

## Summary of State Legislation and Regulations Addressing Prescription Drugs and Opioids

November 2022

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 2023, 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 [leeth@adea.org](mailto:leeth@adea.org) or Phillip Mauller, ADEA Director of State Relations and Advocacy, at [maullerp@adea.org](mailto:maullerp@adea.org).

| State      | State Prescription Drug and Opioid Abuse Policy  |
|------------|--|
| Alabama    | N/A  |
| Alaska     | N/A  |
| Arizona    | <p><a href="#">SB 1162</a> was signed by the Governor in April 2022. Current law limits prescriptions for Schedule II opioids to no more than 90 morphine milligram equivalents (MME) per day, with some exceptions. This bill adds the following exceptions to the to the list of conditions exempted from Schedule II opioid prescribing limitations:</p> <ul style="list-style-type: none"> <li>• Prescriptions for no more than a 14-day supply issued for chronic intractable pain (as defined in the bill) following a surgical procedure.</li> <li>• Prescriptions for no more than a 14-day supply and treatment for perioperative surgical pain.</li> <li>• A patient with chronic intractable pain once the patient has an established health professional-patient relationship (as defined in the bill) and the patient has tried doses of less than 90 MME per day that have been ineffective at addressing the patient’s pain.</li> </ul> <p><a href="#">SB 1469</a> was signed into law in June 2022. The bill requires law enforcement to obtain a search warrant prior to requesting data from the state’s Prescription Drug Monitoring Program (PDMP). The bill also allows law enforcement to notify licensing boards of suspected inappropriate or improper prescribing if an investigation is undertaken and there is no evidence of a statutory crime.</p> <p><a href="#">SB 1639</a> became law in March 2022. This bill directs a vendor that provides electronic medical records services to a medical practitioner in the state to integrate the vendor’s electronic records system with the state’s PDMP by Dec. 31, 2026.</p> |
| Arkansas   | N/A  |
| California | N/A  |

| State                | State Prescription Drug and Opioid Abuse Policy   |
|----------------------|---|
| Colorado             | <p><a href="#">HB 1115</a> was signed by the Governor in June 2022. This bill makes the following changes to the state’s Prescription Drug Monitoring Program (PDMP):</p> <ul style="list-style-type: none"> <li>• It clarifies that every prescriber must query the PDMP prior to filling a prescription for an opioid or benzodiazepine.</li> <li>• All prescribers and pharmacists must attest to their respective licensing boards that they have registered with the PDMP, are maintaining a user account and that they are aware of the penalties for noncompliance.</li> <li>• Prescribers and pharmacists are also permitted to authorize an unlimited number of designees to access the program on the practitioner’s or pharmacist’s behalf, if the designees qualify.</li> <li>• It requires the Division of Professions and Occupations (Division) to solicit applications from integration organizations and, approve qualified integration organizations that practitioners and pharmacists may use to integrate the PDMP with patient electronic medical records.</li> <li>• Finally, subject to available funding, the bill requires the Division to implement a process whereby practitioners and pharmacists may apply for and receive reimbursement for all or a portion of the costs of integrating the PDMP with electronic medical records.</li> </ul> <p><a href="#">SB 27</a> was signed into law in May 2022. Like HB 22, this bill clarifies that every prescriber must query the PDMP prior to filling a prescription for an opioid or benzodiazepine, and requires all prescribers to register and maintain a user account with the PDMP. The bill also requires the group tasked with developing a strategic plan to reduce prescription drug misuse to evaluate and make recommendations to the Executive Director of the Department of Regulatory Agencies regarding balancing the use of the program as a health care tool with enforcement of the requirements of the program.</p> |
| Connecticut          | N/A   |
| Delaware             | N/A   |
| District of Columbia | N/A   |
| Florida              | N/A   |
| Georgia              | N/A   |
| Hawaii               | N/A   |
| Idaho                | N/A   |
| Illinois             | <p><a href="#">SB 2535</a> was signed into law in June 2022. Under the bill, pharmacists are now required, rather than permitted, to dispense an opioid antagonist. Prescribers and pharmacist are also required to inform patients that opioids are addictive. Prescribers are required to notify patients that opioid antagonists are available by prescription or from a pharmacy while pharmacists must offer to dispense an opioid antagonist.</p> <p><a href="#">SB 3024</a> was signed by the Governor in May 2022. This bill grants, pursuant to a confidentiality agreement, Prescription Drug Monitoring Program (PDMP) access to the Department of Human Services—a medical director or a public health administrator—and delegated analysts of a county or municipal health department or the Department of Public Health, for any of the following purposes:</p> <ol style="list-style-type: none"> <li>1) Developing education programs or public health interventions relating to prescribing trends and controlled substance use; or</li> <li>2) Conducting analyses and publishing reports on prescribing trends.</li> </ol> <p>The bill provides that the PDMP data must be non-identifying and that is not admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person.</p>  |
| Indiana              | N/A   |

