Summary of State Legislation and Regulations Addressing Prescription Drugs and Opioids

December 2019

This document is a compilation of recently enacted state legislation, rules and regulations that address prescription drug and opioid policies. The policies highlighted in this document are limited to those relevant to academic dentistry, generally covering policy changes to prescribing practices, prescription drug monitoring programs, or continuing education requirements. Changes to treatment or law enforcement policies are not covered. To stay updated as relevant opioid legislation, rules and regulations are considered in 2020, please visit the ADEA U.S. Interactive Legislative and Regulatory Tracking Map, and select "Opioids" from the drop-down menu. Information on the ADEA interactive maps is updated daily.

Note: The notation "N/A" indicates that no information was available at the time of inquiry or that the state has not recently made changes to opioid policies. For further assistance, please contact Tim Leeth, ADEA Chief Advocacy Officer, at leetht@adea.org or Phillip Mauller, ADEA Director of State Relations and Advocacy, at maullerp@adea.org.

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Alabama	N/A
Alaska	N/A
Arizona	HB 2075 was signed by the Governor in February 2019. This bill extended a deadline requiring prescriptions for Schedule II Controlled Substances containing an opioid be submitted electronically to Jan. 1, 2020, and eliminated language allowing the Arizona State Board of Pharmacy to grant a waiver to the electronic prescribing requirement. SB 1536 was signed by the Governor in June 2019. This bill made numerous changes to the Prescription Drug Monitoring Program (PDMP), that included: • Permitting the release of PDMP data to contractors when an individual is receiving authorized services. • Requiring the deactivation of an authorized delegate within five days after an employment change, the request of the delegate or inappropriate use of the PDMP. • Requiring the Board of Pharmacy, by Oct. 1, 2019, convene a committee to analyze and develop appropriate use and accessibility parameters by licensed health care professionals and other delegates for patient information contained in the PDMP. • Requires the Department of Health Services and Arizona Health Care Cost Containment System (AHCCCS), by Jan. 1, 2020, jointly develop and submit to the Governor, and the presiding officer in each legislative chamber, a report based on the committee's recommendations. • Specifying that a delegate of AHCCCS or an AHCCCS contractor is not required to hold or obtain a license or certification of a health profession regulatory board as a condition of being assigned and provided delegate access to the PDMP.

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Arkansas	HB 1627 was signed by the Governor in March 2019. The bill authorizes the Department of Health to share prescription monitoring data with federal prescription drug monitoring programs, and to request and receive prescription monitoring information from prescription drug monitoring programs.
California	AB 528 became law in October 2019. This bill made several updates to the Prescription Drug Monitoring Program (PDMP), that included: • Requiring dispensers to report to the PDMP no more than one working day after a controlled substance is dispensed, rather than seven days under previous law. • Requiring the dispensing of a controlled substance included in Schedule V to be reported to the PDMP. • Permitting a licensed physician and surgeon who does not hold a Drug Enforcement Administration registration to apply to obtain approval to electronically access information in the PDMP. • Requiring a health care practitioner to consult the PDMP to review a patient's controlled-substance history at least once every six months, rather than every four months, after the first time a substance included in Schedules II-IV is prescribed. • Establishing a review and documentation requirement, as set forth, for a health care practitioner who receives the Controlled Substance Utilization Review and Evaluation System (CURES) database information from another authorized user. AB 714 was approved by the Governor in September 2019. This bill clarified current law requiring prescribers to offer a prescription for naloxone hydrochloride for complete or partial reversal of opioid depression and specified that the requirement only applies when an opioid or benzodiazepine is prescribed. The bill also expressly exempts this prescription alternative recommendation for patients in inpatient facilities and patients in hospice care.
Colorado	SB 79 was signed into law in April 2019. This bill requires prescriptions for schedule II, III or IV controlled substances to be electronically transmitted to a pharmacy unless a specified exception applies. The requirement to electronically prescribe starts on July 1, 2021, for podiatrists, physicians, physician assistants, advanced practice nurses and optometrists, and on July 1, 2023, for dentists and practitioners serving rural communities or in a solo practice. Prescribing practitioners are required to indicate on license renewal questionnaires whether they have complied with the electronic-prescribing requirement. SB 228 became law in May 2019. Many of the changes made by this bill focused on recovery services and are not included in the following summary. Changes that applied to practitioner's prescribing opioids as well as access to the Prescription Drug Monitoring Program (PDMP), prevention campaigns and research are as follows: • Dentists, podiatrists, advanced practice nurses, optometrists and veterinarians are required to complete substance use disorder training as part of continuing education required to renew the provider's license if the health care provider has prescriptive authority. • A pharmacy that dispenses an opioid is allowed to receive an enhanced dispensing fee if the pharmacy provides counseling concerning the risk of opioids to the patient. • The Board of Pharmacy is required to promulgate rules that require a prescription for an opioid for outpatient use to bear a warning label.

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	• Medical examiners and coroners are allowed access to the PDMP under specified circumstances. • The Department of Human Services is authorized to conduct research that relates to the definition of "abuse" concerning the incidence of prenatal substance exposure and related newborn and family health and human services outcomes as the result of a mother's lawful and unlawful intake of controlled substances. • The Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies is required to develop and implement a program to increase public awareness about the safe use, storage and disposal of opioids, and about the availability of antagonist drugs. The Colorado Dental Board adopted a regulation implementing the continuing education requirements in November 2019. The regulation requires every dentist, including every academic dentist, to complete at least an hour of continuing education per renewal period in order to demonstrate competency in best practices for opioid prescribing, recognition of substance use disorders, referral of patients with substance use disorders for treatment or the use of the PDMP.
Connecticut	HB 7519 was signed into law in July 2019. This bill made changes to laws affecting the prescription of opioids as well as the intervention and treatment of opioid addiction. Changes included: • Requiring prescribing practitioners who prescribe an opioid drug with more than a 12-week supply to establish a treatment agreement with the patient or discuss a care plan for chronic opioid drug use. • Specifying that prescribing practitioners or their agents are not prohibited from disclosing Prescription Drug Monitoring Program (PDMP) information about pharmacy prescriptions to the Department of Social Services to administer medical assistance programs. • Requiring higher education institutions to develop and implement a policy by Jan. 1, 2020, on the availability and use of opioid antagonists by students and employees and generally notify emergency medical providers when an opioid antagonist is used. • Requiring pharmacists to offer consultations to all patients when dispensing a prescription, not just Medicaid patients as under prior law.
Delaware	HB 115 was signed into law in June 2019. This bill requires dentists and other specified prescribing practitioners to utilize electronic prescriptions, except under specific conditions.
District of Columbia	B22-0459 became effective in May 2019. This bill made several updates to Prescription Drug Monitoring Program (PDMP) laws. The updates most relevant to academic dentistry are listed below: • Prescribers and dispensers are required to register with the PDMP. • Prescribers or dispensers are prohibited from providing false or misleading information with the intent of obtaining unauthorized access to or altering the information in the PDMP. • PDMP information may now be provided to an agent of a federal law enforcement agency with authority to conduct drug diversion investigations related to specific investigation of a specific patient or of a specific dispenser or prescriber.

