New Pain Management Legislation – 2013

During the 2013 legislative term, SPPAN has been tracking 802 pain-related bills in all fifty states, D.C., and federally. Of those bills, 161 have been signed into law as of June 19, 2013. This report organizes the new legislation by state and by category and provides a link to the full text of each bill. Abstracts written by SPPAN staff are included for many of bills.

View by Category
View by State

New Legislation – By Category

Categories:

**Acupuncture**
Awareness / Directed Research
Budget
Criminal
Disposing / Redistribution
Good Samaritan Laws / Substance Abuse
Treatment
Health Care Professions, generally
Insurance (other than Prior Authorization)
Interchangeable Biosimilar Products
Massage Therapy
Medicaid
Medical Marijuana
Naturopaths / Homeopathic Medicine
Nursing

**Optometry**
Palliative Care / End of Life
Pharmacy
Physical Therapy
Physician Assistant
Physician Wellness
Pill Mill / Pain Clinic
Practitioner Education
Prescribing Controlled Substances, Generally
Prescription Monitoring Programs
Primary Care
Prior Authorization
State Benefit Eligibility
Workers’ Compensation

**Acupuncture**

**MS HB 1162** – Acupuncture Practice Act
Abstract – Full Text

**Awareness / Directed Research**

**US SRES 72** – To observe the contributions of the American Chiropractic Association and to recognize the 50th anniversary of the founding of the organization.
Abstract – Full Text
**AL HJR 171** – Neuropathy Awareness Month, April 2013
[Abstract](#) – [Full Text](#)

**AL SJR 64** - Health, neuro-endocrine-immune diseases (NEIDs), Governor and health officials urged to establish clinical care and research center for, increased education of health care providers urged
[Abstract](#) – [Full Text](#)

**CA SCR 8** – Prescription Drug Abuse Awareness Month
[Abstract](#) – [Full Text](#)

**HI HCR2013 146 / HI HR2013 115 / HI SR2013 110** – Urging the establishment of a work group to examine social determinants of health and risk adjustment for Medicaid, gap-group, and uninsured individuals.

**HI SR2013 32 / HI SCR2013 62** – Urging Hawaii’s Congressional Delegation to support continued funding for the congressionally directed Medical Research Program for Neurofibromatosis.

**MT SJ 20** - Resolution requesting a legislative study on prescription drug abuse
[Abstract](#) – [Full Text](#)

**PA HR 229** - A Resolution designating April 18, 2013, as "Ependymoma Awareness Day" in Pennsylvania.
[Abstract](#) – [Full Text](#)

**RI S 928** - Senate Resolution Proclaiming May 9, 2013, as "Rhode Island Home Care and Hospice Day"
[Abstract](#) – [Full Text](#)

**SD HC 1019** - Recognizing and honoring the South Dakota Arthritis Foundation for its efforts to raise awareness and work towards the prevention and cure of arthritis in children and adults.
[Abstract](#) – [Full Text](#)

**TX SB 316** - Relating to continuing education for pharmacists regarding drug abuse and opioid drugs and an interim study regarding opioid abuse.
[Abstract](#) – [Full Text](#)

**UT HB 37** - Repeal of Reporting Requirements
[Abstract](#) – [Full Text](#)

**UT SB 207** - Repeal of Health and Human Services Reports and Expired or Discontinued Programs
[Abstract](#) – [Full Text](#)

**WA HR 4614** – Recognizing Pain Awareness Month
[Abstract](#) – [Full Text](#)
WV SB 108 - Creating Fatality and Mortality Review Team
Abstract – Full Text

**Budget**

MI HB 4328 – Appropriations
*This bill was passed with line item vetoes. The line item vetoes were not approved, and thus the bill was re-referred to the Committee on Appropriations on June 18, 2013.
Abstract – Full Text

NY AB 3000 / NY SB 2600 – Appropriations
Abstract – AB Full Text – SB Full Text

NY AB 3003 / NY SB 2603 – Appropriations
Abstract – AB Full Text – SB Full Text

NY AB 3006 / NY SB 2606 – Budget Bill addressing, in part, reimbursement and Medicaid
AB Full Text – SB Full Text

**Criminal**

AR SB 1123 – Concerning the Offense of Attempting to Obtain a Controlled Substance by Fraud
Abstract – Full Text

CO SB 250 - Drug Sentencing Changes
Abstract – Full Text

ND HB 1072 - Relating to a criminal penalty for serving as an agent, intermediary, or other entity causing use of the internet to bring together a buyer and seller for dispensing a controlled substance or other specified drug.
Full Text

ND HB 1133 - Relating to controlled substance analogs [...]to provide a penalty; and to declare an emergency.
Full Text

TN HB 1294 - Prescription Drug Fraud
Full Text

TN SB 955 – Reporting requirements for indictments for offenses involving the sale or dispensing of controlled substances
Full Text
TN SB 1363 - Prescription Drug Fraud
[Full Text]

WV HB 2513 - Improving enforcement of drugged driving offenses
[Full Text]

WV SB 371 - Relating to prison overcrowding
[Full Text]

**Disposing / Redistribution**

WA SB 5148 - Allowing for redistribution of medications under certain conditions
[Abstract] – [Full Text]

**Good Samaritan Laws / Substance Abuse Treatment**

AR HB 1499 – To remove the Office of Alcohol and Drug Abuse Prevention from the Arkansas Code
[Full Text]

CO SB 14 – Immunity for Administering Emergency Drugs to Overdose Victims
[Full Text]

HI SR2013 87 – Good Samaritan Laws
[Full Text]

MD SB 610 – Overdose Response Program, Establishment
[Full Text]

NC S 20 - Good Samaritan Law/Naloxone Access
[Full Text]

ND HB 1101 – Relating to opioid treatment programs
[Full Text]

NJ S 2082 - Concerning opioid antidotes and overdose prevention
[Full Text]

OK HB 1782 – Concerning Overdose
[Abstract] – [Full Text]

OR HB 2385 - Relating to insurance coverage of treatment for chemical dependency; and declaring an emergency.
[Full Text]
OR SB 384 - Relating to opiate overdose treatment; and declaring an emergency.  
Full Text

VA HB 1672 - Naloxone; administration by unlicensed individual in cases of opiate overdose.  
Full Text

Health Care Professions, generally

NV AB 456 – Advertisements relating to Health Care 
Abstract – Full Text

NV SB 327 – Revises provisions relating to health care professions 
Abstract – Full Text

TN HB 541 – Relative to review of certain conduct of health care practitioners by licensing boards 
Abstract – Full Text

Insurance

CO HB 1266 - Health Insurance Alignment Federal Law  
Full Text

MN HF 779 – Amending provisions related to insurance  
Abstract – Full Text

MS SB 2209 - Telemedicine services  
Abstract – Full Text

MT SB 55 - Clarify coverage of routine costs for patients in approved clinical trials  
Full Text

NM SB 156 - Formulary Changes In Health Laws  
Full Text

NY AB 3006 / NY SB 2606 – Budget Bill addressing, in part, reimbursement and Medicaid  
AB Full Text – SB Full Text

OK HB 1672 - Insurance; health benefit plan to notify enrollees of prescription drug formulary  
Full Text
**Interchangeable Biosimilar Products**

**UT SB 78** - Pharmacy Act Amendments  
Abstract – Full Text

**VA HB 1422 / VA SB 1285** - Interchangeable biosimilar biological products  
Abstract – AB Full Text – SB Full Text

**Massage Therapy**

**AR HB 1183** – Amending the Massage Therapy Act  
Abstract – Full Text

**Medicaid**

**TX SB 1106** - Relating to the use of maximum allowable cost lists under a Medicaid managed care pharmacy benefit plan.  
Full Text

**WA SB 5213** - Concerning prescription review for Medicaid managed care enrollees.  
Full Text

**Medical Marijuana**

**CO HB 1042** - State Income Tax Deduction Disallowed By IRC 280E  
Full Text

**MD HB 1101** - Natalie M. LaPrade Medical Marijuana Commission  
Full Text

**NV SB 374** - Provides for the registration of medical marijuana establishments authorized to cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana.  
Full Text

**Naturopaths / Homeopathic Medicine**

**CO HB 1111** – Naturopathic Doctor Act  
Abstract – Full Text
NV AB 341 – Revises provisions relating to homeopathic medicine
Abstract – Full Text

Nursing

AL SB 229 - Board of Medical Examiners authorized to create Limited Response Schedule II permits for certain nurses and assistants, authorizing the prescribing of certain controlled substances
Full Text

MO SB 330 - Collaborative Agreements with Advanced Practice Nurses
Full Text

NE LB 243 - Redefine nurse practitioner practice
Full Text

NV AB 170 - Revises provisions relating to the advanced practice of nursing
Abstract – Full Text

OR SB 8 - Relating to prescribing and dispensing by Certified Nurse Practitioners
Full Text

TX SB 406 - Relating to the practice of advanced practice registered nurses and physician assistants and the delegation of prescriptive authority by physicians to and the supervision by physicians of certain advanced practice registered nurses and physician assistants.
Full Text

TX SB 1058 - Relating to the regulation of the practice of nursing.
Full Text

VA HB 346 - Nurse practitioners; practice as part of patient care teams that include a physician.
Full Text

Optometry

FL HB 239 – Practice of Optometry
Abstract – Full Text

GA HB 235 – Optometrists; revise definition of optometry; remove certain exemption
Abstract – Full Text
**Palliative Care / End of Life**

**MD HB 581** – Hospitals - Establishment of Palliative Care Pilot Programs  
[Full Text](#)

**VT SB 77** – An Act Relating to Patient Choice and Control at End of Life  
[Full Text](#)

**Pharmacy**

**AL HB 237** – Pharmacies, disposition of unused or expired dispensed medication for destruction  
[Full Text](#)

**AZ SB 1188** – Pharmacy Board  
[Abstract](#) – [Full Text](#)

**GA HB 132** - Georgia Board of Pharmacy and Georgia Board of Dentistry; administratively attached to Department of Community Health  
[Full Text](#)

