

Opioid Regulations: State by State Guide

This guide has been created for the purpose of providing practical, state specific information for emergency physicians that prescribe opioid medications in an emergency department setting. Because it is specific to emergency physicians and departments, it does not include requirements related to other areas of medical practice.

This guide will provide the following information for each state:

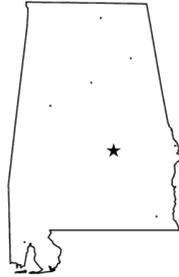
- PDMP mandates
- Accessibility by delegates of the physician in order to comply with those requirements.
- CME mandates specific to opioid related issues (pain management, addiction, PDMP, etc.)
- Community availability of naloxone and suboxone
- Limitations on days' supply of a prescription originating in the emergency department
- Availability of community treatment resources

This information is accurate as of January 2021. It is provided for informational purposes only and should not be construed as legal advice. Consulting actual statutes and regulations may be necessary.

Alabama	Kentucky	North Dakota
Alaska	Louisiana	Ohio
Arizona	Maine	Oklahoma
Arkansas	Maryland	Oregon
California	Massachusetts	Pennsylvania
Colorado	Michigan	Rhode Island
Connecticut	Minnesota	South Carolina
Delaware	Mississippi	South Dakota
District of Columbia	Missouri	Tennessee
Florida	Montana	Texas
Georgia	Nebraska	Utah
Hawaii	Nevada	Vermont
Idaho	New Hampshire	Virginia
Illinois	New Jersey	Washington
Indiana	New Mexico	West Virginia
Iowa	New York	Wisconsin
Kansas	North Carolina	Wyoming

)XQGLQJIRUWKLVLDQLWLDWLYHZDVPDGHSRVLEOHLQSDUWEIUDQWQRZIUURP606□
7KHYMLHZVHSUHVHVGLEQZULWWHQERQIHUHQEHEOIVFDMLKQWESQ□
CRQRWQHFFHVVDULOUHIOHFVWKHRRIRWINDSSRCPPEKQIMDOWKDGXPDQ6HUYLFHVQRU□
GRHVPHQWLRQRIRWUDGHQDPHVERPPHUELIRBSUDQMDVFERIQSOHQGRUVHPPHQWEMKH86ERYHUQPHQW□

ALABAMA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The RMS rule requires the following:

- For 30 MME or less per day, use PDMP in a manner consistent with good clinical practice
- For more than 30 MME per day, review PDMP at least two times per year and document use of REMS in medical record
- For more than 90 MME per day*, review PDMP every time prescriptions are written, on the same day the prescriptions are written, and document use of REMs in medical record

*Cumulative of all prescriptions written on the same day

Exemptions

The rule exempts the PDMP query requirements for controlled substances prescriptions written for:

- Nursing home patients
- Hospice patients, where the prescription indicates hospice on the physical prescription
- Treatment of active, malignant pain*, or
- Intra-operative care**
- In-hospital (in-patient orders) prescribing (PDMP query rule does apply to prescriptions written at discharge)

PDMP DELEGATE ACCESSIBILITY

A licensed physician approved by the department who has authority to prescribe, dispense, or administer controlled substances may designate up to two employees who may access the database on the physician's behalf.

A licensed certified registered nurse practitioner or a licensed certified nurse midwife approved by the department who is authorized to prescribe, administer, or dispense pursuant to a Qualified Alabama Controlled Substances Registration Certificate; provided, however, that access shall be limited to information concerning a current or prospective patient of the certified registered nurse practitioner or certified nurse midwife.

A licensed assistant to physician approved by the department who is authorized to prescribe, administer, or dispense pursuant to a Qualified Alabama Controlled Substances Registration Certificate; provided, however, that access shall be limited to information concerning a current patient of the assistant to the physician or an individual seeking treatment from the assistant to physician.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

All Controlled Substance Certificate holders must complete 2 Category 1 CME hours every 2 years in the area of controlled substance prescribing practices, recognizing signs of misuse or abuse, or controlled substance prescribing for chronic pain.

NALOXONE AND SUBOXONE AVAILABILITY

HB208 was signed into law in 2015 and provided immunity for prescribing and administering an opioid antagonist, such as naloxone. In 2016, HB379 was signed into law, providing the State Health Officer or a county health officer the authority to write a standing order for dispensing naloxone.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The Alabama Department of Mental Health provides a list of treatment and prevention providers on their website:

<http://www.mh.alabama.gov/SA/?sm=d>. The Prescription Drug Monitoring Program website also provides resources (<http://www.adph.org/PDMP/Default.asp?id=1417>)

ALASKA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The requirement to review the database is not applicable to a practitioner dispensing, prescribing, or administering a controlled substance to a person receiving treatment in an emergency room or at the scene of an emergency or in an ambulance.

PDMP DELEGATE ACCESSIBILITY

A licensed practitioner having authority to prescribe controlled substances or an agent or employee of the practitioner whom the practitioner has authorized to access the database on the practitioner's behalf, to the extent the information relates specifically to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing a controlled substance; the agent or employee must be licensed or registered under AS 08;

CME REQUIREMENTS FOR OPIOID PRESCRIBING

A holder of a DEA number must complete at least 2 hours in pain management, opioid use, and addiction.

NALOXONE AND SUBOXONE AVAILABILITY

Under the authority of AS 17.20.085 and a February 14, 2017 Declaration of Disaster Emergency, a **medical standing order** authorizes any approved Department of Health and Social Services Project HOPE Overdose Response Program (ORP) to maintain supplies of opioid overdose rescue kits for the purpose of distributing/administering to a person at risk of experiencing an opioid overdose or a family member, friend, caregiver, or other person in a position to administer the opioid overdose drug naloxone (i.e., Narcan ® Nasal Spray) to a person at risk of experiencing an opioid overdose.

LIMITATIONS ON DAYS' SUPPLY

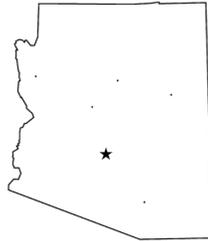
7 days for an initial prescription. Exceptions must be documented if the physician's professional judgement deems it appropriate for chronic pain management or if the patient is unable to access a practitioner for a refill.

AVAILABILITY OF TREATMENT RESOURCES: The state maintains a list of treatment providers here:

<http://dhss.alaska.gov/dbh/Documents/TreatmentRecovery/SUD%20Providers/Substance%20Use%20Disorder%20Treatment%20Providers.pdf>

According to the state's website, many of those listed accept Medicaid patients.

ARIZONA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

All prescribers are required to obtain a patient utilization report from the Controlled Substances Prescription Monitoring Program (PMP) prior to prescribing an opioid analgesic or benzodiazepine controlled substance.

PDMP DELEGATE ACCESSIBILITY

The board may release data collected by the program to a person who is authorized to prescribe or dispense a controlled substance, or a delegate who is authorized by the prescriber or dispenser, to assist that person to provide medical or pharmaceutical care to a patient or to evaluate a patient.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Holders of a DEA number who are renewing their licenses must complete at least 3 hours of opioid, substance use disorder, or addiction related CME each renewal cycle.

NALOXONE AND SUBOXONE AVAILABILITY

The standing order issued by the Director of Arizona DHS authorizes any Arizona-licensed pharmacist to dispense naloxone to any individual in accordance with the conditions of the order. The current standing order expires 11/1/22.

LIMITATIONS ON DAYS' SUPPLY

Initial prescriptions are limited to a five day supply, with the following exceptions if the patient:

- Has an active oncology diagnosis
- Has a traumatic injury, not including a surgical procedure
- Is receiving hospice, palliative, or end of life care
- Is receiving skilled nursing facility care
- Is receiving treatment for burns
- Is receiving MAT for a substance abuse disorder
- Is an infant being weaned off opioids at the time of discharge.

New prescriptions may also not be greater than 90 morphine equivalents, with the same exceptions other than the one involving infants. Additional exceptions require consultation with a physician certified in pain and must be accompanied by a naloxone or similar prescription.

AVAILABILITY OF TREATMENT RESOURCES: Information regarding community-based programs can be found here: <https://www.azpreventionresource.com/>

ARKANSAS



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Checking the PDMP is required when prescribing a Schedule II or III opioid for every time prescribing the medication to the patient; and a benzodiazepine for the first time prescribing the medication to the patient. This does not apply to a palliative care or hospice patient.

PDMP DELEGATE ACCESSIBILITY

The Arkansas Department of Health grants access of the Arkansas PDMP database to authorized users such as prescribers (physician, nurse practitioner, dentist, etc.), pharmacists, delegates of prescribers/pharmacists, professional licensing boards, and certified law enforcement prescription drug diversion investigators.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

Arkansas Governor Asa Hutchinson has a standing order allowing Arkansas-licensed pharmacists to initiate naloxone therapy including ordering, dispensing and/or administering naloxone, along with any necessary supplies for administration, to eligible persons who are at risk of experiencing an opioid-related overdose, or who are family members, friends, or others who are in a position to assist a person at risk of experiencing an opioid-related overdose.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES

The state's lists of substance abuse resources can be found here:

- <https://www.arkansaspmp.com/substance-abuse-resources.html>
- <https://www.artakeback.org/substance-abuse-treatment/>

CALIFORNIA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A health care practitioner in the emergency department of an acute care hospital is exempt from the requirement to review the database if the controlled substance does not exceed a non-refillable seven-day supply.