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	• The Director of the Department of Health is permitted to establish, through rulemaking criteria, indications of a possible violation of law or a possible breach of professional standards by a prescriber or dispenser and a method for analysis of data collected by the PDMP using the established criteria. • Upon the development of the criteria and data analysis, the PDMP may review data for indications of possible misuse or abuse and a possible violation of law or possible breach of professional standards by a prescriber or dispenser. If such a review indicates a possible violation, the Director may: (1) report the possible misuse or abuse by a patient to the specific prescriber or dispenser of the covered prescription drug for the purpose of intervention to prevent such misuse or abuse; (2) notify the prescriber or dispenser of the possible violation of law or possible breach of professional standards; and (3) provide education to the prescriber or dispenser.
Florida	HB 375 was approved by the Governor in June 2019. This bill provided an exemption from the requirement to consult the Prescription Drug Monitoring Program (PDMP) before the prescribing of or dispensing of a controlled substance for the alleviation of pain related to a terminal condition or to patients receiving palliative care for terminal illnesses. HB 451 became law in July 2019. The bill requires health care practitioners to discuss non-opioid alternatives with patients prior to prescribing, ordering, dispensing or administering opioids. The legislation also directs the Department of Health (DOH) to develop and publish on its website an educational pamphlet regarding the use of non-opioid alternatives to treat pain. It also requires a health care practitioner to provide a copy of the DOH-developed pamphlet to a patient and document the discussion in the patient's medical record. These requirements do not apply to emergency care and services. HB 549 was signed into law in June 2019 and requires dentists to complete a two-hour continuing education course on safe and effective prescribing of controlled substances as a part of the 30 hours of continuing professional education required for biennial licensure renewal. In December, the Board of Dentistry, finalized a new rule requiring all dentists to complete a board-approved, two-hour continuing education course on the safe and effective prescribing of controlled substances as part of every biennial licensure renewal. HB 831 was signed by the Governor in June 2019. The bill requires a prescriber who maintains an electronic health record (EHR) system, or who is an owner, employee or contractor of an entity that maintains an EHR system, to generate and transmit all prescriptions electronically, except under specified circumstances. The bill's requirements take effect upon renewal of the prescriber's license or by July 1, 2021, whichever is earlier. HB 1253 became law in June 2019. This bill authorizes the Attorney General to request, pursuant to a petition or motion by a trial court, de-identified patient information in the PDMP database for an active investigation or pending criminal or civil litigation involving prescribed controlled substances. For cases other than those involving Medicaid fraud, the DOH may release de-identified patient information that is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) under specified conditions.

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	The legislation also authorizes the Attorney General to enter PDMP information into evidence in a civil, criminal or administrative action against a dispenser, manufacturer or pharmacy and authorizes program staff to testify in legal proceedings to authenticate this information. In December, the DOH adopted a regulation that provided the process for approved entities to connect electronic health recordkeeping systems to the PDMP system. Executive order number 19-97 was issued by Gov. Ron DeSantis in April 2019. The order created the Statewide Task Force on Opioid Abuse to research and assess the nature of opioid abuse in Florida and develop a statewide strategy to identify best practices to combat the opioid epidemic through education, treatment, prevention, recovery and law enforcement. The order also created the Office of Drug Control within the Executive Office of the Governor for the purpose of coordinating and centralizing efforts to treat and prevent substance abuse in the State of Florida.
Georgia	SB 121 was signed by the Governor in February 2019. This bill increases the length of time that prescription information is retained in the Prescription Drug Monitoring Program from two years to five years, and authorizes the Attorney General's Medicaid Fraud Control Unit to access the database pursuant to the issuance of an administrative subpoena.
Hawaii	HB 665 became law in July 2019. This law exempts a health care provider from requirements to consult the Prescription Drug Monitoring Program (PDMP) when prescriptions are directly administered under the supervision of a health care provider, provided that the system is consulted when the patients are initially admitted at a hospital. Practitioners are also exempted from the requirement to consult the PDMP when prescriptions are written for patients in post-operative care with a prescription limited to a three-day supply, or for patients with a terminal disease receiving hospice or other palliative care. SB 536 became law in July 2019. This bill clarified that existing law intended to curb over-access to and abuse of opioids does not apply to qualified patients who are prescribed or issued prescriptions pursuant to the State's Our Care, Our Choice Act. SB 1486 became law in July 2019. This bill allows the Department of Public Safety's Narcotics Enforcement Division Administrator to disclose confidential information from the PDMP to the U.S. Department of Defense Military Health System's Prescription Monitoring Program and authorized employees of the State Department of Health Alcohol and Drug Abuse Division and the Emergency Medical Services and Injury Prevention Systems Branch.
Idaho	Executive order no. 2019-09 was issued by Gov. Brad Little (R). The order created the Opioid Advisory Group to evaluate state, community workgroup and task force efforts recently performed in Idaho, and to provide recommendations on streamlining prevention and recovery activities, providing efficiency in battling opioid and substance abuse and eliminating duplicative efforts to more efficiently and effectively fight this epidemic.
Illinois	In April 2019, the Illinois House adopted HR 58 and the Senate adopted SR 88, which urged the Illinois Department of Public Health to adopt new guidelines for painkillers.
Indiana	HB 1294 was signed into law in March 2019. This bill creates a new chapter in the statute for the Prescription Drug Monitoring Program (PDMP), and makes several changes to the existing program, including the following:

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	• Authorizes a practitioner's board to discipline the practitioner when there is a complaint or when the director of the Indiana Scheduled Prescription Electronic Collection and Tracking (INSPECT) program brings a notice of violation for a practitioner who fails to query the INSPECT program database before prescribing a controlled substance or benzodiazepine. • Specifies that a practitioner may obtain information about a patient directly through the PDMP database or through the patient's integrated health record. • Decreases the instances in which a Class A misdemeanor is a violation to when a practitioner discloses confidential information without authorization. (Current law provides for a Class A misdemeanor for any violation of the chapter.) • Provides for instances in which a practitioner is not required to obtain information from the database. SB 133 became law in May 2019. This bill requires a pharmacist to affix a label stating a drug is an opioid when dispensing a drug that contains or is derived from opium. SB 176 became law in April 2019. This bill requires all prescriptions to be sent electronically after Dec. 31, 2020, with some exceptions specified in the bill. The bill also requires the Indiana Board of Pharmacy to adopt rules concerning electronically transmitted prescriptions and provides that practitioners are subject to disciplinary action for violating these provisions. Finally, the bill urges the Legislative Council to assign an appropriate study committee with examining electronic prescriptions.
Iowa	In July 2019, the Board of Pharmacy adopted a new regulation implementing a legislative requirement for all prescriptions to be transmitted electronically by January 2020. In April 2019, the Dental Board adopted a new regulation implementing legislative requirements. The new rule requires dentists to complete one hour of continuing education credit on opioids, consult the Prescription Drug Monitoring Program within 48 hours prior to issuing or dispensing a prescription for an opioid, and to transmit prescriptions electronically beginning Jan. 1, 2020. The rule also implements new requirements for the prescribing of controlled substances by dentists to comply with new laws.
Kansas	N/A
Kentucky	N/A
Louisiana	HB 284 became law in June 2019. This legislation requires a practitioner who writes a prescription for more than a seven-day supply of an opioid to clearly indicate on the prescription order that more than a seven-day supply of the opioid is medically necessary. SB 53 was signed by the Governor in June 2019. This bill expands the board of pharmacy's ability to provide prescription monitoring information to electronic health information systems and pharmacy information systems in other states, territories, federal districts and federal jurisdictions.
Maine	In February 2019, Gov. Janet Mills (D) issued an executive order that requires the Director of Opioid Response to:

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	• Encourage prescribers to co-prescribe naloxone when writing prescriptions for more than 100 Morphine Milligram Equivalents (MME) or other potentially dangerous combinations of drugs. • Re-establish the Prescription Drug Monitoring Program (PDMP) Advisory Council to assist the PDMP staff with analyzing prescribing trends and communicating those trends to prescribers. • Increase efforts to make naloxone more widely available. • Undertake additional specified responses intended to improve treatment and prevention initiatives.
Maryland	HB 25 was approved by Gov. Larry Hogan (R) in May 2019. The bill requires rather than authorizes the Prescription Drug Monitoring Program (PDMP) to review prescription monitoring data for indications of possible misuse or abuse of a monitored prescription drug, or a violation of law or breach of professional standards by a prescriber or dispenser. The bill also requires that if either is indicated, the PDMP must notify and provide education to the prescriber or dispenser. If there is a possible violation of law or breach of professional standards, the PDMP may provide prescription monitoring data to the state Office of Controlled Substances Administration (OCSA) for further investigation under certain circumstances, provided that PDMP takes specified actions. The PDMP must take specified factors into account regarding a possible violation of law or breach of professional standards. PDMP must also include specified information regarding instances of possible violations of law or breaches of professional standards in its annual report. The bill also authorizes the PDMP to provide prescription monitoring data to the OCSA for investigation if a review indicates the possible misuse or abuse. The PDMP must send notification a prescriber or dispenser if information has been sent to the Administration. The bill also requires the Program to consider specified factors related to particular circumstances and clinical guidance when making a determination if a violation has occurred. HB 466 became law in April 2019. This bill requires the PDMP to provide information to: • Authorized users (rather than the authorized administrator) of another state's PDMP or any other authorized local, state, territorial or federal agency in connection with the provision of medical care, • The Office of the Attorney General on issuance of a subpoena for the purpose of furthering a bona fide investigation, • The medical director of a health care facility or a designee for the purpose of providing health care practitioners employed at the facility access to the PDMP and • The Office of the Chief Medical Examiner. The bill also requires the PDMP's Technical Advisory Committee (TAC) to include additional elements in its annual report, such as recommendations on any changes necessary for TAC to meet the needs of the PDMP.
Massachusetts	HB 4938 was signed by the Governor in January 2019. This bill allowed data in the Prescription Drug Monitoring Program (PDMP) to be made available to: • Personnel of the U.S. Attorney General or a federal agency; • The Office of the Attorney General, provided that the data request is in connection with a bona fide, specific controlled substance or additional drug-related investigation and accompanied by a probable cause warrant issued pursuant to law or a civil investigative demand;

