

Summary of State Legislation and Regulations
Addressing Prescription Drugs and Opioids

November 2021

This document is a compilation of recently enacted state legislation, rules and regulations that address prescription drug and opioid policies. The policies highlighted in this document are limited to those relevant to academic dentistry, generally covering policy changes to prescribing practices, prescription drug monitoring programs or continuing education requirements. Changes to treatment or law enforcement policies are not covered. To stay updated as relevant opioid legislation, rules and regulations are considered in 2022, please visit the [ADEA U.S. Interactive Legislative and Regulatory Tracking Map](#) and select “Opioids” from the drop-down menu. Information on the ADEA interactive maps is updated daily.

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

State	State Prescription Drug and Opioid Abuse Policy
Alabama	N/A
Alaska	N/A
Arizona	<p>SB 1091 became law in April 2021. This bill allows the prescription drug monitoring program (PDMP) to release information to:</p> <ul style="list-style-type: none"> • Prescribers, dispensers or delegates for the purpose of assisting with or verifying compliance with the requirements of statutes and rules governing the PDMP to reduce opioid overdose and death; • The Arizona health care cost containment system administration and contractors regarding persons who are receiving services under Medicare when the information is necessary for an open investigation or complaint or for performing a drug utilization review that supports the prevention of opioid abuse and the safety and quality of care provided to the patient; and • A health care insurer when the information is necessary for an open investigation or complaint or for performing a drug utilization review that supports the prevention of opioid abuse and the safety and quality of care provided to the patient. <p>The bill prohibits any data provided from the PDMP from being used for credentialing health care professionals, determining payment, preemployment screening or any purpose other than as specified in statute.</p> <p>HB 2541 became law in April 2021. This bill clarifies that patient utilization reports integrated into the statewide health information exchange include controlled substances prescription monitoring program data, clinical alerts and other required alerts or indicators.</p>

State	State Prescription Drug and Opioid Abuse Policy
Arkansas	<p data-bbox="326 138 1442 275">HB 1107 became law in February 2021. This bill allows the Arkansas Department of Health to require prescribers and/or dispensers to provide physical copies of written or electronic prescriptions upon request to validate data submitted to the prescription drug monitoring program (PDMP) to evaluate information reported by the PDMP.</p> <p data-bbox="326 310 951 342">SB 505 also became law in April 2021. This bill:</p> <ul data-bbox="375 380 1471 1098" style="list-style-type: none"> <li data-bbox="375 380 1442 583">• Mandates co-prescribing of an opioid antagonist when prescribing an opioid if: <ul style="list-style-type: none"> <li data-bbox="467 415 1442 478">○ The opioid dosage prescribed or dispensed is equal to or in excess of 50 morphine milligram equivalents per day, <li data-bbox="467 485 1442 548">○ A benzodiazepine has been prescribed or dispensed for the patient in the past or will be prescribed or dispensed at the same time as the opioid or <li data-bbox="467 554 1442 583">○ The patient has a history of opioid use disorder or drug overdose. <li data-bbox="375 590 1385 684">• Requires prescribers to provide counseling and education to a patient or the parents/guardians of a minor patient in accordance with rules passed by the prescriber’s licensing board. <li data-bbox="375 690 1471 785">• Requires prescribers to comply with documentation requirements if the prescriber does not believe that it is in the best interest of a patient to co-prescribe an opioid antagonist. <li data-bbox="375 791 1446 959">• Requires the Arkansas State Medical Board and the Arkansas State Board of Pharmacy to jointly develop and publish guidance or rules that address the circumstances in which a health care professional is required to prescribe and/or dispense an opioid antagonist to a patient when prescribing or dispensing an opioid. <li data-bbox="375 966 1471 1098">• Requires the Arkansas State Board of Dental Examiners and other specified licensing boards to promulgate guidance or rules concerning the co-prescribing of an opioid antagonist that are no less restrictive than those adopted by the Arkansas State Medical Board and the Arkansas State Board of Pharmacy.
California	N/A