PDMP DELEGATE ACCESSIBILITY

The database can be accessed by practitioners eligible to prescribe controlled substances, pharmacists authorized to dispense controlled substances, sworn law enforcement personnel, and authorized regulatory boards.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Within 4 years or by their second license date, physicians must complete 12 units on pain management and treatment of the terminally ill. As an alternative, the physician may complete a 1-time CE course of 12 hours in the treatment and management of opioid-dependent patients, including 8 hours of training in buprenorphine or similar treatment by the next licensure renewal date.

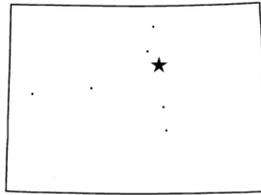
NALOXONE AND SUBOXONE AVAILABILITY

AB 2760 (Wood, Chapter 324) was signed into law in 2018 and became effective on January 1, 2019. This bill requires prescribers to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when certain conditions (more than 90 MME per day, opioid prescribed concurrently with a benzodiazepine, or the patient presents with increased risk of overdose) are present. This bill also requires a prescriber, consistent with the existing standard of care, to provide education to a patient and his or her designee, or if the patient is a minor, to the patient's parent or guardian, on overdose prevention and the use of naloxone or other similar drug approved by the FDA.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The state maintains a directory of substance use disorder services here: <https://www.dhcs.ca.gov/provgovpart/Pages/sud-directories.aspx>

COLORADO



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Prescribers and dispensers should access the PDMP and review the patient profile prior to making a determination regarding the initiation of opioid therapy. Prescribers and dispensers should also review the patient's PDMP profile prior to each instance in which opioids are prescribed, refilled or dispensed. Prescribers and Dispensers may want to consider reviewing the patient's pet or animal profile if there is a concern for diversion of veterinary prescriptions.

PDMP DELEGATE ACCESSIBILITY

A prescriber can authorize up to three delegates to access the PDMP for his/her patients.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Licensees must complete at least 2 hours per licensing cycle related to best practices for opioid prescribing, recognition of substance use disorders, referral of patients with SUDs for treatment, and use of the PDMP. Those with a national board certification requiring equivalent substance use prevention training are exempted, as are those who attest in writing that they do not prescribe opioids.

NALOXONE AND SUBOXONE AVAILABILITY

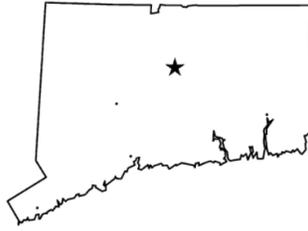
The CMO of the Colorado Department of Public Health may issue standing orders to specified agencies upon request. Information about the program can be found here: <https://cdphe.colorado.gov/prevention-and-wellness/injury-prevention/opioid-overdose-prevention/naloxone-standing-orders>

LIMITATIONS ON DAYS' SUPPLY

With specified exceptions, a physician or physician assistant shall not prescribe more than a 7-day supply of an opioid to a patient who has not had an opioid prescription in the last 12 months from that physician or physician assistant. The physician or physician assistant may exercise discretion to include a second fill for a 7-day supply.

AVAILABILITY OF TREATMENT RESOURCES: The Colorado Consortium for Prescription Drug Abuse Prevention has a work group devoted to identifying gaps and needs with regard to treatment programs in the state. Information about this work group can be found here: <https://corxconsortium.org/work-groups/treatment/>

CONNECTICUT



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Whenever a prescribing practitioner prescribes greater than a 72-hour supply of any *Schedule V* controlled substance for the treatment of any patient, such prescriber, or such prescriber's authorized agent, shall review, not less than annually, the patient's records in the CPMRS.

PDMP DELEGATE ACCESSIBILITY

Practitioner's authorized agent, licensed or unlicensed, may register for their own CPMRS user account.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

By the time of the first renewal period for which CME is mandated and every 6 years thereafter, at least 1 hour is required in prescribing controlled substances and pain management.

NALOXONE AND SUBOXONE AVAILABILITY

- A primary care provider/family doctor can give a prescription for naloxone that can be filled at any CT pharmacy.
- Any provider who is able to prescribe an opioid can prescribe naloxone.
- Pharmacists in CT who have completed training to become certified can both prescribe and dispense naloxone.
- DMHAS-funded Regional Behavioral Health Action Organizations (RBHAOs) can provide training as well as naloxone.
- DPH-supported mobile vans offering Specialized Syringe Programs for needle exchange that also offer naloxone and training.
- Harm Reduction programs may also offer free naloxone and training.

LIMITATIONS ON DAYS' SUPPLY

- limit Rx to 7 days for 1st time Rx to adults
- limit Rx to 5 days for all Rx to minors
- if in professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required, then the practitioner may issue a prescription for the quantity needed and rationale must be documented

AVAILABILITY OF TREATMENT RESOURCES: The state maintains information about treatment resources here:

<https://public.tableau.com/views/CTBHPMedicaidMATProviderMap/TreatmentProviders/?:showVizHome=no>

DELAWARE



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A prescriber, or other person authorized by the prescriber, shall obtain, before writing a prescription for a controlled substance listed in Schedule II, III, IV or V for a patient, a patient utilization report regarding the patient for the preceding 12 months from the computerized program established by the Office of Controlled Substances when the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition. The prescriber shall review the patient utilization report to assess whether the prescription for the controlled substance is necessary.

PDMP DELEGATE ACCESSIBILITY

The Office of Controlled Substances may provide data in the prescription monitoring program in the form of a report to a prescriber, or other person authorized by the prescriber, or a dispenser, or other person authorized by the dispenser, who requests information and certifies that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide patient.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

A physician must complete 2 hours of CE every 2 years in controlled substance prescribing practices, treatment of chronic pain, or related subjects.

NALOXONE AND SUBOXONE AVAILABILITY

Mail-order naloxone is available through a Memorandum of Understanding between DHSS and the New York-based harm-reduction nonprofit NEXT Distro. Delawareans who want to place a mail order for naloxone should visit the “Overdose Prevention” page on HelpIsHereDE.com and access NEXT Distro’s Delaware program. Customers must watch a video, take a short quiz, and complete a request form. DPH will receive the request from NEXT Distro’s virtual platform and will mail individuals free naloxone. People will receive their naloxone within a few days. All contact information will be kept confidential. Delawareans can still obtain Narcan or naloxone without a prescription at pharmacies, and Narcan at overdose prevention trainings and naloxone distribution events.

LIMITATIONS ON DAYS’ SUPPLY

- limit Rx to 7 days for 1st time Rx to adults
- limit Rx to 7 days for all Rx to minors
- if in professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required, then the practitioner may issue a prescription for the quantity needed and rationale must be documented

AVAILABILITY OF TREATMENT RESOURCES: The state maintains information regarding treatment resources here: <https://www.helpisherede.com/Get-Help?source=homepage-link#help-now>

DISTRICT OF COLUMBIA

PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Currently, prescribers and dispensers who are licensed in DC are only required to register with the PDMP. There is no mandate to query (check) the PDMP; however, legislation is pending.

PDMP DELEGATE ACCESSIBILITY

Physicians, pharmacists, nurse practitioners, physician assistants, dentists, veterinarians, optometrists, podiatrists, naturopathic physicians, and other licensed professionals authorized by DC Health can access PDMP data. A prescriber may delegate authority to access data to up to 2 licensed, registered, or certified health care professionals who are employed at the same location under the direct supervision of the prescriber.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

Residents can text LiveLongDC to 888-111 to get information on where they can access free naloxone kits across the District.

LIMITATIONS ON DAYS' SUPPLY

Prescription limited to 7-day supply

AVAILABILITY OF TREATMENT RESOURCES: The DC Department of Behavioral Health offers a full range of prevention, treatment, and recovery services. Call the 24 hour Access Helpline at 1-(888)-793-4357 (7WE-HELP) to enroll or get more information.

FLORIDA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A prescriber or dispenser or a designee of a prescriber or dispenser must consult the system to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient age 16 or older. The requirement does not apply to a Schedule V.

PDMP DELEGATE ACCESSIBILITY

“Designee” means a person, preferably a licensed or certified health care professional, appointed to act as an agent of a prescriber or dispenser for the purposes of requesting or receiving information from the Prescription Drug Monitoring Program database, E-FORCSE[®]. The designee must register with the program.

The following persons must be provided direct access to information in the system:

- (a) A prescriber or dispenser or his or her designee.
- (b) An employee of the United States Department of Veterans Affairs, the United States Department of Defense, or the Indian Health Service who provides health care services pursuant to such employment and who has the authority to prescribe or dispense controlled substances shall have access to the information in the program's system upon verification of employment.
- (c) The program manager or designated program and support staff to administer the system

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Every person registered with the DEA and authorized to prescribe controlled substances must complete 2 hours of AMA Category 1 or AOA Category 1-A on prescribing controlled substances for each 2 years.