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	• A District Attorney's Office, provided that the data request is in connection with a bona fide, specific controlled substance or additional drug-related investigation and accompanied by a probable cause warrant; • Personnel of the Medicaid Fraud Control Unit within the Office of the Attorney General, provided that the data request is made in connection with a bona fide, specific controlled substance or additional drug-related investigation of a practitioner, pharmacist, pharmacy, person required to be a registered participant or any other provider subject to the jurisdiction of a Medicaid Fraud Control Unit, and, provided further, that the department shall provide the data requested pursuant to this clause without a probable cause warrant or a civil investigative demand; and • Personnel within the District Attorney's Office, provided that the data request is made in connection with a bona fide investigation into the cause and manner of death of an individual suspected of a drug overdose and, further provided, that the data is limited to the prescription information of the individual suspected of the drug overdose and that such information is provided without a probable cause warrant issued.
Michigan	Gov. Gretchen Whitmer (D) created the Michigan Opioids Task Force as an advisory body within the Department of Health and Human Services through Executive Order No. 2019-18. The task force is required to research, identify, recommend and implement response actions to the opioid epidemic in Michigan.
Minnesota	HF 400 was approved by the Governor in May 2019. This bill made many changes to Minnesota statutes. The changes most relevant to academic dentistry are described below: • Prescriptions for opiates or narcotic pain relievers in Schedules II through IV are limited to a four-day supply when used for the treatment of acute dental pain. • Initial prescriptions for opiate or narcotic pain relievers listed in Schedules II through IV are limited to a seven-day supply for adults and a five-day supply for minors, when used for the treatment of acute pain associated with a major trauma or surgical procedure. Practitioners may exceed the limit if they believe a greater supply is need for treatment. • Prescribers must consult the Prescription Drug Monitoring Program before the initial prescription for a controlled substance containing an opioid, and at least once every three months for patients receiving an opiate for treatment of chronic pain or participating in medically-assisted treatment for an opioid addiction. Specific exemptions to this requirement are listed in the bill. Included among the exemptions are prescriptions written within three days following oral surgery. • The Board of Dentistry and other specified licensing boards must require licensees to complete two hours of continuing education on best practices in prescribing opioids and controlled substances, including nonpharmacological and implantable device alternatives for treatment of pain and ongoing pain management, as part of the continuing education requirements for licensure renewal. • Patients are now allowed to issue non-opioid directives that prohibit the administration, dispensing or prescribing of an opioid to a patient who does not wish to be given an opioid. • Health care providers must enter a patient's instructions relating to administering, dispensing or prescribing an opioid at the request of a patient.
Mississippi	In March 2019, the Board of Dental Examiners adopted a new regulation that prohibits Schedule II controlled substances from being prescribed or dispensed for acute noncancer

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	pain for more than seven days. The new regulation also requires dentists to register with the Prescription Drug Monitoring Program (PDMP), and consult the PDMP prior to prescribing or dispensing more than a one-day supply of Schedule II controlled substances. Finally, the regulation also requires every dentist complete the continuing education outlined in Board Regulation 41 regarding the prescribing of opioids. In August 2019, the Board of Dental Examiners adopted a new regulation that requires every dentist who prescribes, administers or dispenses any controlled substance, or who proposes to engage in the prescribing, administering or dispensing of any controlled substance, to obtain three hours of continuing education every two years regarding the prescription of opioids. In August 2019, the Board of Pharmacy adopted a new regulation that requires pharmacies to report controlled substance dispensing information every 24 hours or the next business day.
Missouri	SB 275 was signed by Gov. Michael Parson (R) in August 2019. This bill prohibits dentists from prescribing long-acting or extended-release opioids, unless in the dentist's professional judgment/the dentist believes a long-acting or extended-release opioid is necessary to treat the patient. If a long-acting or extended-release opioid is prescribed, a dentist is required to document and explain in the patient's dental record the reason for the necessity for the long-acting or extended-release opioid. The bill also prohibits dentists from prescribing doses greater than 50 Morphine Milligram Equivalents (MME) per day for treatment of acute pain, unless the dentist believes and documents the reason doses greater than 50 MME are necessary to treat the patient. In April 2019, the Board of Dentistry adopted a new regulation that made several changes to opioid-prescribing requirements for dentists. The new regulation requires dentists to assess a patient for potential opioid use disorder before prescribing an opioid controlled substance. Dentists are also required to thoroughly discuss with the patient or their guardian, as well as document in the patient's record, any medications the patient or their guardian discloses to the dentist they have received from any other health care providers. Additionally, the new regulation prohibits dentists from: • Issuing an initial prescription for more than a seven-day supply of an initial prescription of an opioid controlled substance for treatment of a patient's acute pain, unless the dentists believes more than a seven-day supply is appropriate and the dentist documents the reason in the patient's records. • Issuing a renewal, refill or new prescription for an opioid controlled substance for treatment of the same acute pain without first conducting a consultation with the patient to determine the need and appropriateness. • Issuing more than a seven-day supply for any appropriate renewals, refills or new prescriptions of opioids for treatment of the same acute pain, unless the dentists believes more than a seven-day supply is appropriate and the dentist documents the reason in the patient's records. In February, the Department of Social Services adopted a new regulation that established the Medicaid payment policy for the complementary health and alternative therapies for chronic pain management for adult Medicaid participants.

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Montana	HB 86 became law in March 2019. This bill made several changes to opioid-prescribing practices that include: • Limiting first-time prescriptions for an opioid medication to no more than a seven-day supply. The bill grants exceptions if: a) in the professional medical judgment of the practitioner, a prescription for more than a seven-day supply is necessary to treat chronic pain, pain associated with cancer, or pain experienced while the patient is in palliative care; or b) the opioid being prescribed is designed for the treatment of opioid abuse or dependence. • Requiring each person licensed to prescribe or dispense prescription drugs to register to use the prescription drug registry at the time of initial licensure or renewal of licensure. • Requiring a prescriber or an agent of the prescriber to review a patient's records under the Prescription Drug Monitoring Program (PDMP) before issuing a prescription for an opioid or benzodiazepine, unless: a) the prescription is for a number of doses that is intended to last the patient seven days or less and cannot be refilled, b) the patient is in hospice care, c) the drug is administered in a health care facility or an emergency room, d) the patient is being treated for chronic pain and the prescriber reviews the patient's records every three months, or e) PDMP system failure does not allow for review. • Requiring dispensers to check and record identification prior to dispensing a controlled substance, unless the patient is being treated at health care facility, the substance is dispensed directly to the patient or the patient's health care provider or the recipient is personally known by the pharmacist and the personal identification is recorded. SB 61 was signed into law in April 2019. This bill requires each person licensed to prescribe or dispense prescription drugs to register to use the PDMP at the time of initial licensure or renewal of licensure. The bill also allows PDMP information to be integrated into a health information system if the system: a) limits access to the information to those individuals authorized to PDMP information, b) meets the privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and c) meets other criteria established by rule. "Health information system" is defined as one of the following systems used to compile and manage patient health care information: • an electronic health record system, • a health information exchange approved by the board, • a pharmacy dispensing system or • a system defined by the Board by rule. In September 2019, the Department of Public Health and Human Services adopted a new regulation that added exceptions to a Medicaid policy that limits payment for opioid prescriptions to a seven-day supply. Treatment for chronic pain, pain associated with cancer, palliative care and opioid dependence are now exempt from the policy.
Nebraska	LB 556 became law in May 2019. This bill made numerous changes to the Prescription Drug Monitoring Program (PDMP). The bill added additional specified information about patients to information that is required to be reported to the PDMP. The legislation also requires additional information about prescriptions to be reported to the PDMP, such as the number of refills authorized, the prescription number of the drug dispensed and the