**GA HB 209** - Pharmacists and pharmacies; revise definition of "security paper"; revise requirements  
[Abstract](#) – [Full Text](#)

**ID H 17** – Board of Pharmacy, provisions revised  
[Full Text](#)

**ID H 239** – Relating to Compounding  
[Abstract](#) – [Full Text](#)

**LA HB 674** - Provides relative to pharmacy-generated drugs  
[Full Text](#)

**NE LB 326** - Change provisions of Pharmacy Practice Act and Automated Medication Systems Act  
[Full Text](#)

**TN HB 542 / TN SB 962** – Pharmacist dispensing any Schedule II Controlled Substance  

**TN SB 63** – Relating to the monitoring and auditing of pharmacies  
[Full Text](#)
TX SB 316 – Relating to continuing education for pharmacists regarding drug abuse and opioid drugs and an interim study regarding opioid abuse.
Abstract – Full Text

TX SB 869 - Relating to the regulation of the practice of pharmacy; authorizing fees.
Full Text

UT SB 14 - Research Using Pharmaceuticals
Full Text

UT SB 78 – Pharmacy Act Amendments
Abstract – Full Text

UT SB 194 – Pharmacy Practice Act Amendments
Abstract – Full Text

VA HB 1422 / VA SB 1285 – Interchangeable biosimilar biological products
Abstract – AB Full Text – SB Full Text

VA HB 2312 - Pharmacies; clarifies definition of compounding, etc.
Abstract – Full Text

WA HB 1609 – Board of Pharmacy – Pharmacy Quality Assurance Commission
Full Text

WA SB 5524 - Authorizing Washington pharmacies to fill prescriptions written by physician assistants in other states.
Full Text

WV HB 2577 - Relating to the practice of pharmacist care
Full Text

Physical Therapy

IN HB 1034 - Physical therapy services without a referral.
Abstract – Full Text

Physician Assistant

IN HB 1099 - Physician assistants
Abstract – Full Text
SC S 448 – Amending provisions related to physicians assistants
Abstract – Full Text

Physician Wellness

SD SB 69 - Revise certain provisions of the health professionals diversion program.
Full Text

Pill Mill / Pain Clinic

AL HB 151 – Alabama Pain Management Act
Abstract – Full Text

GA HB 178 – Georgia Pain Management Clinic Act
Abstract – Full Text

IN SB 246 – An Act to amend the Indiana Code concerning professions and occupations
Abstract – Full Text

Practitioner Education

CT SB 466 – Continuing Medical Education
Abstract – Full Text

NV SB 319 – Continuing Education for Physicians
Abstract – Full Text

UT SB 214 – Continuing Education for Controlled Substance Prescribers
Abstract – Full Text

Prescribing Controlled Substances

AR SB 968 – Regulating Physician Dispensing of Legend Drugs
Abstract – Full Text

AR SB 1171 – To Clarify that Electronic Prescribing of Controlled Substances is Permitted
Full Text

HI HB 651 - Electronic Prescriptions; Controlled Substances; Drug Enforcement Administration
Abstract – Full Text
MA SB 1778 - Relative to prescription drug distribution
Abstract – Full Text

OK HB 1783 – Relating to hydrocodone refills
Abstract – Full Text

OK SB 977 - Multiple versions of statutes; amending, merging and repealing multiple versions of statutes. Effective date. Emergency.
Abstract – Full Text

TN HB 868 – Dispensing controlled substances
Abstract – Full Text

TN SB 676 – Dispensing Controlled Substances
Abstract – Full Text

TX HB 1803 – Controlled Substance Registration
Abstract – Full Text

UT SB 203 - Prescription Label Information and Education Amendments
Full Text

WA SB 5416 - Concerning prescription information
Full Text

Prescription Monitoring Programs

AL HB 150 – Updating the PMP
Abstract – Full Text

AR SB 862 – Accessing the PMP as a part of a child maltreatment investigation
Abstract – Full Text

CT HB 6406 – Updating the PMP
Abstract – Full Text

FL SB 604 – Access to the PMP regarding impaired practitioners
Abstract – Full Text

FL SB 692 - Repeal of Expired Provisions relating to PMP Access
Abstract – Full Text

ID H 16 – Clarifying provision of the PMP
Abstract – Full Text
ID HCR 6 – Concurrent resolution regarding the PMP and best practices
Abstract – Full Text

IN HB 1465 – Funding and Evaluating the PMP
Abstract – Full Text

KY HB 217 – Updating the PMP
Abstract – Full Text

LA HB 355 – Allowing providers to name delegates to obtain PMP reports
Abstract – Full Text

LA SB 187 – Excluding Veterinarians from PMP
Abstract – Full Text

ME LD 388 – Automatic registration of prescribers
Abstract – Full Text

MD SB 80 – Disclosure of Prescription Monitoring Data
Abstract – Full Text

MN HF 1117 / MN SF 1077 – Updating the PMP
Abstract – HF Full Text – SF Full Text

MT SB 323 – Updating the PMP
Abstract – Full Text

NH SB 83 – Updating the PMP
Abstract – Full Text

NY AB 3000 / NY SB 2600 - Appropriations
Abstract – AB Full Text – SB Full Text

NY AB 3003 / NY SB 2603 – Appropriations
Abstract – AB Full Text – SB Full Text

ND SB 2089 – Updating the PMP
Abstract – Full Text

OK HB 1781 – Access to the PMP
Abstract – Full Text

TN SR 5 – Memorial request to US Congress
Abstract – Full Text

TX SB 1643 – Updating the PMP
Abstract – Full Text
UT HB 51 – Reports to Practitioners
Abstract – Full Text

UT HB 270 – Access to the PMP
Abstract – Full Text

VT HB 522 – An Act Relating to Strengthening Vermont’s Response to Opioid Addiction and Methamphetamine Abuse
Abstract – Full Text

VA HB 1704 – Updating the PMP
Abstract – Full Text

WA HB 1565 – Funding the PMP
Abstract – Full Text

WV HB 2689 – Authorizing Rulemaking Involving the PMP
Abstract – Full Text

WI AB 3 – Exempts veterinarians from reporting to the PMP
Abstract – Full Text

Primary Care

OR SB 440 - Primary care providers may not administer controlled substances for the treatment of intractable pain
Full Text

Prior Authorization

AR SB 218 – Updating Prior Authorization Requirements
Abstract – Full Text

CO SB 277 – Requiring Uniform Prior Authorization
Abstract – Full Text

MI SB 178 – Updating Prior Authorization Requirements
Abstract – Full Text

MI SB 179 – Standardized Prior Authorization Requests
Abstract – Full Text

MN HF 1233 – Requiring Prior Authorization for Brand Name Drugs
Abstract – Full Text
MN SF 654 – Services subject to prior authorization
Abstract – Full Text

MS HB 301 – Standardized Prior Authorization Form
Abstract – Full Text

NM SB 296 – Uniform Prior Authorization Form
Abstract – Full Text

ND HB 1274 – Electronic Prior Authorization
Abstract – Full Text

OK HB 2226 – Standardized Prior Authorization Form
Abstract – Full Text

TX SB 644 – Standard Prior Authorization Form
Abstract – Full Text

TX SB 1216 – Standard Prior Authorization Form
Abstract – Full Text

UT HB 323 – Study and Review Process of Prior Authorization
Abstract – Full Text

VT HB 107 – Addressing Prior Authorization
Abstract – Full Text

WA SB 5267 – Work Group to Streamline Prior Authorization
Abstract – Full Text

State Benefit Eligibility

CO SB 278 - Child Welfare And Drug-endangered Child Definition
Abstract – Full Text

IA HF 556 – Ineligibility for disability benefits
Abstract – Full Text

KS SB 149 - Drug screening for recipients of cash assistance and unemployment benefits
Full Text
Workers’ Compensation

CO SB 285 - Workers' Compensation
Abstract – Full Text

FL SB 662 – An act relating to workers’ compensation
Abstract – Full Text

MN SF 1234 - Miscellaneous workers compensation provisions modifications
Abstract – Full Text

ND HB 1163 - Relating to workers' compensation
Abstract – Full Text

OK HB 2201 - Workers' Compensation; creating the CompSource Mutual Insurance Company Act.
Abstract – Full Text

OK SB 1062 - Workers' compensation; creating the Administrative Workers' Compensation Act.
Abstract – Full Text
# New Legislation – By State

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## United States

**US SRES 72** – To observe the contributions of the American Chiropractic Association and to recognize the 50th anniversary of the founding of the organization.

[Full Text](#)

## Alabama

**AL HB 150** – Updating the PMP

This appears to be a broad effort to upgrade the PMP. Provides for the establishment of a trust fund to hold funds from a variety of sources to pay for the program; add representatives of the Department of Mental Health and AL Medicaid to the advisory committee, while deleting a representative of the AL Independent Drug Store Association; allow advisory committee to meet via teleconference; add method of payment and third-party payor to information reported to PMP; allow for designation of 2 delegates per physician; and remove a statement that practitioners have no requirement to access the PMP, without adding a specific requirement to do so.

SPPAN Position: SPPAN supported this bill.

[Full Text](#)
The Legislature finds that the diversion, abuse, and misuse of prescription medications classified as controlled substances under the Alabama Uniform Controlled Substances Act constitute a serious threat to the health, safety, and welfare of the citizens of the State of Alabama. The Legislature further finds that the registration of all physicians providing pain management services, as defined in this article, will assist the Alabama Board of Medical Examiners in preventing the diversion, abuse, and misuse of controlled substances by regulating these registrants. The Legislature further finds that it is in the best interests of the public safety to give the Board of Medical Examiners the authority it needs to suspend the registration of these physicians providing pain management services when the public health, safety, or welfare requires immediate action.