NALOXONE AND SUBOXONE AVAILABILITY

(3) An authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to a patient or caregiver for use in accordance with this section, and pharmacists may dispense an emergency opioid antagonist pursuant to such a prescription or pursuant to a non-patient-specific standing order for an autoinjection delivery system or intranasal application delivery system, which must be appropriately labeled with instructions for use. Such patient or caregiver is authorized to store and possess approved emergency opioid antagonists and, in an emergency situation when a physician is not immediately available, administer the emergency opioid antagonist to a person believed in good faith to

be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

(4) The following persons are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated:

(a) Emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians.

(b) Crime laboratory personnel for the statewide criminal analysis laboratory system as described in s. 943.32, including, but not limited to, analysts, evidence intake personnel, and their supervisors.

(5) A person, including, but not limited to, an authorized health care practitioner, a dispensing health care practitioner, or a pharmacist, who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist in compliance with this section and s. 768.13 is afforded the civil liability immunity protections provided under s. 768.13.

(6)(a) An authorized health care practitioner, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of prescribing an emergency opioid antagonist in accordance with this section.

(b) A dispensing health care practitioner or pharmacist, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under any professional licensure statute or rule and is immune from any civil or criminal liability as a result of dispensing an emergency opioid antagonist in accordance with this section.

LIMITATIONS ON DAYS' SUPPLY

3 days for acute pain. 7-day supply permitted if medically necessary based on provider professional judgment. Definition of acute pain excludes: cancer, terminal conditions, traumatic injury, and palliative care. Exceptions in dispensing provisions allow for MAT

AVAILABILITY OF TREATMENT RESOURCES: The state maintains information regarding treatment resources here: <https://www.myflfamilies.com/service-programs/samh/substance-abuse.shtml>

GEORGIA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A prescriber is required to check the PDMP before writing a prescription for the first time for:

1. Benzodiazepines
2. Opiate drugs or cocaine derivatives listed in Schedule II

Thereafter, if the prescription continues, the prescriber should check the PDMP at least every 90 days.

The prescriber is not required to check the PDMP in these four situations:

- If the prescription is for no more than a three-day supply and no more than 26 pills
- If the patient is in a health care facility, such as a hospital, nursing home, intermediate care home, personal care home or hospice, which provides patient care and prescriptions to be administered to the patient on the premises
- If the patient has had outpatient surgery at a hospital or ambulatory surgical center and the prescription is for no more than a 10-day supply and no more than 40 pills
- If the patient is receiving treatment for cancer

PDMP DELEGATE ACCESSIBILITY

A prescriber approved for PDMP access may designate up to 2 persons per shift or rotation to access the PDMP on his/her behalf as delegates if the persons are employed by the emergency department in which the prescriber practices and are approved by the hospital medical director.

The delegates must hold a current license as a physician or physician assistant, not have been convicted of a felony or criminal offense involving illegal drug use, possession, or trafficking, and must have passed a required online training course, received instruction in the dispenser's PDMP policies, and must have signed a Responsibility Statement.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Each licensee with DEA registration who prescribes controlled substances must complete prior to license renewal 3 hours of Category 1 CME on responsible opioid prescribing. The Board may accept ABMS, AOA, or Royal Colleges (Canada) certification in lieu of CME requirements.

NALOXONE AND SUBOXONE AVAILABILITY

The Commissioner of Public Health has issued a standing Order permitting licensed pharmacies to dispense naloxone to eligible persons or entities. Eligible persons or entities include “family members, friends, co-workers, first responders, schools, pain management clinics, harm reduction organizations, and any other persons or entities ("Eligible Persons or Entities") are in a position to provide assistance to a person experiencing an opioid-related overdose through the timely administration of the opioid antagonist naloxone.”

LIMITATIONS ON DAYS’ SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The Georgia Department of Behavioral Health and Developmental Disabilities maintains a list of organizations that can help find resources here: <https://dbhdd.georgia.gov/additional-resources>

HAWAII



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The PDMP information must be considered prior to prescribing a Schedule II, III, or IV controlled substance. This requirement does not apply for a prescription of 3 days or less made in an emergency situation, by an emergency medical provider, or in an emergency room.

PDMP DELEGATE ACCESSIBILITY

Delegates that a prescriber authorizes to preform PDMP checks are allowed to register for their own account in the PDMP. If a staff member from your office (i.e. office manager) signs up as a delegate, there is a dual approval process. An email will be sent to you as their Supervisor to approve their account as well as approval by the PDMP Administrator.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

A pharmacist may prescribe and dispense an opioid antagonist to an individual who is at risk for an opioid overdose or a family member or caregiver of an individual who is at risk of an opioid overdose regardless of whether the individual has evidence of a previous prescription for an opioid antagonist from a practitioner authorized to prescribe opioids.

LIMITATIONS ON DAYS' SUPPLY

Opioids limited to 30 days. Initial concurrent prescriptions for opioids and benzodiazepines must not be for longer than 7 days unless deemed necessary for the treatment of:

- (1) Pain experienced while the patient is in post-operative care;
- (2) Chronic pain and pain management;
- (3) Substance abuse or opioid or opiate dependence;
- (4) Cancer;
- (5) Pain experienced while the patient is in palliative care; or
- (6) Pain experienced while the patient is in hospice care;

AVAILABILITY OF TREATMENT RESOURCES: The Hawaii Department of Health, Alcohol and Drug Abuse Division maintains a list of treatment resources here: <https://health.hawaii.gov/substance-abuse/prevention-treatment/treatment/treatment-services/>

IDAHO



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Generally, a prescriber is required to check the database prior to issuing a prescription for outpatient use for an opioid analgesic or benzodiazepine listed in schedule II, III, or IV. There is an exception when the prescription is in a quantity intended to last no more than 3 days.

PDMP DELEGATE ACCESSIBILITY

A practitioner, licensed in Idaho or another state, having authority to prescribe controlled substances, or a delegate under the practitioner's supervision, to the extent the information relates specifically to a current patient of the practitioner to whom the practitioner is prescribing or considering prescribing any controlled substance.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

Idaho's law allows pharmacists and other health professionals to prescribe and dispense to anyone at risk for an opioid-related overdose or to anyone who may encounter an such an individual. The Office of Drug Policy has a standing order to obtain naloxone on behalf of eligible agencies. These agencies will then be equipped to administer naloxone and keep an overdose patient alive until they can be transported to an emergency department. The agencies may also distribute the naloxone to individuals at risk of overdose, as well as their friends and family.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The state maintains a list of statewide crisis centers here: <https://healthandwelfare.idaho.gov/services-programs/behavioral-health/statewide-crisis-centers>

ILLINOIS



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The requirement to access the PDMP does not apply to a 7-day or less supply provided by an emergency department treating an acute, traumatic medical condition.

PDMP DELEGATE ACCESSIBILITY

Only the following licensed healthcare professionals shall serve as an authorized designee for a prescriber or dispenser for office or pharmacy practice sites:

- registered nurse;
- licensed practical nurse;
- pharmacy technician;
- student pharmacist; or
- certified medical assistant.

The prescriber or dispenser shall only have up to three designees.

The prescriber and dispenser shall register the designees and must also agree to the terms and conditions for designees.

Each designee shall have an individual account that must be linked to the prescriber or dispenser.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Physicians must take 3 hours of safe opioid prescribing practices offered or accredited by a professional association, or state or federal government agency. Hours taken in another state or for board certification can also meet this requirement.

NALOXONE AND SUBOXONE AVAILABILITY

The Naloxone Standing Order authorizes trained, licensed pharmacists and overdose education and naloxone distribution (OEND) programs to provide naloxone to individuals who request it to reverse a potential opioid-related overdose without a direct prescription. Opioid Overdose Education and Naloxone programs include law enforcement agencies, drug treatment programs, local health departments,

hospitals, urgent care facilities, or other community-based organizations that do not have access to a standing order through their organization.

LIMITATIONS ON DAYS' SUPPLY

Rx limited to 30 day supply

AVAILABILITY OF TREATMENT RESOURCES: The state Department of Human Services lists treatment services here: <https://www.dhs.state.il.us/page.aspx?item=29725>

INDIANA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A prescriber who is permitted to prescribe ephedrine, pseudoephedrine, or a controlled substance must be certified to receive information from the INSPECT program.

PDMP DELEGATE ACCESSIBILITY

Prescriber delegates are permitted if they are approved and supervised by a registered prescriber to make patient requests on behalf of the supervisor.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

2 hours on the topic of opioid prescribing and abuse are required.

NALOXONE AND SUBOXONE AVAILABILITY

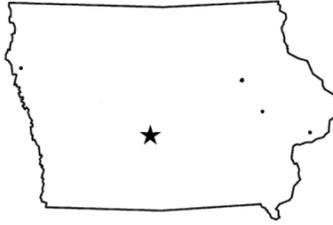
The Indiana State Department of Health has distributed free naloxone kits to local health departments.

LIMITATIONS ON DAYS' SUPPLY

7 days for initial prescriptions.