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	National Drug Code number as published by the U.S. Food and Drug Administration. The bill also allowed PDMP information to be shared with the following individuals and groups: • Other state prescription drug monitoring programs; • State and regional health information exchanges; • The Medical Director and Pharmacy Director of the Division of Medicaid and Long-Term Care of the department or their designees; • The medical directors and pharmacy directors of Medicaid-managed care entities, the Medicaid Drug Utilization Review Board and any other state-administered health insurance program or its designee, if specified requirements are met; • Organizations which facilitate the interoperability and mutual exchange of information among state PDMPs or state or regional health information exchanges; • Electronic health record systems or pharmacy-dispensing software systems for the purpose of integrating prescription drug information into a patient's medical record; • Patients requesting their own data; or • Deidentified data used for statistical, public research, public policy and public education.
Nevada	AB 49 was signed into law in May 2019. This bill authorizes the Board of Pharmacy to suspend or revoke the registration to dispense controlled substances of a practitioner who fails to comply with requirements relating to the Prescription Drug Monitoring Program, or failure to obtain a patient utilization report before issuing certain prescriptions. The legislation also authorizes the Board to terminate the access of an occupational licensing board that accesses the database for an unauthorized purpose. Finally, the bill requires the Chief Medical Officer to upload certain information relating to a drug overdose to the computerized program to track certain prescriptions for controlled substances. AB 239 became law in June 2019. This bill allows a medical practitioner, other than a veterinarian, to exceed prescription limitation requirements for controlled substances used to treat acute pain when a practitioner determines that the prescription is medically necessary. This bill authorizes a more limited evaluation and risk assessment to be performed before issuing an initial controlled substance prescription that is for 30 days or less. The bill also exempts medical practitioners from various requirements when prescribing a controlled substance to patients with sickle cell disease, in hospice or under palliative care. The bill also removes from existing law, a requirement that an investigation of a complaint or information indicating that a practitioner has engaged in certain inappropriate activity with regard to a controlled substance, include a requirement that the practitioner attest that he or she has complied with certain requirements concerning the prescription of such controlled substances. AB 310 was approved by the Governor in June 2019. This bill requires a prescription for a controlled substance be given to a pharmacy by electronic transmission, except in circumstances prescribed by the State Board of Pharmacy by regulation and in certain other cases such as: (1) prescriptions issued by a veterinarian, (2) certain situations where an electronic prescription is not practical or feasible or is prohibited by federal law, (3) when a prescription is not issued to a specific person, and (4) pursuant to a waiver granted by the Board under exceptional circumstances. The legislation also authorizes

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	administrative penalties and professional discipline to be taken against a practitioner who fails to comply with the with electronic transmission requirements.
New Hampshire	SB 120 was signed by Gov. Chris Sununu (R) in June 2019. This bill: • Transfers the Prescription Drug Monitoring Program (PDMP) from the Board of Pharmacy to the Office of Professional Licensure; • Authorizes the PDMP to share certain information with other state departments; and • Requires the Program Administrator to make a report regarding the effectiveness of the program, at least annually, commencing on Nov. 1, 2019, to specified members and committees of the legislature as well as the licensing boards of all professions required to use the program. Gov. Sununu issued Executive Order 2019-01 which established the New Hampshire Opioid Overprescribing and Misuse Project Advisory Council. The Council is required issue an annual report which summarizes the Council's activities and shares any recommendations that the Council develops. The Council also provides recommendations to the Governor between annual reports.
New Jersey	AB 3292 became law in July 2019. This bill requires prescription opioid medications include a warning sticker advising patients of risk of addiction and overdose. In May 2019, the Division of Consumer Affairs finalized a new regulation in response to recently enacted legislation. The new regulation made many changes to opioid-prescribing regulations and regulations governing the Prescription Drug Monitoring Program (PDMP). The changes most relevant to academic dentistry are listed below: • Practitioners are required to register with the PDMP. • Electronic health systems can access the PMDP to allow PDMP information to be directly integrated into electronic medical records. The new regulation also authorizes practitioners who are required to look up PDMP information to access the information through an authorized electronic system. • The new regulation eliminated an exemption from the mandatory requirement for practitioners to consult the PDMP. Specifically, the exemption allowed practitioners prescribing a controlled dangerous substance (CDS) in the emergency department of a general hospital in a quantity that was less than a five-day supply to prescribe without consulting the PDMP. • The new regulation modified an exemption from the mandatory requirement for practitioners to consult the PDMP. The previous rule exempted practitioners from the requirement of prescribing less than a 30-day supply of a CDS to a patient immediately, but no more than 24 hours, after the patient had undergone an operation, procedure or treatment for acute trauma, for which a CDS is recognized in the customary treatment of pain following such operation, procedure or acute trauma. The regulatory change amended this provision to limit to a five-day supply of a CDS that is provided immediately to a patient, after the patient has undergone an operation or treatment for acute trauma in a general hospital or a licensed ambulatory care facility. • The new regulation also eliminated an exemption from the mandatory requirement to consult the PDMP, when a CDS is prescribed immediately after a patient has an undergone a procedure that is not an operation.