Pain Management Services.
Those medical services that involve the prescription of controlled substances in order to treat chronic nonmalignant pain by a physician who treats pain.

Annual registration.
(a) Beginning January 1, 2014, and continuing each year thereafter:
(1) All physicians providing pain management services shall obtain a pain management registration from the board.
(2) All physicians who otherwise meet the criteria established by the board shall obtain a pain management registration from the board.

Initial registration fee is not to exceed $300 / Renewal fee is not to exceed $300.

An applicant practicing in more than one location shall submit a separate registration fee for each practice.

Each physician serving as the medical director at a practice location shall meet at least one of the following requirements:
(1) Successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).
(2) Board certification in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry approved by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association Bureau of Osteopathic Specialists (AOABOS).
(3) Specialty certification in pain management, pain medicine, hospice and palliative medicine, geriatric medicine, rheumatology, hematology, medical oncology, gynecologic oncology, infectious disease, pediatric hematology-oncology, or pediatric rheumatology recognized by the American Board of Medical Specialties or the American Osteopathic Association Bureau of Osteopathic Specialists.
(4) Board certification by the American Board of Pain Medicine.
(5) Board certification by the American Board of Interventional Pain Physicians.
(6) At least one of the following:
a. Completion of 40 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management completed within three years of implementation of this article or prior to serving as a medical director for the practice location, whichever of them is most recent.
b. Completion of a board approved course of medical education in the area of prescribing controlled substances completed within three years of implementation of this article or prior to serving as medical director for the practice location, whichever of them is most recent, and completion of 70 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management within three years of commencement of service as medical director.

**AL HB 237** - Pharmacies, disposition of unused or expired dispensed medication for destruction

**AL HJR 171** – Neuropathy Awareness Month, April 2013

**AL SB 229** - Board of Medical Examiners authorized to create Limited Response Schedule II permits for certain nurses and assistants, authorizing the prescribing of certain controlled substances

**AL SJR 64** - Health, neuro-endocrine-immune diseases (NEIDs), Governor and health officials urged to establish clinical care and research center for, increased education of health care providers urged

**Alaska**

No pain-related bills have been passed.

**Arizona**

**AZ SB 1188** – Pharmacy Board

Adds certain requirements pertaining to pharmacists, including completion of Board designated continuing pharmaceutical education courses.
Arkansas

AR HB 1183 – Amending the Massage Therapy Act

No substantive changes to actual practice.

Full Text

AR HB 1499 – To remove the Office of Alcohol and Drug Abuse Prevention from the Arkansas Code

Full Text

AR SB 218 – Updating Prior Authorization Requirements

This act requires the creation and use of a uniform prior authorization form of no more than two pages that is designed to be submitted electronically from a prescribing provider to a health care insurer. If health care insurers fail to use or accept the PA form developed under the Act or fail to respond to a properly-submitted PA request within seventy-two (72) hours, the PA request is granted. On or after January 1, 2014, each health care insurer shall submit its PA form to the State Insurance Department to be kept on file; subsequent replacement or modification of the PA form must be filed with the department within fifteen (15) days before the new form is used or implemented.

SPPAN Position: SPPAN supported this bill.

Full Text

AR SB 862 – Accessing the PMP as a part of a child maltreatment investigation

This bill would allow the Department of Human Services to access PMP data as part of a child maltreatment investigation. Specifically, the DHS would be allowed to petition a circuit court to allow investigator access, and that may be granted if there is probably cause that the mother has one or more prescription drugs, and the baby or the person tested positive for prescription drugs at the time of the birth of the baby. It also extends the confidentiality requirements inherent in using PMP data to cover this use.

Full Text

AR SB 968 – Regulating Physician Dispensing of Legend Drugs

This bill authorizes the State Medical Board to regulate physician dispensing of legend drugs; declares an emergency.

Full Text

AR SB 1123 – Concerning the Offense of Attempting to Obtain a Controlled Substance by Fraud

Full Text
**AR SB 1171** – To Clarify that Electronic Prescribing of Controlled Substances is Permitted
[Full Text](#)

**California** – Still in Session

**CA SCR 8** – Prescription Drug Abuse Awareness Month

This measure proclaims the month of March, each year, as Prescription Drug Abuse Awareness Month and encourages all citizens to participate in prevention programs and activities and to pledge to “Spread the Word... One Pill Can Kill.”
[Full Text](#)

**Colorado**

**CO HB 1042** - State Income Tax Deduction Disallowed By IRC 280E
[Full Text](#)

**CO HB 1111** - Naturopathic Doctor Act

Creates the Naturopathic Medicine Advisory Committee as the entity responsible for advising the director in the regulation of the practice of naturopathic medicine and the implementation of this article; sets forth members of committee.

Sets forth the scope of practice of naturopathic medicine including exclusions, protected activities, and rules regarding prescribing.
[Full Text](#)

**CO HB 1266** - Health Insurance Alignment Federal Law
[Full Text](#)

**CO SB 14** - Immunity for Administering Emergency Drugs to Overdose Victims
[Full Text](#)
**CO SB 250 - Drug Sentencing Changes**

Legislative declaration stating that meeting the public safety and public health needs of our communities demands a collaborative effort involving primary health care, behavioral health, criminal justice, and social services systems. Further, recognizing that successful, community-based substance abuse treatment and education programs, in conjunction with mental health treatment as necessary, provide effective tools in the effort to reduce drug usage and enhance public safety by reducing the likelihood that drugs users will have further contact with the criminal justice. Therapeutic intervention and ongoing individualized treatment plans prepared through the use of meaningful and proven assessment tools and evaluations offer an effective alternative to incarceration in appropriate circumstances and should be utilized accordingly.

[Full Text](#)

**CO SB 277 – Requiring Uniform Prior Authorization**

This bill requires the Commissioner of Insurance to develop by July 31, 2014, and pharmacy benefit managers to use by January 1, 2015, a uniform PA process. The Commissioner shall adopt rules to establish the process, as well as making the criteria used for deciding PA requests transparent, and establishing a procedure for waiving the process under extenuating circumstances. A work group of stakeholders is to be appointed to make recommendations. Once the new process starts, a PA is granted if there is no response within two business days following both an initial request and an appeal, and approved PAs are valid for at least 180 days after approval.

**SPPAN Position**: SPPAN supported this bill.

[Full Text](#)

**CO SB 278 - Child Welfare And Drug-endangered Child Definition**

Creating a definition of a “drug-endangered child” with respect to child abuse or neglect.

Legislative declaration that Colorado is currently second in the nation for prescription drug abuse.

States that: “When controlled substances, whether legal or illegal, are used, produced, or distributed in the presence of children, a greater likelihood exists for harm to the children from caretaker incapacitation, access to dangerous drug-production components, lack of supervision, unhealthy indoor air quality, exposure to dangerous non-drug criminal behaviors, and other circumstances that pose a danger to children.”

[Full Text](#)
CO SB 285 - Workers' Compensation

For purposes of determining levels of medical impairment, the physician shall not render a medical impairment rating based on chronic pain without anatomic or physiologic correlation. Anatomic correlation must be based on objective findings.

Full Text

Connecticut

CT HB 6406 – Updating the PMP

This bill adds the requirement that out-of-state pharmacies report to the PMP; allows the commissioner to add other drugs to those being tracked by the PMP; changes the reporting interval from bi-monthly to weekly; makes it illegal for anyone to keep a practitioner from requesting a PMP report, and mandates that all prescribers and dispensers of controlled substances register for access to the PMP.

SPPAN Position: We supported this bill above all the others in Connecticut. This is the bill containing language proposed by the PMP program administrators. We asked all advocates to contact their legislators in support.

Full Text

CT SB 466 – Continuing Medical Education

This bill reduces the frequency with which physicians must take mandatory topics for continuing medical education (CME), and adds behavioral health to the list of such topics. The mandatory topics currently include infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.

Currently, physicians must take at least one contact hour (50 minutes) of CME in each mandatory topic every two years. The bill instead requires one contact hour in each such topic during the first renewal period for which CME is required (the second license renewal), and once every six years after that.

The bill makes a corresponding change by requiring physicians to retain CME attendance records or certificates of completion for at least six years, rather than three years.

Physicians applying for license renewal must have completed at least 50 contact hours of CME during the prior 24 months. Physicians are exempt from CME requirements during their first license renewal.

Because the bill applies to current registration periods, it appears that a physician nearing the end of his or her first CME cycle when the bill takes effect would have to comply with the new behavioral health requirement during that cycle (e.g., a physician whose second license renewal period was set to expire on August 1 would have a month to complete one contact hour in behavioral health).

EFFECTIVE DATE: July 1, 2013

Full Text
**Delaware** – Still in Session

No pain-related bills have been passed.

**District of Columbia**

No pain-related bills have been passed.

**Florida**

**FL HB 239** – Practice of Optometry

Amends provisions relating to the practice of optometry, prohibiting a certified optometrist from administering or prescribing (1) a controlled substance listed in Schedules III-V, except for an oral analgesic placed on the formulary pursuant to this section for the relief of pain due to ocular conditions of the eye and its appendages; and (2) a controlled substance for the treatment of chronic nonmalignant pain.

[Full Text]

**FL SB 604** – Access to the PMP regarding impaired practitioners

This bill relates to the state’s impaired practitioner program, and would allow an impaired practitioner consultant access to information in the PMP if the impaired practitioner has a history of controlled substance abuse; agrees in writing to be evaluated and monitored through the PMP; and the consultant will only be able to access records of impaired practitioners who have provided written consent.

**SPPAN Position:** We had no position on this bill.

[Full Text]

**FL SB 662** – An act relating to workers’ compensation

Revising requirements for determining the amount of a reimbursement for repackaged or relabeled prescription medication; providing an exception; prohibiting a dispensing manufacturer from possession of a medicinal drug until certain persons are paid; providing an effective date.

