

From: Danny Varat <DannyVarat@scstatehouse.gov>
To: Catherine McNicollCatherineMcNicoll@scstatehouse.gov
Date: 7/24/2017 10:06:44 AM
Subject: Re: Opioid Laws - Other States

These all appear to be more licensing/CE and database stuff, e.g. more government. So, that's off the table for us. We need to focus on writing fewer prescriptions at the beginning and beefing up the DHEC narc squad.

I believe, but tell me if you've found otherwise, that none of these things have worked to slow down the problem. They certainly haven't worked here.

I think his thoughts boil down to:

- 1) We're overmedicated and opioids, like antibiotics, are too often the default position (is the NJ hospital illustrative on this?). This mindset has to change
- 2) Databases, more licensing, more CE, and harsher punishments (drug dealing already is a serious crime, right?) address the symptoms and not the problem--although we do need more enforcement of the laws on the books (more agents). What we've done has not worked--AT ALL.
- 3) Addiction is a disease, and it must be treated as such, and health care professionals must be attentive on the front end when they treat pain and other issues that require opioids. Physicians must help prevent the problem by not pulling the trigger in the ER or other clinical setting.

Let's start there, but if you have seen something somewhere that works, then let's find the way to include it

From: Catherine McNicoll
Sent: Friday, July 21, 2017 12:08 PM
To: Danny Varat
Subject: Opioid Laws - Other States

Please highlight any that you would like me to do a deeper dive into.

State	Description of Law
Alabama	2013 Ala. Acts, Act 257 Provided additional powers for the Alabama Board of Medical Examiners regarding regulating pain management clinics and physicians. (2013 HB 151)
California	2013 Cal. Stats., Chap. 399 Authorized the California Medical Board, if it receives a report pursuant to either of the provisions described above that involves the death of a patient from a prescription drug overdose, to inspect and copy the medical records of the deceased patient (without the consent of the patient's next of kin or a court order) in order to determine the extent to which the death was the result of a prescriber's inappropriate conduct. (2013 SB 670) 2014 Cal. Stats., Chap. 491 Clarified that peace officers are included among the persons authorized to receive and distribute opioid antagonists to a person experiencing an overdose. Established training and standards for the use of opioid antagonists and authorized hospitals and trauma centers to share information with local law enforcement agencies about controlled substances. (2014 SB 1438)

State	Description of Law
	<p>2013 Colo., Sess. Laws, Chap. 178</p> <p>Allowed a person who acts in good faith to administer an opiate antagonist to another person whom they believes to be suffering an opiate-related drug overdose to be immune from criminal prosecution. (2013 SB 14)</p> <p>2011 Colo., Sess. Laws, Chap. 230</p> <p>Continued the PDMP until July 1, 2021. Provided a mechanism for law enforcement officials and regulatory boards to investigate prescriber behavior that is potentially harmful to the public. Also provided that each prescriber and each dispensing pharmacy is required to disclose to patients that their identifying prescription information will be entered into the program database. (2011 SB 192)</p> <p>2014 Colo., Sess. Laws, Chapter 291</p>
Colorado	<p>Granted the medical director, or his or her designee, at substance abuse treatment facilities, to access the state's prescription drug monitoring program. Also required the Office of Behavioral Health to create a secure online substance abuse treatment registry to allow substance abuse treatment facilities to verify patient eligibility and register patients. Granted the Department of Human Services the authority to impose a wider range of disciplinary actions for violations of the act. (HB 1173)</p> <p>2014 Colo., Sess. Laws, Chapter 239</p> <p>Made changes to the current prescription drug monitoring program to do the following: to deliver unsolicited reports of prescription data to practitioners and pharmacies; to allow a prescribing practitioner or pharmacist to delegate authority to access the database to up to three designees; to require prescribers and pharmacists to register with the PDMP; and allow out-of-state pharmacists to access database information. (HB 1283)</p>
Connecticut	<p>Vol. 79 Del. Laws, Chap. 164</p> <p>Authorized licensed chemical dependency professionals and licensed professional counselors of mental health to access the Prescription Monitoring Program (PMP) when a patient is enrolled in a substance abuse treatment program. Also authorized the exchange of prescription information submitted to the PMP through an interstate commission with an authorized member state. (2013 SB 59)</p> <p>2010 Vol. 77 Del. Laws, Chap. 396</p>
Delaware	<p>Created the Delaware Prescription Monitoring Program (PMP) Act in the Office of Controlled Substances. PMP will monitor the prescribing and dispensing Schedule II, III, IV, and V controlled substances. This information will be provided to prescribers, dispensers, and patients to help avoid the illegal use of controlled substances. It will also be used to assist law enforcement in a related investigation.</p> <p>2009 Vol. 77 Del. Laws, Chap. 161</p> <p>Created a new offense, which makes it a crime to be in possession of a blank prescription form or pad if not a practitioner. Also makes it a crime to produce or reproduce transfer, use, give or sell a prescription form or pad of a practitioner with the intent to deprive the practitioner of such prescription pad. (2009 SB 178)</p> <p>2014 Fla. Laws, Chap. 156</p> <p>Revised provisions relating to public record exemption for certain information held in the prescription drug monitoring program. Also specified that certain entities may disclose confidential and exempt information in certain instances if such information is relevant to active investigation. Required certain steps to ensure continued confidentiality of non-relevant confidential and exempt information before disclosure of such information. (HB 7177)</p> <p>2011 Fla. Laws, Chap. 141</p>
Florida	<p>Required prescriptions for controlled substances to be written on a counterfeit proof prescription pads. Also clarified standards of practice for the prescribing of controlled substances. Pain management clinic regulation and registration are amended in this law. (2011 HB 7095)</p> <p>2010 Fla. Laws, Chap. 211</p> <p>Allowed the Department of Health to obtain patient records from patient if there is reasonable cause to believe that a health care practitioner has excessively or inappropriately prescribed any controlled substance. The Department does not need to obtain a release or subpoena for the investigation. This law also required all privately owned pain management clinics to register with the Department. Physicians must also be registered. Any physician or clinic not registered will not be able to practice medicine in that clinic. (2010 SB 2272)</p>

