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Summary of State Legislation and Regulations Addressing
Prescription Drug and Opioid Abuse
December 2016

Below is a compilation of legislation, rules and regulations that address prescription drug and opioid abuse in the United States. The information in the chart is organized state-by-state in alphabetical order. To stay updated, please visit the ADEA United States Interactive Legislative Tracking Map and the ADEA United States Interactive Regulatory Tracking Map; select *Prescription Drug Monitoring* from the drop-down menus. Information on the ADEA interactive maps are updated daily.

If we can be of further assistance in this regard, contact Jennifer Brown, J.D., Director of State Relations, at BrownJ@adea.org or at 202-289-7201.

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| Alabama | The proposed rule by the Alabama Department of Public Health removes veterinaries from reporting to the Prescription Drug Monitoring Database. |
| Alaska | SB 23 was approved by the governor on March 14. The act limits liabilities from doctors and bystanders who prescribe and administer Naloxone. On or before Nov. 30, 2016, the Alaska Opioid Policy Task Force will recommend strategies and policies to the Governor and Legislature to address the rising incidence of heroin use, prescription opioid abuse, and deaths due to opioid overdose. Recommendations will be evidence- and research-based and reflect best practices, where applicable. |
| Arizona | HB 2355 was approved by the governor on May 12. The act allows a physician, licensed nurse practitioner or any other health professional who has prescribing authority to prescribe and dispense Naloxone to a person at risk, a family member in a position to assist a person at risk, a community organization that provides services to persons at risk or to any other person who is in a position to assist persons at risk. SB 1283, also approved by the governor on May 12, requires a medical practitioner to obtain a patient utilization report from the Controlled Substances Prescription Monitoring Program's (CSPMP) central database tracking system before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV. Under the act, a medical practitioner is not required to obtain a patient utilization report from the CSPMP central database tracking system if the medical practitioner is prescribing the controlled substance to the patient for no more than a 10-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient. On Oct. 26, the governor signed executive order 2016-06, which limits all initial and subsequent opioid prescriptions to adults and minors to no more than 7 days. In the case of minors there are exceptions for cases of cancer, other chronic disease or traumatic injury. |
| Arkansas | The proposed amendments by the Arkansas Department of Health update the List of Controlled Substances. |
| California | SB 482, approved by the governor on Sept. 27, requires a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance to consult the Controlled Substance Utilization Review and Evaluation System (CURES) database to review a patient's controlled substance history no earlier than 24 hours, or the previous business day, before prescribing a Schedule II, III, IV controlled substance to the patient for the first time and at |

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| | least once every four months thereafter if the substance remains part of the treatment of the patient. Veterinarians and pharmacists are exempt from this requirement. |
| Colorado | N/A |
| Connecticut | A substitute for governor's HB 5053 was approved on May 27. The act prohibits a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to (1) a minor at any time or (2) an adult for the first time for outpatient use. The act provides certain exceptions to the seven-day supply rule. The act allows any licensed health care professional to administer an opioid antagonist to treat or prevent a drug overdose without being (1) civilly or criminally liable for such action or (2) deemed as violating his or her professional standard of care. The act required the Public Health Committee chairpersons, by October 1, 2016, to convene a working group to address the issuance of opioid drug prescriptions by prescribing practitioners. The working group must study whether it is a best practice for prescribing practitioners to limit prescriptions to minors to no more than a three-day supply to treat an acute medical condition. |
| Delaware | The Division of Professional Regulation has proposed the following revisions to the Uniformed Controlled Substances Act: when issuing a prescription for an opioid analgesic to an adult patient for outpatient use for the first time for an Acute Pain Episode, a practitioner may not issue a prescription for more than a seven-day supply. Additionally, a practitioner may not issue a prescription for an opioid analgesic to a minor for more than a seven-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary. |
| District of Columbia | The District of Columbia passed legislation for the implementation of a Prescription Drug Monitoring Program (PDMP) in February 2014. Regulations that guide the operations of the PDMP became effective on December 11, 2015. On August 15, 2016, the PDMP data collection was initiated. On October 19, 2016, District of Columbia licensed health care practitioners began accessing the electronic database in their patient care practices. The code and regulations along with other resources can be accessed here. |
| Florida | SB 964, approved by the governor on April 1, authorizes a designee direct access to request and receive information from the database on behalf of a pharmacy, prescriber or dispenser. This provision become effective July 1. The Department of Health published a Notice of Rulemaking on May 18, 2016, to amend rule 64K-1.003, Florida Administrative Code, to implement the changes made in Senate Bill 964. |
| Georgia | N/A |
| Hawaii | The governor approved SB 2915 on July 6. The act updates the Uniform Controlled Substances Act to make it consistent with amendments in federal controlled substances law; adds new definitions to allow the use of "delegates" by practitioners and pharmacists to access the electronic prescription accountability system; and requires that all practitioners, except veterinarians and pharmacies, register to utilize the electronic prescription accountability system when they obtain a controlled substance registration. |
| Idaho | On March 17, the governor signed H0374. The act authorizes certain supervised individuals (delegates) to access the Prescription Monitoring Program (PMP) database, to limit the number of delegates to be supervised, and to require Board of Pharmacy registration by each delegate. |
| Illinois | On Aug. 24, 2015, the governor vetoed HB0001, the Heroin Crisis Act, with specific recommendation for change. In September, the Illinois General Assembly voted to override the veto. The Act authorizes the Director of the Division of Alcoholism and Substance Abuse to establish programs for prescribing, dispensing or distributing opioid antagonists for the |

