



[Issues & Research](#) » [Health](#) » [Prevention of Prescription Drug Overdose and Abuse](#)

Go 13853

[Share](#) [Comme](#)

Prevention of Prescription Drug Overdose and Abuse

Updated September 2012

Prescription drug abuse is a growing concern among the public and state legislators alike. With the increasing number of pain killers and other medically necessary products on the market, the likelihood of a person, particularly the youth or seniors, to accidentally overdose or abuse products has been rising. According to research from the [Centers for Disease Control and Prevention](#), more than 30 percent of prescription painkiller deaths involve methadone, even though only two percent of painkiller prescriptions are for this drug. For more information about unintentional drug overdose death rates in the states, please see NCSL's [Prescription Drug Overdose Policy Postcard](#).

Many states are looking to reduce prescription drug abuse, overdose and misuse, and have enacted different types of legislation to address this increasingly important public health issue. The tables below includes information and links about examples of state laws, recent state legislation, and 2009-2012 enacted legislation that aim to prevent deaths and injuries from prescription drug abuse, overdose and misuse.

Preventing Prescription Drug Overdose: Types of State Laws

Please see the Centers for Disease Control and Prevention's [Prescription Drug Overdose webpage](#) which offers detailed state-by-state information on selective legislative strategies that address prescription drug abuse and diversion in the US.

"Doctor Shopping" Laws: Laws to deter and prosecute people obtaining multiple prescriptions for controlled substances from different health care practitioners without their knowledge, also known as doctor shopping. For example, [Arizona law](#) restricts a person from knowingly obtaining or procuring the administration of a prescription drug by fraud, deceit, misrepresentation or subterfuge.

Immunity: A law that provides a degree of immunity to an individual seeking help for themselves or for others experiencing and overdose. [New Mexico law](#) allows a person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose to not be charged or prosecuted for possession of a controlled substance.

Interstate Sharing of Information: A law that allows data from a state's prescription drug monitoring program to be shared with authorized individuals in other states. [Virginia law](#) authorizes the director of the department of health professions to enter into agreements for mutual exchange of information among prescription monitoring programs in other jurisdictions.

Pain Management Clinic Oversight: Laws that require state oversight of pain management clinics or describe specific registration, licensure, or ownership requirements for pain management clinics. For example, [Florida law](#) requires most privately owned pain-management clinics, facilities, or offices, which advertise in any medium for any type of pain-management services, or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications, to register with the department of health.

Physical Examination Before Prescribing: Laws requiring health practitioners to examine the patient or obtain a patient history and performing a "patient evaluation" prior to prescribing a controlled substance. [Rhode Island law](#) restricts any physician, dentist, osteopath, chiropractist, or veterinarian from administering, dispensing, or prescribing any controlled substance in schedules II, III, and IV, except after an original physical examination of the person for whom, or the animal for which the controlled substance is intended.

Prescription Drug Monitoring Programs: At least 43 states have passed legislation to enable Prescription Drug Monitoring Programs (PDMPs) to help prescribers and pharmacies track who is writing and filling prescriptions for controlled substances. For more information on PDMPs, please see the [National Alliance for Model State Drug Laws](#) or [PDMP Alliance](#).

Required Identification Before Dispensing: A law requiring or permitting pharmacies to request identification prior to dispensing a controlled substance. [Idaho law](#) requires people receiving controlled substances to be positively identified by staff at the pharmacy at the time any controlled substance is dispensed directly to an individual at the pharmacy. Positive identification consists of either a valid, current state or military driver's license or identification card or a valid, current passport, each of which must contain a photo of the individual and the individual's signature.

Tamper-Resistant Forms: A law that requires special tamper-resistant forms for controlled substances. For example, [Tennessee law](#) makes it unlawful for a pharmacist to fill a written prescription from a Tennessee practitioner unless issued on tamper-resistant prescription paper.