State	State Prescription Drug and Opioid Abuse Policy
Colorado	<p>HB 1012 was signed by the Governor in July 2021. This bill requires the state Board of Pharmacy (Board) to determine if the prescription drug monitoring program (PDMP) should track all prescription drugs prescribed in the state. If the Board determines that all prescription drugs should be tracked, it must promulgate rules to include all prescription drugs. If the Board determines that one or more drugs should not be tracked, it must publicly note justification for exclusions. Current law requires the PDMP to track all controlled substances prescribed in Colorado.</p> <p>HB 1276 was signed by the Governor in June 2021. This bill made many changes, and those most relevant to oral health practitioners and educators are noted here. The bill continues indefinitely the requirement that a health care provider query the PDMP before prescribing an opioid, including a benzodiazepine, and changes current law to require the query on every prescription fill, not just the second fill. The bill also directs the Office of Behavioral Health in the state Department of Human Services to convene a collaborative with institutions of higher education, nonprofit agencies and state agencies for the purpose of gathering feedback from local public health agencies, institutions of higher education, nonprofit agencies and state agencies concerning evidence-based prevention practices.</p> <p>SB 98 became law in June 2021. This bill ends a designated sunset of the PDMP and continues the program indefinitely. Additionally, the bill:</p> <ul style="list-style-type: none"> • Authorizes the state Board of Pharmacy (Board) to promulgate rules that identify a list of prescription drugs that are not currently listed as controlled substances and require such drugs to be tracked through the program. • Authorizes the Board to create a data retention schedule for information obtained and stored by the PDMP. • Authorizes each coroner to authorize deputy coroners to access the PDMP. • Eliminates the requirements that the Board seek gifts, grants and donations in order to maintain the PDMP and report annually to committees of reference of the General Assembly on the gifts, grants and donations. • Makes a technical change to remove a reference to the state Department of Health Care Policy and Financing from the statute as that Department does not have access to the program.
Connecticut	N/A
Delaware	N/A
District of Columbia	<p>B23-0890 became law in April 2021. This bill requires prescribers and dispensers to consult the prescription drug monitoring database (PDMP) prior to prescribing or dispensing an opioid or benzodiazepine for more than seven consecutive days, and every 90 days thereafter while the course of treatment or therapy continues. Failure to comply with this requirement to consult the PDMP constitutes grounds for disciplinary action by a relevant health occupations board.</p> <p>Consultation of the PDMP is not required if the substances are prescribed to a patient who is receiving in-patient care or upon discharge, in-hospice or palliative care or in a nursing home or residential care facility that uses a sole source pharmacy. Consultation is also not required if the PDMP is not operational or available due to a temporary technological or electrical failure or natural disaster, or the prescriber or dispenser is unable to access the PDMP due to an emergency or a disaster and the documents the circumstances that prevented access in the patient’s medical record.</p>

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Florida	SB 530 was approved by the Governor in May 2021. This bill allows health care practitioners to provide patients with an electronic version of a pamphlet that is required to be given to patients before they are prescribed opioid drugs that are listed as Schedule II controlled substances or treated with anesthesia involving the use of an opioid drug listed as a Schedule II controlled substance. The educational pamphlet, which is created by the state Department of Health, was previously required to be given to patients who are prescribed an opioid.
Georgia	N/A
Hawaii	N/A
Idaho	N/A
Illinois	<p>HB 3355 became effective in August 2021. This bill requires the state Department of Human Services to develop and make available on its website information on the risks of developing a physical or psychological dependence on opioids and any alternative treatments, including the Opioid Alternative Pilot Program. The bill also requires the Department to develop and make available upon request to all prescribers, pharmacists and patients, a pamphlet which explains the risks of developing a physical or psychological dependence on opioids. Finally, pharmacists are required to furnish the pamphlet and discuss the risks of developing a physical or psychological dependence on opioids prior to dispensing an opioid that is a Schedule II controlled substance.</p> <p>HB 3596 was approved by the Governor in August 2021. This bill requires a prescription for a substance classified in Schedule II through V to be sent electronically. It also creates an exception to the requirement if a prescriber certifies to the state Department of Financial and Professional Regulation that he or she will not issue more than 25 prescriptions during a 12-month period. Finally, the bill also requires the Department to adopt rules for the administration of the electronic prescribing requirement that include any exemptions the Department may deem appropriate.</p> <p>SB 1842 became law in August 2021. This bill provides that when a person has been identified as having five (rather than three, which was the threshold under previous law) or more prescribers or five (rather than three) or more pharmacies, or both, that do not use a common electronic file for controlled substances within the course of a six-month (rather than continuous 30-day) period, the prescription drug monitoring program (PDMP) may issue an unsolicited report to the prescribers, dispensers and their designees informing them of the potential medication shopping. The bill also requires opioid treatment programs to begin reporting to the PDMP.</p>
Indiana	HB 1109 was signed by the Governor in April 2021. This bill provides that a dispenser who is also authorized to prescribe controlled substances is only required to report actual dispensations to the prescription drug monitoring program within 24 hours of the dispensation.
Iowa	In April 2021, the Iowa Board of Pharmacy finalized a regulation that required the reporting of the dispensing of Schedule V controlled substances to the prescription drug monitoring program. This amendment implemented changes made to the Iowa Code during the 2020 Legislative Session.
Kansas	N/A
Kentucky	N/A
Louisiana	N/A
Maine	HB 2 was signed by the Governor in June 2021. This bill transfers the state's prescription drug monitoring program to the state Department of Health and Human Services.

