



# End of Session Report: Pain Management Laws

During the 2015 legislative term, the American Academy of Pain Management and the State Pain Policy Advocacy Network (SPPAN) have been tracking 1,321 pain-related bills in all fifty states, D.C., and federally. Of those bills, 255 have been signed into law as of December 15, 2015. This report organizes those new laws by state and includes a summary of each new law, a full text link, sponsor information, and effective dates when available.

## New Laws – By State

[United States](#)  
[Alabama](#)  
[Alaska](#)  
[Arizona](#)  
[Arkansas](#)  
[California](#)  
[Colorado](#)  
[Connecticut](#)  
[Delaware](#)  
[District of Columbia](#)  
[Florida](#)  
[Georgia](#)  
[Hawaii](#)  
[Idaho](#)  
[Illinois](#)  
[Indiana](#)  
[Iowa](#)  
[Kansas](#)

[Kentucky](#)  
[Louisiana](#)  
[Maine](#)  
[Maryland](#)  
[Massachusetts](#)  
[Michigan](#)  
[Minnesota](#)  
[Mississippi](#)  
[Missouri](#)  
[Montana](#)  
[Nebraska](#)  
[Nevada](#)  
[New Hampshire](#)  
[New Jersey](#)  
[New Mexico](#)  
[New York](#)  
[North Carolina](#)  
[North Dakota](#)

[Ohio](#)  
[Oklahoma](#)  
[Oregon](#)  
[Pennsylvania](#)  
[Rhode Island](#)  
[South Carolina](#)  
[South Dakota](#)  
[Tennessee](#)  
[Texas](#)  
[Utah](#)  
[Vermont](#)  
[Virginia](#)  
[Washington](#)  
[West Virginia](#)  
[Wisconsin](#)  
[Wyoming](#)

**UNITED STATES**

No pain-related legislation passed during 2015. Pending legislation will carry over into 2016.

**ALABAMA****AL HB 208 – Drug overdoses, drugs to counteract effects of, physician or dentist authorized to prescribe and persons authorized to administer, alcohol consumption by minors assisting others, immune from liability**

Sponsor: Rep. Allen Treadaway

Summary: This bill authorizes a physician or dentist to prescribe an opioid antagonist to an individual at risk of experiencing an opiate-related overdose or to an individual who is in a position to assist another individual at risk of experiencing an opiate-related overdose; and further, the bill provides immunity to a physician or dentist who prescribes an opioid antagonist and to an individual who administers an opioid antagonist. The bill also provides immunity from prosecution for possession or consumption of alcohol for an individual under the age of 21 or a misdemeanor controlled substance offense by any individual who seeks medical assistance for another individual under certain circumstances. Finally, the bill requires the Alabama Department of Public Health to approve a specific training curriculum for certain law enforcement officers relating to the administration of opioid antagonists.

Academy Position: Support

Effective: 6/5/2015

[Full Text](#)

**AL HJR 236 – Diabetic Peripheral Neuropathy Alert Day**

Sponsor: Rep. Laura Hall

Summary: Recognizing September 2015 as Diabetic Peripheral Neuropathy Alert Month.

[Full Text](#)

**AL SB 167 - Physicians, registration and fees for physicians providing pain management services, single annual fee changed, no additional fee for additional locations, Sec. 34-24-604 am'd.**

Sponsor: Sen. Billy Beasley

Summary: Before passage of this bill, physicians providing pain management services registered annually with the Alabama Board of Medical Examiners and payed a fee for each practice location. This bill provides that a registered physician pays a single initial fee and renewal fee, with no additional fees for additional practice locations.

Effective: 8/1/2015

[Full Text](#)

**ALASKA**

No pain-related legislation passed in Alaska during 2015.

**ARIZONA****AZ HB 2036 - Naturopathic Physicians; Licensing Requirements**

Sponsor: Rep. Heather Carter

Summary: Makes various changes to licensing and examination requirements of the Naturopathic Physicians Medical Board. Makes it unprofessional conduct to a naturopathic physician to fail or refuse to include a copy of a patient's PMP report in the medical record when providing a certificate of debilitating condition for medical marijuana. Contains requirements for enactment for initiatives and referendums (Proposition 105).

Effective: 7/3/2015

[Full Text](#)

**AZ HB 2322 - Misbranded Drugs; Counterfeit Marks; Offense**

Sponsor: Rep. Jeff Weninger

Summary: Classifies the manufacture, sale or distribution of misbranded drugs as a class 4 felony and adds such conduct to the definition of racketeering. Classifies knowingly possessing or using a misbranded drug as a class 2 misdemeanor. Statute establishes penalties for various acts concerning prescription-only drugs. Unless the person is an authorized and licensed medical practitioner, the possession, use and manufacture of prescription-only drugs is prohibited and classified as a class 1 misdemeanor. The sale or possession, transport or import of a prescription-only drug for sale is classified as a class 6 felony. In addition to any other penalty prescribed by the criminal code, a \$1,000 fine is applied to all violations concerning prescription-only drugs (A.R.S. § 13-3406).

Effective: 7/3/2015

[Full Text](#)

**AZ HB 2373 – AHCCCS; Orthotics**

Sponsor: Rep. Kate Brophy McGee

Summary: Adds coverage for orthotics if: (1) the use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines; (2) the orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition; and (3) the orthotic is ordered by a physician or primary care practitioner.

Academy Position: Support

Effective: 7/3/2015

[Full Text](#)

**AZ HB 2421 – Limited Service Pharmacies; Dispensing**

Sponsor: Rep. David Stevens

Summary: Allows a limited service pharmacy to sell and dispense Schedule II substances to any person with a valid prescription order from a practitioner in another state if the prescription was issued according to and in compliance with the applicable laws of that state and the U.S.

Effective: 7/3/2015

[Full Text](#)

**AZ HB 2489 – EMTs; Peace Officers; Naloxone Administration**

Sponsor: Rep. Heather Carter

Summary: Allows an emergency medical care technician or a peace officer who is trained in the administration of naloxone hydrochloride or any other opiate antagonist that is approved by the United States food and drug administration to administer naloxone hydrochloride or another opiate antagonist to a person who the emergency medical care technician or peace officer believes is suffering from an opiate-related drug overdose.

Requires DHS to develop a training module in coordination with the Arizona Peace Officers Training Board for EMTs and Peace Officers that provides training regarding the identification of a person suffering from an opiate-related drug overdose and the use of naloxone hydrochloride or other opiate antagonists.

Licensed physicians who issue a standing order, and emergency medical care technicians and peace officers who administer naloxone hydrochloride or any other opiate antagonist pursuant to this section, are immune from civil, professional, and criminal liability for any decision made, action taken, and injury that results from that act if those persons act with reasonable care and in good faith.

Academy Position: Support; [Letter of Support](#)

Effective: 7/3/2015

[Full Text](#)

**AZ HR 2004 – Fibromyalgia Awareness Day**

Sponsor: Rep. Mark Finchem

Summary: Proclaims May 12, 2015 as Fibromyalgia Awareness Day in Arizona.

[Full Text](#)

**AZ SB 1032 – AHCCCS; Contractors; Prescription Monitoring**

Sponsor: Sen. Kelli Ward

Summary: Requires contractors to intervene if a member has 10 or more prescriptions for controlled substances within a three-month period. Requires contractors to monitor prescriptions that are filled by members and intervene with the prescriber and the members when excessive amounts of controlled substances are used. Requires contractors to direct excessive controlled substance use cases to the Arizona Health Care Cost Containment System (AHCCCS) medical director for review.

Academy Position: Oppose; [Letter of Opposition](#)

Effective: 7/3/2015

[Full Text](#)

**AZ SB 1214 – Homeopathic Board; Licensure; Regulation**

Sponsor: Sen. Nancy Barto

Summary: Allows the Arizona Board of Homeopathic and Integrated Medicine Examiners to establish a treatment program for licensees with a medical, psychiatric, psychological or behavioral health disorder. Alters the Board's complaint procedures.

Effective: 7/3/2015

[Full Text](#)

**AZ SB 1288 – Prescription Drug Coverage; Medication Synchronization**

Sponsor: Sen. Kimberly Yee

Summary: In part, mandates that a subscription contract that is issued or renewed on or after January 1, 2016 and that provides coverage for prescription drugs may not deny coverage and shall prorate the cost sharing rate for a prescription drug covered by the contract that is dispensed by a network pharmacy for less than the standard refill under specified circumstances. States that such a coverage plan shall allow a pharmacy to override a denial code related to an early refill if the prescription drug is being dispensed as part of a medication synchronization program. Further, the plan shall pay a full pharmacy dispensing fee for each prescription drug dispensed and may not prorate a dispensing fee, regardless of whether the prescription drug is partially filled or refilled, or the subscriber's copayment or fee paid for medication synchronization services is prorated. Defines *medication synchronization* as the coordination of medication refills for a patient taking two or more medications for a chronic condition so that the patient's medications are refilled on the same schedule for a given time period.

Academy Position: Support; Sent Action Alert to Advocates on 2/9/15

Effective: 7/3/2015

[Full Text](#)

**AZ SB 1370 – Controlled Substances Prescription Monitoring Program**

Sponsor: Sen. John Kavanagh

Summary: Amends the law relating to the controlled substances prescription monitoring program (CSPMP). Sets forth rules regarding initial licensures for medical practitioners who intend to apply for registration for the purpose of accessing the controlled substances prescription monitoring program database. Amends the definition of *medical practitioner*. Expands the class of persons and entities who may access CSPMP data to include a county medical examiner or alternate medical examiner, or their delegate, under certain circumstances. Updates the definition of *delegate* to include a forensic pathologist, medical death investigator or other qualified person who is assigned duties in connection with a death investigation. Instructs the Pharmacy Board to submit a report by July 1, 2016, and every two years thereafter, that includes: (1) the change in registration for and access to the CSPMP; (2) the change in utilization of the CSPMP by the type of licensed medical practitioner from January 1, 2016, to the date of the report; and (3) any relevant information and data from the Arizona Prescription Drug Misuse and Abuse Initiative. Repeals a sunset provision that would have terminated the CSPMP in 2017.

Academy Position: Support; Sent Action Alert to Advocates on 2/9/15

Effective: 1/1/2016

[Full Text](#)

## ARKANSAS

**AR HB 1136 – To amend the prescriptive authority of advanced practice registered nurses and physician assistants; to extend prescriptive authority to hydrocodone combination products if expressly authorized by a physician.**

Sponsor: Rep. Steve Magie

Summary: Allows an advanced practice registered nurse to prescribe hydrocodone combination products reclassified from Schedule III to Schedule II as of October 6, 2014 if expressly authorized by the collaborative practice agreement.

Effective: 7/21/2015

[Full Text](#)

**AR HB 1162 – To create the Arkansas Graduate Registered Physician Act**

Sponsor: Rep. Deborah Ferguson

Summary: In part, allows a physician who is supervising a graduate registered physician to delegate prescriptive authority to a graduate registered physician to include prescribing, ordering, and administering Schedules III-V controlled substances, all legend drugs, and all nonschedule prescription medications and medical devices.

Effective: 7/21/2015

[Full Text](#)

**AR SB 129 - To make technical corrections to Title 12 of the Arkansas Code concerning law enforcement, emergency management, and military affairs; and to make a technical correction to Title 20 concerning a reference to Title 12.**

Sponsor: Sen. David Johnson

Summary: In relevant part, the Department of Human Services may petition a circuit court to allow an investigator to access the controlled substance database. The circuit court may grant such petition if the department demonstrates probable cause that: (1) The person was or is in possession of one or more prescription drugs; (2) The person gave birth to a baby; and (3) The person or the baby tested positive for one or more prescription drugs at the time of the birth of the baby.

Effective: 7/21/2015

[Full Text](#)

**AR SB 133 – To encourage the use of telemedicine; and to declare an emergency.**

Sponsor: Sen. Cecile Bledsoe

Summary: An act to encourage the use of telemedicine; to reduce healthcare disparities; to improve access to care; to address geographic maldistribution of primary care and specialty care; to authorize reimbursement and regulation of services provided through telemedicine; to declare an emergency; and for other purposes.

Effective: 4/1/2015

[Full Text](#)

**AR SB 316 – To regulate the prior authorization procedure for treatment of a terminal illness under certain conditions.**

Sponsor: Sen. Missy Irvin

Summary: If covered pain medication that is prescribed to a covered person requires a prior authorization, then the prior authorization shall not be denied if the covered person has a terminal illness.

Effective: 7/21/2015

[Full Text](#)

**AR SB 318 – To establish the Prior Authorization Transparency Act; and to ensure transparency in use of prior authorization for medical treatment.**

Sponsor: Sen. Missy Irvin

Summary: Creates the "Prior Authorization Transparency Act" in order to ensure that prior authorizations do not hinder patient care or intrude on the practice of medicine. Further, to guarantee that prior authorizations include the use of written clinical criteria and reviews by appropriate physicians to secure a fair authorization review process for patients. For non-urgent healthcare services, mandating that prior authorization determinations must be made within two business days. For urgent healthcare services, mandating that determinations be made within one business day.

Effective: 7/21/2015

[Full Text](#)

**AR SB 466 – To require a health benefit plan to disclose certain drug formulary information.**

Sponsor: Sen. Missy Irvin

Summary: Beginning January 1, 2017, a health benefit plan issued or renewed in this state shall post on the public part of its website, in a readily accessible format, all of its drug formulary costs, benefits, and expenses for coverage for a prescription drug in clear and ordinary terms. This information shall include: any exclusions from coverage or restrictions on the use or quantify for an item or service for a prescription drug that is prescribed, ordered, or administered by a physician; whether a payment is required for coinsurance or a copayment for an item or service for a prescription drug that the actual cost-sharing amount depends on the cost of the item or service; information regarding availability of the drug on a plan's formulary and any prior authorization requirements; information regarding an appeal process for a denial of coverage or adverse determination; and, a description of the methodology for determining if

an item or service for a prescription drug is subject to a deductible and any out-of-pocket costs that applies to the deductible.

Effective: 7/21/2015

[Full Text](#)

#### **AR SB 543 – To create the Joshua Ashley-Pauley Act**

Sponsor: Sen. Jason Rapert

Summary: A person shall not be arrested, charged, or prosecuted for possession of a controlled substance in violation of § 5-64-419 if the evidence for the arrest, charge, or prosecution of the drug-related crime resulted solely from seeking medical assistance if: (1) the person in good faith seeks medical assistance for another person who is experiencing a drug overdose; or (2) the person who is experiencing a drug overdose and in good faith seeks medical assistance for himself or herself. Further, a person shall not be subject to penalties for a violation of a permanent or temporary protective order or restraining order or sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on the possession of a controlled substance in violation of § 5-64-419 if the penalties or sanctions are related to the seeking of medical assistance.

Academy Position: Support

Effective: 7/21/2015

[Full Text](#)

#### **AR SB 698 – To grant certain law enforcement investigators access to the Prescription Drug Monitoring Program to enhance investigative capability.**

Sponsor: Sen. Jeremy Hutchinson

Summary: Allows a certified law enforcement prescription drug diversion investigator to access the prescription monitoring program under certain circumstances. A certified law enforcement prescription drug diversion investigator may be granted access to the PMP upon providing the identification credentials assigned by the department and the case number of the investigation. Information in the database can be accessed by a certified law enforcement prescription drug diversion investigator of a qualified law enforcement agency. If information of misuse or abuse is identified, in addition to other parties being notified, the department will notify the Office of Diversion Control of the US DEA.

Academy Position: Oppose

Effective: 7/10/2015

[Full Text](#)

#### **AR SB 717 – To enhance the Prescription Drug Monitoring Program Act; and to create the Combating Prescription Drug Abuse Act.**

Sponsor: Sen. Missy Irvin

Summary: States that the Department of Health may review the Prescription Drug Monitoring Program information, including without limitation a review to identify information that appears to indicate whether a prescriber or dispenser may be prescribing or dispensing prescriptions in a

manner that may represent misuse or abuse of controlled substances. If information of misuse is identified, the department may notify the professional licensing board of the prescriber or dispenser. The department shall develop an algorithm to alert a practitioner if a patient is being prescribed opioids by more than three physicians within any 30 day period, if funding is available. The department shall limit access to only those employees who access is reasonable necessary to carry out this section. The bill allows access to the PMP to an agent or employee of the prescriber or dispenser to whom the prescriber or dispenser has delegated the task of assessing the data described in this subsection, but only if the agent or employee has been granted access by a delegate account. A prescriber treating a patient for chronic, non-malignant pain shall check the PMP for the patient at least every six months.

Effective: 7/21/2015

[Full Text](#)

**AR SB 880 – To enhance the emergency services of first responders; to create the Naloxone Access Act; and to provide immunity for prescribing, dispensing, and administering naloxone and other opioid antagonists.**

Sponsor: Sen. Jason Rapert

Summary: Allows a healthcare professional acting in good faith to, directly or by standing order, prescribe and dispense an opioid antagonist (naloxone) to: a person at risk of experiencing an opioid-related drug overdose; a pain management clinic; a harm reduction organization; an emergency medical services technician; a first responder; a law enforcement officer or agency; or a family member or friend of a person at risk of experiencing an opioid-related drug overdose. A person acting in good faith who reasonably believes that another person is experiencing an opioid-related drug overdose may administer an opioid antagonist that was prescribed and dispensed pursuant to this law. Those same persons shall be immune from civil liability, criminal liability, and professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section.

Academy Position: Support

Effective: 7/21/2015

[Full Text](#)

**AR SB 956 – To create the Arkansas Healthcare Transparency Initiative of 2015; and to declare an emergency.**

Sponsor: Sen. David Sanders

Summary: The Arkansas Healthcare Transparency Initiative is established with the purpose to create a database, including ongoing all-payer claims database projects funded through the State Insurance Department, which receives and stores data from a submitting entity relating to medical, dental, and pharmaceutical and other insurance claims information and enrollment, eligibility, and provider files, for the purposes of this subchapter. The Arkansas Healthcare Transparency Initiative shall be governed by the State Insurance Department and advised by the Arkansas Healthcare Transparency Initiative Board.

Effective: 4/7/2015

[Full Text](#)

## CALIFORNIA

**CA AB 243 – Medical marijuana**

Sponsor: Asm. Jim Wood

Summary: Existing law, the Compassionate Use Act of 1996, an initiative measure enacted by the approval of Proposition 215 at the November 5, 1996, statewide general election, authorizes the use of marijuana for medical purposes. Existing law enacted by the Legislature requires the establishment of a program for the issuance of identification cards to qualified patients so that they may lawfully use marijuana for medical purposes, and requires the establishment of guidelines for the lawful cultivation of marijuana grown for medical use. Existing law provides for the licensure of various professions by boards or bureaus within the Department of Consumer Affairs. Existing law, the Sherman Food, Drug, and Cosmetic Law, provides for the regulation of food, drugs, devices, and cosmetics, as specified. A violation of that law is a crime.

This bill would require the Department of Food and Agriculture, the Department of Pesticide Regulation, the State Department of Public Health, the Department of Fish and Wildlife, and the State Water Resources Control Board to promulgate regulations or standards relating to medical marijuana and its cultivation, as specified. The bill would also require various state agencies to take specified actions to mitigate the impact that marijuana cultivation has on the environment. By requiring cities, counties, and their local law enforcement agencies to coordinate with state agencies to enforce laws addressing the environmental impacts of medical marijuana cultivation, and by including medical marijuana within the Sherman Act, the bill would impose a state-mandated local program.

This bill would require a state licensing authority to charge each licensee under the act a licensure and renewal fee, as applicable, and would further require the deposit of those collected fees into an account specific to that licensing authority in the Medical Marijuana Regulation and Safety Act Fund, which this bill would establish. This bill would impose certain fines and civil penalties for specified violations of the Medical Marijuana Regulation and Safety Act, and would require moneys collected as a result of these fines and civil penalties to be deposited into the Medical Cannabis Fines and Penalties Account, which this bill would establish within the fund. Moneys in the fund and each account of the fund would be available upon appropriation of the Legislature.

This bill would authorize the Director of Finance to provide an initial operating loan from the General Fund to the Medical Marijuana Regulation and Safety Act Fund of up to \$10,000,000, and would appropriate \$10,000,000 from the Medical Marijuana Regulation and Safety Act Fund to the Department of Consumer Affairs to begin the activities of the bureau.

This bill would provide that its provisions are severable.

Effective: 1/1/2016. This bill would become operative only if AB 266 and SB 643 of the 2015-16 Regular Session were enacted [they were].

[Full Text](#)

**CA AB 266 – Medical marijuana**

Sponsor: Asm. Rob Bonta

Summary: This bill makes significant amendments and additions to currently existing law relating to medical marijuana.

Effective: 1/1/2016

[Full Text](#)

**CA AB 339 – Health care coverage: outpatient prescription drugs.**

Sponsor: Asm. Rich Gordon

Summary: Prohibits the formulary or formularies for outpatient prescription drugs maintained by a health care service plan or health insurer from discouraging the enrollment of individuals with health conditions and from reducing the generosity of the benefit for enrollees or insureds with a particular condition. Until January 1, 2020, provides that the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription shall not exceed \$250 for a supply of up to 30 days, except as specified, and would prohibit, for a non-grandfathered individual or small group plan contract or policy, the annual deductible for outpatient drugs from exceeding a specified amount. These cost-sharing limits are applicable only to covered outpatient prescription drugs that constitute essential health benefits, as defined. Requires a plan contract or policy to cover a single-tablet prescription drug regimen for combination antiretroviral drug treatments that are medically necessary for the treatment of AIDS/HIV, as specified. Until January 1, 2020, requires a non-grandfathered individual or small group plan contract or policy to use specified definitions for each tier of a drug formulary.

Requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to provide coverage for medically necessary prescription drugs, including non-formulary drugs determined to be medically necessary, and, for an insurer, would require copayments, coinsurance, and other cost sharing for outpatient prescription drugs to be reasonable.

These provisions are applicable to non-grandfathered health care service plan contracts or health insurance policies that are offered, renewed, or amended on or after January 1, 2017.