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	• Pharmacy PDMP-reporting requirements were amended to include identifying information for the person, other than the patient, picking up a prescription when the pharmacist has a reasonable belief that the individual may be seeking a CDS for any reason other than delivering the substance to the patient for the treatment of an existing medical condition. • The new rule also establishes a process for a patient to correct PDMP information.
New Mexico	SB 221 was signed into law in March 2019. This bill requires a provider who prescribes, distributes or dispenses an opioid analgesic to a patient for the first time to counsel the patient on the risks of overdose and inform the patient of the availability of an opioid antagonist, and provide annual counseling for a patient to whom an opioid analgesic has been previously prescribed. The bill also requires a provider who prescribes an opioid analgesic to offer a prescription for an opioid antagonist if the amount of the opioid being prescribed is at least a five-day supply. The bill requires a prescription for naloxone to be accompanied by written information regarding the temporary effects, techniques for administration and a warning that a person administering should call 911 immediately after administration.
New York	N/A
North Carolina	N/A
North Dakota	N/A
Ohio	HB 166 became law in July 2019. This bill established the state's budget and authorized the Board of Pharmacy to provide Prescription Drug Monitoring Program (PDMP) information on receipt of a request from a prescriber or prescriber's delegate or from a pharmacist or pharmacist's delegate who is from or participating with a PDMP that is operated by a federal agency and approved by the Board. The Board is permitted to provide information only if there is a written agreement under which the information is to be used and disseminated under the laws of Ohio. The bill also allowed PDMP information to be shared with a managed care organization that has entered into a contract with the department of Medicaid.
Oklahoma	HB 1155 became law in April 2019. This bill allows a practitioner who believes a patient is in compliance with a pain-management agreement after one year of continuous treatment to set the review of the treatment plan at four- or six-month intervals (instead of three-month intervals required under the previous law) and issue prescriptions for the patient as necessary. HB 2368 was approved by the Governor in May 2019. The bill creates the Oklahoma Commission on Opioid Abuse to study, evaluate and make recommendations for any changes to state policy, rules or statutes to better combat opioid abuse in Oklahoma. The legislation also requires a licensed dentist to be named to the commission and requires the commission to issue an annual report of findings and recommendations. SB 603 became law in May 2019. The bill requires dentists to complete a one-time, two-hour opioid and scheduled drug-prescribing class, and requires all newly licensed dentists to do so within one year of receiving a license. The legislation also allows the Board of Dentistry to discipline a dentist for failing to complete an approved two-hour course on opioid and scheduled drug prescribing within one year of obtaining a license or a violation of a law related to controlled dangerous substances including prescribing laws.

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	SB 848 was approved by the Governor in May 2019. This new law made numerous changes to prescribing requirements that included: • Allowing licensing boards, including the Board of Dentistry, to suspend the license of practitioners found to have prescribed, dispensed or administered opioids in excess of the authorized amount of opioids outlined in current law. The measure also clarifies that an opiate must be a Schedule II, III, IV or V substance. • Directing pharmacists to fill a prescription for a Schedule II opioid prescription to the exact parameters described in the prescription order. • Clarifying that an opiate, for the purposes of state law, must be a Schedule II, III, IV or V substance. • Altering continuing education requirements for many practitioners including dentists. Dentists are now required to take three hours in pain management or three hours in opioid use and addiction. • Permitting, rather than requiring, licensing board to consider the suspension of a licensee who fails to access the Prescription Drug Monitoring Program as required by law and regulation. • Prohibiting any prescription for an opioid drug for the purpose of treating acute pain from exceeding a seven-day supply and requires such a prescription to be limited to the lowest effective dose. (Previous law only implemented this restriction for prescriptions containing a Schedule II opioid.) • Requiring prescribers to complete a physical examination, implement a treatment plan and take additional specified steps when issuing a prescription for any opioid used to treat acute or chronic pain. (Previous law only implemented this restriction for prescriptions containing a Schedule II opioid.) • Allowing a refill for an opioid drug for the purpose of treating acute pain when the subsequent prescription is due to a major surgical procedure or confined-to-home status as defined in law, when the refill does not exceed a seven-day supply and other specified steps are followed. • Requiring prescriptions to designate if they are issued for the treatment of "acute pain" or "chronic pain." • Allowing practitioners to assess patients complying with a patient-provider agreement every six months, after one year. • Directing the Oklahoma Insurance Department to study the effects of restricting opioid prescriptions on the claims paid by health insurance carriers and the out-of-pocket costs and to submit a report no later than Jan. 1, 2021. • Directing the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control to create a report for the standing committees of the legislature having jurisdiction over health and human services that monitors implementation of the provisions of this measure. The report's contents are outlined in the bill and must be provided to the committees no later than Jan. 31, 2020.
Oregon	HB 2257 was signed by the Governor in July 2019. This bill requires Prescription Drug Monitoring Program (PDMP) data to be accessible to dental directors. The bill also defines "dental director" as a dentist, as defined in ORS 679.010, employed by a coordinated care organization, dental clinic or office or a system of dental clinics or offices, for the purpose of overseeing the operations of the dental clinic or office or the system of dental clinics or offices, and ensuring the delivery of quality dental care within the clinic, office or system.