AVAILABILITY OF TREATMENT RESOURCES: The Division of Mental Health and Addiction maintains information about treatment resources here: <https://www.in.gov/fssa/addiction/>

IOWA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A prescribing physician must check the PMP when issuing a prescription for an opioid.

PDMP DELEGATE ACCESSIBILITY

The number of designated agents/delegates is not limited in the PMP. Practitioners can authorize as many delegates as they wish, as long as those delegates are actively working with the practitioner.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

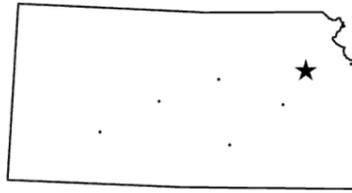
NALOXONE AND SUBOXONE AVAILABILITY

Iowa pharmacists may dispense naloxone by a standing order to an individual at risk of an opioid-related overdose or to a person who may be in a position to assist an individual at risk of an opioid-related overdose. The Medical Director and State Epidemiologist with the Iowa Department of Public Health, has authorized a statewide standing order that is available to all Iowa pharmacists who have met the required training criteria.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The Iowa Department of Public Health maintains information regarding treatment resources here: <https://idph.iowa.gov/substance-abuse/resources>

KANSAS



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Prescribers should check K-TRACS before prescribing controlled substances to ensure patient safety and avoid overlapping prescriptions or duplicating prescriptions from other prescribers.

PDMP DELEGATE ACCESSIBILITY

Each prescriber and pharmacist is allowed up to 10 delegates, but K-TRACS advises you should limit the number of delegates to ensure effective supervision. You should select staff such as licensed nurses or registered pharmacy technicians to act on your behalf in the K-TRACS system.

Delegates cannot use K-TRACS through an integrated system — only prescribers and pharmacists can — so it's important to encourage them to register and help them complete the registration process by adding them to the prescriber's account.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

The physician should consider co-prescribing naloxone when:

- prescribing an opioid, individually, or in aggregate with, other medications, greater than or equal to 50 MME/day;
- prescribing any dose of opioid when a benzodiazepine has been prescribed in the past 30 days or will be prescribed at the current visit; or
- prescribing any dose of an opioid to a patient with a prior history of opioid use disorder (OUD) or overdose, consider co-prescribing naloxone.

Additional reasons to consider co-prescribing naloxone are found here: <https://pharmacy.ks.gov/k-tracs/prescribers/naloxone-co-prescribing>

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: A list of Kansas based opioid treatment programs can be found here: https://www.kdads.ks.gov/docs/default-source/csp/opioid-str/opioid-treatment-programs-in-kansas.pdf?sfvrsn=1b8607ee_0

KENTUCKY



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Checking the PDMP is required when prescribing any schedule II controlled substance or a schedule III containing hydrocodone.

PDMP DELEGATE ACCESSIBILITY

KASPER Master Account Holders (MAHs) are permitted by statute to establish delegates to request eKASPER reports on their behalf. A delegate must be an employee of the practitioner's practice acting under the specific direction of the practitioner. There is no limit on the number of delegates, though it is important that they be trustworthy to only access the database appropriately. The Master Account Holder must register any delegates.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

For each 3-year cycle, at least 4.5 hours of approved hours related to the use of KASPER, pain management, or addiction disorders are required for prescribers or dispensers of controlled substances.

NALOXONE AND SUBOXONE AVAILABILITY

Information regarding locations where naloxone is available without a prescription can be found here: <https://nextdistro.org/kentucky#naloxone-finder>

LIMITATIONS ON DAYS' SUPPLY

3 days for initial prescriptions.

AVAILABILITY OF TREATMENT RESOURCES: Information regarding available addiction treatment resources can be found here: <https://findhelpnowky.org/ky>

LOUISIANA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A prescriber or delegate must review the PMP record prior to initially prescribing any opioid to a patient and at least every 90 days if the treatment is ongoing. This does not apply if the prescription is for no more than a single 7 day supply.

PDMP DELEGATE ACCESSIBILITY

Prescribers and dispensers can designate an individual to act as an agent for the purposes of submitting information to or obtaining data from the PMP.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

All licensees with a CDS license must complete a 1-time 3-hour course on drug diversion training, best controlled substance prescribing practices, and appropriate addiction treatment.

NALOXONE AND SUBOXONE AVAILABILITY

The state has issued a standing order that allows for participating pharmacists to dispense Naloxone or other opioid antagonists to laypeople including caregivers, family, and friends of an opioid user.

LIMITATIONS ON DAYS' SUPPLY

7 days for initial adult prescription or any prescription for a minor.

AVAILABILITY OF TREATMENT RESOURCES: The Department of Health maintains a directory of Medication assisted Treatment Clinics and Providers here:

<https://ldh.la.gov/index.cfm/directory/category/35>

MAINE



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The requirement to check the PDMP for initial prescriptions of an opioid or benzodiazepine does not apply in an emergency room setting.

PDMP DELEGATE ACCESSIBILITY

Staff members of a licensed hospital who are authorized by the chief medical officer of the hospital, insofar as the information relates to a patient receiving care in the hospital's emergency department or receiving inpatient services or surgical services from the hospital.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

All prescribers of controlled substances must complete 3 hours of CME on prescription of opioids every 2 years.

NALOXONE AND SUBOXONE AVAILABILITY

Naloxone nasal spray is available without a prescription at any Maine pharmacy.

LIMITATIONS ON DAYS' SUPPLY

Limit to 7 days and 100 Morphine Milligram Equivalents (MME) per day

May exceed 100MME/day for:

- Active cancer
- Palliative care
- End of life care
- Hospice Care
- Part of substance abuse treatment
- When directly administered in Emergency Room, Inpatient setting, long-term care or residential treatment facility

AVAILABILITY OF TREATMENT RESOURCES: Information about available resources can be found here: <https://thealliancemaine.org/do-you-need-help/>

MARYLAND



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Prescribers must request and assess PDMP data:

- Before beginning a new course of treatment with an opioid or benzodiazepine
- When a course of treatment with an opioid or benzodiazepine extends beyond 90 days. In this case, prescribers must query again at least every 90 days thereafter before prescribing or dispensing the opioid or benzodiazepine.

PDMP DELEGATE ACCESSIBILITY

Delegates include a non-prescribing licensed healthcare practitioner (i.e., a registered nurse or a licensed alcohol and drug abuse counselor) OR a staff member, regardless of any license status, who is employed by or under contract with the same practice as the prescriber.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

One hour on opioid prescribing is required every 2 years.

NALOXONE AND SUBOXONE AVAILABILITY

Anyone can get Naloxone at a Maryland pharmacy without a prescription.

LIMITATIONS ON DAYS' SUPPLY

Lowest effective dose of an opioid; and a quantity that is no greater than the quantity needed for the expected duration of pain

AVAILABILITY OF TREATMENT RESOURCES: The Department of Health maintains information regarding available treatment resources here:

https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Get-Help-Now-2.aspx

MASSACHUSETTS



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

State law requires that all Massachusetts prescribers query the state Prescription Monitoring Program (PMP) database prior to every prescription for a Schedule II or III narcotic medication or a benzodiazepine. This does not apply to emergency care where use of the PMP will likely result in patient harm or for patients under 96 months.

PDMP DELEGATE ACCESSIBILITY

MassPAT allows non-prescribers to access MassPAT on behalf of enrolled prescribers. During enrollment, delegates must select prescribers who have enrolled in MassPAT for whom they will be a delegate.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

If the physician prescribes controlled substances, 3 credits in opioid education and pain management are required.

NALOXONE AND SUBOXONE AVAILABILITY

The Department of Public Health (DPH) has issued a statewide standing order that allows retail pharmacies to dispense naloxone without a prescription.

LIMITATIONS ON DAYS' SUPPLY

- maximum 7 day supply on prescriptions for opioids when issued to an adult for the first time.
- maximum 7 day supply on all opioid prescriptions for minors.

May Exceed 7 day supply of an opioid to adult or minor patients if:

- in the prescriber's medical judgment, a greater supply is necessary.
- in such a case, the condition must be documented in the patient's medical record and the prescriber must indicate that a non-opioid alternative was not appropriate to address the medical condition.
- law does not apply to opioid medications that are designed for the treatment of substance abuse or opioid dependence.

May Exceed 7 day supply of an opioid to adult or minor patients if:

- in the prescriber's medical judgment, a greater supply is necessary.
- In such a case, the condition must be documented in the patient's medical record and the prescriber must indicate that a non-opioid alternative was not appropriate to address the medical condition.
- law does not apply to opioid medications that are designed for the treatment of substance abuse or opioid dependence.

AVAILABILITY OF TREATMENT RESOURCES: Information regarding treatment can be found here: <https://helplinema.org/>

MICHIGAN



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, a licensed prescriber shall obtain and review a MAPS report concerning that patient.