[Full Text]
On July 1, 2012, a provision expired which had allowed the Program Implementation and Oversight Task Force, the President of the Senate, and the Speaker of the House to request information from the Prescription Drug Monitoring Program in order to calculate performance measures. This section expired pursuant to its own terms.

Full Text

**Georgia**

**GA HB 132 - Georgia Board of Pharmacy and Georgia Board of Dentistry; administratively attached to Department of Community Health**

Full Text

**GA HB 178 – Georgia Pain Management Clinic Act**

The powers and duties of the Georgia Composite Medical Board are expanded to include: the licensing and regulation of pain management clinics; and, the establishment of minimum standards for prescribing controlled substances for pain management.

This article is enacted for the purpose of safeguarding the public health, safety, and welfare by providing for state administrative control, supervision, and regulation of pain management clinics. It is the intention of the General Assembly that people be able to obtain appropriate and safe medical care to treat conditions in which the control of pain is an element. However, the illegal and improper distribution of controlled substances is a growing problem in this state. Licensure and regulation of pain management clinics will better protect the public from criminal activities associated with the illegal distribution of controlled substances as well as provide for a safer place for people to obtain appropriate medical treatment by requiring certain minimum training of practitioners and by the regulation of pain management clinics.

'Chronic pain' means physical pain treated for a period of 90 days or more in a year but shall not include perioperative pain, which shall mean pain immediately preceding and immediately following a surgical procedure, when such perioperative pain is being treated in connection with a surgical procedure by a licensed health care professional acting within the scope of his or her license.

'Pain management clinic' means a medical practice advertising 'treatment of pain' or utilizing 'pain' in the name of the clinic or a medical practice or clinic with greater than 50 percent of its annual patient population being treated for chronic pain for nonterminal conditions by the use of Schedule II or III controlled substances. This term shall not include any clinic or practice owned, in whole or in part, or operated by a hospital licensed pursuant to Chapter 7 of Title 31 or by a health system or any ambulatory surgical center, skilled nursing facility, hospice, or home health agency licensed pursuant to Chapter 7 of Title 31.

On and after July 1, 2013, all pain management clinics shall be licensed by the board and shall biennially renew their license with the board. In the event that physicians in a pain management clinic practice at
more than one location, each such location shall be licensed by the board, and such license shall be nontransferable.

All pain management clinics shall be owned by physicians licensed in this state.

The board may establish minimum standards of continuing medical education for all physicians owning a pain management clinic.

No pain management clinic shall provide medical treatment or services, as defined by the board, unless a physician, a physician assistant authorized to prescribe controlled substances under an approved job description, or an advanced practice registered nurse authorized to prescribe controlled substances pursuant to a physician protocol is on-site at the pain management clinic.

GA HB 209 - Pharmacists and pharmacies; revise definition of "security paper"; revise requirements

To amend Chapter 4 of Title 26 of the Official Code of Georgia Annotated, relating to pharmacists and pharmacies, so as to add and revise definitions; to revise requirements for license transfers for pharmacists licensed in another jurisdiction; to revise provisions relating to dispensing prescription drugs; to revise requirements for the use of security paper for hard copy prescription drug orders; to revise provisions relating to compounding drug products; to enable nonresident pharmacy permits; to amend Part 2 of Article 2 of Chapter 13 of Title 16 of the Official Code of Georgia Annotated, relating to electronic data base of prescription information, so as to revise the definition of "dispenser" relative to information to include for each Schedule II, III, IV, or V controlled substance prescription; to provide for related matters; to repeal conflicting laws; and for other purposes.

GA HB 235 – Optometrists; revise definition of optometry; remove certain exemption

Pharmaceutical agents which are used by a doctor of optometry for treatment purposes and administered orally may only be (1) non-narcotic oral analgesics and hydrocodone and Schedule III or Schedule IV controlled substances which are oral analgesics; (2) used for ocular pain; and (3) used for no more than 72 hours without consultation with the patient’s physician; or, with respect to hydrocodone, used for no more than 48 hours without consultation with the patient’s physician.
**Hawaii**

**HI HB 651** - Electronic Prescriptions; Controlled Substances; Drug Enforcement Administration

Amending the Hawaii Uniform Controlled Substances Act in order to be consistent with federal law; clarifying the conditions for the transmittal of prescriptions electronically; and, specifying prohibited acts related to electronic prescriptions.

[Full Text](#)

**HI HCR2013 146 / HI HR2013 115 / HI SR2013 110** – Urging the establishment of a work group to examine social determinants of health and risk adjustment for Medicaid, gap-group, and uninsured individuals.


**HI SR2013 32 / HI SCR2013 62** – Urging Hawaii’s Congressional Delegation to support continued funding for the congressionally directed Medical Research Program for Neurofibromatosis.

[SR Full Text](#) – [SCR Full Text](#)

**HI SR2013 87** - Good Samaritan Laws

[Full Text](#)

**Idaho**

**ID H 16** – Clarifying provision of the PMP

This bill clarifies that it is permissible for prescribers and dispensers to share PMP information on a patient with each other. This apparently was not clear from the original bill.

[Full Text](#)

**ID H 17** – Board of Pharmacy, provisions revised

[Full Text](#)
**ID H 239 – Relating to Compounding**

Amending Idaho Code to provide that the Board of Pharmacy shall be responsible for the compounding, dispensing and distribution of certain medications...

“Compounding” means the act of incorporating two (2) or more substances to create a finished drug product.

[Full Text](#)

**ID HCR 6 – Concurrent resolution regarding the PMP and best practices**

This concurrent resolution directs the professional licensing boards; Office of Drug Policy; Department of Health and Welfare; local governments, law enforcement, and prosecutors; and professional societies to use the PMP and best practices to increase awareness and prevent and treat drug abuse in Idaho, and the Office of Drug Policy to coordinate the development of a state response to the problem of prescription drug abuse.

**SPPAN Position**: We did not take a position on this bill. Unfortunately, all of the discussion in the “Whereas” sections of this resolution is about drug abuse, and none is about the use of the PMP as a healthcare delivery tool. It also contains inaccurate language about “babies...born...addicted to drugs...”.

[Full Text](#)

**Illinois – In Special Session**

No pain-related bills have been passed.

**Indiana**

**IN HB 1034 - Physical therapy services without a referral.**

A physical therapist may evaluate and treat an individual during a period not to exceed twenty-four (24) calendar days beginning with the date of the initiation of treatment without a referral from a provider. However, if the individual needs additional treatment from the physical therapist after twenty-four (24) calendar days, the physical therapist shall obtain a referral from the individual's provider.

A physical therapist may not perform spinal manipulation of the spinal column or the vertebral column unless: (1) the physical therapist is acting on the order or referral of a physician, an osteopath, or a chiropractor; and (2) the referring physician, osteopath, or chiropractor has examined the patient before issuing the order or referral.

[Full Text](#)
IN HB 1099 - Physician assistants

If a supervising physician or the physician designee is not present in the same facility as the physician assistant, the supervising physician or physician designee must be within a reasonable travel distance from the facility to personally ensure proper care of the patients.

Any refills or subsequent prescriptions beyond a thirty (30) day supply must be authorized by the supervising physician and recorded in the patient’s medical record.

The supervising physician or physician designee shall review within seventy-two (72) hours after a patient encounter a certain percentage of patient charts, as set forth by a schedule within the bill. Full Text

IN HB 1465 – Funding and Evaluating the PMP

Requires that all of the state controlled substances fees assessed to prescribers and dispensers would be deposited into a fund to run the program (currently, only 16% is deposited, amounting to roughly $160,000 per year).

Establishes an interim study committee to evaluate a number of aspects of the program. Full Text

IN SB 246 – An Act to amend the Indiana Code concerning professions and occupations

[ADDING THE FOLLOWING, in pertinent part]

Before November 1, 2013, the board shall adopt emergency rules to establish standards and procedures to do the following:
(1) Receive and review petitions from the attorney general seeking board authorization to examine a physician's records and controlled substances inventory and materials to investigate the physician's controlled substances prescribing practices.
(2) Authorize, where appropriate, the attorney general to examine records, materials, and inventory relating to the physician's controlled substance prescribing practices.
(3) Provide safeguards and protections for physicians against unreasonable and oppressive examination authorizations and actions taken to carry out the authorizations, including limitations on interference with regular practice operations and other appropriate due process provisions.

Before November 1, 2014, the board shall establish permanent rules for the standards and procedures described above. The emergency rules adopted above remain in effect until the effective date of the permanent rules.

Effective January 1, 2014, an owner must have a registration issued by the board in accordance with the board's rules. An owner shall adopt reasonable procedures to ensure that employed or contracted individuals who are dispensing controlled substances in the office, facility, clinic, or location owned or
controlled by the owner dispense the controlled substances in a manner that complies with laws, rules, and regulations.

During the 2013 legislative interim, the commission shall study issues concerning pharmacy programs designed to take back and dispose of old and expired prescription drugs. The commission shall examine existing obstacles that pharmacies encounter in operating a prescription drug take-back program and recommend solutions that would allow consumers to dispose of old and expired prescription drugs at local pharmacies without difficulty. This section expires December 31, 2013.

During the 2013 legislative interim, the commission shall study issues concerning treatment and recovery from prescription drug use addiction. The commission shall study and make recommendations concerning the following:
(1) Use of the Indiana health care professional recruitment and retention fund established by IC 16-46-5-8 to provide loan repayment for student loans incurred by addiction professionals.
(2) Criteria for Medicaid reimbursement for detoxification and rehabilitation services for addiction treatment.
(3) Best practice treatment for pregnant mothers and newborns with prescription pain medication dependencies and addictions.
This SECTION expires December 31, 2013.