Preventing Prescription Drug Overdose: 2011 and 2012 State Legislation

State	Bill Information and Summary
California	Senate Bill 616 Would establish the CURES Fund to receive contributions to be allocated to the department of justice for the purposes of the Controlled Substance Utilization Review and Evaluation System (CURES) program that provides for the electronic monitoring of the prescribed and dispensing of schedule II, schedule II, and schedule IV controlled substances by all practitioners authorized to prescribed or dispense such substances. Pending.
Connecticut	House Bill 5063 Would clarify that health professionals may prescribe opioid antagonists to a broader group of persons for the prevention of prescription drug overdoses. Signed by Governor, Public Act No. 159.
Delaware	Senate Bill 278 Would create the Controlled Substance Advisory Committee. This bill would also create a new requirement that dispensers check the patient utilization report for the past twelve months of any patient that the dispenser has a reasonable belief may be seeking controlled substances for any non-medical reason. Pending.
Florida	House Bill 1081

	<p>would prohibit a person from knowingly using a schedule II controlled substance in a manner or form other than that in which the manufacturer or prescriber intended to be used. (Similar to Senate Bill 1364) Died in health regulation committee.</p> <p>House Bill 915/Senate Bill 904</p> <p>Would require a pharmacist to obtain proof of a valid patient-physician relationship prior to prescribing a drug or medical supplies. This bill would also require that prescribers to access information in a prescription drug monitoring database before prescribing certain controlled substances. Died in health and human services quality subcommittee .</p>
Idaho	<p>House Bill 439</p> <p>Would amend current law to clarify that practitioners and pharmacists licensed by States other than Idaho may access the controlled substances prescriptions database for treatment purposes. Would also clarify that the board may provide unsolicited reports to pharmacists and practitioners. Signed by Governor, 2012 Idaho Sess. Laws, Chap. 198.</p>
Kansas	<p>Senate Bill 327</p> <p>Would amend current law to allow the following groups to obtain data from the prescription monitoring program: persons authorized to prescribe or dispense scheduled substances and drugs of concern, and medical examiners, coroners or other persons authorized under law to investigate or determine causes of death. Failed.</p>
Kentucky	<p>Senate Bill 2</p> <p>Would define pain management clinic and create regulations for the operation and licensing of these clinics. Failed.</p> <p>House Bill 4</p> <p>Would require licensing boards, the attorney general, and the department of Kentucky state police to share information regarding drug diversion and improper prescribing. Failed.</p> <p>House Bill 377</p> <p>Would require the board of pharmacy to publish a list of opioid analgesics that incorporate tamper resistant technology. Failed.</p>
Louisiana	<p>Senate Bill 323</p> <p>Would establish the Prescription Drug Overdose and Abuse Awareness Fund. Failed.</p> <p>Senate Bill 112</p> <p>Would authorize the sharing of prescription monitoring program information with prescription monitoring programs located in other states. Singed by Governor, 2012 Act No. 352.</p>
Massachusetts	<p>Senate Bill 2115</p> <p>Would require practitioners renewing their registration to register as a participant in the prescription drug monitoring program. Would also require the department of health to distribute to pharmacies educational information about prescription drug abuse, proper disposal of prescription drugs, and addiction support or treatment resources. This bill contains numerous other provisions to amend current law. Pending.</p> <p>Senate Bill 907</p> <p>Would amend current law to allow any person who, in good faith, to seek medical assistance for themselves or someone else experiencing a drug-related overdose without being charged or prosecuted for the possession of a controlled substance. This bill would also allow Naloxone or other opioid antagonist to be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. Pending.</p> <p>House Bill 3364</p> <p>Would create a special commission to investigate responsible prescription practices in Massachusetts including the best practices for responsible prescriptions. Pending.</p>
Michigan	<p>House Bill 5643</p> <p>Would regulate the generic substitution of an opioid drug and require the use of a tamper-resistance technology. Failed.</p>
Missouri	<p>House Bill 1193</p> <p>Would establish the Prescription Drug Monitoring Program Act. Failed.</p>
Mississippi	<p>House Bill 1380</p> <p>Would establish the Mississippi pharmaceutical drug diversion act and would require the Mississippi bureau of narcotics to develop and implement a computerized program to track certain prescriptions, and investigate suspected abuse and misuse of controlled substances. Failed.</p>
New Hampshire	<p>Senate Bill 286</p> <p>This bill would establish the controlled drug prescription health and safety program and would grant the New Hampshire pharmacy board rulemaking authority for the purposes of the bill. (Similar to ABI 2590) Singed by Governor, 2012 Chapter No. 196.</p>
New Jersey	<p>Senate Bill 350</p> <p>Would require the Board of Pharmacy to compile and publish list of certain tamper-resistant opioid drugs and that certain conditions be met for pharmacist to substitute for tamper-resistant opioid drug. Pending.</p>
New Mexico	<p>Senate Bill 215</p> <p>Would amend the current New Mexico Pain Relief Act by requiring continuing education for non-cancer pain management. Signed by Governor, 2012 N.M. Laws, Chap. 41.</p>
New York	<p>Assembly Bill 3806</p> <p>Would allow pharmacies to request access to certain prescription drug monitoring program data. (Same as 2802) Pending.</p> <p>Assembly Bill 3807</p> <p>Would establish a prescription monitoring program and require the department of health to create an electronic prescription monitoring program.</p> <p>This bill would require pharmacists to submit certain information to such program every time a controlled substance is prescribed or dispensed. (Similar to SB 2819). Pending.</p> <p>Senate Bill 2723</p> <p>Would require clinical education in pain management. This law would require every physician, physician assistant and specialist assistant practicing in the state to complete course work and training regarding pain management every four years. (Same as AB 8894. Similar to AB 8176/SB 7329) Pending.</p> <p>Assembly Bill 7805</p> <p>Requires the office of alcoholism and substance abuse services to develop a prescription drug abuse awareness campaign. Pending.</p> <p>Assembly Bill 8320</p>