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| Iowa          | N/A   |
| Kansas        | N/A   |
| Kentucky      | N/A   |
| Louisiana     | N/A   |
| Maine         | N/A   |
| Maryland      | <a href="#">SB 200</a> was signed into law in October 2022. This bill altered the requirements of the Prescription Drug Monitoring Program (PDMP) to include monitoring the dispensing of naloxone medication by all prescribers and dispenser. The bill also requires dispensers to report naloxone medication data to the PDMP.   |
| Massachusetts | N/A   |
| Michigan      | <a href="#">HB 5261</a> was signed into law in March 2022. This bill allows a prescriber or a practical nurse or registered professional nurse acting on the order of a prescriber to administer an opioid to an individual who had executed a nonopioid directive if the opioid were for intraoperative use.   |
| Minnesota     | N/A   |
| Mississippi   | N/A   |
| Missouri      | N/A   |
| Montana       | N/A   |
| Nebraska      | The Nebraska Department of Health and Human Services <a href="#">adopted a rule</a> in July 2022 that requires each provider prescribing a controlled substance to a Medicaid recipient to check the Prescription Drug Monitoring Program (PDMP) before prescribing a Schedule II medication and at dosage adjustment. Providers may delegate checking of the PDMP to an eligible delegate, and specified exceptions apply to the requirement to check the PDMP.  |
| Nevada        | The Nevada State Board of Pharmacy (Board) <a href="#">finalized a regulation</a> in December 2021 that made numerous changes to the state's Prescription Drug Monitoring Program (PDMP). The regulation made the following changes: <ul style="list-style-type: none"> <li>• Required practitioner whose electronic health records are integrated with the records in the PDMP to maintain specified records;</li> <li>• Prohibited delegates designated to access the database of the computerized program from accessing that database through electronic health records;</li> <li>• Required the Board to provide Internet access to the database of the computerized program to employees of the Department of Veterans Affairs, people authorized to access a Medicaid report and agencies in other states pursuant to a written agreement;</li> <li>• Adopted a user support manual for the database and requires people who are required to access the database to read and comply with that manual, provided that reading the manual satisfies training requirements;</li> </ul> Authorized an employee of a law enforcement agency who meets the requirements for access to the database to enroll with the Board and have ongoing access or access the database without enrolling to obtain a patient utilization report or a summary of a practitioner's prescribing history for use in a particular investigation. |
| New Hampshire | N/A   |
| New Jersey    | The New Jersey State Board of Dentistry (Board) updated in June 2022 a <a href="#">regulation</a> governing prescribing practices to be consistent with recent changes to state law <a href="#">A 3869</a> was signed into law in April 2021. The Board also created a requirement for a licensed dentist and other practitioners to co-prescribe an opioid antidote whenever the dentist issues a prescription for an opioid drug that is a controlled dangerous substance and one of the following conditions exists: <ul style="list-style-type: none"> <li>• The patient has a history of substance use disorder,</li> <li>• The prescription for the opioid drug is for a daily dose of more than 90 morphine milligram equivalents (MME) or</li> </ul> The patient holds a current, valid prescription for a benzodiazepine that is a Schedule III or Schedule IV controlled dangerous substance.   |