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| | treatment of drug overdose; upgrades the prescription monitoring program; and provides insurance coverages for opioid/heroin antidotes. |
| Indiana | The State Board of Dentistry adopted a rule that adds 828 IAC 1-1-25 to establish requirements for the prescribing of opioid controlled substances for pain management. Specifically, the final rule establishes standards and protocols for the prescribing of opioid controlled substances by dentists for nonterminal, chronic pain, consistent with standard medical practices in pain management treatment, including the use of abuse deterrent formulations. The effective day of the rule was Oct. 5, 2016. |
| Iowa | On April 6, 2016, the governor approved SF 2102. The act directs the board to implement improvements to facilitate secure access to the prescription monitoring program through electronic health and pharmacy information systems. The act also authorizes the release of prescription monitoring program information for statistical, public research, public policy or educational purposes, if all the personal identifying information is first removed. |
| Kansas | N/A |
| Kentucky | The governor signed HB 4 on Apr. 27, the law transfers Hydrocodone from Schedule III to Schedule II. |
| Louisiana | HCR 113, passed by both the House and Senate June 6, establishes the Louisiana Commission on Preventing Opioid Abuse to study and make recommendations regarding both short-term and long-term measures that can be taken to tackle prescription opioid and heroin abuse and addiction in Louisiana. HCR 113 also requires the commission to provide a report of its initial findings and recommendations to the governor and the Legislature of Louisiana no later than Feb. 1, 2017. |
| Maine | The governor approved LD 1646 on April 19. The act introduces new language into the state laws governing licensure of physicians, nurses, podiatrists, dentists and veterinarians. Beginning Jan. 1, 2017, providers will not be allowed to prescribe more than a seven-day supply of opioids within a seven-day period for acute pain or a 30-day supply within a 30-day period for chronic pain. The daily supply is limited to 100 morphine milligram equivalents (MME) of medication per day, which is an aggregated total in cases where an individual receives a combination of opioids. In addition to the limits on opioids, Maine's law:<br><br>• Requires prescribers to check the state's prescription drug monitoring program (PDMP) when first prescribing an opioid or benzodiazepine—prescribers must also check the PDMP every 90 days thereafter for as long as the prescription is renewed;<br>• Requires electronic prescribing for all opioid medications no later than July 1, 2017—providers and pharmacies unable to meet this requirement must receive a waiver from the state; and<br>• Requires providers to complete at least three hours of relevant continuing education every two years as a condition of prescribing opioids—Maine providers are required to receive a total of 40 hours of continuing education over two years. |
| Maryland | On April 26, the governor approved HB 437, which requires mandatory registration with the Prescription Drug Monitoring Program (PDMP) to all providers that have a license to prescribe or dispense controlled dangerous substances before obtaining a new or renewal controlled dangerous substance registration; and requires certain providers to check the PDMP before prescribing an opioid or benzodiazepine. |
| Massachusetts | On Feb. 11, the governor, along with the dental schools in the Commonwealth, announced a set of dental education core competencies that will help prevent and manage prescription drug misuse. According to the governor, "This set of cross-institutional core competencies |