	<p>Would enact the Internet System for Tracking Over-Prescribing. Would provide for the creation of a system for collecting, monitoring and reporting data concerning the prescribing and dispensing of schedule II, III, IV and V controlled substances and any other substance identified by the commissioner. (Same as SB 5720) Pending.</p> <p>Assembly Bill 7634</p> <p>Would prohibit the substitution of opioid analgesic drugs for an opioid analgesic drug incorporating tamper resistance technology. (Same as SB 6062) Pending.</p>
Pennsylvania	<p>Senate Bill 1300</p> <p>Would establish the Pharmaceutical Accountability Monitoring System to establish and maintain an electronic system for monitoring all scheduled drugs. Pending.</p>
Tennessee	<p>House Bill 1040/SB 1258</p> <p>Would regulate pain management clinics and require that such clinics apply for certification as such a clinic with the department of health. Signed by Governor, 2012 Tenn. Pub. Acts, Chap. 340.</p> <p>Senate Bill 2531/House Bill 3295</p> <p>Would require any health care practitioner authorized to prescribe or dispense a controlled substance contained in Schedules II, III and IV, and Schedule V controlled substances identified by the controlled substance database advisory committee as demonstrating a potential for abuse, to query the controlled substance database in order to check the prescription history of any patient seeking a prescription for any such controlled substance. Failed.</p> <p>Senate Bill 3003</p> <p>Would require pharmacists to provide certain prescribed opioid analgesic drugs that incorporate tamper resistance technology. 2012 Tenn. Pub. Acts, 932.</p> <p>SB 2253/HB 2391</p> <p>Would enact the Tennessee Prescription Safety Act of 2012 and revise various provisions of present law regarding the controlled substance database. 2012 Tenn. Pub. Acts, Chap. 880.</p>
Utah	<p>House Bill 257</p> <p>Would make information in the controlled substances database and information obtained from other state or federal prescription monitoring programs by means of the database available to certain individuals. Would allow individuals employed in an emergency room of a hospital to exercise access to the database. Signed by Governor, 2012 Utah Laws, Chap. 174.</p>
Vermont	<p>House Bill 745</p> <p>Would require health care providers to search the Vermont prescription monitoring system prior to prescribing a controlled substance, and would expand the category of people who may access the system. This bill would also create a unified pain management system advisory council. Failed.</p>
Virginia	<p>House Bill 347/Senate Bill 321</p> <p>Would modify the prescription drug monitoring program to require dispensers of covered substances to report the method of payment for the prescription. This bill would also require the director of the department of health professions to report information relevant to an investigation of a prescription recipient, in addition to a prescriber or dispenser, to any federal law-enforcement agency with the authority to conduct drug diversion investigations. Signed by Governor, 2012 Va. Acts, Chap. 21.</p>
Washington	<p>House Bill 2495/Senate Bill 6424</p> <p>Would prohibit pharmacists from substituting opioid analgesic drugs for an opioid analgesic drug incorporating a tamper resistance technology without verifying equivalence or obtaining the written, signed consent of the prescribing physician. Failed.</p>
West Virginia	<p>Senate Bill 201/House Bill 4096</p> <p>Would create the Unintentional Pharmaceutical Drug Overdose Fatality Review team. Failed.</p> <p>House Bill 4336/Senate Bill 437 this bill would establish licensing and oversight of chronic pain management clinics and establish requirements for ownership, licensure, operation and management of pain management clinics. Failed.</p>