Existing law requires every health care service plan that provides prescription drug benefits to maintain specified information that is required to be made available to the Director of the Department of Managed Health Care upon request. This bill also imposes these requirements on a health insurer that provides prescription drug benefits, as provided. The bill authorizes an insurer to require step therapy, as defined, when more than one drug is appropriate for the treatment of a medical condition, subject to specified requirements. The bill, with regard to an insured changing policies, prohibits a new insurer from requiring the insured to repeat step therapy when that person is already being treated for a medical condition by a prescription drug, as specified. For plan years commencing on or after January 1, 2017, the bill, except as specified, requires a plan or insurer that provides essential health benefits to allow an enrollee or insured to access his or her prescription drug benefits at an in-network retail pharmacy, and authorizes a non-grandfathered individual or small group plan or insurer to charge an enrollee or insured a different cost sharing for obtaining a covered drug at a retail

pharmacy, and requires that cost-sharing amount to count towards the plan's or insurer's annual out-of-pocket limitation, as specified.

Commencing January 1, 2017, requires a plan or insurer to maintain a pharmacy and therapeutics committee that is responsible for developing, maintaining, and overseeing any drug formulary list, as provided. Requires the committee to, among other things, evaluate and analyze treatment protocols and procedures related to the plan's or insurer's drug formulary at least annually.

Existing law requires the Department of Managed Health Care and the Department of Insurance to jointly develop a standard formulary template by January 1, 2017, and requires plans and insurers to use that template to display formularies, as specified. Existing law requires the standard formulary template to include specified information. This bill requires the standard formulary template to include additional specified information, including which medications are covered, including both generic and brand name.

Because a willful violation of the bill's requirements relative to health care service plans would be a crime, this bill would impose a state-mandated local program.

Academy Position: Support; [letter of support](#) submitted 7/7/2015.

Effective: 1/1/2016

[Full Text](#)

#### **CA AB 374 – Health care coverage: prescription drugs.**

Sponsor: Asm. Adrin Nazarian

Summary: Mandates that a request for an exception to a health care service plan's or health insurer's step therapy process for prescription drugs is to be submitted in the same manner as a request for prior authorization for prescription drugs, and requires the plan or insurer to treat, and respond to, the request in the same manner as a request for prior authorization for prescription drugs.

Further, requires the Department of Managed Health Care and the Department of Insurance to include a provision for step therapy exception requests in the uniform prior authorization form specified above.

Because a willful violation of these requirements with respect to health care service plans would be a crime, the bill imposes a state-mandated local program.

Academy Position: Support; [letter of support 1](#); [letter of support 2](#); [letter of support 3](#)

Effective: 1/1/2016

[Full Text](#)

#### **CA AB 627 – Pharmacy benefit managers: contracting pharmacies.**

Sponsor: Asm. Jimmy Gomez

Summary: Exempts certain contracts governing the medicines and medical supplies that are required to be provided to injured employees in workers' compensation cases from these requirements. The bill would also require a pharmacy benefit manager that reimburses a contracting pharmacy for a drug on a maximum allowable cost basis to include in a contract, initially entered into, or renewed on its scheduled renewal date, on or after January 1, 2016, information identifying any national drug pricing compendia or other data sources used to

determine the maximum allowable cost for the drugs on a maximum allowable cost list and to provide for an appeal process for the contracting pharmacy, as specified. The bill would also require a pharmacy benefit manager to make available to a contracting pharmacy, upon request, the most up-to-date maximum allowable cost list or lists used by the pharmacy benefit manager for patients served by the pharmacy in a readily accessible, secure, and usable Web-based format or other comparable format. The bill would prohibit a drug from being included on a maximum allowable cost list or from being reimbursed on a maximum allowable cost basis unless certain requirements are met, including, but not limited to, that the drug is not obsolete.

Effective: 1/1/2016

[Full Text](#)

#### **CA AB 679 – Controlled Substances**

Sponsor: Asm. Travis Allen

Summary: Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances. Existing law authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to a licensed health care practitioner, pharmacist, or both, providing care or services to the individual. By January 1, 2016, or upon licensure in the case of a pharmacist, or upon receipt of a federal Drug Enforcement Administration registration in the case of another health care practitioner authorized to prescribe, order, administer, furnish, or dispense controlled substances, whichever respective event occurs later, existing law requires those persons to apply to the Department of Justice to obtain approval to access information contained in the CURES database regarding the controlled substance history of a patient under his or her care. This bill extends those January 1, 2016 deadlines to July 1, 2016.

Effective: 10/11/2015

[Full Text](#)

#### **CA AB 1073 – Pharmacy: Prescription Drug Labels**

Sponsor: Asm. Phil Ting

Summary: The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. That law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the directions for use of the drug, and requires the board to promulgate regulations that require, on or before January 1, 2011, a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California. Existing regulations of the board implement that requirement, establishing standardized directions for use to be used when applicable, and requiring that the board publish on its Internet Web site translation of those directions for use into at least 5 languages other than English. A violation of that law is a crime.

This bill would require a pharmacist to use professional judgment to provide a patient with directions for use of a prescription that enhance the patient's understanding of those

directions, consistent with the prescriber's instructions. The bill would also require a dispenser, excluding a veterinarian, upon the request of a patient or patient's representative, to provide translated directions for use as prescribed. The bill would authorize a dispenser to use translations made available by the board pursuant to those existing regulations. The bill would make a dispenser responsible for the accuracy of English-language directions for use provided to the patient. By imposing new requirements on dispensers, the violation of which would be a crime, this bill would impose a state-mandated local program.

Effective: 1/1/2016

[Full Text](#)

#### **CA AB 1124 – Workers' compensation: prescription medication formulary.**

Sponsor: Asm. Henry Perea

Summary: When originally introduced, this bill would have directed the Workers' Compensation Formulary Advisory Committee to convene on a quarterly basis and provide its recommendations to the administrative director ensuring all of the following: (1) Injured worker access to appropriate opioids, other pain management prescriptions, and off-label prescription drugs, when medically necessary; (2) A gradual detoxification plan for a worker receiving potentially addictive prescription drug treatment; (3) Timely formulary updates that minimize delays involved in adding new drugs to the formulary.

As passed, this bill requires the administrative director to establish a drug formulary, on or before July 1, 2017, as part of the medical treatment utilization schedule, for medications prescribed in the workers' compensation system. The administrative director shall meet and consult with stakeholders, as specified, prior to the adoption of the formulary. The administrative director must publish at least 2 interim reports on the Internet Web site of the Division of Workers' Compensation describing the status of the creation of the formulary, commencing July 1, 2016, until the formulary is implemented. The administrative director must update the formulary at least on a quarterly basis to allow for the provision of all appropriate medications, including medications new to the market. The bill exempts an order updating the formulary from the Administrative Procedure Act and other provisions, as specified. The administrative director must establish an independent pharmacy and therapeutics committee to review and consult with the administrative director in connection with updating the formulary, as specified.

Effective: 1/1/2016

[Full Text](#)

#### **CA ACR 26 – Prescription Drug Abuse Awareness Month**

Sponsor: Asm. Marc Levine

Summary: This measure proclaims the month of March 2015 as Prescription Drug Abuse Awareness Month and encourage all citizens to actively participate in prevention programs and activities, and to safely store and dispose of their medications on a continual basis.

[Full Text](#)

**CA SB 282 – Health care coverage: prescription drugs.**

Sponsor: Sen. Ed Hernandez

Summary: Existing law requires the Department of Managed Health Care and the Department of Insurance to jointly develop a uniform prior authorization form for prescription drug benefits on or before July 1, 2012, and requires, 6 months after the form is developed, every prescribing provider, when requesting prior authorization for prescription drug benefits, to submit the request to the health care service plan or health insurer using the uniform form, and requires those plans and insurers to accept only the uniform form.

This bill would authorize the prescribing provider to additionally use an electronic process developed specifically for transmitting prior authorization information that meets the National Council for Prescription Drug Programs' SCRIPT standard for electronic prior authorization transactions. The bill would require the departments to develop the uniform prior authorization form on or before January 1, 2017, and would require prescribing providers to use, and health care service plans and health insurers to accept, only those forms or electronic process on and after July 1, 2017, or 6 months after the form is developed, whichever is later. This bill would deem a prior authorization request to be granted if the plan or insurer fails to respond within 72 hours for non-urgent requests, and within 24 hours when exigent circumstances exist.

Effective: 1/1/2016

[Full Text](#)

**CA SB 337 – Physician assistants.**

Sponsor: Sen. Fran Pavley

Summary: Makes changes to supervisory requirements between a supervising physician or surgeon and physician assistants.

Effective: 1/1/2016

[Full Text](#)

**CA SB 643 – Medical marijuana.**

Sponsor: Sen. Mike McGuire

Summary: Existing law, the Compassionate Use Act of 1996, an initiative measure enacted by the approval of Proposition 215 at the November 6, 1996, statewide general election, authorizes the use of marijuana for medical purposes. Existing law enacted by the Legislature requires the establishment of a program for the issuance of identification cards to qualified patients so that they may lawfully use marijuana for medical purposes, and requires the establishment of guidelines for the lawful cultivation of marijuana grown for medical use. Existing law provides for the licensure of various professions by the Department of Consumer Affairs. Existing law, the Sherman Food, Drug, and Cosmetic Law, provides for the regulation of food, drugs, devices, and cosmetics, as specified. A violation of that law is a crime.

This bill would establish within the Department of Consumer Affairs a Bureau of Medical Marijuana Regulation, under the supervision and control of the Chief of the Bureau of Medical Marijuana Regulation, and would require the bureau to license and regulate dispensing facilities, cultivation sites, transporters, and manufacturers of medical marijuana and medical marijuana

products, subject to local ordinances. The bill would require a background check of applicants for licensure, as defined, to be administered by the Department of Justice, and submission of a statement signed by an applicant, under penalty of perjury, that the information on his or her application is true, thereby creating a crime and imposing a state-mandated local program. Violation of the provisions related to applying for a conditional license would be punishable by a civil fine of up to \$35,000 for each individual violation, or as otherwise specified.

Effective: 1/1/2016. This bill would become operative only if AB 266 and AB 243 of the 2015-16 Regular Session were enacted [they were].

[Full Text](#)

#### **CA SB 671 – Pharmacy: biological product.**

Sponsor: Sen. Jerry Hill

Summary: This bill, except as specified, would authorize a pharmacist to select an alternative biological product when filling a prescription order for a prescribed biological product if the alternative biological product is interchangeable, as defined, and the prescriber does not personally indicate in a prescribed manner that a substitution is not to be made. The bill would require a pharmacist or a designee, within a specified period following the dispensing of a biological product, to make an electronically accessible entry in a described entry system of the specific biological product provided to the patient. The bill would provide an alternate means of communicating the name of the biological product dispensed to the prescriber if the pharmacy does not have access to one or more of the described entry systems. The bill would also require that the substitution of a biological product be communicated to the patient. The bill would prohibit a pharmacist from selecting an alternative biological product that meets the requirements of these provisions unless the cost to the patient of the alternative biological product selected is the same or less than the cost of the prescribed biological product. Because a knowing violation of these requirements would be a misdemeanor, the bill would create new crimes, thereby imposing a state-mandated local program.

The bill would also require the California State Board of Pharmacy to maintain on its public Internet Web site a link to the current list, if available, of biological products determined by the federal Food and Drug Administration to be interchangeable.

Effective: 1/1/2016

[Full Text](#)

#### **CA SCR 4 – Physician Anesthesiologist Week**

Sponsor: Sen. Richard Pan

Summary: This measure designates the week of January 11-17, 2015 as Physician Anesthesiologist Week.

[Full Text](#)

#### **CA SCR 46 – Arthritis Awareness Month**

Sponsor: Sen. Patricia Bates

Summary: This measure would proclaim the month of May 2015 as Arthritis Awareness Month.

[Full Text](#)

**CA SCR 77 – Pain Awareness Month and Women in Pain Awareness Day**

Sponsor: Sen. Carol Liu

Summary: This measure recognizes the month of September 2015 as Pain Awareness Month and calls upon all Californians to observe this month by participating in appropriate ceremonies and activities, and by learning how to improve the quality of life for people in California suffering from pain. The measure also recognizes September 11, 2015, as Women in Pain Awareness Day, to draw public attention to the gender disparity in pain assessment and treatment in the United States.

[Full Text](#)

**COLORADO****CO HB 1029 – Health care delivery via telemedicine statewide**

Sponsor: Rep. Perry Buck

Summary: Under previous law, health benefit plans issued, amended, or renewed in Colorado cannot require in-person health care delivery for a person covered under the plan who resides in a county with 150,000 or fewer residents if the care can be appropriately delivered through telemedicine and the county has the technology necessary for care delivery via telemedicine. Starting January 1, 2017, the bill removes the population restrictions and precludes a health benefit plan from requiring in-person care delivery when telemedicine is appropriate, regardless of the geographic location of the health care provider and the recipient of care. A provider need not demonstrate that a barrier to in-person care exists for coverage of telemedicine under a health benefit plan to apply. In addition, carriers: (1) Must reimburse providers who deliver care through telemedicine on the same basis that the carrier is responsible for coverage of services delivered in person; (2) Cannot charge deductible, copayment, or coinsurance amounts that are not equally imposed on all terms and services covered under the health plan; and (3) Cannot impose an annual or lifetime dollar maximum that applies separately to telemedicine services.

Academy Position: Support

Effective: 1/1/2017

[Full Text](#)

**CO HB 1214 – Abuse-deterrent opioid analgesic drugs**

Sponsor: Rep. Jonathan Singer

Summary: As amended and passed, this Act mandates that the Governor shall direct the Colorado Consortium for Prescription Drug Abuse Prevention to study the barriers to the use of abuse-deterrent opioid analgesic drug products as a way to reduce abuse and diversion of opioid drug products. On or before January 15, 2017, the Consortium shall report its findings to the Public Health Care and Human Services Committee and the Health, Insurance, and Environment Committee of the House of Representatives and the Health And Human Services Committee of the Senate, or their successor committees. Moneys from the general fund shall not be used for the implementation of this section.

Academy Position: Support; [Letter of Support for pre-amended version](#)

Effective: 3/20/2015

[Full Text](#)

**CO HB 1360 – Acupuncturists Practice Injection Therapy**

Sponsor: Rep. Joann Ginal

Summary: The bill allows acupuncturists to practice injection therapy to treat patients. Injection therapy is defined as the injection of sterile herbs, vitamins, minerals, homeopathic substances, or other similar substances into acupuncture points by means of hypodermic needles. Prior to practicing injection therapy, an acupuncturist must receive the necessary training as determined by the director of the division of professions and occupations.

Effective: 6/5/2015

[Full Text](#)

**CO SB 11 – Concerning the pilot program for persons with spinal cord injuries relating to the use of complementary and alternative medicine, and, in connection therewith, making an appropriation.**

Sponsor: Sen. Nancy Todd

Summary: The bill extends the repeal date for the pilot program providing complementary and alternative medicine (including acupuncture, massage, and chiropractic) to certain individuals with spinal cord injuries. The bill specifies that a minimum of 100 eligible persons must be permitted to participate in the pilot program, and vacancies in enrollment may be filled at any point in the fiscal year.

Academy Position: Support

Effective: 6/5/2015; extends repeal of Act to 9/1/2020.

[Full Text](#)

**CO SB 14 – Medical Marijuana**

Sponsor: Sen. Irene Aguilar

Summary: The original version of this bill would have required the Colorado medical board to adopt rules regarding guidelines for physicians who make medical marijuana recommendations for patients suffering from severe pain. However, the amended and passed version of this bill makes numerous changes to Colorado's medical marijuana law, but none of those changes are pain-specific.

Effective: This act took effect upon passage on 5/18/2015; except that sections 25-1.5-106 (7) (a), (7) (c), (7) (e), (7) (f), (8.5), and (8.6) of section 3 take effect January 1, 2017, and section 5 of this act only takes effect if House Bill 15-1367 does not pass and become law.

[Full Text](#)

**CO SB 53 – Dispense Supply of Emergency Drugs for Overdose Victims**

Sponsor: Sen. Irene Aguilar

Summary: The bill allows licensed prescribers to prescribe, and licensed dispensers to dispense, an opiate antagonist, either pursuant to a direct prescription order or in accordance with standing orders and protocols, to:

- 1) An individual at risk of experiencing an opiate-related drug overdose event;
- 2) A family member, friend, or other person in a position to assist an at-risk individual;
- 3) An employee or volunteer of a harm reduction organization; or
- 4) A first responder.

Licensed prescribers and dispensers acting in good faith in prescribing or dispensing opiate antagonists as permitted under the bill are immune from professional discipline and civil and criminal liability. Additionally, first responders and harm reduction employees and volunteers are not subject to criminal or civil liability when acting in good faith to furnish or administer an opiate antagonist to an at-risk individual or a family member, friend, or other person in a position to assist an at-risk individual.

Academy Position: Support; [Letter of Support](#); Action Alert posted to Facebook on 2/6/15

Effective: 4/6/2015

[Full Text](#)

**CO SB 115 – Concerning the sunset review of the medical marijuana programs.**

Sponsor: Sen. Owen Hill

Summary: The medical marijuana code is set to sunset in 2015. The bill extends the code until 2019.

Effective: 6/5/2015

[Full Text](#)

**CO SB 147 – Concerning a supplemental appropriation to the Department of Health Care Policy and Financing**

Sponsor: Sen. Kent Lambert

Summary: In part, appropriates \$500,000 to the Pain Management Capacity Program, \$246,212 of which is from the general fund and \$253,788 of which is from federal funds.

Effective: For the fiscal year beginning July 1, 2014

[Full Text](#)

**CO SB 192 – Concerning the provision of a therapeutic alternate drug selection to patients residing in long-term care facilities.**

Sponsor: Sen. Irene Aguilar

Summary: Adds to the definition of “practice of pharmacy” to include the provision of a therapeutic interchangeable selection or a therapeutically equivalent selection to a patient under certain circumstances.

Effective: 6/5/2015

[Full Text](#)

**CONNECTICUT**

**CT HB 5771 – An Act authorizing pharmacists to dispense drugs in ninety-day quantities.**

Sponsor: General Law Committee

Summary: To authorize pharmacists to refill non-controlled drug prescriptions for quantities of drugs not to exceed a ninety-day supply, subject to certain conditions.

Effective: 7/1/2015

[Full Text](#)

**CT HB 6670 – An Act concerning Medicaid coverage for over-the-counter drugs and products and requirements for Medicaid benefit cards and notice of regulations.**

Sponsor: Human Services Committee

Summary: The bill allows the Department of Social Services (DSS) to purchase over-the-counter (OTC) medications when it is determined that they are clinically effective, safe, and cost effective.

Effective: 7/1/2015

[Full Text](#)

**CT HB 6856 – An Act concerning substance abuse and opioid overdose prevention.**

Sponsor: Speaker Brendan Sharkey

Summary: A bill to implement the Governor's budget recommendations concerning substance abuse and opioid overdose prevention.

- Adds a continuing education requirement pertaining to prescribing controlled substances and pain management.
- Adds a requirement that pharmacies and dispensers shall report to the commissioner by electronic means, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy immediately upon dispensing such prescriptions: (A) Dispenser identification number; (B) the date the prescription for the controlled substance was filled; (C) the prescription number; (D) whether the prescription for the controlled substance is new or a refill; (E) the national drug code number for the drug dispensed; (F) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (G) a patient identification number; (H) the patient's first name, last name and street address, including postal code; (I) the date of birth of the patient; (J) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (K) the type of payment.
- Allows practitioners to authorize an agent who may access the PMP on their behalf.
- Adds a requirement that prescribers must check the PMP prior to prescribing greater than a seventy-two-hour supply of any controlled substance to any patient. In the case of continuous or prolonged treatment, the PMP shall be reviewed not less than once every 90 days.
- Specifies that a licensed health care professional who prescribes, dispenses or administers an opioid antagonist (naloxone) in accordance with this law shall not be deemed to have violated the standard of care for such licensed health care professional.
- Makes changes to the composition of the Connecticut Alcohol and Drug Policy Council which shall be within the Department of Mental Health and Addiction Services.

Effective: 10/1/2015

[Full Text](#)

**CT SB 28 – An Act concerning manufacturer names, Medwatch reporting information and brand names on generic drug containers.**

Sponsor: General Law Committee

Summary: In addition to the information required to be included on the label of each prescription container, each pharmacist shall include on the label of each prescription container or on the receipt or other similar packaging in which the prescription is contained for a drug sold only by generic name, and not by brand name, (1) The name of the manufacturer of the generic drug placed in the container, and (2) the Internet web site address and tollfree telephone number for the United States Food and Drug Administration's safety information and adverse event reporting program (MedWatch).

In addition to the information required to be included on the label of each prescription container, if a pharmacist substitutes a generic name drug for a brand name drug, such pharmacist shall include on the label of the prescription container: (1) The name of the generic drug placed in the container, and (2) the brand name of the drug that the generic drug was substituted for.

Effective: 1/1/2016

[Full Text](#)

**CT SB 467 – An Act concerning the facilitation of telehealth.**

Sponsor: Public Health Committee

Summary: To prescribe standards for the practice of, and health insurance coverage for, telehealth.

Effective: 10/1/2015

[Full Text](#)

**CT SB 988 – An Act updating the occupational health clinics statutes.**

Sponsor: Labor and Public Employees Committee

Summary: To update the occupational health clinic statutes to include additional chronic diseases and specify areas where grants-in-aid may be focused.

Effective: 10/1/2015

[Full Text](#)

**DELAWARE****DE HB 69 – An Act to amend Title 18 and 24 of the Delaware Code relating to telemedicine services.**

Sponsor: Rep. Bryon Short

Summary: Defines, and allows for the practice of, telemedicine. According to the legislature: "The advancements and continued development of medical and communications technology have had a profound impact on the practice of medicine and offer opportunities for improving the delivery and accessibility of health care in and across the many professions responsible for the wellbeing of Delawareans. Geography, weather, availability of specialists, transportation, and other factors can create barriers to accessing appropriate health care, including behavioral

health care, and one way to provide, ensure, or enhance access to care given these barriers is through the appropriate use of technology to allow health care consumers access to qualified health care providers. Delaware is well-positioned to embrace efforts that will encourage health insurers and health care providers to support the use of telemedicine and that will also encourage all state agencies to evaluate and amend their policies and rules to foster and promote telemedicine services.”

Effective: 7/7/2015

[Full Text](#)

**DE SB 8 – An Act to amend Title 16 of the Delaware Code relating to uniform controlled substances**

Sponsor: Sen. Bethany Hall-Long

Summary: Senate Bill 119, which passed the 147th General Assembly, inadvertently omitted the exception for veterinarians and methadone clinics from dispensing more than 72 hours of a controlled substance. This bill would correct that oversight.