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| | will ensure that the Commonwealth's more than 1,800 enrolled undergraduate dental students and 550 advanced graduate dental students receive enhanced training in primary, secondary and tertiary prevention strategies regarding prescription drug misuse."<br><br>H4056 was approved by the governor on March 14. The act prohibits a prescribing practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to (1) a minor at any time or (2) an adult for the first time for outpatient use. The act provides certain exceptions to the seven-day supply rule. It requires practitioners who prescribe controlled substances, as a prerequisite for obtaining or renewing their professional licenses to complete training related to opioid abuse. The law requires practitioners to check the Prescription Drug Monitoring Program each time they prescribe an opioid contained in Schedule II or III. |
| Michigan | On June 23, the governor issued Executive Order #2016-15 establishing the Prescription Drug and Opioid Abuse Commission. The Commission will be comprised of 17 members, including one dentist, each serving a two-year term. The Commission will be charged with monitoring indicators of controlled substance abuse and diversion in the state. The Commission also will make recommendations to the governor for actions involving licensing, law enforcement, substance abuse treatment and prevention, education, professional associations and pharmaceutical manufacturers. |
| Minnesota | On May 31, the governor approved SF 1440. The act makes several technical modifications to the Prescription Monitoring Program. The act requires that, by July 1, 2017, every prescriber who is authorized in the state to prescribe controlled substances for humans and who holds a current registration issued by the Food and Drug Administration, and every licensed pharmacist practicing in the state, to register and maintain a user account with the prescription monitoring program. |
| Mississippi | At its April 1, meeting, the Mississippi State Board of Dental Examiners amended Board Regulation #35 to require, effective July 1, 2017, that every dentist licensed by the Board who prescribes, administers, or dispenses any controlled substance within the State of Mississippi, or who proposes to engage in the prescribing, administering, or dispensing of any controlled substance within the State of Mississippi, must be registered with the Mississippi Prescription Monitoring Program (PMP). Additionally, once registered with the PMP, Mississippi licensed dentists shall adhere to all guidelines, protocols, and restrictions adopted by the PMP, because failure to do so shall subject the Mississippi licensed dentist to disciplinary action. |
| Missouri | HB 1568, approved by the governor on June 21, allows a pharmacist who, when acting in good faith and with reasonable care, sells or dispenses an opioid antagonist; the protocol physician; or a person who administers in good faith an opioid antagonist to another, shall not be subject to criminal or civil liability or professional discipline for dispensing or administering the drug. |
| Montana | N/A |
| Nebraska | The Nebraska Prescription Drug Monitoring Program (PDMP) is a statewide tool that collects dispensed prescription information. Beginning Jan. 1, 2017, all dispensed controlled substances are required to be submitted daily to the PDMP. The PDMP stores the information in a secure database and makes it available to healthcare professionals as authorized by law. On Feb. 24, the governor approved, LB 471, which directs the Nebraska Department of Health and Human Services in collaboration with the Nebraska Health Information Initiative to enhance the PDMP by clarifying some of the system requirements as well as further define access and use of the PDMP. |