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Georgia	2013 Ga. Laws, p. 128 Enacted the "Georgia Pain Management Clinic Act" and require the licensure of pain management clinics. Also provided for requirements for pain management clinic licensure and the denial, suspension, and revocation of licenses. (2013 HB 178)
	2011 Ga. Laws, 229 Provided for the establishment of a program to monitor the prescribing and dispensing of controlled substances and among other things also provided for the establishment of an Electronic Database Review Advisory Committee. (2011 SB 36)
Idaho	2014 Ill. Laws, P.A. 98-0857 Allowed a law enforcement agency to collect, store, and transport controlled substances from residential sources to a site or facility permitted by the Environmental Protection Agency. Required such collected controlled substances to be managed in accordance with the Environmental Protection Act, its corresponding rules and permits, and federal and State laws and regulations. (SB 2928)
Illinois	2010 Ill. Laws, P.A. 96-0361 Created the Drug Overdose Prevention Program. The director of the program may publish an annual report on drug overdose trends statewide that includes trends in drug overdose rates, trends in ER utilization due to drug overdose and related costs. Allowed the director to award grants to create or develop local drug overdose prevention, recognition, and response projects. (2010 HB 497)
Indiana	2012 Ky. Acts, Chap. 1 Established restrictions on pain management clinics including requiring a licensed physician with a specialty in pain management to be physically present practicing medicine in the pain management facility for at least 50 percent of the time patients are present in the facility. Also required each state licensing board to adopt administrative regulations establishing certain requirements for licensees authorized to prescribe or dispense controlled substances. (2012 Special Session HB 1)
Kentucky	La. Acts 2012, 352 Authorized the sharing of prescription monitoring program information with prescription monitoring programs located in other states. (2012 SB 112)
Louisiana	La. Rev. Stat. Ann. §40:2198.12 Required all pain management clinics to be licensed by the department of health and hospitals. Required the department to prescribe and publish minimum standards, rules, and regulations regarding the operation of pain management clinics.
Maine	2011 Me. Laws, Chap. 217 Adopted the interstate prescription monitoring program compact which would provide a mechanism for state prescription monitoring programs to securely share prescription data. (2011 HB 1056)
	2011 Me. Laws, Chap. 81 Directed the Substance Abuse Services Commission to convene a work group to review and make recommendations for improvements in how physicians and other prescribers treat patients in chronic, noncancer-related pain without causing addiction or diversion. (2011 HB 1102)
Massachusetts	2012 Mass. Acts, Chap. 244 Required practitioners renewing their registration to register as a participant in the prescription drug monitoring program. Also required the department of health to distribute to pharmacies educational information about prescription drug abuse, proper disposal of prescription drugs, and addiction support or treatment resources.
	2014 Md. Laws, Chap 651. Authorized the prescription drug monitoring program to review prescription monitoring data for a specified purpose and report possible misuse or abuse of a monitored prescription drug to a prescriber or dispenser. (HB 1296)
Maryland	2011 Md. Laws, Chap. 166 Established a prescription drug monitoring program to assist prescribers, dispensers and public health professionals in the identification, treatment and prevention of prescription drug abuse. Allowed data from the