PDMP DELEGATE ACCESSIBILITY

- a. If a user is registered as a prescriber delegate and requests a MAPS report on the prescriber's behalf for the prescriber to review, this will be in compliance with regulations. A prescriber delegate must select the prescriber for whom he/she are requesting a MAPS report.
- b. It is important that the prescriber reviews the MAPS report prior to prescribing or dispensing a schedule 2-5 controlled substance that exceeds a 3- day supply.
- c. For the purposes of using MAPS, a prescriber may have 10 active delegate users, while a delegate user may run MAPS reports on behalf of 30 active licensed users (prescribers).

CME REQUIREMENTS FOR OPIOID PRESCRIBING

A minimum of 3 hours in pain and symptom management are required.

NALOXONE AND SUBOXONE AVAILABILITY

In 2016, Michigan passed a Naloxone standing order law. This allows a pharmacist to dispense Naloxone without an individual prescription and without identifying a particular patient. With this, the "prescription" comes from the standing doctor's order from the State.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The Department of Health and Human Services contains information about seeking treatment, including directories of various service providers, here: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_4877---,00.html

MINNESOTA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The PDMP must be checked before issuing an initial prescription for a schedule II through IV opiate controlled substance. The requirement does not apply if due to a medical emergency it is not possible for the prescriber to review the data before issuing the prescription.

PDMP DELEGATE ACCESSIBILITY

A prescriber may delegate the task of accessing the data. The use of the system by a delegate must be audited on at least a quarterly basis to ensure compliance with appropriate use.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

All licensed health care professionals may directly or by standing order, prescribe, dispense, distribute, or administer naloxone to a person without being subject to civil liability or criminal prosecution. Pharmacists, in collaboration with a registered practitioner, may enter a written protocol to provide naloxone to persons at risk for, or know of someone at risk for, opioid overdose.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The state maintains information regarding substance use disorder treatment resources here: <https://sud.fasttrackermn.org/>

MISSISSIPPI



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The prescriber must check on all opioid prescriptions for acute and/or chronic noncancerous/non-terminal pain upon issuance and must utilize the MPMP upon initial contact with new patients and at least every 3 months thereafter for all controlled medications other than opioids.

PDMP DELEGATE ACCESSIBILITY

A physician or physician assistant may have anyone as a delegate. A nurse practitioner must have a registered nurse or a licensed practical nurse a delegate. A supervisor may have as many delegates as they are comfortable supervising in the appropriate use of MSPMP. A delegate may be a delegate for multiple prescribers/supervisors.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

For licensees with DEA certificates, 5 hours of CME must be related to prescribing medications with an emphasis on controlled substances.

NALOXONE AND SUBOXONE AVAILABILITY

Through a standing order issued by the Mississippi State Department of Health, pharmacists are now permitted to dispense by request the narcotic blocker naloxone. A prescription from a doctor or other medical practitioner is not required.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The state maintains information regarding addiction treatment resources here: <http://www.dmh.ms.gov/wp-content/uploads/2018/12/Alcohol-and-Drug-Resource-Directory-December-2018.pdf>

MISSOURI



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT: N/A

PDMP DELEGATE ACCESSIBILITY: N/A

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

Missouri law authorizes pharmacists to dispense Naloxone without a prescription under a statewide Standing Order issued by the Missouri Department of Health and Senior Services or by protocol with a licensed physician.

LIMITATIONS ON DAYS' SUPPLY

Schedule II prescriptions to a 30-day supply, except that the amount may be increased to a three-month supply if the prescriber describes on the prescription form or otherwise indicates the medical reason for requiring a larger supply.

AVAILABILITY OF TREATMENT RESOURCES: The Department of Mental Health maintains information about treatment services, including various directories, here: <https://dmh.mo.gov/alcohol-drug/help>

MONTANA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

PDMP access is suggested but not mandatory.

PDMP DELEGATE ACCESSIBILITY

A physician may designate an authorized agent to access the data.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

The Department of Public Health and Human Services standing order authorizes pharmacists who maintain a current active license practicing in a pharmacy located in Montana to initiate a prescription and dispense a naloxone opioid antagonist formulation listed in this standing order.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: Information about treatment resources can be found here: <https://dphhs.mt.gov/opioid/gethelp>

NEBRASKA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

PDMP usage is encouraged but not mandated.

PDMP DELEGATE ACCESSIBILITY

State law permits delegates to access the system. The delegates must be entered using the prescriber's account.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Physicians must complete at least 3 hours of CME every 2 years regarding prescribing opioids, with at least half an hour covering PDMP's.

NALOXONE AND SUBOXONE AVAILABILITY

A standing order issued by the medical director of the Department of Health and Human Services permits pharmacies to dispense naloxone without a prescription.

LIMITATIONS ON DAYS' SUPPLY

For minors, 7-day limit for acute pain.

AVAILABILITY OF TREATMENT RESOURCES: Information regarding treatment resources can be found here: <http://dhhs.ne.gov/Pages/Adult-Behavioral-Health.aspx>

NEVADA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A practitioner shall, before issuing an initial prescription for a controlled substance listed in schedule II, III or IV, or an opioid listed in schedule V, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report (patient report) regarding the patient from the PDMP.

PDMP DELEGATE ACCESSIBILITY

A delegate can be assigned to access the report. Delegates must register and have their own PMP account.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

For MD's, two hours must be in misuse and abuse of controlled substances, opioid prescribing, or addiction. D.O.'s are not subject to the same requirement, though 2 hours are required in one of the following: ethics, pain management or addiction care (the choice of these categories is also required for MD's).

NALOXONE AND SUBOXONE AVAILABILITY

The Department of Health and Human Services has launched an app to facilitate the distribution of naloxone kits to community-based organizations and EMS agencies.

LIMITATIONS ON DAYS' SUPPLY

14 day limit for initial prescription of Schedule II-IV for acute pain. Limit of 90 MME/day for opioid not previously issued to patient or not been issued more than 19 days prior.

AVAILABILITY OF TREATMENT RESOURCES: Information about treatment services can be found here: <https://www.nevada211.org/addiction-services/>

NEW HAMPSHIRE



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Prescribers are required to query the PDMP prior to prescribing an opioid (schedule II through IV) when treating a patient for acute pain and for the initial visit and a minimum of two times during the year when treating a patient with chronic pain. There is an exception when “an emergency department is experiencing a higher than normal patient volume such that querying the program database would materially delay care.”

PDMP DELEGATE ACCESSIBILITY

A delegate can access the database in the prescriber’s behalf.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Three hours in pain management are required. The law is intended to provide access to anyone who may be in a position to help someone experiencing an opioid-related overdose. The Attorney General has indicated that the law allows for standing orders, which means that a licensed medical provider can have a prescription on file at any pharmacy that will allow pharmacists to dispense naloxone to ANYONE requesting it.

NALOXONE AND SUBOXONE AVAILABILITY

There is no requirement that there be a prescriber-patient relationship.

LIMITATIONS ON DAYS’ SUPPLY

Restrict prescription to less than or equal to 7 days unless the medical condition is documented, and appropriate clinical rationale is included in the patient’s medical record.

AVAILABILITY OF TREATMENT RESOURCES: The Alcohol and Drug Addiction Hotline can be accessed here: <https://addictionresource.com/addiction-and-rehab-hotlines/new-hampshire-numbers/>

NEW JERSEY



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A prescriber or the prescriber's delegate shall access prescription monitoring information for a new or current patient consistent with the following:

1. The first time the practitioner prescribes a Schedule II controlled dangerous substance or any opioid to a new or current patient for acute or chronic pain; and
2. The first time the practitioner prescribes a benzodiazepine drug that is a Schedule III or Schedule IV controlled dangerous substance; and
3. If the practitioner has a reasonable belief that the person may be seeking a controlled dangerous substance, in whole or in part, for any purpose other than the treatment of an existing medical condition, such as for purposes of misuse, abuse, or diversion, the first time the practitioner or other person prescribes a non-opioid drug other than a benzodiazepine drug that is a Schedule III or Schedule IV controlled dangerous substance; and
4. Any time the practitioner prescribes a Schedule II controlled dangerous substance for acute or chronic pain to a patient receiving care or treatment in the emergency department of a general hospital;
5. On a quarterly basis (every three months) during the period of time a current patient continues to receive a prescription for a Schedule II controlled dangerous substance or for an opioid drug for acute or chronic pain, or for a benzodiazepine that is a Schedule III or Schedule IV controlled dangerous substance.

PDMP DELEGATE ACCESSIBILITY

Delegates are required to be licensed in the State of New Jersey as a registered nurse, licensed practical nurse, advanced practice nurse without prescriptive authority, physician assistant without prescriptive authority, athletic trainer who is employed at a clinical practice setting, dental hygienist, or registered dental assistant. Medical and dental residents authorized by a faculty member from a medical or dental teaching facility may also be delegates.

Certified medical assistants (CMA) and medical scribes who meet requirements set forth at may register as an unlicensed delegate. In order to register as an unlicensed delegate, CMAs must meet all requirements, certify that they have completed the necessary training and provide a copy of the certificate of completion from a State-approved program. In order to register as an unlicensed delegate, CMAs must

meet all requirements and certify that they have completed the necessary training and provide a copy of the certificate of completion from a State-approved program.