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| Nevada | On May 27, 2015, the governor approved SB 288, which pertains to licensees accessing the Prescription Monitoring Program (PMP) for those authorized to write prescriptions for controlled substances listed in schedule II, III, or IV. The licensee shall access the database of the PMP through the Nevada State Board of Pharmacy, at least once each 6 months to review the information concerning the practitioner that is listed in the database and notify the Board of Pharmacy if any such information is not correct and verify to the Board that he or she continues to have access to and has accessed the database as required. In addition, for those licensees who are authorized to write prescriptions for controlled substances listed in schedule II, III, or IV, you are now obligated to obtain a PMP report before initiating a controlled substance prescription. The obligation arises where: 1) The prescription for a controlled substance listed is in schedule II, III, and IV, and 2) The patient is a new patient of the practitioner, or 3) The prescription is for more than 7 days and of part of a new course of treatment for the patient.<br><br>On June 1, 2015 the governor approved SB 114, which requires that the State Board of Pharmacy to provide Internet access to the PMP database to an occupational licensing board that licenses any practitioner who is authorized to write prescriptions for certain controlled substances. If the State Board of Pharmacy obtains information indicating the inappropriate use of a controlled substance by a patient, the law also requires the State Board of Pharmacy to report the information to the occupational licensing board of each practitioner who has prescribed the controlled substance for the patient. |
| New Hampshire | HB 1423 was approved by the governor on June 7. The act requires the Board of Medicine, the Board of Dental Examiners, the Board of Nursing, the Board of Registration in Optometry, the Board of Podiatry, the Naturopathic Board of Examiners, and the Board of Veterinary Medicine to adopt rules for prescribing controlled drugs. The act contains mandatory standards for such rules and requires using the controlled drug prescription health and safety program database. On June 24, the governor approved SB 522, which provides $130,000 for technology upgrades to the Prescription Drug Monitoring Program that will help more prescribers use it in a timely fashion, and it maintains the State's drug forfeiture fund to support the Attorney General's Drug Task Force and the efforts of local law enforcement. The governor also approved SB 533 on June 24. The act makes changes in the membership; organization; duties; meetings; and reports of the governor's commission on alcohol and drug abuse prevention, treatment and recovery; and establishes that the commission serves in an advisory capacity to both the governor and the general court.<br><br>The initial proposal for the New Hampshire Code of Administrative Rules, Board of Dental Examiners (Den), Opioid Prescribing, Section 502.02, which was filed May 12, became effective on June 29 as Den 503. The Board of Dental Examiners recently voted on amendments to Den 503 in response to HB 1423, which was signed by Governor Maggie Hassan (D-NH) in June. The rules regarding opioid prescribing were approved by the state legislative committee on administrative rules in October; the Board is now in the process of adopting the final rules for opioid prescribing. Please note: the final rules will not be adopted until the Board's December meeting.<br><br>The main change found in the amendments to Den 503 (approved on July 11) is that a board-approved risk assessment tool, an appropriate pain treatment plan, and a written informed consent explaining certain risks associated with opioids must now be utilized when |

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| | prescribing opioids for acute pain in addition to chronic pain. Also, the amendments clarify that failure to abide by these rules is an ethical violation. Additionally, there were changes to the prescription drug monitoring program (PDMP) query requirement. |
| New Jersey | Aug. 10, 2015, the governor signed S2377 into law, requiring four-year public colleges and universities to establish a substance abuse recovery housing program within four years. In April 2016, the governor announced that New York would become the seventh state to partner with New Jersey's Prescription Monitoring Program (NJPMP). Since October 2014, the governor has worked to expand NJ's interstate data-sharing capabilities to include Delaware, Connecticut, Rhode Island, Virginia, Minnesota, and South Carolina. On Nov. 7, 2016, the Division of Consumer Affairs, Office of Director, adopted the attached Prescription Monitoring Program Rules. The Division is changing N.J.A.C. 13:45A-35.8(c)1 and 2 to specify that once an individual's employment ends at the practice setting at which the delegating practitioner is practicing, the individual is no longer authorized to be a delegate or access the PMP on behalf of that practitioner. One of the conditions to be designated as a delegate includes employment at the practice setting at which the practitioner practices. |
| New Mexico | Several bills were approved by the governor on March 4. The act (SB 263) requires providers of opioid prescriptions to check New Mexico's Prescription Monitoring Program the first time they prescribe opioids to an individual, and to check the system every three months for repeat prescriptions, in order to reduce drug seeking. The acts (HB 277 and SB 262) expand access to naloxone and removes civil liabilities, criminal prosecution or professional disciplinary action for those who prescribe and administer naloxone. |
| New York | The governor approved a package of bills on June 22. Two bills are of note: S8139 prohibits a practitioner authorized to prescribe an opioid drug from issuing a prescription for more than a seven-day supply to an ultimate user during the initial consultation for acute pain. The act provides certain exceptions to the seven-day supply rule. S8138 authorizes trained professionals to administer naloxone in emergency situations without risk to their professional licenses. |
| North Carolina | N/A |
| North Dakota | N/A |
| Ohio | The State Dental Board has adopted a new rule that sets forth guidelines for accessing the Ohio Automated Rx Reporting System (OARRS) by licensed dentists in Ohio. |
| Oklahoma | The governor signed HB 1948 on March 31. The new law requires central repository registrants to access the repository prior to prescribing or authorizing a refill if 180 days have passed since the previous access and check of opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisoprodol, until Oct. 31, 2020. The act also adds the Board of Veterinary Medical Examiners to the enforcement provision of the repository check. Further, the law provides that enforcement of the repository check is the responsibility of the State Board of Podiatric Examiners, Dentistry, Medical licensure and Supervision, Examiners in Optometry, Nursing, Osteopathic Examiners, and Veterinary Medical Examiners. The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control (OBNDD) must provide to these respective boards a list of the top 20 prescribers of controlled dangers substances within their respective areas of jurisdiction. OBNDD must also notify the respective licensing board in writing if a registrant is prescribing outside the limitation of their licensure, drug registration rules, or applicable state laws. Lastly, OBNDD will provide adequate means and procedures for accessing central repository information for registrants without direct computer access. |