Effective: Approximately 8/29/2015 (60 days after projected adjournment on 6/30/2015)

[Full Text](#)

**DE SB 90 – An Act to amend Title 16 of the Delaware Code relating to medical marijuana**

Sponsor: Sen. Ernesto Lopez

Summary: This Act adds intractable epilepsy to the list of debilitating medical conditions for which a physician may supply a written certification for medical marijuana. It also specifically adds disorders such as dystonia which are characterized by involuntary muscle contractions that cause slow, repetitive movements or abnormal postures.

Under previously existing law, no form of medical marijuana was legally available for those under 18 years old with debilitating medical conditions. Medical marijuana oil (cannabidiol oil and THC-A oil) has been proven useful to combat intractable epilepsy and believed to be helpful for such disorders as dystonia as well. These oils don't have enough "active ingredient" to get someone high. Therefore, the legislature has determined that there is no reason whatsoever not to allow its use for treatment of these conditions, no matter what the age of the person needing its help. The under 18 registry identification cards would be for medical marijuana oil only (analogous to under 21 drivers licenses). The definitions of cannabidiol oil and THC-A oil were taken from legislation enacted in Virginia earlier this year except that this Act's top THC is 7% while Virginia's is 5%. It is believed 10-12% is necessary for the oil to get someone high. The definition for intractable epilepsy was taken from legislation enacted in Iowa last year.

This Act shall be known as Rylie's Law.

Effective: Approximately 8/29/2015 (60 days after projected adjournment on 6/30/2015)

[Full Text](#)

**DISTRICT OF COLUMBIA**

No pain-related legislation passed in the District of Columbia during 2015.

**FLORIDA****FL HB 269 – Experimental Treatments for Terminal Conditions**

Sponsor: Insurance and Banking Subcommittee

Summary: An act relating to the Florida Right to Try Act; defining terms; authorizing a manufacturer of an investigational drug, biological product, or device to make such drug, product, or device available to certain eligible patients with a terminal illness without charge or for a specified cost; authorizing the manufacturer to require eligible patients to participate in certain data collection; specifying that an insurer, a health plan, or a government health care program is not required to provide coverage for the cost of such drug, product, or device; authorizing such entities to provide coverage under specified circumstances; specifying that such entities are not required to cover care or treatment needed as the result of the use of such drug, product, or devices except under certain circumstances; etc.

Effective: 7/1/2015

[Full Text](#)

**FL HB 751 – Emergency Treatment for Opioid Overdose**

Sponsor: Civil Justice Subcommittee

Summary: The purpose of this bill is to provide for the prescription of an emergency opioid antagonist to patients and caregivers and to encourage the prescription of emergency opioid antagonists by health care practitioners in a formulation approved by the United States Food and Drug Administration for emergency treatment of known or suspected opioid overdoses when a physician is not immediately available. In addition to patients and caregivers, emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians, are authorized to possess, store, and administer approved emergency opioid antagonists as clinically indicated. A person who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist in compliance with this section is afforded civil liability immunity protections and shall not be subject to professional sanctions.

Academy Position: Support; [Letter of Support](#)

Effective: 7/10/2015

[Full Text](#)

**FL SB 450 – Pain Management Clinics**

Sponsor: Sen. Lizbeth Benacquisto

Summary: Deletes expiration of provisions related to registration and regulation of pain-management clinics.

Effective: 5/21/2015

[Full Text](#)

**FL SB 704 – Florida Statutes**

Sponsor: Sen. David Simmons

Summary: Repealing and amending provisions to delete provisions which have become inoperative by noncurrent repeal or expiration; relating to step therapy and prior authorization.

Effective: 6/30/2015

[Full Text](#)

**GEORGIA****GA HB 1 – Haleigh’s Hope Act; enact.**

Sponsor: Rep. Allen Peake

Summary: To amend the law relating to public health and morals, so as to provide for the possession of low THC oil under certain circumstances; to provide for definitions and penalties; to amend the law relating to health, so as to create a registration within the Department of Public Health for individuals or caregivers who are authorized to possess low THC oil; to provide for registration cards; to provide for procedure; to create the Georgia Commission on Medical Cannabis; to provide for membership, procedures, duties, and responsibilities; to provide for an automatic repeal of the commission; to allow the Board of Regents of the University System of Georgia to create or work with others to create a research program using low THC oil in treating certain residents of this state who have medication-resistant epilepsies; etc.

Effective: 4/16/2015

[Full Text](#)

**GA SB 51 – Pharmacists and Pharmacies; provide for substitutions of interchangeable biological products.**

Sponsor: Sen. Dean Burke

Summary: A pharmacist may substitute a biological product with an interchangeable biological product. If a practitioner of the healing arts prescribes a biological product by its nonproprietary name, the pharmacist shall dispense the lowest retail priced interchangeable biological product which is in stock. If a pharmacist substitutes an interchangeable biological product for a prescribed biological product when dispensing a prescribed medication, the name of the interchangeable biological product, with an explanation of 'interchangeable biological product for (insert name of prescribed biological product)' or similar language to indicate substitution has occurred, must appear on the prescription label and be affixed to the container or an auxiliary label, unless the prescribing practitioner indicated that the name of the biological product may not appear upon the prescription label. A patient may instruct a pharmacist *not* to substitute an interchangeable biological product in lieu of a prescribed biological product. Within 48 hours, excluding weekends and holidays, following the dispensing of a biological product, the dispensing pharmacist or the pharmacist's designee shall communicate to the prescriber the specific product provided to the patient, including the name of the biological product and the manufacturer.

Effective: 7/1/2015

[Full Text](#)

**HAWAII****HI SB 982 – Good Samaritan Policies; Medical Amnesty; Controlled Substances**

Sponsor: Sen. Suzanne Chun Oakland

Summary: A person or persons who, in good faith, seek medical assistance for someone who is experiencing a drug or alcohol overdose or other medical emergency and a person experiencing a drug or alcohol overdose or other medical emergency who seeks medical assistance for the person's self or is the subject of such a good faith request shall not be arrested, charged, prosecuted, convicted; have their property subject to civil forfeiture; or otherwise be penalized for:

1. Possession of a controlled substance or drug paraphernalia under this chapter or part IV of chapter 712;
2. Committing a prohibited act under section 281-101.5 or 712-1250.5;
3. Violation of a restraining order; or
4. Violation of probation or parole, if the evidence for the arrest, charge, prosecution, conviction, seizure or penalty was gained as a result of the seeking of medical assistance.

Further, the act of seeking medical assistance for someone who is experiencing a drug or alcohol overdose or other medical emergency shall be considered by the court as a mitigating factor in any controlled substance or alcohol-related criminal prosecution for which immunity is not provided by this section.

Academy Position: Support

Effective: 7/8/2015

[Full Text](#)

**IDAHO****ID H 4 – Controlled substances**

Sponsor: Health and Welfare Committee

Summary: This legislation allows the Board to restrict and fine a controlled substance registrant, as current statutory authority is limited to suspension and revocation. The Board has entered into numerous consent agreements to restrict as such, as much discipline doesn't warrant penalties as stiff as suspension or revocation. The Board does not have statutory authority to enforce these Board orders, however, so this legislation grants the Board authority to do so. This legislation also harmonizes and organizes many current inconsistencies, such as the list of activities that require registration and the use of terms such as "dispense." This legislation also eliminates the statutory requirement of separate registrations for each location that a practitioner prescribes from.

Effective: 7/1/2015

[Full Text](#)

**ID H 7 – Controlled substances**

Sponsor: Health and Welfare Committee

Summary: Amends existing law to require that an order for release of prescription monitoring program records must be issued by a judge.

Academy Position: Support

Effective: 7/1/2015

[Full Text](#)

**ID H 8 – Pharmacy Board**

Sponsor: Health and Welfare Committee

Summary: Significantly amends existing law relating to drug distribution. Congress passed the Drug Quality and Security Act in November of 2013, which mandates that states regulate wholesale distribution consistently with this new federal law. This legislation will fulfill Idaho's federal responsibility by striking pertinent language and sections within the Idaho Wholesale Drug Distribution Act and the Idaho Pharmacy Act and inserting language consistent with this new federal requirement. Additionally, this bill establishes parameters that prohibit "grey wholesaling," requires wholesale distributors to identify suspicious controlled substances orders, strikes outdated and conflicting language, and streamlines and clarifies confusing language.

Effective: 7/1/2015

[Full Text](#)

**ID H 108 – Pharmacy, opioid antagonists**

Sponsor: Health and Welfare Committee

Summary: Provides that prescribers or pharmacists may prescribe opioid antagonists to certain persons under certain circumstances; provides that a person acting in good faith and exercising reasonable care may administer an opioid antagonist to a person who appears to be experiencing an overdose; provides that persons prescribing or administering opioid antagonists in certain circumstances shall not be liable in civil or administrative actions or subject to criminal prosecution; provides that the department of health and welfare and the office of drug policy shall develop an education program and to define a term; and, provides an exception to laws on prescription drug sales and makes technical corrections.

Academy Position: Support

Effective: 7/1/2015

[Full Text](#)

**ID H 189 – Idaho Telehealth Access Act**

Sponsor: Health and Welfare Committee

Summary: Adds to existing law to establish the Idaho Telehealth Access Act.

Effective: 7/1/2015

[Full Text](#)

## ILLINOIS

**IL HB 1 – Heroin Crisis Act**

Sponsor: Rep. Lou Lang

Summary: Creates the Heroin Crisis Act. Allows a licensed pharmacist to dispense an opioid antagonist in accordance with certain procedures, and mandates related training for the pharmacist. Authorizes prescribing, dispensing, and distributing opioid antagonists to a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist. Mandates opioid antagonist policies and training programs for firefighters, state troopers, police officers, investigators, or any other employee of the Department exercising the powers of a peace officer. Mandates that coroners shall report deaths involving a drug overdose to the Department of Public Health. Allows a school nurse or other trained personnel to administer an opioid antagonist in good faith. Establishes minimum requirements for an opioid antagonist training. Establishes a “Heroin and opioid prevention pilot program” in elementary and secondary schools. Requires insurance coverage for at least one opioid antagonist, including the medication product, administration devices, and any pharmacy administration fees related to the dispensing of the opioid antagonist, including refills for expired or utilized opioid antagonists. Requires insurance coverage for the treatment of substance use disorders. Establishes drug take-back and mail-back programs and procedures. Allows drug court in lieu of the regular criminal justice system in certain circumstances. Requires pharmacies to maintain a policy regarding the type of identification required to receive a prescription, posting such information where prescriptions are filled. Requires a physician to document in the medical record of a patient the medical necessity for the amount and duration of the 3 sequential 30-day prescriptions for Schedule II narcotics. Requires the Department of Human Services to appoint a full-time Clinical Director of the Prescription Monitoring Program. Mandates the development of rules establishing pilot initiatives involving integrating hospitals’ electronic health records with the prescription monitoring program. Requires all prescribers to designate one or more medical specialties of fields of medical care and treatment for which the prescriber prescribes controlled substances when registering with the prescription monitoring program. Authorizes a prescriber or dispenser to authorize a designee to consult the PMP on his or her behalf. Makes addition PMP updates, including creating a Prescription Monitoring Program Advisory Committee. Disallows patients from withholding information from prescribers in order to obtain a controlled substance. Subject to appropriation, requires the Office of the State Appellate Defender to conduct mandatory education seminars on the subjects of substance abuse and addiction for all public defenders and assistant public defenders practicing in drug courts throughout the State.

Academy Position: The Academy sent a [letter of support](#) for IL SB 1466, a bill pertaining to opioid antagonists, on 5/19/2015. That bill was ultimately gutted and stuffed with an entirely different bill, but the provisions that we supported were incorporated into IL HB 1.

Effective: 9/11/2015

[Full Text](#)

**IL HB 1335 – Right to Try Act**

Sponsor: Rep. Gregory Harris

Summary: Provides that an eligible patient with a terminal illness who has considered all other treatment options approved by the United States Food and Drug Administration may acquire from a manufacturer an investigational drug, biological product, or device that has successfully completed Phase I of a clinical trial, but has not been approved for general use by the United States Food and Drug Administration. Provides that a manufacturer may, but is not required to, provide an investigational drug, biological product, or device to an eligible patient, either with or without receiving compensation. Provides that an accident and health insurer may, but is not required to, provide coverage for an eligible patient seeking such a drug, product, or device. Contains a penalty provision. Defines required terms. Contains legislative findings. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit of a physician to practice medicine based solely on the physician's recommendation to an eligible patient regarding, or prescription for, or treatment with an investigational drug, biological product, or device.

Effective: 1/1/2016

[Full Text](#)

**IL HB 3219 – Medicine Locking Package**

Sponsor: Rep. Michael Zalewski

Summary: Subject to appropriation, effective January 1, 2016, the Department of Financial and Professional Regulation shall implement a pilot project requiring that every new or refilled prescription for a Schedule II controlled substance containing hydrocodone dispensed by a pharmacy that voluntarily decides to participate in the pilot program shall only be dispensed in a non-reusable medicine locking closure package. The Department shall not expend more than \$150,000 on this pilot program. Provides that prescriptions reimbursed via Medicare Part D and Medicaid and prescriptions for individuals residing in facilities licensed under the Nursing Home Care Act are exempt from the requirements of the pilot project. Repeals the provisions creating the pilot project on January 1, 2017.

Effective: 8/27/2015, except that the changes to Sections 9 and 9.5 of the Pharmacy Practice Act take effect 1/1/2017.

[Full Text](#)

**INDIANA****IN HB 1001 – State biennial budget.**

Sponsor: Rep. Timothy Brown

Summary: In part, directs \$380,566 to the Methadone Diversion Control and Oversight (MDCO) Program for purposes of funding the Opioid Treatment Program Fund.

Effective: 7/1/2015

[Full Text](#)

**IN HB 1065 – Use of investigational drugs, biological products, and devices.**

Sponsor: Rep. Wesley Culver

Summary: Provides that a manufacturer of an investigational drug, biological product, or device may make the drug, biological product, or device available to a patient if a physician determines that the patient: (1) has been diagnosed with a terminal disease or condition; and (2) does not have comparable or satisfactory treatment options.

Effective: 3/24/2015

[Full Text](#)

**IN HB 1183 – Physician Assistants**

Sponsor: Rep. Steve Davisson

Summary: Allows a physician assistant who is delegated authority to prescribe a Schedule II controlled substance after practicing for one year after graduating from a physician assistant program. (Current law allows a physician assistant to prescribe a controlled substance after practicing for one year after graduating from a physician assistant program and practicing for at least 1,800 hours.) Removes the limitation on the amount of a controlled substance a physician assistant may prescribe. Provides that a pharmacist may not require the supervising agreement or a co-signature to fill a prescription written by a physician assistant. Provides that a physician must review physician assistant charts within a reasonable time. Reduces the number of physician assistant charts that a physician must review. Requires 50% of patient records for a Schedule II prescription that a physician assistant, with less than a year of authority to prescribe Schedule II controlled substances, writes must be reviewed by the physician. Provides that a physician may supervise four physician assistants at the same time. Allows a physician assistant to treat a patient with a Schedule III or Schedule IV controlled substance if certain conditions are met.

Effective: 7/1/2015

[Full Text](#)

**IN HB 1184 – Controlled substances.**

Sponsor: Rep. Steve Davisson

Summary: Authorizes optometrists who meet certain requirements to prescribe Tramadol. Adds Tramadol as a schedule IV controlled substance. Includes hydrocodone combination products as schedule II controlled substances. Removes dihydrocodeinone from the schedule III controlled substance list.

Effective: 4/23/2015

[Full Text](#)

**IN HB 1448 – Mental health drugs and coverage.**

Sponsor: Rep. Steve Davisson

Summary: Includes inpatient substance abuse detoxification services as a Medicaid service. Prohibits the office of Medicaid policy and planning from requiring prior authorization for a drug that is a non-addictive medication assistance treatment drug being prescribed for the treatment of substance abuse.

Academy Position: Support

Effective: 7/1/2015

[Full Text](#)

**IN HB 1562 – Professional licensing matters.**

Sponsor: Rep. Dennis Zent

Summary: In part, adds "hydrocodone combination products" to the list of schedule II controlled substances, and adds "tramadol" to the list of schedule IV controlled substances.

Effective: 7/1/2015

[Full Text](#)

**IN SB 168 – Controlled substance database.**

Sponsor: Sen. Patricia Miller

Summary: Permits physicians who hold a temporary medical license to have access to confidential information in the Indiana scheduled prescription electronic collection and tracking (INSPECT) program.

Effective: 7/1/2015

[Full Text](#)

**IN SB 171 – Update of federal law citations.**

Sponsor: Sen. Rodric Bray

Summary: Makes technical corrections to federal law citations throughout the Indiana Code. In part, making technical corrections to "Standards for operation of an opioid treatment program in Indiana."

Effective: 7/1/2015

[Full Text](#)

**IN SB 358 – Medications.**

Sponsor: Sen. Ron Grooms

Summary: Defines "medication therapy management" for the purposes of the regulation of pharmacies and pharmacists. Adds the provision of medication therapy management to the definition of "the practice of pharmacy". Includes advanced practice nurses and physician assistants in the definition of "direct supervision" for the purposes of consulting with a pharmacist on certain drug regimen protocols. Establishes the INSPECT oversight committee. Provides the committee's approval for the board to execute a contract with a vendor to administer the INSPECT program. Requires approval from the chairperson of the board of pharmacy to hire a director of the INSPECT program. Provides that if a dispenser's pharmacy is closed the day following a dispensing, the information required to be sent to the INSPECT program must be transmitted by the end of the next business day. Amends the definition of "medication assistance" in the administrative code for purposes of the rules concerning home health agencies.

Effective: 7/1/2015

[Full Text](#)

**IN SB 406 – Overdose intervention drugs.**

Sponsor: Sen. James Merritt

Summary: Allows specified health care professionals with prescriptive authority to dispense or write a prescription for an overdose intervention drug without examining the individual to whom it may be administered if specified conditions are met. Allows for an individual who is a family member, friend, or other individual in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met. Provides for civil and criminal immunity. Requires that each time naloxone is dispensed, the dispenser shall report specified information to the INSPECT program. Mandates that after December 31, 2015, each ambulance providing emergency ambulance service and each emergency medical services vehicle must be equipped with an overdose intervention drug.

Academy Position: Support; [Letter of Support #1](#); [Letter of Support #2](#)

Effective: 4/17/2015

[Full Text](#)

**IN SB 464 – Mental health issues.**

Sponsor: Sen. Patricia Miller

Summary: Specifies limitations for reimbursement for methadone by: (1) the state employee health plan; (2) Medicaid; (3) certain policies of accident and sickness insurance; and (4) certain health maintenance organization contracts; if the drug is prescribed for the treatment of pain. Requires coverage under the Indiana check-up plan of non-addictive medication assistance treatment drugs prescribed for the treatment of substance abuse. Requires a prescriber who is prescribing methadone for the treatment of pain or pain management to indicate this treatment on the prescription or order. Places restrictions on coverage under a health insurance policy and a health maintenance organization contract for methadone used in pain management. Makes further changes to the law relating to mental health and addiction services.

Effective: 7/1/2015

[Full Text](#)

**IN SB 534 – Rules for prescribing controlled substances.**

Sponsor: Sen. Ron Grooms

Summary: Requires the medical licensing board to adopt standards and protocols for the prescribing of controlled substances, including the use of abuse deterrent formulations. Requires, before March 1, 2016, the following boards to adopt rules concerning the prescribing of opioid controlled substances for pain management treatment: (1) the medical licensing board, concerning physician assistants; (2) the board of podiatric medicine, concerning podiatrists; (3) the state board of dentistry, concerning dentists; and (4) the Indiana state board of nursing, concerning advanced practice nurses. Requires each board to report before December 31, 2015, to the legislative council with a status report on the board's efforts to adopt the required rules.

Effective: 12/31/2015

[Full Text](#)

**IOWA****IA SF 203 – A bill for an Act relating to persons and activities regulated by the Board of Nursing.**

Sponsor: Committee on Human Resources

Summary: The bill revises several references to advanced registered nurse practitioners throughout the Code. Currently, the Code refers to advanced registered nurse practitioners as people "registered" as such with the state board of nursing. The bill replaces the term "registered" with "licensed" in such references. The bill requires that an applicant to be an advanced registered nurse practitioner must hold a current license as a registered nurse, have satisfactorily completed a formal advanced practice educational program of study in a nursing specialty area approved by the board, and hold an advanced level certification by a recognized national certifying body. The bill replaces the term "physician" with "health care provider". The bill also allows advanced registered nurse practitioners to demonstrate their ability to resume practicing their profession, a practice currently allowed for registered nurses and licensed practical nurses.

Effective: 7/1/2015

[Full Text](#)

**KANSAS**

No pain-related legislation passed in Kansas during 2015.

**KENTUCKY****KY HB 329 – An Act relating to pain management facilities.**

Sponsor: Rep. Jody Richards

Summary: A bill to modify the regulatory, operational, and ownership requirements for pain management facilities that are owned solely by physicians and other practitioners. This bill allows existing doctor-owned pain clinics to expand to the maximum of two additional facilities

Effective: 6/24/2015

[Full Text](#)

**KY HB 377 – An Act relating to medical service providers.**

Sponsor: Rep. Dean Schamore

Summary: Redefines "collaborative care agreement" so that it means:

A written agreement between a pharmacist or pharmacists and a practitioner or practitioners that outlines a plan of cooperative management of patients' drug-related health care needs where:

1. Patients' drug-related health care needs fall within the practitioner's or practitioners' statutory scope of practice;
2. Patients are referred by the practitioner or practitioners to the pharmacist or pharmacists; and,
3. The agreement:
  - o Identifies the practitioner or practitioners and the pharmacist or pharmacists who are parties to the agreement;

- Specifies the drug-related regimen to be provided, and how drug therapy is to be monitored; and
- Stipulates the conditions for initiating, continuing, or discontinuing drug therapy and conditions which warrant modifications to dose, dosage regimen, dosage form, or route of administration.