During the 2013 legislative interim, the commission shall study the use of methadone and opioids in treatment programs and clinic settings.
Not later than September 1, 2013, the division of mental health and addiction shall provide the commission with the following information in writing:
(1) The number of patients served in Indiana opioid treatment programs certified under IC 12-23-18.
(2) The opioid treatment medications provided to patients, including the dosage.
(3) The drug testing protocol of Indiana opioid treatment programs.
(4) The number of opioid treatment program patients who have tested positive for other controlled substances during a drug test for a controlled substance provided under an opioid treatment program.
(5) The number of opioid treatment program patients who are subsequently determined to no longer need the assistance of the opioid treatment program and released from treatment.
(6) Any other information that is requested by the commission or determined by the division of mental health and addiction to be relevant to the study described in this section.
This section expires December 31, 2013.

An emergency is declared for this act.

**Iowa**

**IA HF 556 -- Ineligibility for disability benefits**

A member otherwise eligible to receive a disability retirement benefit under this chapter shall not be eligible to receive such a benefit if the disability would not exist but for the member's chemical dependency on a schedule I controlled substance or the member's chemical dependency on a schedule
Il controlled substance resulting from the inappropriate use of the schedule II controlled substance. For purposes of this subparagraph, "chemical dependency" means an addiction or dependency, either physical or psychological, on a chemical substance. Persons who take medically prescribed drugs shall not be considered chemically dependent if the drug is medically prescribed and the intake is proportionate to the medical need.

Kansas – Still in Session

KS SB 149 - Drug screening for recipients of cash assistance and unemployment benefits

Full Text

Kentucky

KY HB 217 – Updating the PMP

This is a clean-up bill from last year’s pain management clinic bill. Among other things, it allows hospitals and long-term care facilities to have their own PMP accounts.

Full Text

Louisiana

LA HB 355 – Allowing providers to name delegates to obtain PMP reports

This bill would allow providers to name delegates to obtain PMP reports for them. The qualifications of the delegates will be set by rule.

SPPAN Position: We supported this bill.

Full Text

LA HB 674 - Provides relative to pharmacy-generated drugs

Full Text
LA SB 187 – Excluding Veterinarians from PMP

This bill would absolve veterinarians of the requirement to report to the PMP, would remove the veterinary representatives to the PMP Advisory Council, and would remove the ability of the state to charge a fee to veterinarians to support operation of the PMP.

SPPAN Position: We did not oppose this bill, but also did not ask advocates to take any action.

Maine – Still in Session

ME LD 388 – Automatic registration of prescribers

This bill allows the Maine PMP to establish automatic registration of prescribers as part of issuance or renewal of a license.

SPPAN Position: We supported this bill.

Maryland

MD HB 581 - Hospitals - Establishment of Palliative Care Pilot Programs

Full Text

MD HB 1101 - Natalie M. LaPrade Medical Marijuana Commission

Full Text

MD SB 80 – Disclosure of Prescription Monitoring Data

Adds the Division of Drug Control to the list of units of the Department who may, for the purpose of furthering an existing bona fide individual investigation, access the PMP on approval of the Secretary.

Full Text

MD SB 610 – Overdose Response Program, Establishment

Full Text
**Massachusetts** – Still in Session

**MA SB 1778** - Relative to prescription drug distribution

Sets forth requirements relating to the dispensing of Schedule II controlled substances.

*Whereas*, the deferred operation of this act would tend to defeat its purpose, which is to further regulate forthwith prescription drug diversion, abuse and addiction, therefore, it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

[Full Text](#)

**Michigan** – Still in Session

**MI SB 178** – Updating Prior Authorization Requirements

This bill requires the Commissioner of Insurance to develop a standard PA methodology by January 1, 2014. This methodology shall include ability for the prescriber to designate a request for expedited review (certifying that the standard 15-day review period may seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function. The Commissioner is to appoint a workgroup to assist in this process. If the standard methodology is a paper form, it cannot exceed 2 pages, although the insurer can request additional information; shall be electronically available, and electronically transmissible. The new form must be used beginning July 1, 2015; after that time, the insurer must respond within 15 day for a standard request and within 72 hours for an expedited request, otherwise the PA is considered approved.

**SPPAN Position:** SPPAN opposed this bill.

[Full Text](#)

**MI HB 4328** – Appropriations

This appropriations bill sets aside funds for “pain management fees.”

*This bill was passed with line item vetoes. The line item vetoes were not approved, and thus the bill was re-referred to the Committee on Appropriations on June 18, 2013.*

[Full Text](#)
**MI SB 179 – Standardized Prior Authorization Requests**

This bill would require the use of a standardized prior authorization form and would amend The Nonprofit Health Care Corporation Reform Act. This amendatory act takes effect, as MI SB 178 has been enacted into law.

**SPPAN Position:** SPPAN opposed this bill.

[Full Text](#)

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**Minnesota**

**MN HF 779 – Amending provisions related to insurance**

Health plan policy and contract coverages regulated, state law conformed to federal requirements, health plan market rules established, and designation of essential community providers modified.

[Full Text](#)

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**MN HF 1117 / MN SF 1077 – Updating the PMP**

These twin bills require the medical director of a methadone treatment program to check the PMP for program patients; document relevant findings in the patient’s file; seek the client’s consent to discuss the opioid treatment with prescribers of other contraindicated medications; and direct the commissioner overseeing these programs to seek a waiver from the federal government in order to allow methadone treatment programs to report their prescriptions to the PMP.

**SPPAN Position:** We opposed seeking a waiver to allow reporting to the PMP, and had no position on the rest of these bills’ provisions.

[HF Full Text](#) – [SF Full Text](#)

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**MN HF 1233 – Requiring Prior Authorization for Brand Name Drugs**

This bill will establish the health and human services budget and modify provisions related to health care. Specifically, in regard to prior authorization, whenever a maximum allowable cost has been set for a multisource drug, payment shall be the lower of the usual and customary price charged to the public or the maximum allowable cost established by the commissioner unless prior authorization for the brand name product has been granted according to the criteria established by the Drug Formulary Committee and the prescriber has indicated "dispense as written" on the prescription.

**SPPAN Position:** We had no position on this bill.

[Full Text](#)
MN SF 654 – Services subject to prior authorization

This bill will amend the Minnesota statute pertaining to prior authorization so that, in addition to the current requirement that the commissioner publish a list of health services that require PA and the criteria and standards used to select those services, the commissioner must also publish the criteria and standards used to determine whether certain providers must obtain PA for their services. The commissioner's decision whether PA is required for a health service or is required for a provider is not subject to administrative appeal.

SPPAN Position: SPPAN supported this bill.
Full Text

MN SF 1234 - Miscellaneous workers compensation provisions modifications

In consultation with the Medical Services Review Board or the rehabilitation review panel, the commissioner shall adopt rules establishing standards and procedures for health care provider treatment. These rules shall include [the following is a new addition] criteria for the long-term use of opioids or other scheduled medications to alleviate intractable pain and improve function, including the use of written contracts between the injured worker and the health care provider who prescribes the medication.

Full Text

Mississippi

MS HB 301 – Standardized Prior Authorization Form

This act will require that, on or after January 1, 2014, a health insurance issuer shall use only a single, standardized prior authorization form for obtaining PA for prescription drug benefits. The form shall not exceed two (2) pages, excluding any instructions or guiding documentation. The form shall be made available electronically, and the prescribing provider may submit the completed form electronically to the health benefit plan. Health insurance issuers shall submit their PA forms to the Mississippi Department of Insurance to be kept on file, and a copy of any subsequent replacements or modifications of the form shall be filed within fifteen (15) days prior to implementation of such replacements. Health insurance issuers shall respond within two (2) business days upon receipt of a properly completed PA request.

SPPAN Position: SPPAN supported this bill.
Full Text
MS HB 1162 – Acupuncture Practice Act

Amending the Mississippi Acupuncture Practice Act

In its concern with the need to eliminate the fundamental causes of illness and with the need to treat the whole person, the Legislature intends to establish in this chapter a framework for the practice of the art and science of acupuncture.

Purposes of this chapter: encourage effective utilization of acupuncture; remove existing legal constraints that unnecessarily hinder; and, to subject individuals practicing acupuncture to regulation and control as a primary and independent health care profession.

Full Text

MS SB 2209 - Telemedicine services

Health insurance plans must provide coverage for telemedicine services to the same extent as in-person services.

Full Text

Missouri

MO SB 330 - Collaborative Agreements with Advanced Practice Nurses

Full Text

Montana

MT SB 55 - Clarify coverage of routine costs for patients in approved clinical trials

Full Text

MT SB 323 – Updating the PMP

This amended bill permits prescribers to query the PMP before prescribing Schedule II or III medications to workers’ compensation patients. Note that they already have this capability.

SPPAN Position: SPPAN did not oppose this bill, but did not request any action by advocates.

Full Text
**MT SJ 20** - Resolution requesting a legislative study on prescription drug abuse

A joint resolution of the Senate and the House of Representatives of the State of Montana requesting an interim study of prescription drug abuse and the effects of the abuse on Montanans.

[Full Text](#)

**Nebraska**

**NE LB 243** - Redefine nurse practitioner practice

[Full Text](#)

**NE LB 326** - Change provisions of Pharmacy Practice Act and Automated Medication Systems Act

[Full Text](#)

**Nevada**

**NV AB 170** - Revises provisions relating to the advanced practice of nursing

Section 1.5 of this bill authorizes the Board to require an advanced practice registered nurse to maintain a policy of professional liability insurance in accordance with regulations adopted by the Board.

Existing law authorizes, under certain circumstances, an advanced practice registered nurse to prescribe controlled substances. (NRS 632.237, 639.235). Sections 6, 7, and 13 of this bill prohibit an advanced practice registered nurse from prescribing a controlled substance listed in schedule II unless: (1) the nurse has at least 2 years or 2,000 hours of clinical experience; or (2) the controlled substance is prescribed pursuant to a protocol approved by a collaborating physician.