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| Oregon | The Oregon Health Authority (Authority) is permanently amending Oregon Administrative Rules (OAR) 410-121-4010 and renumbering it to OAR 333-023-0810 to revise reporting requirements for the Prescription Drug Monitoring Program, based on the passage of SB 71 (Oregon Laws 2015, chapter 481). The Authority is also amending and renumbering rules in OAR chapter 410 (Medical Assistance Programs), division 121 pertaining to the Prescription Drug Monitoring Program, to chapter 333 (Public Health), division 23 since the Public Health Division is responsible for the administration of the program. |
| Pennsylvania | On July 19, the governor announced his administration's new prescribing guideline recommendations for the safe and effective use of opioids. The guidelines were presented to the State Board of Medicine, the State Board of Pharmacy and the State Board of Dentistry. Although the guidelines are voluntary, the Board of Dentistry voted to adopt them. See Guidelines on the Use of Opioids in a Dental Practice.<br><br>On Nov. 3, the governor signed a package of bills. A few bills are noted here: SB 1367 establishes restrictions on a prescriber's ability to prescribe opioids to minors, including limiting prescriptions to seven days and requiring prescribers to take a number of steps before issuing the first prescription in a single course of treatment. SB 1368 establishes a safe opioid prescribing curriculum in medical colleges and other medical training facilities offering or desiring to offer medical training. The curriculum must include current, age-appropriate information relating to pain management; alternatives to opioid pain medications; instructions on safe prescribing methods in the event opioids must be prescribed; identification of patients who are at risk for addiction; and, training on managing substance use disorders as chronic diseases. SB 1202 amends the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act and requires continuing education in pain management, addiction and dispensing for prescribers and dispensers. SB 1699 mandates that hospital emergency departments and urgent care centers may not prescribe opioids in quantities that last more than seven days and they may not write refills for opioid prescriptions. |
| Puerto Rico | N/A |
| Rhode Island | A package of bills was approved by the governor on July 12. A few bills are noted on this chart. H8224A provides that as a condition of the initial registration or renewal of the practitioner's authority to prescribe controlled substances, all practitioners must automatically register with the prescription-drug-monitoring database maintained by the Department of Health. By Jan. 1, 2017, the Director of Health must develop regulations for appropriate training in best prescribing practices needed for license renewal. H 7847 allows the prescription-drug monitoring database to be electronically connected to the electronic medical records systems. |
| South Carolina | Starting April 1, 2016 practitioners in South Carolina will be required to consult a statewide database before prescribing Medicaid patients any controlled substances, including opioids for pain relief. |
| South Dakota | N/A |
| Tennessee | On May 8, 2015, the governor signed SB 0570 into law. The law enacts the "Opioid Abuse Reduction Act," and requires the commissioner of mental health and substance abuse services to convene a working group to examine the problem of opioid abuse in this state, with a primary focus on persons enrolled in TennCare, and the potential impact of the use of abuse-deterrent opioids. On Apr. 27, 2016, the governor signed SB 2060 into law. The act revises the provisions governing the dispensing of an opioid or benzodiazepine by a physician practice that provides healthcare services. |