Effective: 6/24/2015

[Full Text](#)

**KY HR 127 – Recognize February 2015 as Self-care Month in Kentucky.**

Sponsor: Rep. Tom Burch

Summary: A resolution recognizing February 2015 as Self-care Month in Kentucky to: increase public awareness of the importance of self-care and the value it represents to the citizens of Kentucky; to support increased consumer empowerment through the development of new nonprescription medicines and the appropriate switch of certain prescription medicines to nonprescription; to acknowledge that over-the-counter medicines can greatly improve and reduce costs to the public health system; and to encourage consumers, healthcare practitioners, policymakers, and regulators to communicate the benefits of self-care to the public.

[Full Text](#)

**KY SB 44 – An Act relating to synchronization of prescription refills.**

Sponsor: Sen. Julie Adams

Summary: Any individual or group health benefit plan that provides benefits for prescription drugs shall provide a program for synchronization of medications when it is agreed among the insured, a provider, and a pharmacist that synchronization of multiple prescriptions for the treatment of a chronic illness is in the best interest of the patient for the management or treatment of a chronic illness provided that the medications:

- (a) Are covered by the individual or group health benefit plan;
- (b) Are used for treatment and management of chronic conditions that are subject to refills;
- (c) Are not a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone;
- (d) Meet all prior authorization criteria specific to the medications at the time of the synchronization request;
- (e) Are of a formulation that can be effectively split over required short fill periods to achieve synchronization; and
- (f) Do not have quantity limits or dose optimization criteria or requirements that would be violated in fulfilling synchronization.

To permit synchronization, an individual or group health benefit plan shall apply a prorated daily cost-sharing rate to any medication dispensed by a network pharmacy pursuant to this section. Any dispensing fee shall not be prorated and shall be based on an individual prescription filled or refilled.

Effective: 1/1/2016

[Full Text](#)

**LOUISIANA****LA HB 174 – Controlled Substances: Provides with respect to the scheduling of controlled dangerous substances.**

Sponsor: Rep. H. Bernard LeBas

Summary: Makes various changes to the scheduling of controlled substances, including moving Tramadol into Schedule IV. Further, present law provides that a pharmacist shall not dispense more than a ten-day supply of a Schedule II or III opioid-containing medication if the prescriber for such medication is not licensed by the state of Louisiana; however, this bill makes that provision non-applicable if the prescription monitoring information the state of the prescriber may be viewed by the dispensing pharmacist.

Effective: 6/23/2015

[Full Text](#)

**LA HB 210 – Drugs: Authorizes the prescribing or dispensing of naloxone to third parties.**

Sponsor: Rep. Helena Moreno

Summary: Relative to the treatment for overdose of controlled dangerous substances; to require pharmacists to dispense naloxone; to limit liability for prescribing or dispensing naloxone; to authorize the receipt and administration of a naloxone prescription by a third party; to limit liability for the administration of naloxone by a third party; to provide for definitions; and to provide for related matters.

Academy Position: Support

Effective: 8/1/2015

[Full Text](#)

**LA HB 260 – Establishes the Sickle Cell Patient Navigator Program**

Sponsor: Rep. Alfred Williams

Summary: Relative to health services for persons with sickle cell disease; to establish a sickle cell patient navigator program and provide for functions of the program; to provide for administration of the program by the Department of Health and Hospitals under the direction of the Louisiana Sickle Cell Commission; to provide for program implementation contingent upon appropriation of funds; and to provide for related matters.

Effective: 8/1/2015

[Full Text](#)

**LA HB 304 – Drugs/prescription: Provides relative to sharing of prescription monitoring program information with equivalent programs of other states.**

Sponsor: Rep. Jeffrey Hall

Summary: Allows for the exchange of information with prescription monitoring programs in other states; provides for the security of personal information; and provides for related matters.

Academy Position: Support

Effective: 8/1/2015

[Full Text](#)

**LA HB 319 – Drugs/prescription: Provides relative to the dispensing of interchangeable biological products.**

Sponsor: Rep. Scott Simon

Summary: No later than five business days following the dispensing of a biological product, the dispensing pharmacist or his designee shall communicate to the prescriber the specific product provided to the patient, including the name of the product and the manufacturer. This required communication may be done by any means. No communication shall be required if there is no interchangeable or therapeutically equivalent biological product approved by the United States Food and Drug Administration for the product prescribed, or if the prescription is a refill not changed from the product dispensed on the prior filling of the prescription. No communication shall be required pursuant to this Section if the prescriber indicates "dispense as written".

Effective: 8/1/2015

[Full Text](#)

**LA HB 379 – Drugs/testing: Provides relative to drug testing standards.**

Sponsor: Rep. Paul Hollis

Summary: Existing law regulates drug testing for the presence of marijuana, opioids, cocaine, amphetamines, and phencyclidine; and further, authorizes the testing of urine samples by laboratories certified by the Substance Abuse and Mental Health Services Administration or the College of American Pathologists. This new law retains present law and adds an authorization for the testing of hair samples by laboratories certified by the College of American Pathologists.

Effective: 8/1/2015

[Full Text](#)

**LA HB 498 – Health Services: Provides for transparency in health services pricing and healthcare quality measures.**

Sponsor: Rep. Kirk Talbot

Summary: It is the intent of the legislature to improve transparency in prices and care quality measures by providing for the creation and maintenance of a useful and comprehensive health service information database that can be publicly accessed in a manner that ensures protection of individuals' confidential health information and respects providers of care. This law outlines certain minimum requirements that these health service information databases must meet.

Effective: 8/1/2015

[Full Text](#)

**LA SB 109 – Medicaid: Provides for reporting measures for the Medicaid Managed Care Program and the Louisiana Behavioral Health Partnership Program.**

Sponsor: Sen. Ronnie Johns

Summary: Relative to Medicaid reporting. Provides for reporting measures regarding the Medicaid managed care program. Provides for reporting measures regarding the Louisiana Behavioral Health Partnership program. Provides for an integration report of the Louisiana Behavioral Health Partnership program. Provides for information to be reported by the Department of Health and Hospitals.

Effective: 6/23/2015

[Full Text](#)

**LA SB 115 – Health Care: Provides with Respect to the Practice of Physician Assistants.**

Sponsor: Sen. Fred Mills

Summary: Relative to physician assistants. Provides for: the powers and duties of the Louisiana State Board of Medical Examiners; licensure; supervising physician qualifications and registration; services performed by physician assistants; assumption of professional liability; and related matters.

Effective: 7/1/2015

[Full Text](#)

**LA SB 143 – Pharmacists: Enacts Alison Neustrom Act and Provides Relative to Prescribed Marijuana for Therapeutic Uses and the Development of Rules and Regulations by the Louisiana Board of Pharmacy and the Louisiana State Board of Medical Examiners.**

Sponsor: Sen. Fred Mills

Summary: Relative to the therapeutic use of marijuana. Provides for: the adoption of rules and regulations relating to the prescribing, dispensing, and producing of marijuana for therapeutic use; a deadline to adopt rules and regulations; a report to the legislature; the location of the place of dispensing; use of the Prescription Monitoring Program; licensure of a production facility; and related matters.

Effective: 6/29/2015

[Full Text](#)

**MAINE****ME LD 140 – An Act to expand access to lifesaving opioid overdose medication.**

Sponsor: Rep. Henry Beck

Summary: This bill allows for the prescription of naloxone hydrochloride directly or by standing order. It allows for the prescription of naloxone hydrochloride to friends of, and other persons in a position to assist, an individual at risk of experiencing an opioid-related drug overdose in addition to immediate family members. Further, acting under standing orders from a licensed healthcare professional authorized by law to prescribe naloxone hydrochloride, a public health agency that provides services to populations at high risk for a drug overdose may establish an overdose prevention program in accordance with rules adopted by the department and the provisions of this subsection. These overdose prevention programs may store and dispense naloxone hydrochloride without being subject to the provisions of Title 32, chapter 117. These programs may also distribute unit-of-use packages of naloxone hydrochloride, and the corresponding medical supplies, to a person who has successfully completed training provided by the program. Finally, for the purpose of providing funding to allow for the prescription of naloxone hydrochloride by standing order to friends of and other persons in a position to assist an individual at risk of experiencing an opioid-related drug overdose in addition to immediate family members, the bill appropriates \$75,800 in both 2015-2016 and 2016-2017.

Note: Became law without Governor LePage's signature.

Effective: 10/14/2015

[Full Text](#)

**ME LD 636 – An Act to provide consumers of health care with information regarding health care costs.**

Sponsor: Sen. Jim Dill

Summary: This bill requires all health insurance carriers offering individual and group health plans to provide certain information with respect to prescription drug coverage to prospective enrollees and enrollees on its publicly accessible website. The bill requires carriers to post each prescription drug formulary for each health plan in a manner that allows enrollees to determine whether a particular prescription drug is covered under a formulary. The bill also requires carriers to provide information about utilization review, prior authorization or step therapy, cost-sharing, exclusions from coverage and the amount of coverage for out-of-network providers or non-covered health care services.

Academy Position: Support; [Letter of Support](#)

Note: Vetoed by Governor LePage; veto overridden.

Effective: 10/14/2015

[Full Text](#)

**ME LD 782 – An Act to improve the quality of life of persons with serious illnesses.**

Sponsor: Sen. Brian Langley

Summary: This bill establishes the Palliative Care and Quality of Life Interdisciplinary Advisory Council to advise the Department of Health and Human Services, Maine Center for Disease Control and Prevention and report to 3 legislative committees. The bill requires the Maine Hospice Council, if resources permit, to establish an information and education program to maximize the effectiveness of palliative care initiatives by ensuring that comprehensive and accurate information and education are available and allows the council to seek outside funding for the advisory council. The bill requires the executive director of the Maine Hospice Council to convene the first meeting of the advisory council by October 1, 2015.

Note: Vetoed by Governor LePage; veto overridden.

Effective: 10/14/2015

[Full Text](#)

**ME LD 810 – An Act to allow the synchronization of prescriptions.**

Sponsor: Sen. Andre Cushing

Summary: If a health plan provides coverage for prescription drugs, a carrier:

1. Shall permit and apply a prorated daily cost-sharing rate to a prescription that is dispensed by a pharmacist in the carrier's network for less than a 30-day supply if the prescriber or pharmacist determines that filling or refilling the prescription for less than a 30-day supply is in the best interest of the patient and the patient requests or agrees to less than a 30-day supply in order to synchronize the refilling of that prescription with the patient's other prescriptions;
2. May not deny coverage for the dispensing of a medication prescribed for the treatment of a chronic illness that is made in accordance with a plan developed by the carrier, the insured, the prescriber and a pharmacist to synchronize the filling or refilling of multiple prescriptions for the insured. The carrier shall allow a pharmacy to override any denial codes

3. indicating that a prescription is being refilled too soon in order to synchronize the patient's prescriptions; and
4. May not use payment structures incorporating prorated dispensing fees. Dispensing fees for partially filled or refilled prescriptions must be paid in full for each prescription dispensed, regardless of any prorated copay for the insured or fee paid for alignment services.

Academy Position: Support; [Letter of Support](#)

Note: Became law without Governor LePage's signature.

Effective: 10/14/2015

[Full Text](#)

**ME LD 1170 – Resolve, Regarding Legislative Review of Portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a Late-filed Major Substantive Rule of the Department of Health and Human Services.**

Sponsor: Rep. Drew Gattine

Summary: Resolving that final adoption of portions of Chapter 11: Rules Governing the Controlled Substances Prescription Monitoring Program, a provisionally adopted major substantive rule of the Department of Health and Human Services that has been submitted to the Legislature for review pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A outside the legislative rule acceptance period, is authorized. This major substantive rule change will replace a requirement to report to the Prescription Monitoring Program the filling of controlled substances within seven (7) days to not later than the close of business on the next business day of the controlled substance after it has been dispensed (both filled and delivered). The information required to be filed has been expanded to include the date the prescription was delivered (issued). For more information on Maine's recent PMP changes, see Maine's document regarding [PMP Changes and Enhancements as of 6-19-2015](#).

Note: Passed as an emergency measure without Governor LePage's signature.

Effective: This law was effective on 5/26/2015, but the rule change was effective 7/11/2015.

[Full Text](#)

**MARYLAND**

**MD HB 490 – Natalie M. LaPrade Medical Cannabis Commission – Miscellaneous Revisions**

Sponsor: Del. Dan Morhaim

Summary: Renaming the Natalie M. LaPrade Medical Marijuana Commission to be the Natalie M. LaPrade Medical Cannabis Commission; renaming the Natalie M. LaPrade Medical Marijuana Commission Fund to be the Natalie M. LaPrade Medical Cannabis Commission Fund; providing that the purpose of the Commission is to develop policies, procedures, guidelines, and regulations to implement programs to make medical cannabis available to qualifying patients in a safe and effective manner; altering the information to be included on the Commission's Web site; and making many other changes to the laws relating to medical cannabis.

Effective: 5/12/2015

[Full Text](#)

**MD HB 657 – Pharmacists – Scope of Practice – Administration of Drugs**

Sponsor: Del. Susan Krebs

Summary: Authorizes a pharmacist to administer a self-administered drug (typically administered by the patient for whom the drug is prescribed) to a patient that is prescribed by an authorized prescriber.

Effective: 10/1/2015

[Full Text](#)

**MD HB 716 – Health Occupations - Prescriber-Pharmacist Agreements and Therapy Management Contracts**

Sponsor: Del. Joseline Pena-Melnyk

Summary: Authorizing licensed physicians, podiatrists, and advanced practice nurses to enter into prescriber-pharmacist agreements for therapy management contracts; requiring the submission of specified documents to specified health occupations boards; requiring specified contracts to include specified provisions; providing that a protocol by a licensed physician and licensed pharmacist may authorize the initiation of specified drug therapy; etc.

Effective: 10/1/2015

[Full Text](#)

**MD HB 896 – Joint Committee on Behavioral Health and Opioid Use Disorders**

Sponsor: Del. Eric Bromwell

Summary: Establishing the Joint Committee on Behavioral Health and Opioid Use Disorders; specifying the purposes of the Joint Committee are to review the final report of the Governor's Heroin and Opioid Emergency Task Force, review and monitor the activities of the Governor's Inter-Agency Heroin and Opioid Coordinating Council, monitor the effectiveness of specified programs, policies, and practices, review compliance with specified federal and State laws by health insurance carriers, and identify areas of concern and corrective measures; etc.

Effective: 6/1/2015

[Full Text](#)

**MD SB 456 – Criminal Law – Marijuana and Drug Paraphernalia – Medical Necessity**

Sponsor: Sen. Robert Zirkin

Summary: Requiring a court to dismiss a specified possession of marijuana charge if the court finds that the person used or possessed marijuana because of medical necessity; requiring a court to dismiss a specified possession of drug paraphernalia charge related to marijuana if the court finds that the person possessed the drug paraphernalia related to marijuana because of medical necessity; etc.

Effective: 10/1/2015

[Full Text](#)

**MD SB 516 – Public Health – Overdose Response Program**

Sponsor: Sen. Katherine Klausmeier

Summary: For the purpose of authorizing certain advanced practice nurses, in addition to certain nurse practitioners and pharmacists to conduct certain overdose prevention educational training programs; altering the circumstances under which certain employees or volunteers may conduct the training programs; authorizing certain advanced practice nurses to prescribe and dispense naloxone to certain certificate holders; authorizing certain licensed physicians and advanced practice nurses to prescribe and dispense naloxone to certain certificate holders by issuing a certain standing order under certain circumstances; authorizing certain licensed health care providers to prescribe naloxone to certain patients under certain circumstances; providing for a certain exception to a certain training requirement; authorizing a pharmacist to dispense naloxone in accordance with a certain therapy management contract; providing that certain individuals who administer naloxone or provide naloxone to certain certificate holders under certain circumstances may not be considered to be practicing certain health occupations; providing that an advanced practice nurse who prescribes or dispenses naloxone to a certificate holder in a certain manner may not be subject to certain disciplinary actions; providing immunity from liability for certain persons under certain circumstances; exempting certain persons who are authorized to dispense naloxone from certain prescription drug dispensing permit requirements; providing for the construction of this Act; defining certain terms; making clarifying and conforming changes; and generally relating to the Overdose Response Program.

Academy Position: Support

Effective: 10/1/2015

[Full Text](#)

#### **MD SB 556 – Health Insurance – Selection of State Benchmark Plan and Required Conformity with Federal Law**

Sponsor: Chair, Finance Committee

Summary: For the purpose of providing that certain requirements of the federal Patient Protection and Affordable Care Act relating to prescription drug benefits apply to certain coverage offered in certain markets. In part, repealing a certain provision of law providing for the applicability of a certain limitation on certain deductibles for certain health insurance coverage; altering certain provisions of law relating to the provision of benefits for the diagnosis and treatment of a mental illness, an emotional disorder, a drug abuse disorder, or an alcohol abuse disorder to conform to the requirements of the federal Mental Health Parity and Addiction Equity Act; etc.

Effective: 5/12/2015

[Full Text](#)

#### **MD SB 606 – Health Insurance – Abuse-Deterrent Opioid Analgesic Drug Products – Coverage**

Sponsor: Sen. Catherine Pugh

Summary: For the purpose of requiring certain insurers, nonprofit health service plans, and health maintenance organizations to provide certain coverage for a certain minimum number of brand name abuse-deterrent opioid analgesic drug products and, if available, a certain minimum number of generic abuse-deterrent opioid analgesic drug products; prohibiting the insurers, nonprofit health service plans, and health maintenance organizations from requiring an insured

or an enrollee to first use a certain drug product before providing coverage for a certain abuse-deterrent opioid analgesic drug product; authorizing the insurers, nonprofit health service plans, and health maintenance organizations to undertake utilization review for an abuse-deterrent opioid analgesic drug product under certain circumstances; defining certain terms; providing for the application of this Act; and generally relating to health insurance coverage for abuse-deterrent opioid analgesic drug products.

Academy Position: Support; however, we supported additional language, ultimately removed from the bill prior to passage, that would have prohibited insurers from imposing certain cost-sharing requirements and other increased out-of-pocket expenses to achieve compliance with these new requirements.

Effective: 1/1/2016

[Full Text](#)

### **MD SB 626 – Registered Nurses – Local Health Departments – Requirements for Personally Preparing and Dispensing Drugs and Devices**

Sponsor: Sen. Karen Montgomery

Summary: For the purpose of requiring certain registered nurses who personally prepare and dispense certain drugs and devices in local health departments in accordance with certain provisions of law or to certain patients to comply with a certain formulary and certain requirements; establishing the Committee on Personally Preparing and Dispensing Drugs and Devices by Registered Nurses in Local Health Departments; requiring the Committee to develop and approve a certain formulary and provide a certain review; requiring the Department to establish and administer a certain training program for certain registered nurses; requiring that a certain training program be jointly developed and reviewed on a certain basis by the Department, the State Board of Nursing, and the State Board of Pharmacy; authorizing a registered nurse to dispense naloxone to certain certificate holders if the registered nurse complies with a certain formulary and certain provisions of law; etc.

Effective: 6/1/2015

[Full Text](#)

### **MD SB 757 – Public Health – Prescription Drug Monitoring Program – Required Disclosures**

Sponsor: Chair, Finance Committee

Summary: Mandating that the PMP shall disclose prescription monitoring data: (1) in accordance with regulations adopted by the Secretary, to the State Board of Physicians, on issuance of an administrative subpoena voted on by a quorum of a disciplinary panel for the purposes of furthering an existing bona fide investigation of an individual; and (2) on approval of the Secretary and for the purpose of furthering an existing bona fide individual case review, to the State Child Fatality Review Team or a Local Child Fatality Review Team, a Local Drug Overdose Fatality Review Team, the Maternal Mortality Review Program, and certain specified Medical Review Committees.

Effective: 10/1/2015

[Full Text](#)

**MASSACHUSETTS****MA HB 3674 – An Act relative to opiate overdoses in the commonwealth.**

Sponsor: Governor

Summary: Directs the secretary of health and human services, in collaboration with the department of public health, to conduct or provide for an examination of the prescribing and treatment history, including court-ordered treatment or treatment within the criminal justice system, of persons in the commonwealth who suffered fatal opiate overdoses in calendar year 2014 and to make a report in an aggregate and de-identified form on trends discovered through the examination.

Effective: 7/1/2015

[Full Text](#)

**MICHIGAN****MI HR 92 – A resolution to declare May 24-30, 2015, as Invisible Illness Awareness Week in the state of Michigan.**

Sponsor: Rep. Andy Schor

[Full Text](#)

**MI SR 63 – A resolution to declare May 24-30, 2015, as Invisible Illness Awareness Week.**

Sponsor: Sen. Mike Kowall

[Full Text](#)

**MINNESOTA****MN HF 6 – Revisor's bill; legislative enactment oversights, inconsistencies, ambiguities, unintended results, and technical errors corrected.**

Sponsor: Rep. Tim Sanders

Summary: An act relating to legislative enactments; correcting miscellaneous oversights, inconsistencies, ambiguities, unintended results, and technical errors. In part: \$270,000 in fiscal year 2016 and \$20,000 in fiscal year 2017 are appropriated from the general fund for grants to the eight regional emergency medical services programs to purchase opiate antagonists and educate and train emergency medical services persons, as defined in Minnesota Statutes, section [144.7401, subdivision 4](#), clauses (1) and (2), in the use of these antagonists in the event of an opioid or heroin overdose. For the purposes of this paragraph, "opiate antagonist" means naloxone hydrochloride or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of drug overdose. Grants under this paragraph must be distributed to all eight regional emergency medical services programs. This is a onetime appropriation and is available until June 30, 2017. The commissioner may use up to \$20,000 of the amount for opiate antagonists for administration.

Effective: 10/1/2015

[Full Text](#)

**MN HF 1535 – Omnibus health and human services policy bill.**

Sponsor: Rep. Tara Mack

Summary: Makes many amendments to currently existing law. In part:

- Requires all programs serving persons with substance use issues to provide educational information concerning recognition of, and response to, opioid overdoses and the use and administration of naloxone.
- Amends the law relating to who may administer or dispense a medication used for the treatment of opioid addiction.
- Adds a section entitled "high dose requirements" mandating that a client being administered or dispensed a dose beyond that set forth in subdivision 5, paragraph (a), clause (1), that exceeds 150 milligrams of methadone or 24 milligrams of buprenorphine daily, and for each subsequent increase, must meet face-to-face with a prescribing physician. The meeting must occur before the administering or dispensing of the increased dose.
- Amends the law relating to opioid addiction treatment and the prescription monitoring program.