Before delegates are able to access NJPMP data, they must register and be linked to a prescriber who is registered with the NJPMP. The prescriber will be responsible for supervising his or her delegate's activities.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

One of the required Category 1 credits must be in topics concerning prescription opioids, including responsible prescribing, alternatives to opioids for managing and treating pain, and the risks and signs of abuse, addiction, and diversion.

NALOXONE AND SUBOXONE AVAILABILITY

State law allows physicians to prescribe Naloxone to anyone in a position to assist others during an overdose (e.g., bystanders). The Department of Health will issue a standing order to any licensed pharmacist in good standing with the New Jersey Board of Pharmacy to dispense naloxone.

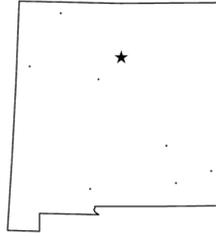
LIMITATIONS ON DAYS' SUPPLY

Prescription limited to 5 day supply for treatment of acute pain

AVAILABILITY OF TREATMENT RESOURCES: The state has information available about treatment here:

https://www.state.nj.us/humanservices/dmhas/resources/services/treatment/sa_other_resources.html

NEW MEXICO



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Prescribers must check the PDMP before initially prescribing an opioid and quarterly thereafter.

PDMP DELEGATE ACCESSIBILITY

Delegates register with the PDMP and associates their profile with the account of the supervising prescriber.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

For MD's only (not DO's), if holding a DEA registration and license to prescribe opioids, 5 hours of related CME are required.

NALOXONE AND SUBOXONE AVAILABILITY

Physicians prescribing an opioid must co-prescribe an opioid antagonist to the patient if the prescription is for at least a 5-day supply.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The Department of Health maintains information regarding treatment providers and programs here: <https://www.nmhealth.org/about/ofm/lcfc/tlh/#resources>

NEW YORK



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The general requirement to consult the PMP before prescribing a schedule II, III, or IV controlled substance does not apply to a 5-day supply prescribed from an emergency department of a general hospital.

PDMP DELEGATE ACCESSIBILITY

Practitioners can designate staff to look up patients on the PMP registry on their behalf. The designee, if unlicensed, will need to work with the HCS coordinator from their facility, or prescribing practitioner, to establish their own HCS account. After the designee obtains an HCS account user ID, the practitioner will need to log into the HCS, open the PMP application, and click on the Designation tab. On the designation screen, the practitioner will enter the HCS user ID of the individual that will be performing the look up on their behalf as a designee.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Prescribers with a DEA registration and residents prescribing controlled substances under a facility DEA registration must complete 3 hours of course work or training in pain management, palliative care, and addiction.

NALOXONE AND SUBOXONE AVAILABILITY

Naloxone is now available in more than 2,600 pharmacies throughout New York State. Individuals who are themselves at risk for an overdose or their family members or friends may acquire naloxone in these pharmacies without bringing in a prescription.

LIMITATIONS ON DAYS' SUPPLY

- Limit prescription to 7 day supply
- May Exceed 7 day supply:
 - chronic pain
 - cancer care
 - hospice

- end-of-life
- palliative care

AVAILABILITY OF TREATMENT RESOURCES: Information regarding various treatment options is maintained by the state here: <https://oasas.ny.gov/treatment>

NORTH CAROLINA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

N/A

PDMP DELEGATE ACCESSIBILITY

Delegates must register using the CSRS website.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Every physician prescribing controlled substances must complete at least 3 hours of Category 1 CME that includes instruction on controlled substance prescribing practices, recognizing signs of abuse or misuse, and prescribing for chronic pain management.

NALOXONE AND SUBOXONE AVAILABILITY

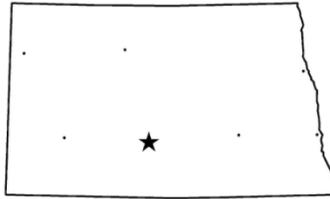
A delegate is authorized to obtain patient prescription histories on behalf of a designated prescriber or prescribers. Any individual who does not have prescriptive authority, such as an RN or administrative staff person, may register as a delegate.

LIMITATIONS ON DAYS' SUPPLY

5 days for initial prescription of Schedule II and III for acute pain.

AVAILABILITY OF TREATMENT RESOURCES: Information regarding regional resources can be found here: <https://www.ncdhhs.gov/providers/lme-mco-directory>

NORTH DAKOTA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

If a physician prescribing any drug reported by the Prescription Drug Monitoring Program has reason to believe that a patient may be abusing or diverting prescribed medications, the physician shall access the Prescription Drug Monitoring Program and document the assessment of the monitoring results to help determine the proper treatment of the patient.

When a physician expects to prescribe reported drugs to a patient for a chronic condition or for a protracted basis, the physician shall request a PDMP report.

PDMP DELEGATE ACCESSIBILITY

A prescriber can delegate the authority to an individual that works for them or works for the same employer if the individual obtains their own "delegate account" by the same process the prescriber would use to gain access. The "supervisor/Practitioner" must create their account before a delegate can create and link the two accounts together. Eligible practitioner delegates would be a Registered Nurse, Licensed Practical Nurse, *or* Unlicensed Individual.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

North Dakota law allows anyone at risk for having or witnessing an opioid overdose to obtain a prescription. State law also permits many pharmacists to prescribe naloxone (see here: <https://www.nodakpharmacy.com/naloxone/search.asp>)

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The state maintains links to treatment resource information here: <https://www.behavioralhealth.nd.gov/addiction/service-locator>

OHIO



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The requirement to review an OARRS report when prescribing or dispensing an opioid does not apply when the reported drug is prescribed or furnished for a period not to exceed 7 days. However, this exemption shall not apply if the physician has reason to believe that the patient may be abusing or diverting reported drugs.

PDMP DELEGATE ACCESSIBILITY

Delegates need to be linked to each prescriber for whom they are requesting reports. A prescriber/supervisor may have as many delegates as they are comfortable supervising in the appropriate use of OARRS. A delegate may be a delegate for multiple prescribers/supervisors.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

A pharmacy may be authorized to dispense naloxone without a prescription in accordance with a physician-approved protocol.

The Pharmacy Board has also adopted a resolution to permit EMS agencies to receive or purchase naloxone from local law enforcement agencies that are not licensed by the Board of Pharmacy (this includes the replenishment of naloxone used at the scene of a suspected overdose). EMS agencies must maintain records of any naloxone purchase from or sale to local law enforcement (even if at no-cost).

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The Department of Mental Health and Addiction Services maintains information regarding treatment services here: <https://mha.ohio.gov/>

OKLAHOMA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Physicians are required to check new patients or after 180 days elapsed since PMP check for the patient prior to prescribing one of the following: opiates, synthetic opiates, semi-synthetic opiates, benzodiazepine, or carisoprodol (exclusions for Hospice or end-of-life, or patients residing in nursing facility). This is applicable to the emergency department.

PDMP DELEGATE ACCESSIBILITY

Physicians may designate a staff member to run the patient PMP on the physician's behalf. This designated staff member must have their own PMP AWAxR account and have the physician listed as their supervisor.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

If holding a DEA registration number, each licensee must complete 1 hour of education in pain management or in opioid use or addiction in the year preceding application for license renewal.

NALOXONE AND SUBOXONE AVAILABILITY

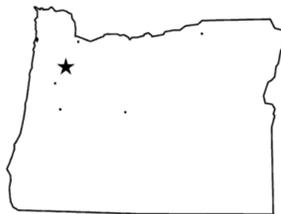
Naloxone is available without a prescription at many pharmacies throughout the state. A locator is available here: <https://okimready.org/overdose/>

The Department of Health reports that although first responders are permitted to carry and administer naloxone, few basic and intermediate level EMS and EMRAs have adopted the practice.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: Information regarding available resources can be found here: <https://oklahoma.gov/odmhsas/substance-abuse/resources.html>

OREGON



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

All prescribers are required to register with the system, but use is voluntary at this time.

PDMP DELEGATE ACCESSIBILITY

Authorized staff can access the system on behalf of prescribers.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

All licensees must complete a 1-hour pain management course, as well as 6 hours in pain management and/or the treatment of terminally ill patients.

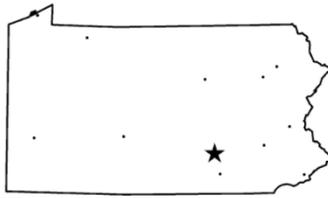
NALOXONE AND SUBOXONE AVAILABILITY

A pharmacist can prescribe, dispense, and distribute naloxone. Law that previously included special training requirements for recipients has been repealed.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: Information regarding Medication-Assisted Treatment, including a spreadsheet listing Oregon-Approved Opioid Treatment Programs, can be found here: <https://www.oregon.gov/oha/HSD/AMH/Pages/MAT.aspx>

PENNSYLVANIA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Checking the PDMP is not required for any medication provided to a patient in the course of treatment while undergoing care in an emergency department. As part of good clinical practice, the Department of Health recommends that health care professionals check the system every time before a controlled substance(s) is prescribed or dispensed in any clinical setting.