[Full Text](#)

**NV AB 341** – Revises provisions relating to homeopathic medicine

Sets forth registration, education, and residency requirements for practitioners of homeopathic medicine.

[Full Text](#)
**NV AB 456 – Advertisements relating to Health Care**

This bill requires that an advertisement for health care services include certain information regarding the qualifications of a health care professional to whom the advertisement pertains, including information regarding any license or certification held by the health care professional. This bill also provides that such advertisements must not include any deceptive or misleading information. This bill requires a health care professional to communicate his or her specific licensure to all current and prospective patients and requires such a communication to include a written disclosure statement which is conspicuously displayed in the office of the health care professional and which clearly identifies the type of license held by the health care professional. This bill requires a health care professional to wear a name tag indicating his or her licensure or certification while providing health care services other than sterile procedures in a health care facility. This bill requires a health care professional to comply, as applicable, with such advertising and disclosure requirements in each office in which he or she practices, prescribes the format for certain advertisements and disclosures and sets forth certain exceptions to such requirements. This bill also prohibits a health care professional who is a physician or osteopathic physician from using the term “board certified” unless he or she discloses the name of the board by which he or she is certified and the board: (1) is a member board of the American Board of Medical Specialties or the American Osteopathic Association; or (2) meets certain other requirements. This bill further provides that a health care professional who violates the provisions of this bill is subject to disciplinary action.

[Full Text]

**NV SB 319 – Continuing Education for Physicians**

A holder of a license to practice medicine may substitute not more than 2 hours of continuing education credits in pain management or addiction care for the purposes of satisfying an equivalent requirement for continuing education in ethics.

The Board shall require, as part of the continuing education requirements approved by the Board, the biennial completion by a holder of a license to practice osteopathic medicine of at least 2 hours of continuing education credits in ethics, pain management or addiction care.

[Full Text]

**NV SB 327 – Revises provisions relating to health care professions**

This very long bill revises many provisions relating to the health care professions, touching, in part, telemedicine, special purpose licenses for out-of-state practitioners, regulations relating to physicians assistants and advanced nurse practitioners, and the filling of prescriptions.

[Full Text]
**NV SB 374** - Provides for the registration of medical marijuana establishments authorized to cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana.

[Full Text](#)

**New Hampshire** – Still in Session

**NH SB 83** – Updating the PMP

This bill adds a representative of the NH Hospital Association to the advisory committee; changes the data of a required performance audit of the program from 12/31/14 to 12/31/17; and eliminates the sunset provision of the original bill.

**SPPAN Position:** We supported this bill, and asked advocates to contact the governor to express support.

[Full Text](#)

**New Jersey** – Still in Session

**NJ S 2082** - Concerning opioid antidotes and overdose prevention

[Full Text](#)

**New Mexico**

**NM SB 156** - Formulary Changes In Health Laws

[Full Text](#)

**NM SB 296** – Uniform Prior Authorization Form

This act requires that, beginning January 1, 2014, Medicaid contractors shall accept the uniform prior authorization form developed pursuant to this act; further, the form may be submitted electronically. Medicaid contractors must accept the uniform form as sufficient to request PA for prescription drug benefits. If a Medicaid contractor fails to respond to a properly submitted PA request within two (2) days, the request shall be deemed granted. The uniform PA form shall not exceed two (2) pages; will be developed with input received from interested parties pursuant to at least one public meeting; and will take into consideration any existing PA forms that the federal centers for Medicare and Medicaid services or the Human Services Department has developed and any national standards pertaining to electronic prior authorization for prescription drugs.

**SPPAN Position:** SPPAN supported this bill.

[Full Text](#)
New York – Still in Session

NY AB 3000 / NY SB 2600 – Appropriations

Budget bills “for implementation of a forge-proof pharmaceutical prescription program” and for “expenses incurred in the administration of the prescription drug monitoring program relating to the prescribing and dispensing of controlled substances (NASPER).”

AB Full Text – SB Full Text

NY AB 3003 / NY SB 2603 – Appropriations

Sets aside $400,000 for expenses incurred in the administration of the prescription drug monitoring program relating to the prescribing and dispensing of controlled substances.

The commissioner of health is authorized to require prior authorization for prescriptions of opioid analgesics in excess of four prescriptions in a thirty-day period; however, if this chapter appropriates sufficient additional funds to allow Medicaid coverage of such services without imposing such limitations, then this provision shall not apply and shall be considered null and void as of March 31, 2011.

The commissioners of the office of mental health and the office of alcoholism and substance abuse are authorized to contract, after consultation with the commissioner of health and the impacted local governmental units, with regional behavioral health organizations or other entities. Such contracts may include responsibility for: receipt, review, and determination of prior authorization requests for behavioral health care and services, consistent with criteria established or approved by the commissioners of mental health and alcoholism and substance abuse services, and authorization of appropriate care and services based on documented patient medical need.

AB Full Text – SB Full Text

NY AB 3006 / NY SB 2606 – Budget Bill addressing, in part, reimbursement and Medicaid

AB Full Text – SB Full Text

NY SB 2603 - AN ACT making appropriations for the support of government AID TO LOCALITIES BUDGET

North Carolina – Still in Session

NC S 20 - Good Samaritan Law/Naloxone Access

Full Text
North Dakota

ND HB 1072 - Relating to a criminal penalty for serving as an agent, intermediary, or other entity causing use of the internet to bring together a buyer and seller for dispensing a controlled substance or other specified drug.

Full Text

ND HB 1101 – Relating to opioid treatment programs

Full Text

ND HB 1133 - Relating to controlled substance analogs [...] to provide a penalty; and to declare an emergency.

Full Text

ND HB 1163 - Relating to workers' compensation

Adds the following: Pain is a symptom and may be considered in determining whether there is a substantial acceleration or substantial worsening of a preexisting injury, disease, or other condition, but pain alone is not a substantial acceleration or a substantial worsening.

Full Text

ND HB 1274 – Electronic Prior Authorization

This act requires that, effective August 1, 2015, a drug prior authorization request must be accessible to a health care provider through electronic prescribing software and must be accepted electronically, through a secure electronic transmission, by the insurance company, or by the pharmacy benefit manager responsible for implementing or adjudicating or for implementing and adjudicating the authorization or denial of the prior authorization request. For purposes of this act, a facsimile is not an electronic transmission.

SPPAN Position: SPPAN supported this bill.

Full Text
ND SB 2089 – Updating the PMP

Contains one clean-up provision regarding the format for reporting information into the PMP, and allows access to data by the state Department of Human Services for the additional purpose of “establishment and enforcement of child support and medical support.”

Ohio – Still in Session

No pain-related bills have been passed.

Oklahoma

OK HB 1672 - Insurance; health benefit plan to notify enrollees of prescription drug formulary

OK HB 1781 – Access to the PMP

This bill would permit the Department of Mental Health and Substance Abuse Services and the State Board of Health access to PMP information, and also grants them access to PMP information for statistical, research, substance abuse prevention and educational purposes if confidentiality is not compromised.

SPPAN Position: We had no position on this bill.

OK HB 1782 – Concerning Overdose

Allowing first responders to administer certain medications without a prescription; addresses signs of overdose.

OK HB 1783 – Relating to hydrocodone refills

An Act relating to public health and safety; amending 63 O.S. 2011, Section 2-309, as amended by Section 1, Chapter 83, O.S.L. 2012 (63 O.S. Supp. 2012, Section 2-309), which relates to prescriptions for...
controlled dangerous substances; prohibiting refills for any product containing hydrocodone with another active ingredient; and providing an effective date [November 1, 2013].

A written or oral prescription for any product containing hydrocodone with another active ingredient shall not be refilled.

Full Text

OK HB 2201 - Workers' Compensation; creating the CompSource Mutual Insurance Company Act.

The Committee shall [...]After public hearing, adopt Oklahoma Treatment Guidelines for the prescription and dispensing of any controlled substance included in Schedule II of the Uniform Controlled Dangerous Substances Act if not addressed by the current edition of the Official Disability Guidelines.

"Objective medical evidence" means evidence which meets the criteria of Federal Rule of Evidence 702 and all U.S. Supreme Court case law applicable thereto. Objective findings are those findings which cannot come under the voluntary control of the patient. When determining physical or anatomical impairment, neither a physician, any other medical provider, a judge of the Workers' Compensation Court, nor the courts may consider complaints of pain. For the purpose of making physical or anatomical impairment ratings to the spine, physicians shall use criteria established by the American Medical Association guides or modifications thereto as approved by the Legislature.

Full Text

OK HB 2226 – Standardized Prior Authorization Form

Starting January 1, 2014, there must be a single standardized prior authorization form for prescription drugs; the form may not exceed 2 pages in length; it may be made available electronically.

SPPAN Position: We supported the provisions of this bill as passed, but would have liked to see additional language added regarding transparency of PA criteria and a required time frame for response from the insurer.

Full Text

OK SB 977 - Multiple versions of statutes; amending, merging and repealing multiple versions of statutes. Emergency.

A dispenser of a Schedule II, III, IV or V controlled dangerous substance dispensed pursuant to a valid prescription shall transmit to a central repository designated by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control using the American Society for Automation in Pharmacy's (ASAP) Telecommunications Format for Controlled Substances version designated in rules by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control. This bill updates the information for each
dispensation that must be reported.

**Full Text**

**OK SB 1062** - Workers' compensation; creating the Administrative Workers' Compensation Act.

Adds all provisions noted in the abstract for **OK HB 2201**.

Further, adds: “Unless recommended by the treating doctor at the time claimant reaches maximum medical improvement or by an independent medical examiner, continuing medical maintenance shall not be awarded by the Commission. The employer or insurance carrier shall not be responsible for continuing medical maintenance or pain management treatment that is outside the parameters established by the Physician Advisory Committee or ODG. The employer or insurance carrier shall not be responsible for continuing medical maintenance or pain management treatment not previously ordered by the Commission or approved in advance by the employer or insurance carrier.”