Effective: 5/23/2015

[Full Text](#)

**MN SF 1458 – Omnibus health and human services appropriations bill.**

Sponsor: Sen. Tony Lourey

Summary: Appropriates \$270,000 in fiscal year 2016 and \$20,000 in fiscal year 2017 from the general fund to the commissioner of health for grants to educate emergency medical services persons on the use of an opiate antagonist in the event of an opioid or heroin overdose. The funding must be distributed proportionately to the eight regional emergency medical services programs based on the need of the regions, as determined by the commissioner by using existing data. The regional emergency medical services programs must submit an application for a grant to the commissioner by September 1, 2015. This is a onetime appropriation.

Further, under Section 245F.08, Stabilization Services, the bill mandates that a license holder must provide education to each patient regarding opioid tolerance and overdose risks, if applicable.

The bill also makes updates to medication therapy management services for chronic medical conditions.

Effective: 5/23/2015 for the opiate antagonist grants; 7/1/2015 for the patient education and medication therapy management.

[Full Text](#)

**MISSISSIPPI****MS HB 692 – Emergency Response and Overdose Prevention Act; create.**

Sponsor: Rep. Sam Mims

Summary: An act to be known as the Emergency Response and Overdose Prevention Act; to authorize physicians and certain other licensed health care providers acting in good faith and in compliance with the standard of care applicable to that practitioner to prescribe an opioid antagonist to a person at risk of experiencing an opioid related overdose or to other persons in a position to assist such person at risk of experiencing an opioid related overdose; to authorize pharmacists to dispense opioid antagonists under a prescription issued in accordance with this act; to authorize persons acting in good faith and with reasonable care to another person whom he or she believes to be experiencing an opioid related overdose to administer an opioid antagonist that was prescribed in accordance with this act; to authorize emergency medical technicians to administer an opioid antagonist as clinically indicated; to provide immunity from civil or criminal liability or professional licensing sanctions for persons who take the actions authorized by this section; to create the “Mississippi Medical Emergency Good Samaritan Act” to provide immunity from arrest or prosecution for certain drug violations by a person seeking treatment for a drug overdose if the evidence of the violation results from the medical treatment of the drug overdose; and for related purposes.

Effective: 7/1/2015

[Full Text](#)

**MISSOURI****MO HB 3 – Appropriates money for the expenses, grants, refunds, and distributions of the Department of Higher Education**

Sponsor: Rep. Tom Flanigan

Summary: In part, appropriates \$437,640 to the University of Missouri for the Missouri Telehealth Network from the Healthy Families Trust Fund. Further, appropriates \$1,500,000 from the General Revenue Fund for the purpose of creating and implementing up to eight Extension for Community Healthcare Outcomes Programs. Four of the programs shall focus on Diabetes, Hepatitis, Chronic Pain Management, and Childhood Asthma.

Effective: 7/1/2015

[Full Text](#)

**MONTANA****MT SB 8 – Allow electronic prescribing of controlled substances prescriptions**

Sponsor: Sen. Roger Webb

Summary: Amends the law relating to dispensing of prescription drugs. Specifies that certain specified drugs (including a “habit forming drug”) may be dispensed only if a practitioner licensed by law to administer or prescribe the drug: (1) provides a written prescription, (2) transmits the prescription directly by electronic means; (3) provides an oral prescription that is reduced promptly to writing and filed by the pharmacist; or (4) authorizes the refilling of a written, electronic, or oral prescription, either in the original prescription or by an oral order that is reduced promptly to writing and filed by the pharmacist.

Effective: 4/8/2015

[Full Text](#)

**MT SB 83 – Adopt health insurance appeals/external review laws of NAIC**

Sponsor: Sen. Christine Kaufmann

Summary: An act generally revising health insurance laws; adopting and revising processes that provide for utilization review, grievances, and external review of a health insurance issuer's actions; providing guidelines for independent review organizations for external reviews; limiting liability for independent review organizations for decisions made in external reviews; requiring health insurance issuers to pay the costs of an external review; and, extending rulemaking authority.

Effective: 1/1/2016

[Full Text](#)

**NEBRASKA****NE LB 37 – Adopt the Prescription Drug Safety Act and change and transfer pharmacy, prescription, and drug provisions**

Sponsor: Sen. Bob Krist

Summary: A bill to adopt the Prescription Drug Safety Act. Enacts law pertaining to practitioners that store, dispense, compound, administer, or otherwise provide any drug to a patient. Sets requirements for: prescriptions of legend drugs which are not controlled substances; electronic prescriptions; archiving prescriptions; drug labeling; expiration dates; compounding; medication therapy management; telehealth; supervision of pharmacy technicians and interns; and more.

Effective: 8/29/2015

[Full Text](#)

**NE LB 107 – Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners**

Sponsor: Sen. Sue Crawford

Summary: An Act relating to nurses; to eliminate requirements for integrated practice agreements for nurse practitioners; to provide for transition-to-practice agreements; to change

provisions relating to credentialing and regulation; etc. Transition-to-practice agreement means a collaborative agreement between a nurse practitioner and a supervising provider which provides for the delivery of health care through a collaborative practice and which meets certain requirements set for by statute related to hours of practice.

Effective: 8/29/2015

[Full Text](#)

**NE LB 240 – Change the termination date of the Behavioral Health Screening and Referral Pilot Program**

Sponsor: Sen. Matt Hansen

Summary: A bill for an Act relating to behavioral health; to update provisions relating to the Behavioral Health Screening and Referral Pilot Program; to harmonize provisions; and to repeal the original expiration date.

Effective: 8/29/2015

[Full Text](#)

**NE LB 257 – Require insurers to provide descriptions relating to telehealth and telemonitoring**

Sponsor: Sen. Jeremy Nordquist

Summary: An Act relating to insurance; to require insurers to provide descriptions relating to telehealth and telemonitoring as prescribed. The description shall include: (1) A description of services included in telehealth and telemonitoring coverage, including, but not limited to, any coverage for transmission costs; (2) Exclusions or limitations for telehealth and telemonitoring coverage, including, but not limited to, any limitation on coverage for transmission costs; (3) Requirements for the licensing status of health care providers providing telehealth and telemonitoring services; and (4) Requirements for demonstrating compliance with the signed written statement requirement in [section 71-8505](#).

Effective: 8/29/2015

[Full Text](#)

**NE LB 390 – Provide for medical use of cannabidiol and naloxone and change controlled substances schedules and transfers to the Nebraska Health Care Cash Fund**

Sponsor: Sen. Sue Crawford

Summary: A bill for an act relating to controlled substances; to provide for the medical use of cannabidiol as prescribed; to create the Medical Cannabidiol Pilot Study; to provide powers and duties for the Department of Health and Human Services and the University of Nebraska Medical Center; to define and redefine terms; to change schedules of controlled substances under the Uniform Controlled Substances Act; to provide for use of naloxone; to provide immunity from certain punitive actions as prescribed; to change provisions relating to the Nebraska Health Care Cash Fund; to harmonize provisions; to provide a termination date; to repeal the original sections; and to declare an emergency.

Effective: 5/28/2015

[Full Text](#)

## NEVADA

**NV AB 70 – Provides for the administration and enforcement of various provisions relating to medical marijuana.**

Sponsor: Assembly Committee on Taxation

Summary: An Act relating to medical marijuana; providing for the administration and enforcement of taxes on the sale of marijuana, edible marijuana products and marijuana-infused products by medical marijuana establishments; eliminating certain duties of the Department of Taxation relating to the rates of such taxes; providing for the collection of a fee by an agency of a local government from a medical marijuana establishment for certain costs of the agency; authorizing an independent contractor to provide labor to a medical marijuana establishment in certain circumstances; providing penalties; and providing other matters properly relating thereto.

Effective: 7/1/2015

[Full Text](#)

**NV AB 93 – Revises provisions relating to the continuing education required to renew certain licenses and certificates.**

Sponsor: Asw. Teresa Benitez-Thompson

Summary: This Act requires certain professionals to receive instruction on suicide prevention and awareness as a condition to the renewal of their licenses or certificates beginning on July 1, 2016. Those requirements, however, are temporary and are eliminated or expire by limitation on June 30, 2026. After the expiration of the requirement, the professional licensing boards for certain physicians and advanced practice registered nurses are to encourage their licensees to receive certain training concerning suicide prevention, detection and intervention as part of their continuing education.

Effective: 7/1/2016

[Full Text](#)

**NV AB 164 - Revises provisions relating to access by patients to certain investigational drugs, biological products and devices.**

Sponsor: Asm. James Ohrenschcall

Summary: Authorizes a manufacturer to provide or make available an investigational drug, biological product or device to certain patients under certain circumstances. Prohibits an officer, employee or agent of this State from preventing or attempting to prevent a patient from accessing such an investigational drug, biological product or device under certain circumstances. Authorizes a physician to prescribe or recommend an investigational drug, biological product or device to certain persons under certain circumstances.

Effective: 5/27/2015

[Full Text](#)

**NV AB 231 – Revises provisions governing the practice of chiropractic.**

Sponsor: Asm. James Oscarson

Summary: Relating to chiropractic; authorizing the President, or a designated member, of the Chiropractic Physicians Board of Nevada to require certain chiropractic physicians or chiropractor's assistants to submit to a mental or physical examination under certain circumstances; providing that the results of such an examination or the details of a chiropractic physician or chiropractor's assistant's participation in a diversion program to address alcohol or drug misuse may be exchanged with the Board; revising the unprofessional conduct for which a practitioner of chiropractic may be subject to discipline; revising the requirements for a license to practice chiropractic; providing a waiver of fees for certain applicants for a temporary license to practice chiropractic; revising the requirements for the reinstatement of a license to practice chiropractic; and providing other matters properly relating thereto.

Effective: May 21, 2015 for the purpose of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and October 1, 2015, for all other purposes.

[Full Text](#)

**NV AB 292 – Revises provisions relating to providers of health care who provide services through telehealth and various other provisions relating to insurance coverage for such services.**

Sponsor: Asm. James Oscarson

Summary: Relating to public health; requiring a provider of health care who provides services to certain patients through telehealth to have a valid license or certificate in this State; making persons who provide services through telehealth to certain patients subject to the laws and jurisdiction of this State; requiring certain insurers to provide coverage to insureds for services provided through telehealth to the same extent as though provided in person; authorizing a hospital to provide staff privileges to certain providers of health care to provide services through telehealth; requiring the Commissioner of Insurance to consider health care services that may be provided by providers through telehealth when evaluating certain network plans; and providing other matters properly relating thereto.

Effective: 7/1/2015

[Full Text](#)

**NV AB 295 – Revises provisions relating to the provision of certain wellness services.**

Sponsor: Asm. Randy Kirner

Summary: Previously existing law regulates the licensing, certification and registration of various providers of health care, including, without limitation, physicians, homeopathic physicians, osteopathic physicians, chiropractic physicians, doctors of Oriental medicine and podiatric physicians.) However, this Act finds that there are numerous practitioners of healing arts, commonly referred to as alternative medicine, complementary medicine or natural healing, doing business in this State who are not regulated by the State. The Act limits the scope of these practitioners by prohibiting such practitioners from providing certain services which may only be provided by a licensed provider of health care; and further, requires these practitioners to make certain disclosures to their clients.

Effective: 7/1/2015

[Full Text](#)

**NV SB 14 – Revises provisions governing the Pharmacy and Therapeutics Committee within the Department of Health and Human Services.**

Sponsor: Senate Health and Human Services Committee

Summary: The Pharmacy and Therapeutics Committee within the Department of Health and Human Services identifies and reviews the prescription drugs which should be included on the list of preferred prescription drugs for the Medicaid program. This bill revises the membership of the Committee to consist of at least 5 and not more than 11 members and to eliminate the maximum limits on the number of members who may be active physicians or pharmacists or persons with a doctoral degree in pharmacy.

Effective: 7/1/2015

[Full Text](#)

**NV SB 48 – Revises provisions relating to health information exchanges.**

Sponsor: Senate Health and Human Services Committee

Summary: Relating to public health; repealing provisions that provide for a statewide health information exchange system; authorizing the Director of the Department of Health and Human Services to establish or contract with a health information exchange to serve as the statewide health information exchange; providing for the certification of a health information exchange; providing for an administrative fine to be imposed for operating a health information exchange without obtaining a certification; and providing other matters properly relating thereto.

Effective: May 27, 2015 for purposes of adopting regulations and January 1, 2016, for all other purposes.

[Full Text](#)

**NV SB 114 – Makes changes relating to prescriptions for certain controlled substances.**

Sponsor: Sen. Joseph Hardy

Summary: Requires the State Board of Pharmacy (Board) to allow a law enforcement officer to have access to the PMP if the officer's employer approves such access and certifies to the Board that the officer meets certain requirements. The officer is limited to accessing the database to investigate a crime related to prescription drugs, and the officer's employer is required to monitor the officer's use of the database and establish appropriate disciplinary action for any unlawful use of the database.

Further, requires the Board to provide PMP access to any occupational licensing board that licenses any practitioner who is authorized to write prescriptions for certain controlled substances. If the Board or the Investigative Division of the Department of Public Safety (Division) obtains information indicating the inappropriate use of a controlled substances by a patient, they must report that information to the occupational licensing board of each practitioner who has prescribed the controlled substance for the patient. The Board, the Division, and their employees are immune from liability for any action relating to the collection, maintenance and transmission of this information.

Finally, if the Board, the Division, or a law enforcement agency determines that the PMP database has been accessed intentionally by an unauthorized person or for an unauthorized purpose, they must notify the person whose information was accessed.

Effective: 10/1/2015

[Full Text](#)

**NV SB 172 – Makes various changes relating to the authorized activities of medical students.**

Sponsor: Sen. Patricia Farley

Summary: Prohibits a medical facility or a physician from allowing a person to perform or participate in activities for credit toward a medical degree unless the person is enrolled in good standing at an accredited medical school. Exempts a physician from this prohibition if: (1) the activity takes place in a primary care practice that is located in a designated health professional shortage area and is entirely under the supervision of the physician; and (2) the physician is not currently supervising other medical students. Give the Division of Public and Behavioral Health of the Department of Health and Human Services, the Board of Medical Examiners, the State Board of Osteopathic Medicine and the Board of Examiners for Longterm Care Administrators the authority to enforce this prohibition with respect to their licensees. Allows a medical student who attends an accredited medical school to possess and administer a controlled substance or dangerous drug.

Effective: 7/1/2015

[Full Text](#)

**NV SB 231 – Revises provisions relating to workers' compensation.**

Sponsor: Senate Committee on Commerce, Labor and Energy

Summary: Mandates that a provider of health care (not including a pharmacist or hospital) may dispense only an initial 15-day supply of a schedule II or III controlled substance to an injured employee. In addition, the provider of health care must include the original manufacturer's National Drug Code for the drug on all bills and reports submitted to the insurer.

Previously existing law provided a two-step process for an insurer to pay a bill submitted by a provider of health care. First, the insurer must approve or deny the bill within 30 days of receipt. Second, if the insurer approves the bill, they must pay the bill within 30 days of the approval. This law consolidates these two steps and requires that an insurer pay or deny a bill within 45 days after receipt.

Clarifies that an employee may not receive compensation whenever an injury occurs to the employee while the employee is intoxicated or under the influence of a controlled or prohibited substance, unless the employee can prove by clear and convincing evidence that his or her intoxication or being under the influence of a controlled or prohibited substance was not the proximate cause of the injury. The results of any alcohol or drug test performed as a result of an injury must be made available to an insurer or employer upon request.

Effective: 5/27/2015 for the purpose of adopting regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act; 1/1/2016 for all other purposes.

[Full Text](#)

**NV SB 250 – Revises provisions relating to policies of health insurance.**

Sponsor: Sen. Joseph Hardy

Summary: Requires that certain public and private policies of insurance and health care plans must authorize certain prescriptions to be divided into more than one dispensing for the purpose of synchronizing a patient's multiple prescriptions. Prohibits these policies and plans

from denying a claim for such a prescription that is otherwise covered. Finally, prohibits these policies and plans from prorating the pharmacy dispensing fees for such prescriptions unless otherwise provided by a contract or other agreement.

Effective: 6/5/2015 for the purposes of adopting any regulations and performing any preparatory administrative tasks necessary to carry out the provisions of this act; 1/1/2017 for all other purposes.

[Full Text](#)

**NV SB 288 – Revises provisions relating to prescribing controlled substances.**

Sponsor: Sen. Mo Denis

Summary: Requires any person who is authorized to prescribe or dispense controlled substances to receive training and be given access to the PMP database. Further, requires each practitioner who is authorized to prescribe controlled substances, to the extent the program allows, to access the database of the computer program at least once every 6 months to review the information concerning the practitioner in the database and verify to the Board that the person continues to have access to the database. Finally, authorizes various professional licensing boards to take disciplinary action against a person who is authorized to prescribe controlled substances and fails to comply with these requirements.

Effective: 5/27/2015 for the purpose of performing any preparatory administrative tasks necessary to carry out the provisions of this act; 1/1/2016 for all other purposes.

[Full Text](#)

**NV SB 459 – Establishes an opioid overdose prevention policy for Nevada.**

Sponsor: Senate Committee on Health and Human Services

Summary: Enacts the Good Samaritan Drug Overdose Act.

Authorizes certain physicians, physician assistants and advanced practice registered nurses to prescribe and dispense an opioid antagonist to a family member, friend or other person who is in a position to assist a person at risk of experiencing an opioid-related drug overdose and provides immunity from civil and criminal liability and professional discipline for doing so or declining to do so. Authorizes the storage and dispensing of opioid antagonists by certain persons who are not registered or licensed by the State Board of Pharmacy. Provides for the development of standardized procedures and protocols under which a registered pharmacist may furnish an opioid antagonist.

Provides that a person who, in good faith, seeks medical assistance for a person who is experiencing a drug or alcohol overdose or other medical emergency or who seeks such assistance for himself or herself, or who is the subject of a good faith request for such assistance may not be arrested, charged, prosecuted or convicted, or have his or her property subjected to forfeiture, or be otherwise penalized for violating: (1) certain provisions of existing law governing controlled substances; (2) a restraining order; or (3) a condition of the person's parole or probation, if the evidence to support the arrest, charge, prosecution, conviction, seizure or penalty was gained as a result of the person's seeking such medical assistance. Further, provides that the act of seeking such assistance may be raised in mitigation in connection with certain other crimes.

Existing law requires every practitioner or other person who dispenses a controlled substance within this State to register biennially with the State Board of Pharmacy. This law authorizes the professional licensing boards of the various practitioners who are eligible for such registration to: (1) require their licensees who are registered to dispense a controlled substance to periodically complete certain training concerning the misuse and abuse of controlled substances; and (2) impose disciplinary action on a practitioner who fails to do so.

Requires each person who dispenses a controlled substance to upload certain information to the prescription monitoring program not later than the end of the next business day after dispensing the controlled substance.

Existing law requires a practitioner to obtain a patient utilization report regarding a patient before writing a prescription for a controlled substance if the patient is a new patient or a current patient who has not received a prescription for a controlled substance from the practitioner in the preceding 12 months. This law: (1) requires a practitioner to obtain a patient utilization report before initiating certain prescriptions for a controlled substance; (2) exempts from liability a practitioner who fails to obtain such a report under certain circumstances; and (3) requires the Board to adopt regulations to provide alternative methods of complying with the requirement to obtain such a report for a physician who provides services in a hospital emergency department.

Academy Position: Supported in part and opposed in part; [Letter sent 4/9/2015](#). The portion we opposed was deleted prior to passage.

Effective: 5/5/2015 for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; 10/1/2015 for all other purposes.

[Full Text](#)

## NEW HAMPSHIRE

### **NH HB 153 – Relative to the telecommunications planning and development advisory committee.**

Sponsor: Rep. Laurence Rappaport

Summary: Revises the membership and duties of the telecommunications planning and development advisory committee.

Effective: 7/6/2015

[Full Text](#)

### **NH HB 270 – Granting immunity from arrest, prosecution, or conviction to a person who requests medical assistance to save the life of an overdose victim.**

Sponsor: Rep. Amanda Bouldin

Summary: Permits a witness or victim of a drug overdose to request medical assistance in order to save the life of an overdose victim by protecting the witness or victim from arrest, prosecution, and conviction. The bill also provides immunity from arrest, prosecution, or conviction for a person who, in good faith and in a timely manner, requests medical assistance for someone who is experiencing a drug overdose or for themselves if they are experiencing a drug overdose.

Academy Position: Support

Effective: 9/6/2015; except for Section 4 will take effect 9/1/2018.

[Full Text](#)

**NH HB 271 – Relative to possession and administration of an opioid antagonist for opioid-related overdoses.**

Sponsor: Rep. Amanda Bouldin

Summary: Exempts from the provisions of the Controlled Drug Act a health care professional or other person who prescribes, dispenses, distributes, or stores an opioid antagonist, or who administers it to an individual suffering from an apparent opioid-related overdose.

Academy Position: Support; [letter of support #1](#); [letter of support #2](#)

Effective: 6/2/2015

[Full Text](#)

**NH HB 330 – Establishing an oversight commission for medical cost transparency.**

Sponsor: Rep. Charles McMahon

Summary: Establishes an oversight commission for medical cost transparency to monitor and further develop the NH HealthCost Internet website.

Effective: 7/13/2015; except Section 2 takes effect 11/1/2016.

[Full Text](#)

**NH HB 476 – Amending the definition of “qualifying medical condition” in the therapeutic cannabis law.**

Sponsor: Rep. Stephen Schmidt

Summary: Adds epilepsy, lupus, Parkinson’s disease, Alzheimer’s disease to the definition of “qualifying medical condition” for the purpose of the law governing the use of cannabis for therapeutic purposes.

Effective: 9/4/2015

[Full Text](#)

**NH HB 564 – Relative to prior authorization for certain prescription drugs.**

Sponsor: Rep. Tom Sherman

Summary: Declares that a managed care organization offering prescription drug benefits to Medicaid recipients shall suspend prior authorization requirements for a community mental health program on drugs used to treat mental illnesses. Also requires the department of health and human services to make certain reports to the oversight committee on health and human services.

Effective: 7/6/2015; except Section 3 takes effect 6/30/2016.