PDMP DELEGATE ACCESSIBILITY

- Prescribers are authorized to grant Pennsylvania Prescription Drug Monitoring Program (PA PDMP) access to delegates under their employment for the purpose of querying the system on their behalf.
- A delegate is a person employed or supervised by a prescriber who granted them access to query the PA PDMP system on their behalf. Delegates are not required by law to be licensed healthcare professionals.
- Prescribers are responsible for ensuring the security of the PA PDMP system when used by a delegate. This includes ensuring that the delegates are using the PA PDMP appropriately, according to the acceptable use policy, and ensuring that delegate access is removed when an individual is no longer under their employ or supervision.
- A delegate must have their own account and password and it must not be shared with others.
- Prescribers must set explicit standards to qualify delegates authorized to query the system, which must (at minimum) meet the standards listed in the respective PA PDMP Acceptable Use Policy

CME REQUIREMENTS FOR OPIOID PRESCRIBING

2 hours of CME is required on pain management or identification of addiction, and an additional 2 hours on dispensing opioids.

NALOXONE AND SUBOXONE AVAILABILITY

The Secretary of Health has issued a standing order authorizing health care professionals to prescribe naloxone to eligible persons, including third party prescriptions.

LIMITATIONS ON DAYS' SUPPLY

- Limit Rx to 7 days, specifically applies to Urgent Cares, Emergency Providers or Observation Status in Hospital
- Limit Rx to 7 days for minors
- Must get written consent when prescribing opioids to minors
- May exceed 7 day supply when:
 - necessary for acute medical condition
 - when treating cancer pain or palliative care.
 - Rationale must be documented in chart

AVAILABILITY OF TREATMENT RESOURCES: The Pennsylvania Department of Drug and Alcohol Programs maintains a page designed to assist persons seeking treatment. It is here:
<https://apps.ddap.pa.gov/gethelpnow/CareProvider.aspx>

RHODE ISLAND



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The Prescription Drug Monitoring Program (PDMP) shall be reviewed prior to starting any opioid.

PDMP DELEGATE ACCESSIBILITY

A prescriber is allowed to share access to the prescription drug monitoring database with an authorized designee of the practitioner, to consult the prescription drug monitoring database on the practitioner's and/or pharmacist's behalf. The designee must be employed by the same practice and in compliance with supervisory requirements of Rhode Island law for the PDMP. The actual user name and password that is used will be that of the prescriber and shared solely at the discretion of the professional.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

Prescribers are required to co-prescribe naloxone in these three different clinical scenarios. If co-prescribing naloxone is not appropriate for the patient, then the prescriber must document the reason(s) in the patient's medical record.

1. When prescribing an opioid individually or in aggregate with other medications that is more than or equal to 50 oral Morphine Milligram Equivalents (MMEs) per day.
2. When prescribing any dose of an opioid when a benzodiazepine has been prescribed in the past 30 days or will be prescribed at the current visit. Prescribers shall note in a patient's medical record the medical necessity of the co-prescription of the opioid and the benzodiazepine, and explain why the benefit outweighs the risk given the Food and Drug Administration (FDA) black box warning.
3. When prescribing any dose of an opioid to a patient with a prior history of opioid use disorder or overdose. Prescribers must also document in the patient's medical record the medical necessity of prescribing an opioid to this high-risk individual and explain why the benefit outweighs the risk given the patient's previous history.

Under a standing order, Naloxone is also available from any pharmacy.

LIMITATIONS ON DAYS' SUPPLY

- limit initial prescription for opioid in acute pain management on an outpatient basis to 30 morphine milligram equivalents (MME) total daily dose per day for a maximum total of 20 doses.
- Exceptions:
 - Cancer pain
 - nursing home patients
 - palliative care
 - Medications prescribed in the treatment of substance abuse or opioid dependence

AVAILABILITY OF TREATMENT RESOURCES

The Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals' Bridgemark Physician Consult Program (**401-781-2700**) is designed to offer interested physicians immediate assistance with patients who may be at high risk for misuse of opioid medication. Physicians have several options for scheduling a patient assessment by a licensed Chemical Dependency

Professional REFERRAL FORM, AUTHORIZATION AND DISCLOSURE FORM:

- A patient can be seen within one hour of the physician's referral while the patient is still at the provider's office. (A Bridgemark staff member will come to the physician's office.)
- A patient can be seen within one hour of the physician's referral at Bridgemark's office.
- A patient can be seen within three business days of the physician's referral at Bridgemark's office.
- A patient can be seen at his/her next office visit with the referring physician.

The results of the patient assessment will be discussed with the referring physician (as soon as possible after assessment and no later than seven business days after the assessment) and with the patient.

Bridgemark is able to provide services to Spanish-speaking individuals and to anyone who is Deaf.

SOUTH CAROLINA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A practitioner, or the practitioner's authorized delegate, shall review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. This does not apply to a practitioner issuing a prescription for a Schedule II controlled substance that does not exceed a five-day supply for a patient.

PDMP DELEGATE ACCESSIBILITY

- a) Practitioner must directly supervise the person(s) to whom access authority is delegated;
- b) Practitioner, as holder of the master account for Prescription Monitoring Program (PMP) access, is responsible for delegate's use of the PMP;
- c) The authorized delegate is responsible for any and all breaches of the Prescription Monitoring Act (PMA) and agrees to take responsibility for any violation of the Act;
- d) Practitioner may delegate authority to access the PMP to no more than 3 delegate accounts;
- e) Practitioner must re-confirm delegate account at least once every 180 days;
- f) Practitioner as a master account holder, is responsible for deactivating delegate account upon delegate termination or when delegate access to the PMP is no longer needed.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

At least 2 hours of CME must be related to approved procedures for prescribing and monitoring schedules II-IV controlled substances.

NALOXONE AND SUBOXONE AVAILABILITY

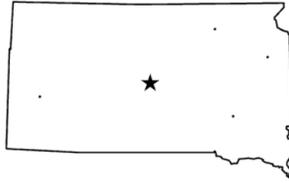
South Carolina law permits pharmacists to dispense Naloxone pursuant to a written joint protocol issued by the South Carolina Board of Medical Examiners and the South Carolina Board of Pharmacy without requiring a patient-specific written order or prescription.

LIMITATIONS ON DAYS' SUPPLY

Schedule II limited to 31 day supply

AVAILABILITY OF TREATMENT RESOURCES: The Department of Alcohol and Other Drug Abuse Services maintains directories of treatment options that can be accessed here:
<https://www.daodas.sc.gov/treatment/>

SOUTH DAKOTA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Use of the PDMP is encouraged but not required.

PDMP DELEGATE ACCESSIBILITY

Delegates must register in the system and be approved by the supervising prescriber.

CME REQUIREMENTS FOR OPIOID PRESCRIBING: N/A

NALOXONE AND SUBOXONE AVAILABILITY

Participating pharmacies may initiate a prescription and prescribe naloxone to an at risk person or third party connected to the same.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: A list of substance use disorder treatment agencies and services can be accessed here:

https://dss.sd.gov/docs/behavioralhealth/community/Substance_Use_Disorder_Treatment_Agencies_and_Services.pdf

TENNESSEE



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

All healthcare practitioners are also required to check before dispensing an opioid or benzodiazepine as a new episode of treatment to a human patient the first time at that practice site and every six (6) months thereafter when said controlled substance remains a part of the treatment for that human patient after the initial dispensing.

This does not apply for prescriptions that do not exceed a single 3-day period with no refills.

PDMP DELEGATE ACCESSIBILITY

A delegate must register as a PDMP user and provide information necessary to be connected to the supervising prescriber.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

For D.O's, at least 2 hours must be designated specifically to address prescribing practices. For MD's, at least 2 hours must be given to controlled substance prescribing, which must include instruction in Medical Board treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol and may include topics such as addiction, risk management tools, and other topics approved by the Board.

NALOXONE AND SUBOXONE AVAILABILITY

The state maintains a list of anti-drug coalitions across the state that have access to naloxone. The list can be found here: <https://www.tn.gov/opioids/treatment/preventing-an-overdose-death/find-naloxone-in-your-area.html>

LIMITATIONS ON DAYS' SUPPLY

Pharmacies may dispense no more than a 30-day supply of schedule II substances. No restriction on the amount prescribed.

AVAILABILITY OF TREATMENT RESOURCES: Information regarding available services can be found here: <https://www.tn.gov/behavioral-health/substance-abuse-services.html>

TEXAS



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Prescribers are required to check the patient's PMP history before dispensing or prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. The reporting requirement applies to all Schedule II, III, IV, and V controlled substances.

The mandate does NOT apply to orders of controlled substances during an ER visit. It applies to discharge prescriptions.

PDMP DELEGATE ACCESSIBILITY

The Texas PMP allows prescribers to designate an unlimited number of delegates to access patient prescription data and generate reports on their behalf. Eligible prescriber delegates include nurses, medical residents, medical assistants, administrative staff, etc.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Licensees who practice direct patient care must complete at least 2 hours of CME regarding safe and effective pain management related to prescribing opioids and other controlled substances in each of the first 2 renewal periods following initial licensure and every 8 years thereafter.