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	HB 2609 became law in May 2019. The bill requires the PDMP to be accessible to a dental director. This bill requires the dental director to certify that information requested from the PDMP is for the purposes of overseeing the operations of a dental clinic or office or a system of dental clinics or offices and ensuring the delivery of quality dental care within the clinic, office or system. "Dental director" is defined as a dentist, employed by a dental clinic or office or a system of dental clinics or offices for the purpose of overseeing the operations of the dental clinic or office or the system of dental clinics or offices, and ensuring the delivery of quality dental care within the clinic, office or system.
Pennsylvania	SB 572 was approved by the Governor in November 2019. This bill requires prescribers to enter into treatment agreements with a patient prior to prescribing an opioid treatment course for chronic pain and establishes requirements for treatment agreements. The legislation also requires the use of a baseline urine drug screening to establish a general assessment for an individual new to treatment for chronic pain and in monitoring adherence to an existing treatment as well as to detect the use of nonprescribed drugs. Finally, the bill also requires prescribers, before issuing a prescription for an opioid intended to treat chronic pain, to: • Assess whether the patient has taken or is currently taking a prescription drug for the treatment of a substance use disorder (SUD). • Discuss with the patient the risks of addiction and overdose associated with an opioid, including the increased risks of addiction for those suffering from a mental health disorder or SUD, and the risks of taking the opioid with alcohol or a benzodiazepine. • Discuss non-opioid treatment options which are available for chronic pain.
Puerto Rico	N/A
Rhode Island	HB 5184/SB 291 was signed by the Governor in July 2019. This bill requires pharmacists to inform patients that the pharmacist may dispense a partial fill of the prescription, if requested by the patient, and the procedure for other partial fills until the full prescription is dispensed within 30 days of the date on which the prescription was written. The legislation also requires pharmacies to conspicuously display a list of the 10 most-prescribed drugs containing opioids and/or other Schedule II substances at or adjacent to the place in the pharmacy where prescriptions are presented for compounding and dispensing. The list must also contain warnings relating to the overuse, misuse and mixing of those drugs with other drugs, specifically benzodiazepines, and/or alcohol-including, but not limited to, dependence, addiction or death. HB 5537/SB 981 became law in July 2019. This bill prohibits an initial prescription for an opiate to an adult patient from exceeding the maximum daily dose requirements established by the Rhode Island Department of Health and to a minor from exceeding more than 20 doses at any time. The legislation allows a practitioner to exceed the limitation for minors when treating specified conditions and requires a practitioner to document that the practitioner discussed risks associated with opioids with the minor's parent or guardian.
South Carolina	N/A
South Dakota	N/A
Tennessee	HB 150/SB 194 was signed into law in April 2019. This bill defines "alternative treatments" for purposes of the requirement that prescribing physicians explain reasonable alternatives

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	to opioids as including chiropractic care, physical therapy, acupuncture and other treatments that relieve pain without the use of opioids. HB 843/SB 810 became law in April 2019. This bill allows Prescription Drug Monitoring Program (PDMP) information to be shared with a health care practitioner under review by a quality improvement committee who submits information contained in and reported from the database to a quality improvement committee. The information can also be shared with a quality improvement committee of a group practice, as part of the committee's confidential and privileged activities with respect to the evaluation of the safety, quality, appropriateness or necessity of health care services performed by a health care practitioner, if the information is furnished to a quality improvement committee by the health care practitioner that is the subject of a review. The bill also: • Extends the electronic prescription requirement to schedule II, III, IV and V controlled substances and changes the effective date of the requirement from Jan. 1, 2020, to Jan. 1, 2021. • Adds that a health care practitioner is not required to include an ICD-10 code on any prescription for an opioid of a three-day supply or less and an opioid dosage of less than 180 morphine milligram (MME) equivalent. • Increases opioid dosage restriction for cases where the patient has a condition that will be treated by a procedure that is more than minimally invasive and sound medical judgment would determine the risk of adverse effects from the pain exceeds the risk of the development of a substance use disorder or overdose event. • Eliminates an exemption to the opioid dosage restriction that allows dispensing practitioners to treat a patient more than once within 10 days, provided no more than a five-day supply is provided per encounter. Instead, allows a health care practitioner to authorize the dispensing of the opioid prescription by partial fill by placing "partial fill" or "PF" on the prescription. • Adds active cancer treatment to the list of conditions exempted from opioid dosage restrictions. • Increases opioid restrictions for opioids approved by the U.S. Food and Drug Administration to treat upper respiratory symptoms or cough to a 14-day supply. HB 1360/SB 1384 was signed by the Governor in May 2019. This bill requires the Commissioner of Health, by Jan. 1, 2020, to study instances when co-prescribing of naloxone with an opioid is beneficial and publish the results to the Board of Pharmacy and each prescribing board that licenses health care professionals who can legally prescribe controlled substances. The Commissioner must also include the findings in the treatment guidelines for prescribing opioids. SB 566/HB1293 became law in April 2019. This bill requires the Controlled Substance Committee or the Commissioner of Health to release confidential PDMP information to the Attorney General and reporter upon request for the purpose of reviewing, querying or otherwise using the data in conjunction with investigating or litigating a civil action involving controlled substances.

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Texas	HB 2174 was signed by the Governor in June 2019. This bill limits initial prescriptions of opioids for the treatment of acute pain to no more than a 10-day supply (subject to exemptions), and prohibits a practitioner from providing a refill of an opioid for the initial treatment of acute pain. The legislation also prohibits a person, except in an emergency, as defined by rule or statute, from dispensing or administering a controlled substance without an electronic prescription. Finally, the bill requires anyone who is authorized to receive prescription information to complete two hours of professional education related to approved procedures of prescribing and monitoring controlled substances. The State Board of Dental Examiners finalized a regulation in December 2019, which implemented specific requirements for the continuing education policy. HB 2454 became law in June 2019. This bill established pain management and opioid abuse continuing education requirements for health care practitioners. For dentists, the bill requires those whose practice includes direct patient care to complete, for each registration period, at least two hours of Board-approved continuing education regarding pain management and opioid abuse, including education regarding the reasonable standard of care in prescribing opioids and other addictive controlled substances. The State Board of Dental Examiners finalized a regulation in December 2019 to implement the requirements under HB 2454 for safe and effective pain management education. HB 3284 was signed by the Governor in June 2019. This bill makes several changes that include: • Requiring electronic prescriptions for controlled substances except in certain circumstances. • Authorizing a patient or patient's legal guardian to request and receive a copy of the patient's prescription record and list of persons who have accessed the patient's prescription record. • Creating a criminal offense for a person authorized to access patient prescription information, if the person discloses or uses the information in an unauthorized way or if in the request for information, the person misrepresents or fails to disclose a material fact. • Prohibiting disclosure of Prescription Drug Monitoring Program (PDMP) information to law enforcement or prosecutorial staff unless a warrant, subpoena or other court order is provided. • Creating an advisory committee to produce recommendations for specified improvements to the PDMP. • Requiring the Board of Pharmacy to notify relevant regulatory agencies of the disclosure of information in certain circumstances. • Authorizing access to information in the PDMP for health care facilities certified by the Centers for Medicare and Medicaid Services. The State Board of Dental Examiners issued a final regulation in December 2019, implementing the requirements under HB 3284 for accessing the prescription history of patients through the PDMP.
Utah	HB 186 was signed by the Governor in March 2019. This bill permits the Division of Occupational and Professional Licensing to consult with prescribers and health care systems on best practices with respect to prescribing controlled substances. The bill also requires the Division, upon receiving a report from the Medical Examiner regarding a death caused by poisoning or overdose involving a prescribed controlled substance, to