State	Description of Law
Minnesota	state's program to be shared with another state's prescription drug monitoring program. (2011 SB 883) 2013 Mont. Laws, Chap. 407
Montana	Revised workers' compensation laws on prescribing schedule II and III drugs and would permit a query of the prescription drug registry prior to prescribing a schedule II or schedule III drug for treatment of a workers' compensation injury or occupational disease. (2013 SB 323)
New Hampshire	
New Jersey	2014 N.J. Laws Chap. 74 Revised certain provisions of New Jersey Prescription Monitoring Program. (SB 1998) 2012 N.M. Laws, Chap. 41
New Mexico	Amended the current New Mexico pain relief act by requiring continuing education for non-cancer pain management. (2012 SB 215) 2011 N.Y. Laws, Chap. 477
New York	Enacted the Internet System for Tracking Over-Prescribing. Provided for the creation of a system for collecting, monitoring and reporting data concerning the prescribing and dispensing of schedule II, III, IV and V controlled substances and any other substance identified by the commissioner. (2011 SB 7637) 2010 N.Y. Laws, Chap. 178 Amended the current prescription drug monitoring program to inform the pharmacy that a person who presents or has presented a prescription for one or more controlled substances at the pharmacy may have also obtained one or more controlled substances at another pharmacy where the circumstances indicate a possibility of drug abuse or diversion, potential harm to the person, or similar grounds under regulations of the commissioner. (2010 AB 7662) 2011 N.C. Sess. Laws, Chap. 117
North Carolina	Established the North Carolina Smart Card Pilot program. In this pilot program the department of health and human services may allow electronic prescribing services and prescription drug database integration and tracking in order to prevent medical error through information sharing and to reduce pharmaceutical abuse. (2011 SB 307) 2011 Ohio Laws, H. 93
Ohio	Required the board of pharmacy to license pain management clinics and provided for the clinics to be licensed as terminal distributors of dangerous drugs with a pain management clinic classification. Also required the board to adopt rules establishing standards for physician operation of pain management clinics and standards to be followed by physicians who provide care at the clinics. Required the pharmacy board, Attorney General, and department of alcohol and drug addiction services to develop a program under which drugs are collected from the community for destruction or disposal. Authorized a coroner to notify the medical board about a death caused by a drug overdose. Also required each Medicaid managed care organization and the Medicaid fee-for-service system to establish a coordinated services program for Medicaid recipients who obtain prescription drugs at a frequency or in an amount that is not medically necessary. 2013 Okla. Sess. Laws, Chap. 323
Oklahoma	Created the Oklahoma Prescription Drug Reform Act of 2013 and prohibited more than two refills for any product containing hydrocodone with another active ingredient. (2013 HB 1783) 2013 Or. Laws, Chap. 340
Oregon	Required the Oregon Health Authority to prescribe criteria for training on treatment of opiate overdose and specifies requirements for training. Also allowed persons successfully completing training to possess and administer naloxone for treatment of opiate overdose. (2013 SB 384) 2013 R.I. Pub. Laws, Chap. 124
Rhode Island	Required the director of the Department of Health to promulgate rules and regulations for the purpose of adopting a system for electronic data transmission of prescriptions for schedule II and III controlled substances. (2013 HB 5756) 2013 R.I. Pub. Laws, Chap. 132 Required the director of the Department of Health to promulgate rules and regulations for the purpose of adopting a system for electronic data transmission of prescriptions for controlled substances in schedule II, III