[Full Text](#)

**NH SB 31 – Relative to the controlled drug prescription health and safety program.**

Sponsor: Sen. Jeb Bradley

Summary: Amends registration requirements for prescribers and dispensers. Allows the board to use information and reports from the program for program analysis and evaluation, statistical analysis, public research, public policy, and educational purposes, provided that the data are aggregated or otherwise de-identified. Allows the program to provide information in the prescription health and safety program upon request, in addition to currently permitted parties,

to controlled prescription drug health and safety program from another state and to an entity that operates a secure interstate prescription drug data exchange system for the purpose of interoperability and the mutual secure exchange of information among prescription drug monitoring programs, provided that there is an agreement in place with the other state or entity to ensure that the information is used or disseminated pursuant to the requirements of this state.

Academy Position: Support/Amend, then Support; [letter of support/amendment](#); [letter of support](#)

Note: Our suggested amendments were adopted and incorporated into the enacted legislation.

Effective: 7/20/2015; except Section 10 takes effect 5/21/2015.

[Full Text](#)

#### **NH SB 84 – Relative to the definition of “telemedicine.”**

Sponsor: Sen. Nancy Stiles

Summary: Clarifies when it is appropriate to use telemedicine in practitioner-patient medical circumstances. Under this bill, except for practitioners treating patients in community mental health programs, a practitioner shall not prescribe certain controlled drugs by means of telemedicine.

Effective: 9/11/2015; except Section 2, paragraph VI of section 6, and subparagraph XII(f) of section 8 shall take effect as provided in section 9.

[Full Text](#)

#### **NH SB 104 – Relative to licensure of research organizations by the pharmacy board.**

Sponsor: Sen. David Pierce

Summary: Provides for the licensure of research organizations conducting research relating to prescription drugs by the pharmacy board.

Effective: 7/1/2015

[Full Text](#)

#### **NH SB 112 – Requiring the Medicaid program to cover telehealth services.**

Sponsor: Sen. David Pierce

Summary: Requires the Medicaid program to cover telehealth services upon approval by the legislative fiscal committee.

Effective: 7/6/2015

[Full Text](#)

**NEW JERSEY****NJ S 1998 – Revises certain provisions of New Jersey Prescription Monitoring Program.**

Sponsor: Sen. Loretta Weinberg

Summary: Makes significant amendments to the New Jersey Prescription Monitoring Program. In part, a practitioner or other person who is authorized by a practitioner to access prescription monitoring information shall access prescription monitoring information the first time the practitioner or other person prescribes a Schedule II controlled dangerous substance to a new patient for acute or chronic pain. In addition, for any prescription of a Schedule II controlled dangerous substance for a new or current patient for acute or chronic pain, a practitioner or other authorized person shall access prescription monitoring information on a quarterly basis during the period of time the patient continues to receive such prescriptions. A pharmacist shall not dispense a Schedule II controlled dangerous substance to any person without first accessing the prescription monitoring information. Makes further changes.

Effective: 11/1/2015

[Full Text](#)

**NJ S 2372 – Authorizes Attorney General to coordinate Statewide law enforcement efforts against opioid drug abuse.**

Sponsor: Sen. Fred Madden

Summary: The Attorney General shall coordinate and direct the Statewide efforts of law enforcement agencies, the Division of Consumer Affairs, and professional licensing boards to: identify, investigate, and prosecute the illegal sources and distribution of prescription opioid drugs; take appropriate steps to enhance the oversight by professional licensing boards relating to the administration and dispensing of controlled dangerous substances by regulated professionals; and provide training for law enforcement officials and recommend training for physicians, pharmacists, and other health care professionals in state-of-the-art methods to detect prescription drug diversion and related abuses. The Attorney General shall issue appropriate directives, establish such task forces, and implement such other measures as the Attorney General deems necessary to carry out the purposes of this paragraph, and may call to his assistance the services of employees of any State, county, or municipal department, board, bureau, commission, or agency as may be required and as may be available for these purposes.

Academy Position: Amend; [letter urging amendment](#)

Effective: 4/29/2015

[Full Text](#)

**NJ S 2378 – Extends “Overdose Prevention Act” immunity provisions to certain professionals and professional entities, and permits needle exchange programs to obtain standing order for opioid antidote.**

Sponsor: Sen. Joseph Vitale

Summary: A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote to certain statutorily specified individuals, including to any recipient who is deemed by the health care practitioner to be capable of administering the opioid

antidote to an overdose victim in an emergency, to a caregiver or such an individual, to first responders, and more. Any prescriber or other health care practitioner who prescribes or dispenses an opioid antidote in good faith, and in accordance with the provisions of this subsection, shall not, as a result of the practitioner's acts or omissions, be subject to any criminal or civil liability, or any professional disciplinary action for prescribing or dispensing an opioid antidote. A prescriber or other health care practitioner who prescribes or dispenses an opioid antidote shall ensure that overdose prevention information is provided to the antidote recipient.

Effective: 2/5/2015

[Full Text](#)

**NJ S 2381 – Permits successful completion of special probation drug court program notwithstanding use of medication-assisted treatment.**

Sponsor: Sen. Raymond Lesniak

Summary: Specifies that in the case of the temporary or continued management of a person's drug or alcohol dependency by means of medication-assisted treatment as defined herein, whenever supported by a report from the treatment provider of existing satisfactory progress and reasonably predictable long-term success with or without further medication-assisted treatment, the person's use of the medication-assisted treatment, even if continuing, shall not be the basis to constitute a failure to complete successfully the treatment program.

Effective: 8/10/2015

[Full Text](#)

**NJ S 2578 – Authorizes optometrists to continue prescribing medications containing hydrocodone.**

Sponsor: Sen. Nia Gill

Summary: An optometrist authorized to prescribe, administer, or dispense a pharmaceutical agent shall be permitted to prescribe, administer, and dispense for the purpose of diagnosing and treating deficiencies, deformities, diseases, or abnormalities of the human eye and adnexae pharmaceutical agents classified as Schedule III, IV, and V controlled dangerous substances and, regardless of schedule, pharmaceutical agents containing hydrocodone.

Effective: 6/26/2015

[Full Text](#)

**NEW MEXICO****NM HB 274 – Prescription Synchronization**

Sponsor: Rep. Deborah Armstrong

Summary: A bill to allow synchronization of prescriptions. Mandates that health coverage, including any form of self-insurance, that offers a prescription drug benefit shall allow an enrollee to fill or refill a prescription for less than a thirty-day supply of the prescription drug, and apply a prorated daily copayment or coinsurance for the fill or refill, if:

1. The prescribing practitioner or the pharmacist determines the fill or refill to be in the best interest of the patient;
2. The patient requests or agrees to receive less than a thirty-day supply of the prescription drug; and,
3. The reduced fill or refill is made for the purpose of synchronizing the patient's prescription drug fills.

Effective: 6/19/2015

[Full Text](#)

**NM SB 299 – Nurse Practitioner Scope of Practice.**

Sponsor: Sen. Howie Morales

Summary: Updating certain sections of law to include an advanced practice registered nurse, a certified nurse-midwife or a physician assistant working within that person's scope of practice; expanding certain provisions of the uniform health-care decisions act to include non-physician primary care practitioners; requiring state agencies and political subdivisions to update their rules to include these health care practitioners where appropriate.

Effective: 7/8/2015

[Full Text](#)

**NEW YORK****NY AB 2552 / SB 2405 – An Act to amend the public health law, the insurance law and the social services law, in relation to the telehealth delivery of services.**

Sponsor: Asw. Addie Russell and Sen. Catharine Young

Summary: Relates to telehealth delivery of services.

Effective: 3/13/2015, provided that sections one through ten of this act shall take effect on the same date and in the same manner as chapter 550 of the laws of 2014, takes effect, provided, however, that sections four, eight and nine of this act shall apply to all policies and contracts issued, renewed, modified, altered or amended on or after January 1, 2016, and provided further that, effective immediately, the commissioner of health is authorized to issue, amend or repeal any regulations as necessary to implement this act on or before such effective date.

[Full Text](#)

**NY AB 3007 / SB 2007 – An Act to amend the public health law, in relation to physician profiles.**

Sponsor: Budget

Summary: In relevant part, amends the law in regard to opioid antagonists (naloxone). School districts, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state may provide and maintain on-site in each instructional school facility opioid antagonists, in quantities and types deemed by the commissioner, in consultation with the commissioner of health, to be adequate to ensure ready and appropriate access for use during emergencies to any student or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse.

Effective: 4/13/2015, provided, however, that the applicable effective date of Parts A through Y of this act shall be as specifically set forth in the last section of such Parts.

[Full Text](#)

**NY AB 4274 / SB 2486 – An Act to amend the public health law and the education law, in relation to electronic prescriptions.**

Sponsor: Asm. John McDonald and Sen. Kemp Hannon

Summary: Delays the requirement that prescribers use electronic prescriptions.

Effective: 2/25/2015

[Full Text](#)

**NY AB 5805 / SB 4857 – An Act to amend the education law, in relation to authorizing pharmacists to perform collaborative drug therapy management.**

Sponsor: Asm. John McDonald and Sen. Kenneth LaValle

Summary: Authorizes pharmacists to perform collaborative drug therapy management.

Effective: 9/14/2015

[Full Text](#)

**NY AB 6062 / SB 3687 – An Act to amend the public health law, in relation to the safe disposal of unused controlled substances.**

Sponsor: Asw. Aileen Gunther and Sen. Kemp Hannon

Summary: Directs the department of health to oversee a program for the safe disposal of unused controlled substances in accordance with federal law and regulations.

Effective: 10/26/2015

[Full Text](#)

**NY AB 6255 / SB 4239 – An Act to amend the criminal procedure law, in relation to authorizing eligible defendants in the judicial diversion program who need treatment for opioid abuse.**

Sponsor: Asw. Linda Rosenthal and Sen. Terrence Murphy

Summary: Under no circumstances shall a defendant who requires treatment for opioid abuse or dependence be deemed to have violated a release condition on the basis of his or her participation in medically prescribed drug treatments under the care of an authorized and qualified physician.

Effective: 9/25/2015

[Full Text](#)

**NY AB 7488 / SB 5733 – An Act to amend the public health law, in relation to including physical therapists and occupational therapists as telehealth providers.**

Sponsor: Asm. Richard Gottfried and Sen. Catharine Young

Summary: Includes occupational and physical therapists within the definition of telehealth providers.

Effective: This act shall take effect on the same date and in the same manner as chapter 550 of the laws of 2014 takes effect.

[Full Text](#)

**NY SB 2003 – An Act making appropriations for the support of government aid to localities budget.**

Sponsor: Budget

Summary: In part, appropriates the following:

- \$450,000 for services and expenses of an opioid drug addiction, prevention and treatment program.
- \$272,000 for services and expenses of an opioid overdose prevention program for schools.
- \$4,198,000 for services and expenses related to the administration of chemical dependency services by local governmental units.
- \$2,000,000 for services and expenses of the New York City department of education related to the hiring of additional substance abuse prevention and intervention specialists.
- \$1,000,000 for services and expenses for opiate abuse treatment and prevention programs.

Effective: 4/13/2015

[Full Text](#)

**NY SB 4182 – An Act to amend the public health law, in relation to including dentist's offices as originating sites for purposes of telehealth delivery.**

Sponsor: Sen. Catharine Young

Summary: Provides that dentist's offices shall be originating sites for the purposes of telehealth delivery of services.

Effective: 3/13/2015

[Full Text](#)

**NORTH CAROLINA****NC H 97 – 2015 Appropriations Act.**

Sponsor: Rep. Nelson Dollar

Summary: An Act to make base budget appropriations for current operations of state departments, institutions, and agencies, and for other purposes. In part:

Funds For Drug Overdose Medications

Appropriates funds to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, for the 2015-2016 fiscal year for the purchase of opioid antagonists, to be used as follows:

1. Twenty-five thousand dollars (\$25,000) shall be used to purchase opioid antagonists to be distributed at no charge to the North Carolina Harm Reduction Coalition to serve individuals at risk of experiencing an opioid-related drug overdose or to the friends and family members of an at-risk individual.
2. Twenty-five thousand dollars (\$25,000) shall be used to purchase opioid antagonists to be distributed at no charge to North Carolina law enforcement agencies.

Statewide Opioid Prescribing Guidelines

By July 1, 2016, the following State health officials and health care provider licensing boards shall adopt the North Carolina Medical Board's Policy for the Use of Opiates for the Treatment of Pain:

1. The Director of the Division of Public Health of the Department of Health and Human Services (DHHS).
2. The Director of the Division of Medical Assistance, DHHS.
3. The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, DHHS.
4. The directors of medical, dental, and mental health services within the Department of Public Safety.
5. North Carolina State Board of Dental Examiners.
6. North Carolina Board of Nursing.
7. North Carolina Board of Podiatry Examiners.

Continuing Education Requirements

The following health care provider occupational licensing boards shall require continuing education on the abuse of controlled substances as a condition of license renewal for health care providers who prescribe controlled substances:

1. North Carolina Board of Dental Examiners.
2. North Carolina Board of Nursing.
3. North Carolina Board of Podiatry Examiners.
4. North Carolina Medical Board.

In establishing the continuing education standards, the boards shall require that at least one hour of the total required continuing education hours consists of a course designed specifically to address prescribing practices. The course shall include, but not be limited to, instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management.

#### Improve Controlled Substances Reporting System Access And Utilization

Formerly only for investigative or evidentiary purposes, the PMP is now also to be used "to inform medical records or clinical care." Further, PMP information may now be released to the DEA's Office of Diversion Control and to the North Carolina Health Information Exchange Authority.

DHHS shall apply for grant funding from the National Association of Boards of Pharmacy to establish the connection to PMP InterConnect. The Department shall request forty thousand thirty-five dollars (\$40,035) to establish the initial interface for PMP InterConnect and thirty thousand dollars (\$30,000) for two years of ongoing service, maintenance, and support for PMP

InterConnect in order to create interstate connectivity for the drug monitoring program. The bill also directs specified funds to be used to: connect the CSRS and the NC HIE Authority; maintain a connection between the CSRS and the NC HIE Authority; establish the initial interface for PMP InterConnect; and, to cover the cost of annual service fees for the interstate connection for the drug monitoring program.

#### Expand Monitoring Capacity

The North Carolina Controlled Substances Reporting System shall expand its monitoring capacity by establishing data use agreements with the Prescription Behavior Surveillance System. In order to participate, the CSRS shall establish a data use agreement with the Center of Excellence at Brandeis University no later than January 1, 2016.

Beginning September 1, 2016, and every two years thereafter, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the Department of Health and Human Services shall report on its participation with the Prescription Behavior Surveillance System to the Joint Legislative Oversight Committee on Health and Human Services and the Joint Legislative Oversight Committee on Justice and Public Safety.

#### Statewide Strategic Plan

Creates the Prescription Drug Abuse Advisory Committee, to be housed in and staffed by the Department of Health and Human Services (DHHS). The Committee shall develop and, through its members, implement a statewide strategic plan to combat the problem of prescription drug abuse.

Effective: 7/1/2015

[Full Text](#)

**NC H 195 – Allow substitutions of biosimilars.**

Sponsor: Rep. Nelson Dollar

Summary: An act amending the North Carolina pharmacy practice act to allow for the substitution of an interchangeable biological product. In part, specifies that within a reasonable time following the dispensing of a biological product, the pharmacist or a designee shall communicate to the prescriber the product name and manufacturer of the specific biological product dispensed to the patient.

Effective: 10/1/2015

[Full Text](#)

**NC S 154 – Clarifying the Good Samaritan Law.**

Sponsor: Sen. Stan Bingham

Summary: A person shall not be prosecuted for certain drug-related if all of the following requirements and conditions are met:

1. The person sought medical assistance for an individual experiencing a drug-related overdose by contacting the 911 system, a law enforcement officer, or emergency medical services personnel.
2. The person acted in good faith when seeking medical assistance, upon a reasonable belief that he or she was the first to call for assistance.
3. The person provided his or her own name to the 911 system or to a law enforcement officer upon arrival.
4. The person did not seek the medical assistance during the course of the execution of an arrest warrant, search warrant, or other lawful search.
5. The evidence for prosecution of the offenses listed in subsection (c3) of this section was obtained as a result of the person seeking medical assistance for the drug-related overdose.

A person shall not be subject to arrest or revocation of pretrial release, probation, parole, or post-release if the arrest or revocation is based on an offense for which the person is immune, as listed above.

Effective: 8/1/2015

[Full Text](#)

**NORTH DAKOTA****ND HB 1041 – Relating to pharmacy benefit management services for the Medicaid expansion program; and to provide for application.**

Sponsor: Legislative Management (Health Care Reform Review Committee)

Summary: Requires an insurer to post certain specified information on their website, including information on reimbursement methodology, prior authorization, costs and rebates, etc. Ensures the payments to pharmacy providers do not include a required payback amount to the private carrier or one of the private carrier's contractors or subcontractors which is not representative of the amounts allowed under the reimbursement methodology.

Effective: 8/1/2015

[Full Text](#)

**ND SB 2060 – Relating to workers' compensation coverage of chronic opioid therapy; and to provide for application.**

Sponsor: Legislative Management (Workers' Compensation Review Committee)

Summary: In order to qualify for payment for chronic opioid therapy: (1) Chronic opioid therapy must result in an increase in function, enable an injured employee to resume working, or improve pain control without debilitating side effects; (2) Chronic opioid therapy must treat an injured employee who has been non-responsive to non-opioid treatment; who is not using illegal substances or abusing alcohol; and who is compliant with the treatment protocol; and; (3) The prescriber of chronic opioid therapy shall provide to the organization, at least every ninety days, documentation of the effectiveness of the chronic opioid therapy, including documentation of improvements in function or improvements in pain control without debilitating side effects; and, a treatment agreement between the injured employee and the prescriber which restricts treatment access and limits prescriptions to one identified single prescriber. This paragraph does not preclude temporary coverage within a single clinic by an identified prescriber when the prescriber of record is unavailable and does not preclude a referral to a pain specialist. At the prescriber's or organization's request, an injured employee on chronic opioid therapy is subject to random drug testing for the presence of prescribed and illicit substances. Failure of the test or of timely compliance with the request may result in termination of chronic opioid therapy coverage.

Effective: 8/1/2015

[Full Text](#)

**ND SB 2104 – Relating to immunity from liability related to opioid antagonists and limited prescriptive authority for Naloxone rescue kits.**

Sponsor: Sen. Howard Anderson

Summary: A health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist to an individual at risk of experiencing an opioid-related overdose or to a family member, friend, or other individual in a position to assist an at risk individual. An individual acting in good faith may self-administer an opioid antagonist

or administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose.

Academy Position: Support; [letter of support](#)

Effective: 8/1/2015

[Full Text](#)

## OHIO

No pain-related legislation passed in Ohio during 2015.

## OKLAHOMA

### **OK HB 1616 – Oklahoma Bureau of Narcotics and Dangerous Drugs Control; relating to Schedule I, III, and IV substances.**

Sponsor: Rep. David Derby

Summary: In part, requires the State Medical Examiner to promptly report to the offices of the Director of the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, the Executive Director of the State Board of Medical Licensure and Supervision and the Executive Director of the State Board of Osteopathic Examiners all deaths occurring within the state which were the result or probably result of abuse of a controlled dangerous substance. The bill also removes "hydrocodone with another active ingredient" from Schedule III. Further, adds that no person shall procure or attempt to procure the administration of a controlled dangerous substance by knowingly failing to disclose the receipt of a controlled dangerous substance or a prescription for a controlled dangerous substance of the same or similar therapeutic use from another practitioner within the previous thirty (30) days.

Effective: 8/27/2015

[Full Text](#)

### **OK HB 1628 – Oklahoma Health Care Authority; drug prior authorization programs.**

Sponsor: Rep. David Derby

Summary: If a new drug does not fall in a class that is already placed under prior authorization, that drug must be reviewed by the Drug Utilization Review Board within one hundred (100) days of approval by the United States Food and Drug Administration to determine whether to continue the prior authorization criteria.

Effective: 8/27/2015

[Full Text](#)

### **OK HB 1948 – Public health and safety; controlled substances.**

Sponsor: Rep. Doug Cox

Summary: Expands the class of persons who may access PMP data to include: the executive director or chief investigator, as designated by each board, of the Board of Examiners in Optometry, the Board of Nursing, and the Office of the Chief Medical Examiner; medical practitioners employed by the United States Veterans Affairs Administration, the United States

Military, or other federal agencies treating patients in the state; and, at the discretion of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, medical practitioners and their staff, including those employed by the federal government in the state. Further, the Department of Mental Health and Substance Abuse Services and the State Department of Health may utilize the information in the central repository for statistical, research, substance abuse prevention, or educational purposes, provided that consumer confidentiality is not compromised.

Requires that prior to prescribing or authorizing for refill, if one hundred eighty (180) days have elapsed prior to the previous access and check, of opiates, synthetic opiates, semisynthetic opiates, benzodiazepine or carisoprodol to a patient of record, registrants or members of their medical or administrative staff shall access the information in the central repository to assess medical necessity and the possibility that the patient may be unlawfully obtaining prescription drugs in violation of the Uniform Controlled Dangerous Substance Act. The duty to access and check shall not alter or otherwise amend appropriate medical standards of care. The registrant or medical provider shall note in the patient file that the central repository has been checked and may maintain a copy of the information. Exceptions to this requirement are provided.

Effective: 11/1/2015

[Full Text](#)

**OK SB 140 – Anti-Drug Diversion Act.**

Sponsor: Sen. Rob Standridge

Summary: Adds designated employees of the Bureau to the class of persons who may access prescription monitoring program data.

Effective: 4/17/2015

[Full Text](#)

**OK SB 753 – Physician Assistant Act.**

Sponsor: Sen. Kim David

Summary: An Act relating to the Physician Assistant Act; modifying and adding certain terms; modifying composition of membership on Physician Assistant Committee; permitting supervising physician to be available to physician assistant by telemedicine; requiring supervising physician to review sample of certain records; requiring supervising physician to make certain determination based on certain conditions; deleting requirement that physician assistant obtain certain approval prior to practicing in remote patient care settings; modifying violations and penalties concerning unlicensed practice of medicine; providing for certain interpretation; and providing an effective date.

Effective: 11/1/2015

[Full Text](#)

**OREGON****OR HB 2028 – Permits pharmacists to engage in practice of clinical pharmacy and provide patient care services to patients.**

Sponsor: Health Care

Summary: Permits pharmacists to engage in practice of clinical pharmacy and provide patient care services to patients. Permits health insurers to provide payment or reimbursement for services provided by pharmacist through practice of clinical pharmacy or pursuant to statewide drug therapy management protocol. Defines “clinical pharmacy agreement” and “practice of clinical pharmacy.”

