception report, the PMP may disseminate exception reports to prescribers and dispensers specific to recipients of controlled substances)

NC HB 243

(The PMP may notify practitioners and licensing boards of prescribing behavior that (1) increases the risk of diversion, (2) increases the risk of patient harm, and (3) is an outlier among practitioner behavior)

TX HB 2561

(The Board of Pharmacy (PMP) in consultation with other regulatory agencies shall identify prescribing practices that may be potentially harmful and patient prescription patterns that may suggest drug diversion or drug abuse. The PMP shall develop indicators for levels of prescriber or patient activity suggesting potentially harmful prescribing patterns or practices, drug diversion or drug abuse may be occurring. Based on indicators, the PMP may send a prescriber or dispenser electronic notification if information indicates potentially harmful prescribing pattern or practice, drug diversion or abuse. If the PMP sends such a notification, it shall immediately send notice to the appropriate regulatory agency. The PMP by rule may develop guidelines to identify patterns indicating a particular patient is engaging in drug abuse or diversion. Based on the guidelines, the PMP may send a prescriber or dispenser an electronic notification if there is reason to believe that a particular patient is engaging in drug abuse or drug diversion)

PLACEMENT OF PMP DATA IN PATIENT'S MEDICAL RECORD

GA HB 249

(An individual authorized to access PMP information may include the information in the patient's electronic health or medical record)