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| New Mexico     | N/A  |
| New York       | <p><a href="#">A 336</a> and <a href="#">S 2966</a> are identical bills that were signed into law in December 2021. These bills require prescribers to issue a prescription for an opioid antagonist along with the first opioid prescription issued each year when any of the following risk factors are present:</p> <ul style="list-style-type: none"> <li>• A history of substance abuse disorder,</li> <li>• High-dose or cumulative prescriptions that result in 90 morphine milligram equivalents (MME) or higher per day or</li> <li>• Concurrent use of opioids and benzodiazepine or nonbenzodiazepine sedative hypnotics.</li> </ul> <p>The bills exempt prescriptions issued in general hospitals and specified long-term care facilities.</p>   |
| North Carolina | <p>The North Carolina Board of Dental Examiners (Board) adopted a new <a href="#">regulation</a> in March 2022 that outlined circumstances under which the state’s Department of Health and Human Services (DHHS) is permitted to report to the Board, the prescribing practices of dentists. DHHS may report this information when:</p> <ul style="list-style-type: none"> <li>• A dentist has issued at least 10 prescriptions for an opioid with at least 75 morphine milligram equivalents (MME) per day;</li> <li>• A dentist has issued a benzodiazepine and an opioid to at least five patients where the patients’ prescriptions overlap for at least two days; or</li> <li>• A dentist has issued at least five “atypical prescriptions,” which is defined as medication classified as a stimulant, muscle relaxant or hypnotic, or at least 120 doses of an opioid or benzodiazepine;</li> <li>• A dentist has had a patient death due to opioid poisoning where the dentist prescribed 30 or more tablets of an opioid to the patient within 60 days of the patient’s death.</li> </ul> |
| North Dakota   | N/A  |
| Ohio           | <p><a href="#">HB 193</a> became effective in November 2022. This bill requires all prescriptions for Schedule II-controlled substances to be issued electronically except under specified circumstances described in the bill. Prescribers who issue less than 50 prescriptions for Schedule II-controlled substances per year are exempted from the e-prescribing requirement.</p>   |
| Oklahoma       | N/A  |
| Oregon         | <p>The Oregon Health Authority amended a <a href="#">regulation</a> in February 2022, that requires all Medicaid programs to ensure that all prescribing providers check the prescription drug history of a covered individual being treated by the provider through the Prescription Drug Monitoring Program (PDMP) before prescribing to such individual a controlled substance.</p>   |
| Pennsylvania   | N/A  |
| Puerto Rico    | N/A  |
| Rhode Island   | N/A  |
| South Carolina | N/A  |
| South Dakota   | N/A  |
| Tennessee      | <p><a href="#">HB 2171</a> became effective in April 2022. This bill allows the Commissioner of Health to share Prescription Drug Monitoring Program (PDMP). with entities acting on behalf of another state or governmental entity.</p> <p>The bill also deletes exceptions to requirements to report to the PDMP that are included under current law. The deleted exceptions include an exemption for narcotic treatment programs and drugs dispensed or distributed by a facility in an amount that is adequate to treat the patient for a maximum of 48 hours.</p>   |

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|---------------|--|
|               | <p>Finally, the bill adds a new exemption to PDMP reporting requirements for any drug prescribed for administration directly to a patient during the course of inpatient or residential treatment in a hospital or nursing home.</p> <p><a href="#">SB 2572</a> was signed into law in June 2022. This bill requires a health care prescriber to offer a prescription for an opioid antagonist to each patient prescribed an opioid, under the following conditions:</p> <ul style="list-style-type: none"> <li>• If more than a three-day supply of opioid medication is prescribed,</li> <li>• An opioid is prescribed concurrently when a prescription by the same provider for benzodiazepine, or</li> <li>• The patient presents with an increased risk for overdose.</li> </ul> <p>Exceptions are created for opioid prescriptions written as part of a patient’s palliative care treatment, or when written by a veterinarian. Finally, the bill authorizes the imposition of civil penalty for failure to comply with the requirement.</p> |
| Texas         | N/A  |
| Utah          | <p><a href="#">HB 47</a> was signed by the Governor in March 2022. This bill extends the repeal date for a requirement that all prescriptions for a Schedule II- or Schedule III-controlled substance that is an opiate and that is issued for an acute condition to be completely or partially filled in a quantity not to exceed a seven-day supply as directed on the daily dosage rate of the prescription. Prior to passage of the bill, this requirement was scheduled to be repealed July 1, 2022. The requirement will now be repealed July 1, 2032, unless extended.</p> <p>The Utah Division of Occupational and Professional Licensing amended a Prescription Drug Monitoring Program (PDMP) access <a href="#">regulation</a> in December 2021 that granted PDMP access to the state’s Medicaid Fraud Control Unit.</p>  |
| Vermont       | N/A  |
| Virginia      | <p><a href="#">HB 192</a> became law in April 2022. This bill extends for five years the sunset provisions for the requirement that a prescriber registered with the Prescription Drug Monitoring Program (PDMP) request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days.</p>   |
| Washington    | N/A  |
| West Virginia | <p>The West Virginia Board of Dental Examiners amended a <a href="#">regulation</a> in May 2022 that requires out-of-state dentists and dental hygienists who are registered to provide teledentistry services to complete three hours of drug diversion training every two years.</p>   |
| Wisconsin     | N/A  |
| Wyoming       | N/A  |