Effective: 6/11/2015

[Full Text](#)

**OR HB 2300 – Creates method by which health care practitioner may offer to treat patient who has terminal disease with investigational product not approved by United States Food and Drug Administration.**

Summary: Creates method by which health care practitioner may offer to treat patient who has terminal disease with drug or device not approved by United States Food and Drug Administration. Provides protections, including waiver of liability, for health care practitioners, health care facilities and professional organizations or associations that comply with Act.

Effective: 1/1/2016

[Full Text](#)

**OR HB 2306 – Authorizes Oregon Health Authority to limit providers from which medical assistance recipient may obtain prescription drugs if recipient meets specified criteria.**

Summary: If necessary to avoid overutilization by a recipient of medical assistance, the Oregon Health Authority may restrict, for 18 months or less, the recipient’s pharmacy choices for filling and refilling prescriptions to a mail order pharmacy that contracts with the authority, a retail pharmacy selected by the recipient and a specialty pharmacy selected by the recipient, if the recipient:

1. Uses three or more pharmacies in a six-month period;
2. Fills prescriptions from more than one prescriber for the same or comparable medications for the same time period;
3. Alters a prescription; or
4. Exhibits behaviors or patterns of behavior that the Pharmacy and Therapeutics Committee has identified as indicative of intentional overutilization or misuse.

The authority may conduct prospective drug utilization review prior to payment for drugs for a patient who has filled prescriptions for more than 15 drugs in the preceding six-month period. Provides for exceptions to be promulgated by rule.

Academy Position: Oppose/Amend; [letter urging amendment](#) sent 5/5/2015

Effective: 6/18/2015

[Full Text](#)

**OR HB 2468 – Specifies requirements for scope of insurer's network of providers.**

Summary: Prohibits an insurer from using a drug formulary that discriminates against an enrollee on the basis of health status. Further, mandates that an insurer may not discriminate with respect to participation under a health benefit plan or coverage under the plan against any health care provider who is acting within the scope of the provider's license or certification in the State of Oregon. Makes additional insurance-related mandates.

Effective: 1/1/2016

[Full Text](#)

**OR HB 2638 – Permits medical assistance recipients and coordinated care organizations to use Oregon Prescription Drug Program.**

Sponsor: Rep. John Lively

Summary: Makes amendments to the Oregon Prescription Drug Program.

Effective: 1/1/2016

[Full Text](#)

**OR HB 2913 – Deletes outdated and obsolete provisions and updates references in laws relating to human services programs or services.**

Sponsor: Consumer Protection and Government Effectiveness

Summary: Deletes outdated and obsolete provisions and updates references in laws relating to human services programs or services. In part, repeals obsolete provisions requiring health care providers to complete a pain management education program by 2008.

Effective: 5/14/2015

[Full Text](#)

**OR HB 3301 – Requires insurer to permit naturopathic physician to apply to be primary care provider or specialty care provider for purposes of insurer credentials.**

Sponsor: Rep. John Lively

Summary: An insurer shall provide a naturopathic physician the choice of applying to be credentialed by the insurer as a primary care provider or as a specialty care provider. To be credentialed by an insurer as a primary care provider, a naturopathic physician must meet the credentialing requirements as established by the insurer.

Effective: 1/1/2016

[Full Text](#)

**OR SB 71 – Provides that pharmacies shall electronically report to Oregon Health Authority information under prescription monitoring program not later than 72 hours after dispensing prescription drug.**

Sponsor: Sen. Laurie Monnes Anderson

Summary: Provides that pharmacies shall electronically report to Oregon Health Authority information under prescription monitoring program not later than 72 hours after dispensing prescription drug.

Academy Position: Support/Amend; [letter urging amendment](#) sent 5/11/2015

Effective: 1/1/2016

[Full Text](#)

**OR SB 93 – Requires reimbursement for up to 90-day supply of prescription drug that is prescribed under certain conditions.**

Summary: Requires a prescription drug benefit program, or a prescription drug benefit offered under a health benefit plan, to provide for reimbursement for up to a 90-day supply of a prescription drug dispensed by a pharmacy if under certain circumstances. However, according to the text of the bill, this does not apply to the reimbursement of prescription drugs classified as a controlled substance in Schedule II.

Effective: 1/1/2016

[Full Text](#)

**OR SB 152 – Includes authority to prescribe Schedule II hydrocodone-combination drugs in practice of optometry.**

Summary: Includes authority to prescribe Schedule II hydrocodone-combination drugs in practice of optometry.

Effective: 3/30/2015

[Full Text](#)

**OR SB 608 – Creates Palliative Care and Quality of Life Interdisciplinary Advisory Council in Oregon Health Authority.**

Sponsor: Sen. Elizabeth Steiner Hayward

Summary: Creates Palliative Care and Quality of Life Interdisciplinary Advisory Council in Oregon Health Authority. Specifies duties and membership. Establishes Palliative Care Consumer and Professional Information and Education Program in Oregon Health Authority to provide information about palliative care.

Effective: 1/1/2016

[Full Text](#)

**OR SB 839 – Relating to immunity from prosecution.**

Sponsor: Sen. Alan Bates

Summary: Exempts specified persons from arrest and prosecution for certain offenses and for violation of terms of release or supervision if evidence of offense was obtained because emergency medical services or law enforcement agency was contacted to obtain necessary medical assistance due to drug-related overdose.

Academy Position: Support; [letter of support](#) sent 5/5/2015

Effective: 1/1/2016

[Full Text](#)

**OR SB 841 – Modifies requirements for health plan coverage of prescription drugs dispensed in accordance with synchronization policy.**

Sponsor: Sen. Alan Bates

Summary: Modifies requirements for health plan coverage of prescription drugs dispensed in accordance with a medication synchronization policy. Requires Oregon Health Authority to implement synchronization policy for dispensing of prescription drugs to medical assistance

recipients who are not enrolled in coordinated care organization. If a drug is dispensed in less than a 30-day supply for the purpose of synchronizing a patient's prescription drug refills, a health plan shall (1) prorate the copayment, or (2) adjust the copayment using a method approved by the Department of Consumer and Business Services. A health plan shall fully reimburse the dispensing fee for partially filled or refilled prescription drugs. However, this section does not apply to prescription drugs that are: in unit-of-use packaging for which synchronization is not possible; controlled substances; or, have been identified by the United States Drug Enforcement Administration as having a high risk of diversion.

Academy Position: Support; [letter of support 1](#); [letter of support 2](#)

Effective: 1/1/2016

[Full Text](#)

#### **OR SB 844 – Relating to marijuana.**

Sponsor: Sen. Ginny Burdick

Summary: Establishes Task Force on Researching the Medical and Public Health Properties of Cannabis for purpose of studying and making report, including recommendations for legislation, on development of medical cannabis industry that provides patients with medical products that meet individual patient needs. Sunsets task force on December 31, 2017.

Makes certain changes to Oregon Medical Marijuana Act related to care of registry identification cardholders.

Effective: 8/12/2015

[Full Text](#)

#### **OR SB 905 – Adds physician assistant to Oregon Medical Board membership.**

Sponsor: Sen. Laurie Monnes Anderson

Summary: Adds a physician assistant to the Oregon Medical Board membership. Abolishes the Physician Assistant Committee.

Effective: 1/1/2016

[Full Text](#)

### **PENNSYLVANIA**

#### **PA SB 487 – Limits on copayments for insured medical services provided by a physical therapist, chiropractor and occupational therapist.**

Sponsor: Sen. Charles McIlhinney

Summary: A health insurance policy that is delivered, issued for delivery, renewed, extended or modified in this Commonwealth by a health care insurer for services provided by a licensed physical therapist, chiropractor or occupational therapist provider may not subject an insured to more than one copayment amount per visit or deplete more than one visit with any one provider.

A violation of this article by an insurer if committed flagrantly and in conscious disregard of the provisions of this article or with frequency sufficient to constitute a general business practice shall be considered a violation of the Unfair Insurance Practices Act. A violation of this

article is deemed an unfair method of competition and an unfair deceptive act or practice pursuant to the Unfair Insurance Practices Act.

Academy Position: Support

Effective: 7/31/2015

[Full Text](#)

## RHODE ISLAND

### **RI H 5046 / S 168 – An Act relating to insurance – Health Insurance.**

Sponsor: Rep. Joseph McNamara and Sen. James Doyle

Summary: Prohibits a group health plan and a health insurance issuer from discriminating with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law.

Academy Position: Support; [letter of support #1](#); [letter of support #2](#)

Effective: 7/10/2015

[Full Text](#)

### **RI H 5047 / S 154 – An Act relating to education – Health and Safety of Pupils.**

Sponsor: Rep. David Bennett and Sen. Gayle Goldin

Summary: Requires middle schools, junior high schools, and high schools to maintain opioid antagonists on the school premises for administration in an emergency to pupils suspected of having an opioid-related drug overdose by school personnel. This act would also provide immunity to school personnel for the administration of an opioid antagonist in a school setting.

Effective: 7/10/2015

[Full Text](#)

### **RI H 5381 / S 234 – An Act relating to businesses and professions – The Healing Art of Acupuncture.**

Sponsor: Rep. Cale Keable and Sen. Roger Picard

Summary: Includes the term Oriental medicine in defining the scope and technique of acupuncture.

Effective: 6/26/2015

[Full Text](#)

### **RI H 5837 / S 490 – An Act relating to insurance – Insurance Coverage for Mental Illness and Substance Abuse.**

Sponsor: Rep. Patricia Serpa and Sen. Joshua Miller

Summary: Requires payors providing insurance coverage for the treatment of mental health and substance abuse disorders to rely upon criteria of the American Society of Addiction Medicine when developing coverage for levels of care for substance use disorder treatment.

Effective: 7/10/2015

[Full Text](#)

**SOUTH CAROLINA****SC H 3083 – South Carolina Overdose Prevention Act.**

Sponsor: Rep. Chip Huggins

Summary: A prescriber acting in good faith and exercising reasonable care as a prescriber may issue a written prescription for an opioid antidote to: (1) a person who is at risk of experiencing an opioid-related overdose; or (2) a caregiver for a person who is at risk of experiencing an opioid overdose whom the prescriber has not personally examined. The prescriber must provide to the person or the caregiver overdose information addressing opioid overdose prevention and recognition, opioid antidote dosage and administration, the importance of calling 911, and care for an overdose victim. Further, a prescriber acting in good faith and exercising reasonable care may issue a standing order for a first responder to possess an opioid antidote for administration to a person whom the first responder believes to be experiencing an opioid-related overdose. A prescriber who issues a written prescription or a standing order for an opioid antidote, or a pharmacist that dispenses such a prescription, in accordance with the provisions of this law is not as a result of an act or omission subject to civil or criminal liability or to professional disciplinary action. A caregiver who administers an opioid antidote in accordance with this law is not subject to civil or criminal liability.

Academy Position: Support; [letter of support](#) sent 3/25/2015.

Effective: 6/3/2015

[Full Text](#)

**SC H 3443 – Optometrists.**

Sponsor: Rep. Deborah Long

Summary: To clarify that Schedule II controlled substances that have been reclassified from Schedule III to Schedule II on or after October 6, 2014, may continue to be purchased, possessed, administered, supplied, and prescribed by an optometrist.

Effective: 5/7/15

[Full Text](#)

**SOUTH DAKOTA****SD SB 14 – Provide for the possession and administration of opioid antagonists by first responders for the treatment of drug overdoses.**

Sponsor: The Committee on Judiciary at the request of the Office of the Attorney General.

Summary: An Act to provide for the possession and administration of opioid antagonists by first responders for the treatment of drug overdoses. Each first responder authorized to administer an opioid antagonist shall be trained in the symptoms of an opiate overdose; the protocols and procedures for administration of an opioid antagonist; the symptoms of adverse responses to an opioid antagonist, and protocols and procedures to stabilize the patient if an adverse response occurs; and the procedures for storage, transport, and security of the opioid antagonist. A physician who issues a standing order under this law, or a first responder who acts under a

standing order under this law, shall not be civilly liable for injuries or death associated with the administration of an opioid antagonist.

Academy Position: Support

Effective: 7/1/2015

[Full Text](#)

**SD SB 118 – Provide additional transparency for prescription drug plans.**

Sponsor: Sen. Bruce Rampelberg

Summary: Mandates that all health carriers shall provide to any prospective enrollee written information describing the terms and conditions of the plan, and further, that all written plan descriptions shall be readable, easily understood, truthful, and in an objective format. The format shall be standardized among each plan the carrier offers so that comparison of the plans' attributes is facilitated. The information communicated shall include: coverage provisions, benefits, and any exclusions by category of service, provider, and if applicable, by specific service, including prescription drugs and drugs administered in a physician office or clinic; all authorization or other review requirements, including preauthorization review, and any procedures that may lead the patient to be denied coverage for or not be provided a particular service; a description of any drug formulary provisions in the plan and the process for obtaining a copy of the current formulary upon request and the method by which an enrollee or prospective enrollee may determine whether a specific drug is available on the current formulary; and more.

Effective: 1/1/2016

[Full Text](#)

**TENNESSEE**

**TN HB 699 – Physicians and Surgeons**

Sponsor: Rep. Cameron Sexton

Summary: Establishes requirements and protections for healthcare providers that practice telehealth.

Effective: 7/1/2015

[Full Text](#)

**TN HJR 135 – Memorials, Recognition**

Sponsor: Rep. Kevin Brooks

Summary: A resolution by the House of Representatives of the State of Tennessee, the Senate concurring, that we hereby join with self-care advocates across the nation in commemorating February 2015 as "Self-Care Month" in Tennessee in recognition of the importance of increasing awareness of self-care and the value it represents to the citizens of this State.

[Full Text](#)

**TN SB 97 – Drugs, Prescription**

Sponsor: Sen. Mark Norris

Summary: Clarifies and adds to present law licensure requirements for persons who provide warehousing or third-party logistics services with regard to controlled substances.

Effective: 4/24/2015

[Full Text](#)

**TN SB 105 – Workers Compensation**

Sponsor: Sen. Mark Norris

Summary: In part, amends the law relating to pain management in workers' compensation settings. Previously, a "qualified physician" under this statute would have been defined as an individual licensed to practice medicine or osteopathy in the state of Tennessee. The new law amends that definition, defining a "qualified physician" to mean a physician who has met the requirements set forth in the [Chronic Pain Guidelines of the State of Tennessee](#), Department of Health, definition of "Pain Management Specialist."

Effective: 5/4/2015

[Full Text](#)

**TN SB 157 – Physicians and Surgeons**

Sponsor: Sen. Janice Bowling

Summary: Passage of this bill resulted in the complete deletion of the [Intractable Pain Act](#).

Academy Position: Oppose

Effective: 7/1/2015

[Full Text](#)

**TN SB 871 – Drug and Alcohol Rehabilitation**

Sponsor: Sen. Steven Dickerson

Summary: Enacts the "Addiction Treatment Act of 2015."

In part, states that a person who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of the drug violation resulted from seeking such medical assistance. Further, any person who is experiencing a drug overdose and, in good faith and who seeks medical assistance for or is the subject of a request for medical assistance shall not be arrested, charged, or prosecuted for a drug violation if the evidence for the arrest, charge, or prosecution of the drug violation resulted from seeking such medical assistance. Any such person shall also not be subject to penalties for a violation of permanent or temporary protective order or restraining order; or, sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation. Further, the act of providing first aid or other medical assistance to someone who is experiencing a drug overdose may be used a mitigating factor in a criminal prosecution for which immunity is not expressly provided.

The bill further states that the commissioner of health or the commissioner's designee shall make available recommendations for training of first responders in the appropriate use of

opioid antagonists. The recommendations shall include a provision concerning the appropriate supply of opioid antagonists to first responders to administer consistent with the requirements of this section.

Effective: 7/1/2015

[Full Text](#)

#### **TN SB 1266 – Hospitals and Health Care Facilities**

Sponsor: Sen. Ken Yager

Summary: Passage of this bill substantially amends the law in Tennessee related to pain management clinics. This bill affects any “pain management clinic”, defined as any privately-owned clinic, facility or office (1) in which any licensed health care provider provides “chronic non-malignant pain treatment” to a majority of its patients for ninety (90) days or more in a twelve-month period; or, (2) which advertises in any medium for pain management services of any type. Under old law, all registered pain clinics in Tennessee must have a designated medical director; before passage of HB 1266, the qualifications for being a medical director were developed by the medical board, and were very lenient—most physicians in Tennessee would have qualified to be medical directors under those criteria. The new criteria, as passed by the legislature, are much stricter and have very specific certification requirements. Further, under the new law, all advanced practice nurse practitioners and physician assistants who practice in a certified pain clinic shall be supervised by a pain medicine specialist.

Academy Position: Oppose

Academy/SPPAN Action: [Letter of Opposition](#); [Letter Urging Amendment](#); facilitated several phone calls to discuss the matter with representatives from the Tennessee Pain Society, American Cancer Society Cancer Action Network, Alliance for Patient Access, and others; put out a survey to Tennessee Academy members in order to better understand the potential implications of this bill passing, and that information informed us in our discussions; discovered problematic portion of the law relating to advanced practice nurse practitioners and physician assistants and alerted the Tennessee Department of Health’s Division of Pain Management Clinics; developed and disseminated an [FAQ explaining the implications](#) of this new law.

Effective: 7/1/2015; some provisions take effect 7/1/2016.

[Full Text](#)

## TEXAS

**TX HB 1624 – Relating to transparency of certain information related to certain health benefit plan coverage.**

Sponsor: Rep. John Smithee

Summary: Requires a health benefit plan to display their formulary information on a public internet website in a certain specified template. The formulary shall include detailed information about cost-sharing tiers, prior authorization, step therapy, preferred formulary drugs, etc. Further, a health benefit plan issuer that offers coverage for health care services through preferred providers, exclusive providers, or a network of physicians or health care providers shall develop and maintain a physician and health care provider directory as required by this law.

Effective: 9/1/2015

[Full Text](#)

**TX HB 1874 – Relating to the establishment of the Palliative Care Interdisciplinary Advisory Council.**

Sponsor: Rep. John Zerwas

Summary: The commission shall establish the Palliative Care Interdisciplinary Advisory Council to assess the availability of patient-centered and family-focused palliative care in this state.

Effective: 6/9/2015

[Full Text](#)

**TX HB 3519 – Relating to reimbursement for home telemonitoring services under Medicaid.**

Sponsor: Rep. Bobby Guerra

Summary: Makes various updates to the law relating to telehealth. In part, alters the definition of the class of persons who are eligible to access telehealth services.

Effective: 9/1/2015

[Full Text](#)

**TX SB 195 – Relating to prescriptions for certain controlled substances, access to information about those prescriptions, and the duties of prescribers and other entities registered with the Federal Drug Enforcement Administration; authorizing fees.**

Sponsor: Sen. Charles Schwertner

Summary: Transfers the Texas Prescription Program (TPP) from the Department of Public Safety (DPS) to the Texas State Board of Pharmacy (TSBP). Authorizes TSBP to enter into an interoperability agreement with other states to share information via a central database.

Enables practitioners to auto-enroll in TPP upon renewal of their occupational license or registration. Removes a provision requiring law enforcement to show "proper need" for TPP access; further, guarantees DPS secure and confidential access to TPP, and directs requests for TPP access by other law enforcement entities to DPS for review and processing. Removes DPS from the Interagency Prescription Monitoring Workgroup. Grants TPP access to medical examiners. Allows practitioners to delegate database access to any HIPPA-compliant employee.

Academy Position: Support; [letter of support](#)

Note: While the Academy strongly supports interstate data sharing and delegate access, we do not support the ability of law enforcement to access PMP data without showing a "proper need." We will look for opportunities to remedy this when the Texas legislature reconvenes in 2017.

Effective: 9/1/2016, except Sections 481.003(a), 481.076(c), 481.0761(a), (e), and (f), and 481.352, Health and Safety Code, as amended by this Act, and Section 481.0761(g), Health and Safety Code, as added by this Act, take effect immediately.

[Full Text](#)

**TX SB 200 – Relating to the continuation and functions of the Health and Human Services Commission and the provision of health and human services in this state.**

Sponsor: Sen. Jane Nelson

Summary: Relating to the continuation and functions of the Health and Human Services Commission and the provision of health and human services in this state. This Commission has a great impact on prior authorization requirements and procedures.

Effective: 9/1/2015, except Article 3 takes effect 1/1/2016, excluding Sections .02(b) and 3.42, which take effect 9/1/2015; Sections 1.23(a), (b), and (c) take effect 9/1/2016; and Sections 1.16 through 1.19 and 1.23(d) and (e) take effect 9/1/2017.

[Full Text](#)

**TX SB 277 – Relating to certain health-related and other task forces and advisory committees.**

Sponsor: Sen. Charles Schwertner

Summary: Makes updates to the law relating to certain health-related and other task forces and advisory committees. In part, makes various amendments relating to telemedicine and telehealth.

Effective: 9/1/2015, except Article 2 takes effect 1/1/2016, excluding Sections 2.02(b) and 2.39, which take effect 9/1/2015.

[Full Text](#)

**TX SB 460 – Relating to the licensing and regulation of pharmacists and pharmacies.**

Sponsor: Sen. Charles Schwertner

Summary: Repeals outdated and conflicting code provisions, amends portions of the statute for clarity, and makes other minor changes for the purpose of increasing efficiency at the Texas State Board of Pharmacy (TSBP) and holding bad actors accountable. Allows pharmacists to dispense not more than a 30 day supply of a dangerous drug without the authorization of the prescribing practitioner in the event of a natural or manmade disaster under certain circumstances. Sets rules regarding the inspection of pharmacist records.

Effective: 9/1/2015

[Full Text](#)

**TX SB 1235 – Relating a defining the duties and to the penalties concerning pain management clinics.**

Sponsor: Sen. John Whitmire

Summary: Previously existing law defined those subject to “pill mill” investigations as the owner or operator of a pain management clinic. This law expands this to include individuals who are medical directors or physicians who are affiliated or associated with the pain management clinic in any capacity.