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	<p>and IV. (2013 SB 647)</p> <p>2013 Tenn. Pub. Acts, Chap. 430</p> <p>Authorized protocols and other requirements for prescribing certain controlled substances and revised requirements for pain clinics. (2013 SB 676)</p> <p>2013 Tenn. Pub. Acts, Chap. 336</p> <p>Prohibited pain management clinics from dispensing controlled substances. (2013 HB 868)</p>
Tennessee	<p>2012 Tenn. Pub. Acts 340</p> <p>Regulated pain management clinics and required that such clinics apply for certification with the department of health. (2012 HB 1040)</p> <p>2012 Tenn. Pub. Acts, Chap. 880</p> <p>Enacted the Tennessee Prescription Safety Act of 2012 and revised various provisions of present law regarding the controlled substance database.</p> <p>Senate Bill 316 of 2013</p> <p>Required the Board of Pharmacy to develop a continuing education program regarding opioid drug abuse and the delivery, dispensing, and provision of tamper-resistant opioid drugs after considering input from interested persons. The board may require a license holder to satisfy a number of the continuing education hours.</p>
Texas	<p>2011 Tex. Gen. Laws, Chap. 1228</p> <p>Amended current law to allow certain controlled substances to be dispensed with an electronic prescription. (2011 SB 594)</p> <p>2014 Utah Laws, Chap. 68</p> <p>Provided access to the Controlled Substance Database to authorized employees of a Medicaid managed care organization, if the Medicaid managed care organization suspects the Medicaid recipient is improperly obtaining a controlled substance. (2014 SB 29).</p> <p>2014 Utah Laws, Chap. 401</p> <p>Modified the Controlled Substance Database Act regarding access by allowing the pharmacist-in-charge to designate a specified number of licensed pharmacy technicians to have access to the database on behalf of the pharmacist in accordance with statutory requirements. (2014 SB 178).</p> <p>2013 Utah Laws, Chap. 450</p> <p>Established the continuing education requirements for controlled substance prescribers under the Utah Controlled Substances Act. (2013 SB 214)</p> <p>2012 Utah Laws, Chap. 174</p> <p>Made information in the controlled substances database and information obtained from other state or federal prescription monitoring programs by means of the database available to certain individuals. Allowed individuals employed in an emergency room of a hospital to exercise access to the database. (2012 HB 257)</p>
Utah	<p>2011 Utah Laws, Chap. 38</p> <p>Made information in the prescription drug monitoring database available to employees of the Office of Internal Audit and Program Integrity within the Department of Health who are engaged in their specified duty of ensuring Medicaid program integrity. (2011 HB 358)</p> <p>2011 Utah Laws, Chap. 226</p> <p>Authorized certain individuals to access the controlled substance database for the purpose of reviewing a patient's request for workers' compensation benefits. (2011 SB 248)</p> <p>2010 Utah Laws, Chap. 287</p> <p>Amended provisions relating to the Controlled Substance Database and states requirements for individuals, other than veterinarians, who are licensed to provide a controlled substance or applying for a license or renewing a license. These individuals have to register to use the database, take a tutorial and pass a test relating to the database and prescribing of a controlled substance. Any failure to register will result in a felony. (2010 HB 28)</p> <p>2010 Utah Laws, Chap. 290</p> <p>Provided for notification of practitioners if a patient 12 years of age or older is admitted to hospital for poisoning by or overdose of a prescribed, controlled substance that practitioner may have prescribed. (2010 HB 35)</p>

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Vermont	<p>2013 Vt. Acts, Act 75</p> <p>Required health care providers to search the Vermont Prescription Monitoring System prior to prescribing a controlled substance and expanded the categories of persons who may access the Vermont Prescription Monitoring System (VPMS). (2013 HB 522)</p> <p>2014 Va. Acts, Chap. 664</p> <p>Required prescribers to report prescription drugs of concern to the Prescription Monitoring Program. (2014 HB 874)</p> <p>2014 Va. Acts, Chap. 93</p> <p>Required prescribers to request information from the Prescription Monitoring Program for the purpose of establishing a drug treatment history prior to initiating treatment with benzodiazepines or other opiates. (2014 HB 1249)</p>
Virginia	<p>2013 Va. Acts, Chap. 739</p> <p>Added an agent designated by the chief law-enforcement officer of any county or city to the list of individuals to whom the Department of Health Professions must disclose information relevant to a specific investigation of a specific recipient, dispenser, or prescriber upon request, and provided that agents designated by the superintendent of the Department of State Police or the chief law-enforcement officer of a county or city to receive information relevant to a specific investigation of a specific recipient, dispenser, or prescriber to complete the Virginia State Police Drug Diversion School. (2013 HB 1704)</p> <p>2013 Wash. Laws, Chap. 36</p>
Washington	<p>Funded the prescription monitoring program from the Medicaid fraud penalty account. (2013 HB 1565/SB 5493)</p> <p>2010 W.Va. Acts, Chap. 147</p>
West Virginia	<p>Created the official prescription program act, which requires prescriptions to be written on a tamper-proof prescription pad, among other provisions. (2010 SB 81)</p>
Wisconsin	

Best Regards,
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