State	State Prescription Drug and Opioid Abuse Policy
Maryland	N/A
Massachusetts	N/A
Michigan	N/A
Minnesota	N/A
Mississippi	N/A
Missouri	<p>SB 63 was signed into law in June 2021. This bill establishes a statewide prescription drug monitoring program to monitor the dispensing of Schedule II through IV controlled substances.</p> <p>The bill also establishes the Joint Oversight Task Force of Prescription Drug Monitoring within the Office of Administration, with members selected from the state Board of Registration for the Healing Arts, Board of Pharmacy, Board of Nursing and the Missouri Dental Board. The Task Force is required to enter into a contract with a vendor, through a competitive bid process, to collect and maintain patient controlled substance prescription dispensation information. The vendor is prohibited from maintaining the information for more than three years.</p> <p>Prescribers, dispensers and other health care providers are permitted to access a patient’s dispensation information in the course of providing health care services to the patient. The vendor must also provide dispensation information to individual patients, upon request. The MO HealthNet Division is granted access to dispensation information for MO HealthNet recipients.</p> <p>Dispensers who knowingly fail to submit the required information or who knowingly submit incorrect dispensation information shall be subject to a penalty of \$1,000 per violation. Any persons who are authorized to have patient dispensation information under this act and who purposefully disclose such information or who purposefully use it in a manner and for a purpose in violation of this act shall be guilty of a Class E felony.</p> <p>Patient dispensation information is prohibited from being provided to law enforcement, prosecutorial officials or any regulatory body, professional or otherwise, for purposes other than those explicitly set forth in HIPAA and any regulations promulgated thereunder. Dispensation information is also prohibited from being used to prevent an individual from owning or obtaining a firearm or as the basis for probable cause to obtain an arrest or search warrant as part of a criminal investigation.</p>
Montana	N/A
Nebraska	<p>LB 583 was signed by the Governor in May 2021. This bill requires all prescriptions for controlled substances to be issued electronically. The requirement would be implemented for dentists beginning Jan. 1, 2024, and beginning Jan. 1, 2022, for all other prescribers.</p> <p>The bill creates exceptions for:</p> <ul style="list-style-type: none"> • When e-prescribing is temporarily unavailable; • Veterinarians; • Prescriptions to out-of-state pharmacies where the prescriber and dispenser are the same; • Drugs including elements not supported by the National Council for the Prescription Drug Program Standard; • Drugs including elements which the Food & Drug Administration says cannot be e-prescribed; • A non-patient specific prescription with limitations; • Research protocol drugs; • Exceptional circumstances or hardships, impracticality or delay; or • Drugs that require compounding.