2009-2011 State Laws on the Prevention of Prescription Drug Overdose and Abuse

State	Description of Law
Colorado	<p>2011 Colo., Sess. Laws, Chap. 230</p> <p>Continues the PDMP until July 1, 2021. Provides a mechanism for law enforcement officials and regulatory boards to investigate prescriber behavior that is potentially harmful to the public. Also provides that each prescriber and each dispensing pharmacy is required to disclose to a patient receiving a controlled substance that their identifying prescription information will be entered into the program database. (SB 192 of 2011)</p>
Connecticut	<p>2011 Conn. Acts, P.A. 11</p> <p>Amends the pharmacy practice act and practitioner controlled substance registration and clarifies controlled substance registration provisions. This law also requires a biennial rather than an annual pharmacy license.</p>
Delaware	<p>2010 Vol. 77 Del. Laws, Chap. 396</p> <p>Created the Delaware Prescription Monitoring Program (PMP) Act in the Office of Controlled Substances. PMP will monitor the prescribing and dispensing Schedule II, III, IV, and V controlled substances. This information will be provided to prescribers, dispensers, and patients to help avoid the illegal use of controlled substances. It will also be used to assist law enforcement in a related investigation.</p> <p>2009 Vol. 77 Del. Laws, Chap. 161</p> <p>Created a new offense which makes it a crime to be in possession of a blank prescription form or pad if not a practitioner as defined. This law also makes it a crime to take exercise control over, produce or reproduce transfer, use, give or sell a prescription form or pad of a practitioner with the intent to deprive the practitioner of such prescription pad. (SB 178 of 2009)</p>
Florida	<p>2011 Fla. Laws, Chap. 141 Requires prescriptions for controlled substances to be written on a counterfeit proof prescription pads. This law also clarifies standards of practice for the prescribing of controlled substances. Pain management clinic regulation and registration are amended in this law. (HB 7095 of 2011)</p> <p>2010 Fla. Laws, Chap. 211 Allows the Department of Health to obtain patient records from patient if there is reasonable cause to believe that a health care practitioner has excessively or inappropriately prescribed any controlled substance. The Department does not need to obtain a release or subpoena for the investigation. This law also requires all privately owned pain management clinics to register with the Department. Physicians must</p>