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	provide a copy of the report to each practitioner identified as having prescribed a drug that may have contributed to the overdose. The Division is also allowed to offer the practitioner an educational visit to review the report, but a practitioner may decline an educational visit. The Division is prohibited from using the decision to decline or information from an educational visit in a licensing investigation or action. The bill provides that records of an educational visit are protected. In November 2019, the Division of Occupational and Professional Licensing adopted a new regulation in response to recently passed legislation that updated data required to be reported to the Prescription Drug Monitoring Program (PDMP) and clarified PDMP data access requirements.
Vermont	N/A
Virginia	HB 2559 was signed into law in March 2019. This bill requires licensing health regulatory boards of prescribers to grant a waiver to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription (effective July 1, 2020), for a period not to exceed one year due to a) demonstrated economic hardship, b) technological limitations that are not reasonably within the control of the prescriber or c) other exceptional circumstances demonstrated by the prescriber. The bill also provides that a dispenser is not required to determine whether one of the exceptions applies when he receives a non-electronic prescription for a controlled substance containing opioids. Finally, the bill requires the Secretary of Health and Human Resources to convene a workgroup to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances and to report to the legislature by Nov. 1, 2022. In September 2019, Governor Ralph Northam (D) issued Executive Order 44, which continued the Governor's Advisory Commission on Opioids and Addiction. The Commission is responsible for advising the Governor's Executive Leadership Team on Opioids and Addiction and providing guidance on specified initiatives related to addressing the opioid and addiction public health emergency.
Washington	SB 5380 was signed by the Governor in May 2019. This bill made many changes to opioid treatment and prescribing laws as well as laws governing the operation of the Prescription Drug Monitoring Program (PDMP). The changes most relevant to academic dentistry are summarized below: • Prescriptions for controlled substances must be communicated electronically beginning Jan. 1, 2021, unless one of the exceptions, including a waiver from the Department of Health (DOH), is met. • Beginning Jan. 1, 2021, entities or facilities with ten or more prescribers must integrate their electronic health records with the PDMP, unless DOH grants a waiver or the entity or facility is a critical access hospital. DOH must collaborate with providers and facilities on specified aspects of integration. • Dispensers are required to submit the necessary prescription information to the PDMP no later than one business day after the date the prescription is dispensed. • Pharmacists are now permitted to partially fill a prescription for a Schedule II controlled substance when requested by a patient or prescribing practitioner. • PDMP data is permitted to be provided to: ➢ a health professional licensing, certification or regulatory agency or entity for use in legal proceedings regarding the license;

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	➢ the Health Care Authority (HCA) Director or designee for Medicaid recipients and member of HCA's self-funded and self-insured health plans; ➢ DOH personnel to assess the public health impacts of opioid use disorder and to identify possible interventions; ➢ a licensed, certified or accredited behavioral health provider; ➢ public or private entities for statistical, research or educational purposes after removing any unique identifiers; ➢ the Washington State Medical Association for uses solely in its coordinated quality improvement program; ➢ specified state agencies for data analysis and research approved by the Washington State Institutional Review Board for public health purposes to improve the prevention or treatment of substance use disorders; ➢ the largest health professional associations representing each of the prescribing professions for the purposes of quality improvement; and ➢ Researchers conducting research approved by the Washington State Institutional Review Board and by the DOH through a data-sharing agreement.
West Virginia	HB 2768 was approved by the Governor in March 2019. This bill clarifies that restrictions placing a limit on the number of days an opioid may be prescribed only apply to Schedule II opioid drugs. The legislation also changes requirements for narcotics contracts to only apply to the third issuance of a prescription for a Schedule II opioid drug, rather than for any opioid drug listed in Schedule II, and requires narcotics contracts to specify if another physician is approved to prescribe to a patient. Additionally, the bill clarifies that the restrictions on opioid prescribing created by the sections the Opioid Reduction Act do not apply to a patient in an inpatient setting at a hospital. Finally, the new law also requires physical examinations as a prerequisite for prescribing Schedule II opioids to be relevant to the specific diagnosis and should include an assessment of whether the course of treatment would be safe and effective for the patient. In December 2018, Governor Jim Justice (R) issued Executive Order 22-18, which established the Governor's Advisory Council on Substance Abuse Prevention and Treatment, and rescinded the Governor's Advisory Council on Substance Abuse Use Disorder. The newly established Advisory Council is required to advise the Office of Drug Control Policy (ODCP) on specified topics and collaborate with the ODCP in developing and administering a state plan on substance use disorder.
Wisconsin	N/A
Wyoming	SF 46 was signed by the Governor in February 2019. This bill prohibits opioid prescriptions greater than a seven-day supply in a seven-day period when treating opioid-naive patients for acute pain. The legislation also requires the Board of Pharmacy, in consultation with licensing boards, to establish exceptions including exceptions for chronic pain, cancer treatment, palliative care and other clinically appropriate exceptions. SF 47 became law in February 2019. This bill requires the Board of Dental Examiners and other specified health licensing boards to require every two years, three hours of continuing education related to the responsible prescribing of controlled substances. The bill also requires practitioners to search the Prescription Drug Monitoring Program (PDMP) for prior prescriptions issued to a patient before first issuing a prescription to the patient, and to repeat the search every three months thereafter for as long as the controlled

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	substance remains a part of the patient's treatment. Finally, the bill requires electronic prescriptions for controlled substances beginning Jan. 1, 2021.