State	State Prescription Drug and Opioid Abuse Policy
Nevada	N/A
New Hampshire	HB 143 was signed into law in August 2021. This bill requires all prescriptions for controlled drugs to be submitted electronically.
New Jersey	N/A
New Mexico	N/A
New York	N/A
North Carolina	N/A
North Dakota	HB 1139 was signed by the Governor in April 2021. This bill provides that the state’s workers’ compensation program will not pay for opioid therapy that exceeds 90 morphine milligram equivalents of opioid medication per day, or more than a 70-day supply of an opioid medication within any single outpatient transaction during the initial 30-day period of opioid therapy.
Ohio	N/A
Oklahoma	<p>SB 57 was approved by the Governor in May 2021. This bill authorizes members of the Opioid Overdose Fatality Review Board to access information collected by the prescription drug monitoring program (PDMP) for the purposes of carrying out the duties prescribed by statute.</p> <p>The bill also provides that, upon the request of a patient rather than at the discretion of a physician, the physician or designee must disclose the PDMP history to the patient.</p> <p>Finally, the bill eliminates authority of The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control to provide unsolicited notification to the licensing board of a pharmacist or practitioner if a practitioner or prescriber has exhibited prescriptive behavior consistent with generally recognized standards indicating potentially problematic prescribing patterns.</p> <p>SB 408 was signed by the Governor in May 2021. This bill addressed several issues related to dentistry including altering continuing education requirements to require all dentists to obtain two hours of opioid- and scheduled drug-prescribing continuing education during each two-year licensure renewal period.</p>
Oregon	N/A
Pennsylvania	N/A
Puerto Rico	N/A
Rhode Island	<p>HB 5710 became law in June 2021. This bill adds medical directors or their designees to the list of those individuals to whom disclosure of prescription drug monitoring information is allowed to be provided when used for quality improvement activities within the practice.</p> <p>SB 384 was signed by the Governor in June 2021. This bill would allow medical practitioners, when dealing with pain management associated with intractable or chronic pain, to prescribe, administer and dispense controlled substances without regard to the 2016 Centers for Disease Control and Prevention’s Guidelines for prescribing opioids for chronic pain. The bill defines “chronic intractable pain” as pain that is excruciating, constant, incurable, of such severity that it dominates virtually every conscious moment and/or produces mental and physical debilitation. A diagnosis and written documentation of chronic intractable pain made by a physician licensed in the state of Rhode Island specializing in pain management, oncology or similar specialty defined in regulations constitutes proof that the patient suffers from chronic intractable pain.</p>

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South Carolina	<p>S 571 was signed by the Governor in April 2021. This bill requires prescribers to offer a prescription for naloxone hydrochloride or other approved drug to a patient if:</p> <ul style="list-style-type: none"> • An opioid medication is prescribed concurrently with a prescription for benzodiazepine, • A prescription is issued for a medication that has a dosage 50 or more morphine milligram equivalents per day or • The patient presents with an increased risk for overdose. <p>Prescribers must also provide education on overdose prevention and the use of opioid overdose reversal medication that is consistent with existing standard of care. Prescribers who fail to offer a prescription for opioid overdose reversal medication may be subject to discipline by an appropriate licensing board.</p>
South Dakota	N/A
Tennessee	<p>SB 212 became effective in May 2021. This bill requires a licensing authority, upon learning a health care prescriber was indicted for a criminal offense that involves a controlled substance violation or sexual offense, to remove the prescriber’s ability to prescribe controlled substances until the case reaches final disposition. Licensing boards are required to revoke the prescriber’s ability to prescribe controlled substances upon conviction.</p>
Texas	<p>HB 2056 was signed into law in June 2021. This bill permits and creates requirements for the practice of teledentistry in the state. The bill required the Texas State Board of Dental Examiners to adopt rules that prohibit a dentist from prescribing an opiate for more than a two-day period or a controlled substance other than an opiate for more than a five-day period. These periods may be extended by a day if the period for which the prescription is prescribed includes a weekend or a national holiday.</p>
Utah	<p>HB 15 was signed into law in March 2021. This bill removes an exception to the seven-day limit on prescriptions for Schedule II or III controlled substances containing opioids that allowed a practitioner to issue up to a 30-day supply after surgery if the practitioner determined the quantity exceeding seven days is needed. The bill also requires a practitioner to check the controlled substance database and consult with other practitioners when issuing a long-term prescription for an opiate or a benzodiazepine for longer than 30 consecutive days.</p> <p>SB 76 became effective in May 2021. This bill provides access to the controlled substance database to the Utah Medicaid Fraud Control Unit. The bill also provides that it is a Class A misdemeanor for any person who knowingly and intentionally accesses the database without express authorization.</p>
Vermont	N/A
Virginia	N/A
Washington	<p>The Washington Health Care Authority finalized rules in October 2021 that require a prescriber, before prescribing—and a pharmacist, when dispensing—to check all of an Apple Health client’s current prescriptions in the prescription drug monitoring program (PDMP), including any prescriptions not paid for by Apple Health. The rules exempt a prescriber or pharmacist from the requirement if a good faith effort to review the PDMP was made, and the practitioner was unsuccessful—provided that the practitioner documents the reason they were unable to conduct a review. Prescribers and pharmacists are permitted to allow a delegate to retrieve required information from the PDMP, but the prescriber or pharmacist must review the client’s current prescriptions.</p>
West Virginia	<p>HB 2262 became effective in May 2021. This bill added the dispensing of Schedule V controlled substances to the information required to be reported to the state’s PDMP. The bill also requires pharmacists to access the PDMP upon initially dispensing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering a terminal illness.</p>
Wisconsin	N/A

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Wyoming	N/A
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