	also be registered. Any physician or clinic not registered will not be able to practice medicine in that clinic.(SB 2272 of 2010)
Georgia	2011 Ga. Laws, 229 Provides for the establishment of a program to monitor the prescribing and dispensing of controlled substances and among other things also provides for the establishment of an Electronic Database Review Advisory Committee. (SB 36 of 2011)
Illinois	2010 Ill. Laws, P.A. 96-0361 Created the Drug Overdose Prevention Program. The Director of the program may publish an annual report on drug overdose trends statewide that includes trends in drug overdose rates, trends in ER utilization due to drug overdose and related costs, among other items. The Director may also establish a program to provide for the production and publication of overdose prevention, recognition, and response establishment. Among other provisions, this law allows the Director to award grants to create or develop local drug overdose prevention, recognition, and response projects. (HB 497 of 2010) 2010 Ill. Laws, P.A. 96-1183 Amended the Senior Pharmaceutical Assistance Act by expanding the scope of the Senior Pharmaceutical Assistance Review Committee to include, among other provisions, requiring the conducting of public hearings for prescription drug abuse and to determine if state should increase penalties especially against those under age 25. In order to do this, the Committee may review guidelines from State universities addressing drug abuse. (HB 4922 of 2010)
Louisiana	La. Rev. Stat. Ann. 540:2198.12 requires all pain management clinics to be licensed by the department of health and hospitals and requires this department to prescribe and publish minimum standards, rules, and regulations regarding the operation of pain management clinics.
Maine	2011 Me. Laws, Chap. 217 Adopts the interstate prescription monitoring program compact which would provide a mechanism for state prescription monitoring programs to securely share prescription data. (HB 1056 of 2011) 2011 Me. Laws, Chap. 81 Directs the Substance Abuse Services Commission to convene a work group to review and make recommendations for improvements in how physicians and other prescribers treat patients in chronic, noncancer-related pain without causing addiction or diversion. (HB 1102 of 2011)
Maryland	2011 Md. Laws, Chap. 166 Establishes a prescription drug monitoring program to assist prescribers, dispensers and public health professionals in the identification, treatment and prevention of prescription drug abuse. This bill allows the data from the state's program to be shared with another state's prescription drug monitoring program. (SB 883 of 2011)
Montana	2011 Mont. Laws, Chap. 241 Requires the board of pharmacy to establish and maintain a prescription drug registry for the purpose of improving patient safety. Also establishes rules and requirements of registry. (HB 83 of 2011)
New York	2010 N.Y. Laws, Chap. 178 Amended the current prescription drug monitoring program to inform the pharmacy that a person who presents or has presented a prescription for one or more controlled substances at the pharmacy may have also obtained one or more controlled substances at another pharmacy where the circumstances indicate a possibility of drug abuse or diversion, potential harm to the person, or similar grounds under regulations of the commissioner. (AB 7662 of 2010)
North Carolina	2011 N.C. Sess. Laws, Chap. 117 Established the North Carolina Smart Card Pilot program. In this pilot program the department of health and human services may allow electronic prescribing services and prescription drug database integration and tracking in order to prevent medical error through information sharing and to reduce pharmaceutical abuse. (SB 307 of 2011)
Ohio	2011 Ohio Laws, H. 93 Authorizes the attorney general, in collaboration with the board of pharmacy and the director of the alcohol and drug addiction services, to establish and administer a drug take back program. Also provides certain prescribing limits for licensed health care professionals authorized to prescribe controlled substances. This bill requires the department of job and family services to implement a coordinated services program for Medicaid recipients who are found to have obtained prescription drugs in an amount or frequency that is not medically necessary.
Texas	2011 Tex. Gen. Laws, Chap. 1228 Amends current law to allow certain controlled substances to be dispensed with an electronic prescription. (SB 594 of 2011)
Utah	2011 Utah Laws, Chap. 38 Makes information in the prescription drug monitoring database available to employees of the Office of Internal Audit and Program Integrity within the Department of Health who are engaged in their specified duty of ensuring Medicaid program integrity. (HB 358 of 2011) 2011 Utah Laws, Chap. 103 Designates the month of April as Clean Out the Medicine Cabinet Month in Utah. (HB 241 of 2011) 2011 Utah Laws, Chap. 226 Authorizes certain individuals to access the controlled substance database for the purpose of reviewing a patient's request for workers' compensation benefits. (SB 248 of 2011) 2010 Utah Laws, Chap. 287 Amended provisions relating to the Controlled Substance Database and states requirements for individuals, other than veterinarians, who are licensed to provide a controlled substance or applying for a license or renewing a license. These individuals have to register to use the database, take a tutorial and pass a test relating to the database and prescribing of a controlled substance. Any failure to register will result in a felony. (HB 28 of 2010) 2010 Utah Laws, Chap. 290 Provides for notification of practitioners if a patient 12 years of age or older is admitted to hospital for poisoning by or overdose of a prescribed, controlled substance that practitioner may have prescribed. (HB 35 of 2010)
Washington	2010 Wash. Laws, Chap. 9 Created provisions for drug overdose prevention. Among other provisions, the law allows a person who is experiencing an overdose and seeks medical attention may not be charged or prosecuted for possession of a controlled substance. (SB 5516 of 2010)
West Virginia	2010 W.Va. Acts, Chap. 147 Created the official prescription program act, which requires prescriptions to be written on a tamper proof prescription pad, among other provisions

Virginia	Created the official prescription program act, which requires prescriptions to be written on a tamper-proof prescription pad, among other provisions. (SB 81)
----------	---

NCSL Resources:

- ▶ [The Burden of Prescription Drug Overdoses on Medicaid](#) [LegisBrief]
- ▶ [Prescription Drug Overdose Policy Postcard](#)
- ▶ [A Pill Problem](#) [State Legislature Magazine]
- ▶ [Submit a question to NCSL \(Legislators & staff only\)](#)

Other Resources:

- ▶ [CDC Policy Impact: Prescription Painkiller Overdoses](#)
 - ▶ [Vital Signs: Overdoses of Prescription Opioid Pain Relievers: United States \(1999-2008\). Morbidity and Mortality Weekly Report, November 4, 2011; 60\(43\):1487-1492.](#)
 - ▶ [Centers for Disease Control and Prevention Public Health Law Program](#)
 - ▶ [National Alliance for Model State Drug Laws](#) (NAMSDL)
-

Denver Office

Tel: 303-364-7700 | Fax: 303-364-7800 | 7700 East First Place |
Denver, CO 80230

Washington Office

Tel: 202-624-5400 | Fax: 202-737-1069 | 444 North Capitol Street, N.W., Suite 515 |
Washington, D.C. 20001

©2012 National Conference of State Legislatures. All Rights Reserved.