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| Texas | The State Board of Dental Examiners (Board) proposed rule, 22 Texas Administrative Code (TAC) §111.1, concerning conditional education in controlled substances. The rule requires dentists permitted to prescribe controlled substances to complete at least two hours of continuing education in controlled substances every three years. The Board also proposed rule 22 TAC §111.2, concerning self-query of the prescription management program. The rule requires dentists permitted to prescribe controlled substances to conduct at least one self-query per year through the Prescription Monitoring Program. |
| Utah | The Department of Commerce, Occupational and Professional Licensing Division proposed a rule establishing a time frame within which a controlled substance license applicant must obtain a DEA registration, establishes criteria that excludes certain applicants from having to obtain a Drug Enforcement Administration (DEA) registration, and adds "failing to obtain a DEA registration within the specified time period" to the definition of unprofessional conduct. |
| Vermont | In October the governor announced proposed changes to the Department of Health's rule regarding the prescribing of opioids for pain. When finalized in Dec. 2016, the amended rule will give guidance to prescribers and set legal limits on the dosage and number of opioid painkillers that may be prescribed. For some minor procedures the proposal calls for a limit of between 9 and 12 pills.<br><br>The Department of Health proposed new rulemaking that adds a requirement that pharmacists query the Vermont Prescription Monitoring System (VPMS) prior to dispensing an opioid and adds a requirement that prescribers query the VPMS prior to writing a prescription for Schedule II, III or IV opioid to treat pain. Another proposed rule provides legal requirements for the appropriate use of opioids in treating pain in order to minimize opportunities for misuse, abuse and diversion, and optimize prevention of addiction and overdose. This includes language stating that prior to prescribing an opioid, a prescriber must query the VPMS, consider nonopioid treatment, provide patient education and informed consent, and in certain situations co-prescribe naloxone. |
| Virginia | In March 2016, the governor approved a package of bills related to opioid abuse. SB 513/HB 293, requires a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than 14 consecutive days.<br><br>On Dec. 12, the governor signed Executive Directive 9, which creates an Executive Leadership Team to oversee Virginia's continuing work to combat the opioid epidemic. |
| Washington | Approved by the governor on May 8, 2015, during the 2015-16 legislative session, HB 1671 provides that a health care practitioner who is authorized to prescribe legend drugs may prescribe, dispense, distribute and deliver an opioid overdose medication (1) directly to a person at risk of experiencing an opioid-related overdose; or (2) by collaborative drug therapy agreement, standing order, or protocol to a first responder, family member, or other person in a position to assist a person at risk of experiencing an opioid-related overdose. The Washington Department of Health released a letter describing regulatory changes for prescribers and dispensers within the Washington Prescription Monitoring Program effective Oct. 1, 2016. |
| West Virginia | On March 29, the governor approved SB 431, which makes the opioid antagonist, Narcan, available to any West Virginian—without a prescription. |
| Wisconsin | On March 17, the governor approved a package of bills addressing opioid abuse. AB 660 allows several regulatory boards, including the Dentistry Examining Board, to issue |

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| | guidelines regarding best practices in prescribing controlled substances. AB 364 provides that a pharmacy or practitioner generating a record under the Prescription Drug Monitoring Program (PDMP) when a monitored prescription drug is dispensed must submit the record to the Controlled Substances Board no later than 11:59 p.m. of the next business day after the monitored prescription drug is dispensed. Under the prior law, there was no specific time frame required for the submission of a record generated under the PDMP. On Sept. 22, the governor signed executive order 214 establishing the Governor's Task Force on Opioid Abuse. |
| Wyoming | The Joint Judiciary Interim Committee released its list of interim topics, and tackling opioid abuse was priority number one. During the interim session, the joint committee will receive information on opioid abuse and consider potential options, including draft legislation, to address the issue. |