Effective: 9/1/2015

[Full Text](#)

**TX SB 1243 – Relating to a pilot program for donation and redistribution of certain unused prescription medications; authorizing a fee.**

Sponsor: Sen. Konni Burton

Summary: Provides a method for a patient drug “donor” to donate their unused drugs to a qualified “participating drug provider”; sets requirements for which drugs may be donated; sets requirements for acceptance, storage, labeling, and dispensing of donated drugs; and other related provisions.

Effective: 9/1/2015

[Full Text](#)

**TX SB 1462 – Relating to the prescription, administration, and possession of certain opioid antagonists for the treatment of suspected opioid overdoses.**

Sponsor: Sen. Royce West

Summary: A health care professional may, directly or by standing order, prescribe, dispense, or distribute an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or a family member, friend, or other person in a position to assist a person a person at risk of experiencing an opioid-related drug overdose. A health care professional who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist is not subject to any criminal or civil liability or any professional disciplinary action for any outcome resulting from the eventual administration of the opioid antagonist. A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability, for an act or omission resulting from the administration of the opioid antagonist. Emergency services personnel are authorized to administer an opioid antagonist to a person who appears to be suffering an opioid-related drug overdose, as clinically indicated.

Academy Position: Support; [letter of support 1](#); [letter of support 2](#)

Effective: 9/1/2015

[Full Text](#)

## UTAH

**UT HB 395 – Controlled Substance Database Amendments.**

Sponsor: Rep. Edward Redd

Summary: This bill requires the Division of Occupational and Professional Licensing to implement a program for 1) real-time submission of data into the controlled substance database, and 2) 24-hour daily batch submission of data. The bill also authorizes additional rulemaking authority, repeals provisions of a pilot program, and provides that those accessing data from the database are responsible for costs associated with accessing the data. The bill appropriates \$46,000 from the General Fund to the Department of Commerce – Division of Occupational and Professional Licensing – Controlled Substance Database, as an ongoing appropriation.

Effective: 7/1/2015

[Full Text](#)

**UT SB 119 – Prescription Database Revisions.**

Sponsor: Sen. Todd Weiler

Summary: As enacted, this bill:

- provides that a person may request that the division provide to the person his or her records that are in the controlled substance database;
- provides a procedure for a patient to correct erroneous information in the database;
- requires law enforcement to use a search warrant to gain database information related to a controlled substance investigation and requires specification of the person regarding whom the information is sought;
- authorizes a person whose information is in the database to obtain a list of persons who have had access to that person's information, except when the information is subject to an investigation;
- provides that a physician employed as medical director for a licensed workers' compensation insurer or an approved self-insured employer may have access to the database regarding requests for workers' compensation; and
- adds the standards of negligently or recklessly to the elements of the criminal offense of unlawfully releasing database information.

Effective: 5/12/2015

[Full Text](#)

**UT SB 158 – Pharmacy Amendments.**

Sponsor: Sen. Evan Vickers

Summary: As enacted, this: amends definitions; amends the requirement of the affidavit a pharmacy submits with its application for license; amends provisions related to a pharmacist-in-charge; makes a technical amendment to patient counseling; amends unprofessional conduct provisions; authorizes administrative rulemaking regarding dispensing an emergency supply of certain prescription drugs from an emergency room in limited circumstances; and, amends

access to the controlled substance database to allow a pharmacist in charge to give a pharmacy intern access to the controlled substance database.

Effective: 5/12/2015

[Full Text](#)

**UT SB 265 – Abuse Deterrent Opioid Analgesic Drug Products.**

Sponsor: Sen. Jerry Stevenson

Summary: Mandates a study of available information regarding the barriers to, and the efficacy of, the use of abuse-deterrent opioid analgesic drug products. The program shall report to the Business and Labor Interim Committee and the Health and Human Services Interim Committee by no later than the respective committee's November 2015 interim committee meeting.

Effective: 5/12/2015

[Full Text](#)

**VERMONT**

**VT H 282 – An Act relating to professions and occupations regulated by the Office of Professional Regulation.**

Sponsor: Rep. Donna Sweaney

Summary: In part, makes the following changes to the law relating to prevention and treatment of opioid-related overdoses: (1) Makes technical, clarifying, non-substantive changes to the wording of the statute; and (2) adds a licensed pharmacist to the class of persons who shall be immune from civil or criminal liability for providing education on opioid-related overdose prevention or for purchasing, acquiring, distributing, or possessing an opioid antagonist unless the person's actions constituted recklessness, gross negligence, or intentional misconduct.

Effective: 5/28/2015

[Full Text](#)

**VIRGINIA**

**VA HB 1458 / HB 1833 / SB 1186 – Naloxone; administration in cases of opiate overdose.**

Sponsor: Del. C. Todd Gilbert, Del. John O'Bannon, and Sen. Mark Obenshain

Summary: Provides that a pharmacist may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, that a person may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opiate overdose, and that firefighters and law-enforcement officers who have completed a training program may possess and administer naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who in good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be

experiencing or about to experience a life-threatening opioid overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of [§ 54.1-3408](#) or in his role as a member of an emergency medical services agency.

Effective: 4/15/2015

[Full Text](#)

**VA HB 1500 / SB 892 – Safe reporting of overdoses.**

Sponsor: Del. Betsy Carr and Sen. J. Chapman Petersen

Summary: Establishes an affirmative defense to prosecution of an individual for (i) simple possession of a controlled substance, marijuana, or controlled paraphernalia; (ii) intoxication in public; or (iii) the unlawful purchase, possession, or consumption of alcohol if such individual sought or obtained emergency medical attention for himself or for another individual because of a drug-related or alcohol-related overdose and if the evidence for the charge was obtained as a result of the individual seeking or obtaining emergency medical attention. The bill provides that the affirmative defense may only be invoked by an individual who (a) remains at the scene of the overdose or at any location to which he is transported for emergency medical attention until a law-enforcement officer responds to the report of an overdose or, if no law-enforcement officer is present at either the scene or the other location, cooperates with law enforcement, (b) identifies himself to the responding law-enforcement officer, and (c) cooperates, upon request, with any criminal investigation reasonably related to the drug or alcohol that resulted in the overdose. No individual may assert this affirmative defense if the emergency medical attention sought or obtained was during the execution of a search warrant or during the conduct of a lawful search or a lawful arrest.

Effective: 7/1/2015

[Full Text](#)

**VA HB 1733 – Prescription drug orders; delivery to PACE program facility.**

Sponsor: Del. M. Keith Hodges

Summary: Provides that prescription drug orders dispensed to a patient and delivered to a program of all-inclusive care for the elderly (PACE) site licensed by the Department of Social Services and overseen by the Department of Medical Assistance Services may be stored, retained, and repackaged at the facility on behalf of a patient for subsequent delivery or administration. The bill requires that repackaging of dispensed prescription drugs retained by the PACE site be performed by a pharmacist, pharmacy technician, nurse, or other person who has successfully completed a Board-approved training program for such purpose. The bill directs the Board of Pharmacy to promulgate regulations related to training, packaging, labeling, and recordkeeping for such repackaging.

Effective: 7/1/2015

[Full Text](#)

**VA HB 1735 – Optometrists, TPA-certified; administration of certain Schedule II drugs.**

Sponsor: Del. M. Keith Hodges

Summary: Allows TPA-certified optometrists to administer Schedule II drugs consisting of hydrocodone in combination with acetaminophen, in accordance with federal law.

Effective: 7/1/2015

[Full Text](#)

**VA HB 1736 – Wholesale distributors; notice to Board of Pharmacy when ceasing distribution of certain drugs.**

Sponsor: Del. M. Keith Hodges

Summary: Requires a wholesale distributor or nonresident wholesale distributor that ceases distribution of Schedule II through V drugs to a pharmacy, licensed physician dispenser, or licensed physician dispensing facility located in the Commonwealth due to suspicious orders of controlled substances to notify the Board of Pharmacy within five days of the cessation. The bill defines "suspicious orders of controlled substances," provides that a wholesale distributor or nonresident wholesale distributor shall be immune from civil liability for notifying the Board of Pharmacy unless such notice was given in bad faith or with malicious intent, and prohibits the Board of Pharmacy from imposing any disciplinary or enforcement action against a licensee or permit holder solely on the basis of such notice received from a wholesale distributor or nonresident wholesale distributor.

Effective: 7/1/2015

[Full Text](#)

**VA HB 1738 – Hospices; notice to dispenser of patient's death within 48 hours.**

Sponsor: Del. M. Keith Hodges

Summary: Requires every hospice licensed by the Department of Health or exempt from licensure to notify every pharmacy that has dispensed partial quantities of a Schedule II controlled substance for a patient with a medical diagnosis documenting a terminal illness, as authorized by federal law, within 48 hours of the patient's death.

Effective: 7/1/2015

[Full Text](#)

**VA HB 1747 – Health insurance; mental health parity.**

Sponsor: Del. John O'Bannon

Summary: Conforms certain requirements regarding coverage for mental health and substance use disorders to provisions of the federal Mental Health Parity and Addiction Equity Act of 2008 (the Act). The measure requires that group and individual health insurance coverage provide mental health and substance use disorder benefits. Such benefits shall be in parity with the medical and surgical benefits contained in the coverage in accordance with the Act, even where those requirements would not otherwise apply directly. The measure requires the Bureau of Insurance to develop reporting requirements regarding denied claims, complaints, and appeals involving such coverage and to compile the information into an annual report.

Effective: 7/1/2015

[Full Text](#)

**VA HB 1841 – Prescription Monitoring Program; requirements for dispensers.**

Sponsor: Del. Charniele Herring

Summary: Requires the Department of Health Professions to register every dispenser licensed by the Board of Pharmacy with the Prescription Monitoring Program and eliminates the requirement that such registration occur upon filing of an application for licensure or renewal of a license. The bill also limits the requirement that a prescriber who prescribes benzodiazepine or an opiate request information from the Director of the Department of Health Professions to determine what other covered substances are currently prescribed to a patient in cases in which the course of treatment is anticipated at the onset of treatment to last more than 90 days. The provisions of the bill relating to registration of dispensers become effective on January 1, 2016.

Effective: 1/1/2016

[Full Text](#)

**VA HB 1942 / SB 1262 – Health insurance; carrier business practices.**

Sponsor: Del. Gregory Habeeb and Sen. Stephen Newman

Summary: Requires certain health insurance contracts under which an insurance carrier or its intermediary has the right or obligation to require preauthorization for a drug benefit to include provisions governing the preauthorization process. Required provisions address (i) acceptance by carriers of telephonic, facsimile, or electronic submission of prior authorization requests that are delivered from e-prescribing systems, electronic health record systems, and health information exchange platforms that utilize certain standards; (ii) time limits for communicating to the prescriber that a request is approved, denied, or requires supplementation; (iii) providing reasons for denial of a request; (iv) honoring a prior authorization approved by another carrier; (v) use of a tracking system for prior authorization requests; and (vi) making formularies, drug benefits subject to prior authorization, prior authorization procedures, and certain forms available through the carrier's website. The measure also requires certain organizations to convene a workgroup to identify common evidence-based parameters for carrier approval of certain prescription drugs.

Effective: 7/1/2015

[Full Text](#)

**VA HB 2063 / SB 1227 – Telemedicine services; provision of health care services.**

Sponsor: Del. Terry Kilgore and Sen. Jeffrey McWaters

Summary: Amends the definition of telemedicine services to encompass the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. The measure also provides that for the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when certain conditions are met.

Effective: 7/1/2015

[Full Text](#)

**VA HB 2192 – Practitioners of the healing arts; prohibits dispensing controlled substances unless licensed.**

Sponsor: Del. T. Scott Garrett

Summary: Prohibits a practitioner of the healing arts from dispensing controlled substances unless licensed by the Board of Pharmacy to sell controlled substances. The bill requires facilities from which practitioners of the healing arts dispense controlled substances to obtain a permit from the Board but exempts facilities in which only one practitioner of the healing arts is licensed by the Board to sell controlled substances from fees associated with obtaining and renewing such permit. The bill also requires the Board of Pharmacy to promulgate regulations to implement the provisions of this act within 280 days of its enactment.

Academy Position: Support

Effective: 7/1/2015

[Full Text](#)

**VA SB 817 – Prescription Monitoring Program; disclosure of information.**

Sponsor: Sen. Janet Howell

Summary: Expands access to PMP information by requiring the Director of the Department of Health Professions to disclose information relevant to a specific investigation, supervision, or monitoring of a specific recipient for purposes of the administration of criminal justice from the PMP to a probation or parole officer or local community-based probation officer who has completed the Virginia State Police Drug Diversion School designated by the Director of the Department of Corrections or his designee.

Effective: 7/1/2015

[Full Text](#)

**WASHINGTON****WA HB 1637 – Authorizing law enforcement and prosecutorial officials of federally recognized Indian tribes access to prescription monitoring data.**

Sponsor: Rep. Drew Stokesbary

Summary: Expands the class of persons who may receive data from the PMP to include local, state, and federal officials and officials of federally recognized tribes.

Effective: 7/24/2015

[Full Text](#)

**WA HB 1671 – Increasing access to opioid antagonists to prevent opioid-related overdose deaths.**

Sponsor: Rep. Brady Walkinshaw

Summary: Authorizes a practitioner to prescribe, dispense, distribute, and deliver an opioid overdose medication: (1) directly to a person at risk of experiencing an opioid-related overdose; or (2) by collaborative drug therapy agreement, standing order, or protocol to another person who is in a position to assist a person at risk of experiencing an opioid-related overdose.

Authorizes a pharmacist to: (1) dispense an opioid overdose medication pursuant to a prescription; and (2) Administer an opioid overdose medication to a person at risk of

experiencing an opioid-related overdose. Requires a pharmacist, at the time of dispensing an opioid overdose medication, to provide written instructions on the proper response to an opioid-related overdose including instructions for seeking immediate medical attention.

Academy Position: Support; [letter of support #1](#); [letter of support #2](#)

Effective: 7/24/2015

[Full Text](#)

**WA SB 5027 – Providing access to the prescription drug monitoring database for clinical laboratories.**

Sponsor: Sen. Jan Angel

Summary: Authorizes the Department of Health to provide PMP data to the personnel of a test site that meets certain statutory standards pursuant to an agreement between the test site and a certain specified prescribers to provide assistance in determining which medications are being used by an identified patient who is under the care of that person.

Academy Position: Oppose; [letter of opposition](#)

Effective: 7/24/2015

[Full Text](#)

**WA SB 5052 – Establishing the cannabis patient protection act.**

Sponsor: Sen. Ann Rivers

Summary: Adopts a comprehensive act that uses the regulations in place for the recreational market to provide regulation for the medical use of marijuana. Ensures that patients: (1) retain their ability to grow their own marijuana; and (2) have the ability to possess more marijuana-infused products and marijuana concentrates than what is available to a recreational user. Provides a retail sales and use tax exemption to qualifying patients on purchases of: (1) marijuana for medical use when authorized by a health care professional and when purchased at a medical marijuana retailer; and (2) marijuana concentrates and marijuana-infused products for medical use when qualifying patients hold a valid authorization card. Changes the name of the State Liquor Control Board to the State Liquor and Cannabis Board.

Effective: 7/24/2015

[Full Text](#)

**WA SB 5175 – Regarding telemedicine.**

Sponsor

Summary: Recognizes the application of telemedicine as a reimbursable service by which an individual receives medical services from a health care provider without in-person contact with the provider. Reduces the compliance requirements on hospitals when granting privileges or associations to telemedicine physicians.

Effective: 7/24/2015

[Full Text](#)

**WA SB 5293 – Concerning the use of hydrocodone products by licensed optometrists in Washington state.**

Sponsor: Sen. Randi Becker

Summary: Preserves the ability of licensed optometrists to use Schedule II hydrocodone combination products to treat pain.

Effective: 7/24/2015

[Full Text](#)

**WA SB 5441 – Addressing patient medication coordination.**

Sponsor: Sen. Ann Rivers

Summary: Addresses health benefit plans that provide coverage for prescription drugs. Mandates that a health benefit plan issued or renewed after December 31, 2015 that provides coverage for prescription drugs: (1) may not deny coverage and must prorate the cost-sharing rate for a prescription drug covered by the plan that is dispensed by a network pharmacy for less than the standard refill amount; (2) must allow a pharmacy to override a denial code related to an early refill if the prescription drug is being dispensed as part of a medication synchronization program; and (3) must pay a full pharmacy dispensing fee for each prescription drug dispensed and may not prorate a dispensing fee.

Effective: 7/24/2015

[Full Text](#)

**WA SB 5460 – Allowing practitioners to prescribe and distribute prepackaged emergency medications to emergency room patients when a pharmacy is not available.**

Sponsor: Sen. Linda Parlette

Summary: Authorizes a hospital to allow a practitioner to prescribe and distribute prepackaged emergency medications, including controlled substances in Schedules II-V, to patients being discharged from a hospital emergency department during times when community or hospital pharmacy services are not available within fifteen miles by road.

Effective: 7/24/2015

[Full Text](#)

**WEST VIRGINIA****WV HB 2733 – Removing certain combinations of drugs containing hydrocodone from Schedule III of the controlled substances law.**

Sponsor: Del. Joe Ellington

Summary: Removes certain drugs from Schedule III of the controlled substances law. Further, updates the requirements of the Controlled Substance Monitoring Program and extends the expiration date of law relating to the Multi-State Real-Time Tracking System to June 30, 2017.

Effective: 6/10/2015

[Full Text](#)

**WV HB 2880 – Creating an addiction treatment pilot program.**

Sponsor: Del. Chris Stansbury

Summary: Directs the Secretary of the Department of Health and Human Resources to conduct a pilot program to provide addiction treatment, including medication-assisted treatment, to persons who are offenders within the criminal justice system, eligible to participate in a program, and selected under this section to be participants in the pilot program because of their dependence on opioids. The law classifies who should be selected for inclusion in the program, their eligibility requirements, and which treatments should be used. Treatment shall be based on an integrated service delivery model that consists of the coordination of care between a prescriber and the addiction services provider.

Further, the Department of Health and Human Resources shall prepare a report about this pilot program, including: the number of participants, data on successful completion of the program, offenses committed or convicted of, recidivism rate, potential cost saving, statistical effectiveness of the program, and more. The report shall be submitted by July 1, 2017 and shall include twelve months of data from the beginning of the administration of the program.

Effective: 6/16/2015

[Full Text](#)

**WV SB 335 – Creating Access to Opioid Antagonists Act.**

Sponsor: Sen. Bill Cole

Summary: All licensed health care providers in the course of their professional practice may offer to initial responders a prescription for opioid antagonists, including a standing order, to be used during the course of their professional duties as initial responders; and further, may offer a prescription for an opioid antagonist to a person considered by the licensed health care provider to be at risk of experiencing an opiate-related overdose, or to a relative, friend, caregiver or person in a position to assist a person at risk of experiencing an opiate-related overdose. The prescribing health care provider shall provide educational materials to any person receiving such a prescription.

Any person who possesses an opioid antagonist and administers it to a person whom they believe to be suffering from an opioid-related overdose and who is acting in good faith is not subject to criminal prosecution or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct. However, they must seek immediate medical treatment for the person whom they believe to be suffering from an opioid-related overdose.

Mandates that certain health care professionals licensed in West Virginia must complete drug diversion training, best-practice prescribing of controlled substances training and training on prescribing and administration of an opioid antagonist, as the trainings are established by his or her respective licensing board, if that person prescribes, administers or dispenses a controlled substance.

Academy Position: Support

Effective: 5/27/2015

[Full Text](#)

**WV SB 523 – Creating Alcohol and Drug Overdose Prevention and Clemency Act.**

Sponsor: Sen. Bill Cole

Summary: Provides limited immunity from prosecution for certain misdemeanor offenses for a person who seeks emergency medical assistance for someone who is experiencing a drug or alcohol overdose. Further, provides immunity to persons who experience an overdose upon completion of a drug rehabilitation program approved by the prosecution, as well as other clemency options that may be considered. Finally, provides limited immunity to law enforcement should they arrest a person who is later determined to qualify for immunity under this law.

Effective: 6/12/2015

[Full Text](#)

**WISCONSIN****WI AB 427 – An Act relating to prescription, dispensing, and delivery of opioid antagonists**

Sponsor: Rep. John Nygren

Summary: Under current law, a licensed physician, a licensed physician assistant, or an advanced practice nurse certified to issue prescription orders (practitioner) may, directly or by the use of a standing order, prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose. Opioid antagonists are prescription drugs, such as the drug naloxone, some of which can, when administered to a person undergoing an overdose on drugs such as heroin or prescription narcotics, have the effect of countering the effects of the overdose. A practitioner who prescribes an opioid antagonist in this manner must ensure that the person to whom the opioid antagonist will be delivered (i.e., the person to whom it is prescribed) has the knowledge and training necessary to safely administer the opioid antagonist to an individual undergoing an opioid-related overdose and that the person demonstrates the capacity to ensure that any individual to whom the person further delivers or dispenses the opioid antagonist has or receives that knowledge and training. A licensed pharmacist may, upon the prescription order of a practitioner issued in accordance with the provisions described above, deliver (provide) the opioid antagonist to the person specified in the prescription order and may only deliver an opioid antagonist in accordance with those provisions or in accordance with his or her other legal authority to dispense prescription drugs.

This bill makes a number of changes and clarifications to the provisions in current law, including the following:

1. Explicitly providing that a practitioner may prescribe an opioid antagonist to one or more licensed pharmacies, and that a licensed pharmacist may, upon and in accordance with the prescription order, deliver an opioid antagonist to an individual as specified in the order.
2. Clarifying current law to provide that a practitioner who prescribes an opioid antagonist, either under current law or to one or more pharmacies under the bill, must ensure that the person to whom the opioid antagonist *is prescribed* has or *has the capacity to provide* the knowledge and training described under current law.

Effective: 12/10/2015

[Full Text](#)

**WYOMING****WY SF 100 – Prescription drug monitoring program-amendments.**

Sponsor: Sen. Floyd Esquibel

Summary: Amends the prescription drug tracking program as follows: (1) All prescriptions for schedule II, III and IV controlled substances dispensed by any retail pharmacy must be reported to the Board of Pharmacy no later than the close of business on the business day immediately following the day the controlled substance was dispensed; and (2) Allows the Board of Pharmacy to not only release information to practitioners and pharmacists but to their appointed delegates when the release of the information may be of assistance in preventing or avoiding inappropriate use of controlled substances. The Act also repeals provisions related to the sunsetted pilot program.

Academy Position: Support

Effective: 1/1/2016

[Full Text](#)