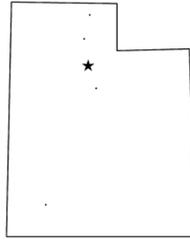
NALOXONE AND SUBOXONE AVAILABILITY

The standing order obtained by the state pharmacy association authorizes a pharmacist that is active and in good standing with the Texas State Board of Pharmacy and that has completed a required training to dispense an opioid antagonist.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: Information regarding local substance abuse services can be found here: <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral>

UTAH



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

- a) A prescriber shall check the database for information about a patient before the first time the prescriber gives a prescription to a patient for a Schedule II opioid or a Schedule III opioid.
- b) If a prescriber is repeatedly prescribing a Schedule II opioid or Schedule III opioid to a patient, the prescriber shall periodically review information about the patient.

This requirement may be waived if necessary due to an emergency situation.

PDMP DELEGATE ACCESSIBILITY

Licensed Practitioners with a Controlled Substance License may request proxy access to the CSD for properly trained designees. While there is no limit on the number of designees a practitioner may have, the practitioner is responsible for each designee, and any searches performed.

A person employed in an emergency department may access the database at the request of a licensed practitioner.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

A controlled substance prescriber must complete at least 3.5 hours in controlled substance prescribing.

NALOXONE AND SUBOXONE AVAILABILITY

Under a standing order from the Department of Health, a pharmacist may dispense naloxone to a person at risk of overdose or a family member, friend, or other person who could assist a person at increased risk.

LIMITATIONS ON DAYS' SUPPLY

- Schedule II and III opiates for acute pain may not exceed 7 days.
- Schedule II drugs cannot be prescribed greater than a 1 month supply

AVAILABILITY OF TREATMENT RESOURCES: The Department of Human Services maintains lists of treatment services at this site: <https://dsamh.utah.gov/>

VERMONT



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Before writing a prescription for a Schedule II, III or IV controlled substance, the prescriber must query the PDMP.

PDMP DELEGATE ACCESSIBILITY

Delegates are individuals employed by prescribers and are authorized to access the VPMS database related to the clinical care of bona fide current patients of the authorizing health care prescriber.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

For MD's, at least 2 hours must be on safe and effective prescribing of controlled substances and pain management.

NALOXONE AND SUBOXONE AVAILABILITY

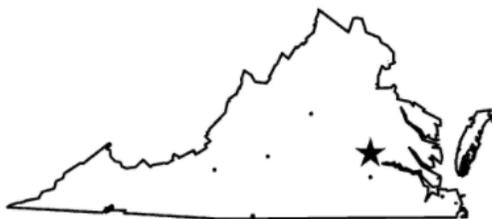
The Department of Health has issued a standing order that may be used by Eligible Persons as a prescription or third-party prescription to obtain Narcan. This order is authorization for pharmacists to dispense naloxone and devices for its administration in the forms prescribed herein.

LIMITATIONS ON DAYS' SUPPLY

- Mild pain: 24 MME/day
- Moderate pain: 32 MME/day
- Extreme pain: 50 MME/day

AVAILABILITY OF TREATMENT RESOURCES: The state maintains information about available treatment options here: <https://www.healthvermont.gov/alcohol-drug-abuse/how-get-help/find-treatment>

VIRGINIA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

The Code of Virginia as it relates to the Virginia PMP requires a prescriber to query the PMP prior to prescribing (1) opioids for treatment exceeding seven days and prior to prescribing (2) medications (e.g., buprenorphine) for opioid use disorder.

PDMP DELEGATE ACCESSIBILITY

Prescribers may have as many delegates as they need, and delegates are no longer required to hold a license, registration or certificate from one of Virginia's health regulatory boards.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

2 hours must be in pain management, proper prescribing of controlled substances, and the diagnosis and management of addiction.

NALOXONE AND SUBOXONE AVAILABILITY

A standing order from the Department of Health authorizes licensed pharmacists and EMS personnel to dispense Naloxone.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: Information about treatment can be located here: <https://findtreatment.gov/results>

WASHINGTON



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Review of an EDIE report (or the lack of a report being generated because of no qualifying data) qualifies as compliance with checking the PMP.

PDMP DELEGATE ACCESSIBILITY

Providers may delegate mandatory PMP queries to an authorized healthcare designee, in line with the PMP requirements.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

A physician licensed to prescribe opioids must complete a one-time requirement of at least one hour regarding best practices in prescribing opioids or opioid prescribing rules in the administrative regulations.

NALOXONE AND SUBOXONE AVAILABILITY

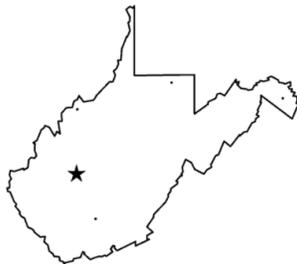
People who want to get naloxone can use the standing order at any pharmacy in the state without a prescription from a health care provider.

LIMITATIONS ON DAYS' SUPPLY

A seven-day pill limit for acute prescriptions and 14 days for acute operative pain, with an exemption to these limits when clinical judgment is documented in the medical record.

AVAILABILITY OF TREATMENT RESOURCES: The Washington State Health Care Authority maintains information about substance abuse treatment resources here: <https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/substance-use-treatment>

WEST VIRGINIA



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Upon initially prescribing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients.

PDMP DELEGATE ACCESSIBILITY

You can serve as a delegate for a PDMP-registered Prescriber and must meet the definition of a Delegate by falling under one of the following two conditions:

- a) a licensed healthcare professional such as a nurse, professional counselor, therapist, psychologist, social worker, certified pharmacy technician, pharmacist resident, etc.
- b) employed by or under contract with the same professional practice as the registered Prescriber.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

Prior to renewal every physician must complete a minimum of 3 hours of drug diversion training and best practice prescribing of controlled substances. The training program must be approved by the Board.

NALOXONE AND SUBOXONE AVAILABILITY

The Department of Health and Human Resources has issued a standing order to be used by eligible persons as a prescription or third party prescription to obtain Naloxone from a pharmacy.

LIMITATIONS ON DAYS' SUPPLY

4-day supply of an opioid for outpatient use for an adult seeking care in an emergency department.

AVAILABILITY OF TREATMENT RESOURCES: The Bureau of Behavioral Health maintains information regarding treatment resources here:

<https://dhhr.wv.gov/BHBF/SECTIONS/PROGRAMS/PROGRAMSPARTNERSHIPS/ALCOHOLISMANDDRUGABUSE/Pages/default.aspx>

WISCONSIN



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

A practitioner, or a practitioner delegate assisting the practitioner in accordance with the standards of practice for the practitioner's profession, shall review the monitored prescription drug history report about a patient before the practitioner issues a prescription order for the patient. There is an exception if the prescription order is intended to last the patient for 3 days or less and is not subject to refill.

PDMP DELEGATE ACCESSIBILITY

Yes, delegates are permitted to access information on behalf of the healthcare professionals that supervise them.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

2 hours must be completed on the Medical Board's opioid prescribing guidelines.

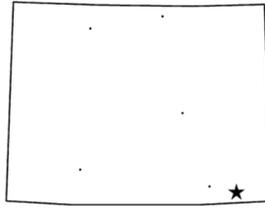
NALOXONE AND SUBOXONE AVAILABILITY

The Statewide Standing Order for Naloxone allows pharmacists in Wisconsin to sell naloxone without a health care provider's prescription to anyone at risk of an opioid overdose, as well as their family, friends, and anyone who may witness an opioid overdose.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: Information about substance use disorders and access to treatment is maintained by the state here: <https://www.dhs.wisconsin.gov/aoda/sudindex.htm>

WYOMING



PDMP MANDATES IMPACTING THE EMERGENCY DEPARTMENT

Prior to writing a prescription for a schedule II, III, IV, or V controlled substance, providers are required to search the state PMP database, as well as every 3 months thereafter for as long as the patient remains on a controlled substance. The provision only applies to schedule V if it is an opioid.

PDMP DELEGATE ACCESSIBILITY

Delegates must register with the system in order to access information for prescribers. A practitioner may appoint up to 2 delegates. A delegate registered with one practitioner may perform searches for others.

CME REQUIREMENTS FOR OPIOID PRESCRIBING

The board shall require three (3) hours of continuing education related to the responsible prescribing of controlled substances or treatment of substance abuse disorders every two (2) years.

NALOXONE AND SUBOXONE AVAILABILITY

Wyoming law allows pharmacists to prescribe naloxone to individuals. Anyone can go to a local pharmacy and ask about obtaining naloxone.

First responders may apply to receive grant funding for Narcan® Nasal Spray, currently the only FDA-approved intranasal naloxone. Agencies must obtain a standing order (a prescription from a provider for a group, not an individual) to purchase naloxone.

Other organizations can get Naloxone by applying through the Wyoming Department of Health. Agencies must obtain a standing order (a prescription from a provider for a group, not an individual) to purchase naloxone.

LIMITATIONS ON DAYS' SUPPLY: N/A

AVAILABILITY OF TREATMENT RESOURCES: The Wyoming Department of Health maintains information about treatment providers here: <https://health.wyo.gov/behavioralhealth/mhsa/treatment/>