**Full Text**

**Oregon** – Still in Session

**OR HB 2385** - Relating to insurance coverage of treatment for chemical dependency; and declaring an emergency.

**Full Text**

**OR SB 8** - Relating to prescribing and dispensing by Certified Nurse Practitioners

**Full Text**

**OR SB 384** - Relating to opiate overdose treatment; and declaring an emergency.

**Full Text**

**OR SB 440** - Primary care providers may not administer controlled substances for the treatment of intractable pain

**Full Text**
**Pennsylvania** – Still in Session

**PA HR 229** - A Resolution designating April 18, 2013, as "Ependymoma Awareness Day" in Pennsylvania.

[Full Text](#)

**Rhode Island** – Still in Session

**RI S 928** - Senate Resolution Proclaiming May 9, 2013, as "Rhode Island Home Care and Hospice Day"

[Full Text](#)

**South Carolina** – Still in Session

**SC S 448** – Amending provisions related to physicians assistants

Relating to: supervisory relationships; applications for licensure; physical presence requirements; and, scope of practice relating to Schedule II drugs.

[Full Text](#)

**South Dakota**

**SD HC 1019** - Recognizing and honoring the South Dakota Arthritis Foundation for its efforts to raise awareness and work towards the prevention and cure of arthritis in children and adults.

[Full Text](#)

**SD SB 69** - Revise certain provisions of the health professionals diversion program.

[Full Text](#)

**Tennessee**

**TN HB 541** – Relative to review of certain conduct of health care practitioners by licensing boards

When a practitioner licensed under any of such chapters is under *state or federal indictment in this state for an offense involving the sale or dispensing of controlled substances* under state or federal law, the practitioner shall report the indictment to the practitioner’s licensing board in writing within seven (7) calendar days of acquiring actual knowledge of the indictment. Such report shall include the jurisdiction in which the indictment is pending, if known, and shall also be accompanied by a copy of the indictment, if the practitioner has one.
The knowing failure of a practitioner to submit the report required in subdivision (a)(1) above to the licensing board shall be considered unprofessional, dishonorable or unethical conduct and may be grounds for such licensing board to take disciplinary action against the practitioner’s license. The fact an indictment was sealed and the practitioner could not have actual knowledge of its existence excuses the practitioner from discipline based on the failure of the practitioner to submit a report. However, the claim that the practitioner was not aware of the obligation required in subdivision (a)(1) may not excuse the practitioner from discipline based on the failure of the practitioner to submit a report.

Upon receiving a report of an indictment pursuant to subdivision (a)(1), (a)(2) or from any other source, the practitioner’s licensing board, through the board’s consultant or other person designated by the board, shall within fifteen (15) calendar days, conduct an expedited review of the practitioner’s conduct alleged in the indictment. The purpose of such expedited review shall be to determine if the matter merits an expedited investigation by the board. If so, such a directive shall be given to the department of health’s office of investigations. All review activity under this subsection (c) shall be confidential pursuant to § 63-1-117(f).

Effective July 1, 2013.

**TN HB 542 / TN SB 962 – Pharmacist dispensing any Schedule II Controlled Substance**

A pharmacist shall counsel with any person seeking to purchase a Schedule II controlled substance as to the reasons for needing the substance and may decline the sale if the pharmacist believes the sale is not for a legitimate purpose.

Effective July 1, 2013.

**TN HB 868 – Dispensing controlled substances**

No pain management clinic or medical doctor, osteopathic physician, advanced practice nurse with certificates of fitness to prescribe, or physician assistant working at a pain management clinic shall be permitted to dispense controlled substances.

This Act shall take effect July 1, 2013.

**TN HB 1294 - Prescription Drug Fraud**

Full Text
TN SB 63 – Relating to the monitoring and auditing of pharmacies
Full Text

TN SB 676 – Dispensing Controlled Substances

On or before October 1, 2013, the board of pharmacy shall promulgate rules that: create a standard of care for all prescribers and dispensers of controlled substances for treatment of chronic pain; establish medically appropriate restrictions on prescription of controlled substances; establish protocols for notification of law enforcement in cases of substance abuse; and, in consultation with the Tennessee bureau of investigation, develop standards for analyzing data from the controlled substance database.
Full Text

TN SB 955 – Reporting requirements for indictments for offenses involving the sale or dispensing of controlled substances
Full Text

TN SB 1363 - Prescription Drug Fraud
Full Text

TN SR 5 – Memorial request to US Congress

This is a memorial to the US Congress asking that the federal Public Health Service Act be amended to allow methadone maintenance clinics to participate fully in the PMP.

SPPAN Position: We opposed this bill, on the grounds that decreasing the confidentiality of methadone maintenance program data may inhibit some people from seeking addiction treatment. The legislature has adjourned for this year.
Full Text
**Texas** – In Special Session

**TX HB 1803** – Controlled Substance Registration

Controlled substance registration of a licensed physician is valid for a period of not less than two years and expires on the same date the physician’s registration permit issued by the Texas Medical Board expires.

The director may charge a physician registered under this section a nonrefundable registration fee of not more than $50 and a late fee for each application submitted after the expiration of the grace period.

The Texas Medical Board must allow a physician to submit the information and pay the fee electronically. The board shall coordinate a physician’s controlled substance registration renewal with the registration required under this chapter so that the times of registration, payment, and notice are the same and provide a minimum of administrative burden to the board and to physicians. At least 60 days before the date on which a physician’s registration permit expires, the board shall send a renewal application notice.

This Act takes effect January 1, 2014.

**Full Text**

**TX SB 316** - Relating to continuing education for pharmacists regarding drug abuse and opioid drugs and an interim study regarding opioid abuse.

The board shall 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 by rule may require a license holder to satisfy a number of the continuing education hours required by Section 559.053 through attendance of a program developed under this section.

**Full Text**

**TX SB 406** - Relating to the practice of advanced practice registered nurses and physician assistants and the delegation of prescriptive authority by physicians to and the supervision by physicians of certain advanced practice registered nurses and physician assistants.

**Full Text**

**TX SB 644** – Standard Prior Authorization Form

This bill provides for the creation and use of a single, standard request form for the prior authorization of prescription drug benefits. Health benefit plans must make the form available electronically and must allow a completed form to be submitted electronically. The form may not be more than two (2) pages. If a benefit plan fails to use the form, or fails to responds to a properly-submitted form within
two (2) business days, the request for PA is considered granted. In developing a form, the commissioner shall consider: input from the advisory committee on prior authorization forms; any form for requesting PA of benefits that is widely used in this state or any form currently used by the department; any existing PA forms that the federal centers for Medicare and Medicaid services or the Human Services Department has developed; and any national standards pertaining to electronic prior authorization for prescription drugs. The advisory committee on uniform prior authorization forms shall be composed of an equal number of members from each of the following groups: physicians, other prescribing health care providers, hospitals, pharmacists, pharmacy benefit managers, and health benefit plans. If passed, this act will take effect September 1, 2013.

SPPAN Position: SPPAN supported this bill.

Full Text

TX SB 869 - Relating to the regulation of the practice of pharmacy; authorizing fees.

Full Text

TX SB 1058 - Relating to the regulation of the practice of nursing.

Full Text

TX SB 1106 - Relating to the use of maximum allowable cost lists under a Medicaid managed care pharmacy benefit plan.

Full Text

TX SB 1216 – Standard Prior Authorization Form

This bill provides for the creation of a single, standard request form for prior authorization of health care services. Health benefit plans must make the form available electronically and must allow a completed form to be submitted electronically. The form may not be more than two (2) pages. If a benefit plan fails to use the form, or fails to respond to a properly-submitted form within two (2) calendar days, the request for PA is considered granted. In developing a form, the commissioner shall consider: input from the advisory committee on prior authorization forms; any form for requesting PA of benefits that is widely used in this state or any form currently used by the department; any existing PA forms that the federal centers for Medicare and Medicaid services has developed; and any national standards, or draft standards, pertaining to electronic prior authorization for prescription drugs. The advisory committee on uniform prior authorization forms shall be composed of an equal number of members from each of the following groups of stakeholders: physicians, health care providers other than physicians, hospitals, and medical directors of health benefit plans. A physician may not serve on the advisory committee as a physician member if the physician is or has been employed by an insurance company. If passed, the
change in law made by this act applies only to a request for prior authorization of health care services made on or after March 1, 2014.

**SPPAN Position:** SPPAN supported this bill.

*Full Text*

**TX SB 1643 – Updating the PMP**

This bill adds method of payment to the data reported into the PMP; allows pharmacy technicians and licensed nurses to act as delegates for pharmacists and physicians; and establishes an interagency prescription monitoring work group, to be composed of 4 government employees.

**SPPAN Position:** We would like to see the composition of the work group broadened to include representatives from the pain management and addiction medicine communities, along with other groups representing healthcare professionals. We ask advocates to contact their legislators to ask for this change and to express support for the bill otherwise.

*Full Text*

**Utah**

**UT HB 37 - Repeal of Reporting Requirements**

Removes outdated language involving reports from 2008 and 2009 which were meant to analyze, among other things, the misuse of opiates, inappropriate prescribing, and medical treatment guidelines.

*Full Text*

**UT HB 51 – Reports to Practitioners**

This bill allows the Utah PMP to provide unsolicited reports to practitioners.

*Full Text*

**UT HB 270 – Access to the PMP**

This bill would allow the Department of Health to allow access to PMP data for researchers studying the use or abuse of CS, after the data have been de-identified.

**SPPAN Position:** SPPAN supported this bill.

*Full Text*
UT HB 323 – Study and Review Process of Prior Authorization

This act requires that the insurance commissioner consult with national and state organization involved with the standardized exchange of health data, and the electronic exchange of health data, to study and review the process of prior authorization of prescription drugs and the standards for the use and electronic exchange of a uniform prescription drug prior authorization form that meet federal mandatory minimum standards and follow the adoption of national requirements for transaction and data elements in the federal Health Insurance Portability and Accountability Act. The commissioner’s findings shall be reported to the Legislature’s Business and Labor Interim Committee before October 1, 2013 and before November 1, 2014.

SPPAN Position: SPPAN supported this bill.
Full Text

UT SB 14 - Research Using Pharmaceuticals
Full Text

UT SB 78 - Pharmacy Act Amendments

This bill amends the Pharmacy Practice Act to allow the substitution of interchangeable biosimilar products in the place of prescribed biological products.
Full Text

UT SB 194 – Pharmacy Practice Act Amendments

This bill makes various amendments to the Pharmacy Practice Act, including authorizing, under certain circumstances, the dispensing of one or more refills at the time a legend drug prescription is dispensed.
Full Text

UT SB 203 - Prescription Label Information and Education Amendments
Full Text

UT SB 207 - Repeal of Health and Human Services Reports and Expired or Discontinued Programs

Removes outdated language involving reports from 2008 and 2009 which were meant to analyze, among other things, the misuse of opiates, inappropriate prescribing, and medical treatment guidelines.
Full Text
UT SB 214 – Continuing Education for Controlled Substance Prescribers

Beginning with the licensing period that begins after January 1, 2014, as a condition precedent for license renewal, each controlled substance prescriber shall complete at least four continuing education hours per licensing period.

An online tutorial and passing the online test shall count as 1/2 hour of continuing professional education per licensing period. A controlled substance prescriber shall complete at least 3.5 hours of continuing education hours in one or more controlled substance prescribing classes, except dentists who shall complete at least 2 such hours.

A controlled substance prescribing class shall:
(a) satisfy the division's requirements for the continuing education required for the renewal of the controlled substance prescriber's respective license type;
(b) be delivered by an accredited or approved continuing education provider recognized by the division as offering continuing education appropriate for the controlled substance prescriber's respective license type; and
(c) include a postcourse knowledge assessment.

An M.D. or D.O. completing continuing professional education hours shall complete those hours in classes that qualify for the American Medical Association Physician's Recognition Award Category 1 Credit.

The 3.5 hours of the controlled substance prescribing classes shall include educational content covering the following:
(a) the scope of the controlled substance abuse problem in Utah and the nation;
(b) all elements of the FDA Blueprint for Prescriber Education under the FDA’s Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy, as published July 9, 2012, or as it may be subsequently revised;
(c) the national and Utah-specific resources available to prescribers to assist in appropriate controlled substance and opioid prescribing;
(d) patient record documentation for controlled substance and opioid prescribing; and
(e) office policies, procedures, and implementation.

A controlled substance prescribing class required under this section may be held in conjunction with other continuing professional education programs, may be held online, and does not increase the total number of state-required continuing professional education hours required for prescriber licensing.

Full Text
**Vermont**

**VT HB 107 – Addressing Prior Authorization**

This bill requires that a health plan respond to a non-urgent PA request within two business days of receipt (formerly 120 hours); this took effect upon passage. Further, this bill directs the Green Mountain Care Board to develop and implement a pilot program for the purpose of measuring the change in system costs within primary care associated with eliminating prior authorization requirements for imaging, medical procedures, prescription drugs, and home care. In developing the pilot program proposal, the Board shall convene a broad-based group of stakeholders, including health care professionals who provide health services, health insurers, professional organizations, community and nonprofit groups, consumers, businesses, school districts, the Office of the Health Care Advocate, and state and local governments, from which to seek advice. The pilot program portion of the act takes effect July 1, 2013.

[Full Text](#)

**VT HB 522 – An Act Relating to Strengthening Vermont’s Response to Opioid Addiction and Methamphetamine Abuse**

This is a massive bill with many provisions related to both prescription and illicit drug abuse. With respect to the PMP, it gives the Commissioner of Public Safety, Commissioner of Health, medical examiners, and delegates for prescribers and dispensers access to the PMP; allows drug diversion investigators whose primary duties include investigations involving prescription drugs and who has completed a training program designed to ensure that officers have the training necessary to use the PMP; allows for interstate data sharing of PMP data; allows the Department of Health to use PMP info to determine if individual prescribers and dispensers are utilizing the PMP appropriately and to evaluate the prescription of regulated drugs by prescribers; requires prescribers and dispensers to register to use the PMP; requires that prescribers obtain a PMP report when writing their first prescription for C-II through C-IV medications and at least annually thereafter, when starting a patient on a C-II through C-IV medication for long-term opioid therapy of 90 days or more, and prior to writing a replacement prescription; directs licensing board for dispensers to develop standards for querying the PMP; requires pharmacies to report data to the PMP no less often than weekly; and re-establishes the PMP advisory committee to make recommendations on how to improve the PMP, with a reporting deadline of 1/15/14.

**SPPAN Position:** We are concerned about the provision allowing the Department of Health to use PMP info to determine if individual prescribers and dispensers are utilizing the PMP appropriately and to evaluate the prescription of regulated drugs by prescribers because we do not know what criteria will be used to make this determination. If that provision is defined satisfactorily, we would support the PMP portions of this bill and would ask advocates to contact their legislators in support of it.

[Full Text](#)

**VT SB 77 - An Act Relating to Patient Choice and Control at End of Life**

[Full Text](#)
Virginia

VA HB 346 - Nurse practitioners; practice as part of patient care teams that include a physician.
Full Text

VA HB 1422 / VA SB 1285 - Interchangeable biosimilar biological products

Pharmacists may dispense, or cause to be dispensed, a biosimilar in place of a prescribed biological product or brand of biological product, except as provided in § 54.1-3408.04 related to dispensing of interchangeable biosimilars.
AB Full Text – SB Full Text

VA HB 1672 - Naloxone; administration by unlicensed individual in cases of opiate overdose.
Full Text

VA HB 1704 – Updating the PMP

This bill adds the chief law enforcement officer of a county or city as someone designated to receive information from the PMP.
Full Text

VA HB 2312 - Pharmacies; clarifies definition of compounding, etc.

Clarifies the definition of "compounding" and adds a requirement for a current inspection report for registration or renewal of a registration for a nonresident pharmacy. The bill also requires every pharmacist-in-charge or owner of a permitted pharmacy or a non-resident pharmacy engaging in sterile compounding to notify the Board of Pharmacy of its intention to dispense or deliver a sterile compounded drug product into the Commonwealth.
Full Text
Washington – In Special Session

WA HB 1565 – Funding the PMP

Provides for ongoing funding of the PMP with funds from the Medicaid fraud penalty account.

SPPAN Position: SPPAN supported this bill.
Full Text

WA HB 1609 – Board of Pharmacy – Pharmacy Quality Assurance Commission
Full Text

WA HR 4614 – Recognizing Pain Awareness Month

All of the “whereas” statements in this awareness bill are directly on target with SPPAN’s key messages, with some sounding verbatim, and the American Pain Foundation is mentioned by name.
Full Text

WA SB 5148 - Allowing for redistribution of medications under certain conditions

Any practitioner, pharmacist, medical facility, drug manufacturer, or drug wholesaler may donate prescription drugs and supplies to a pharmacy for redistribution without compensation or the expectation of compensation to individuals who meet prioritization criteria established in this act.
Full Text

WA SB 5213 - Concerning prescription review for Medicaid managed care enrollees.
Full Text

WA SB 5267 – Work Group to Streamline Prior Authorization

This act provides that a work group shall be formed to develop criteria to streamline the prior authorization process for prescription drugs, medical procedures, and medical tests, with the goal of simplification and uniformity. The work group shall examine elements that may include the following: national standard transaction information for sending or receiving authorizations electronically; standard transaction information and uniform prior authorization forms; clean, uniform, and readily accessible forms for prior authorization including determining the appropriate number of forms; a core set of common data requirements for nonclinical information for prior authorization and electronic
prescriptions; the prior authorization process, which considers electronic forms and allows for flexibility for carriers to develop electronic forms; and existing prior authorization forms by insurance carriers and by state agencies. The work group must submit their recommendations to the appropriate committees of the legislature by November 15, 2013.

SPPAN Position: SPPAN supported this bill.

WA SB 5416 - Concerning prescription information

Full Text

WA SB 5524 - Authorizing Washington pharmacies to fill prescriptions written by physician assistants in other states.

Full Text

West Virginia – In Special Session

WV HB 2513 - Improving enforcement of drugged driving offenses

Full Text

WV HB 2577 - Relating to the practice of pharmacist care

Full Text

WV HB 2689 – Authorizing Rulemaking Involving the PMP

Authorizing the Board of Medicine to promulgate a legislative rule relating to practitioner requirements for accessing the West Virginia controlled substances monitoring program data base.

Authorizing the Board of Osteopathic Medicine to promulgate a legislative rule relating to practitioner requirements for controlled substances licensure and accessing the West Virginia controlled substances monitoring program database.

Authorizing the Board of Pharmacy to promulgate a legislative rule relating to controlled substances monitoring.
Authorizing the Board of Examiners for Registered Professional Nurses to promulgate a legislative rule relating to practitioner requirements for accessing the West Virginia controlled substances monitoring program database.

**Full Text**

**WV SB 108** - Creating Fatality and Mortality Review Team

Establishes, among other things, a unintentional pharmaceutical drug overdose fatality review panel to examine, analyze, and review deaths resulting from unintentional prescription or pharmaceutical drug overdose.

**Full Text**

**WV SB 371** - Relating to prison overcrowding

**Full Text**

**Wisconsin** – Still in Session

**WI AB 3** – Exempts veterinarians from reporting to the PMP

**Full Text**

**Wyoming**

No pain-related bills have been passed.