List of current legislative barriers for each state

Statutory Barriers by State

State	Statutes	Criterion and Problem
Arizona	Controlled Substances Act A.R.S. §36-2501(A)(5)	(11): Physical dependence or analgesic tolerance is confused with addiction
Arkansas	Intractable Pain Treatment Act ACA §17-95-703(2).	(16B): Provisions that are ambiguous leading to possible misinterpretation: physicians are only able to use opioid medications after all other treatments have been tried unsuccessfully, regardless of other clinical considerations.
	Intractable Pain Treatment Act ACA §17-95-704(e)(2)	(12): Medical decisions are limited based on patient characteristics
California	California Health and Safety Code. §124961(a) Effect on Intractable Pain Act; Bill of Rights	(16b): The term "severe chronic pain" is used repeatedly. This unconventional medical term may lead to limiting the patient population that has access to opioid medicines to treat pain.
	California Health and Safety Code. §124961(c) Effect on Intractable Pain Act; Bill of Rights	(16b): Allowing a physician to refuse to prescribe opioid medicines for intractable pain goes against being a bill of rights, as the title indicates the law to be.
Colorado	Medical Practice Act C.R.S. 12-36-117(1.5)(b)	(10): Implies that opioids are not a part of professional medical practice. (12b): Medical decisions are limited by mandated consultation. (16b): Unclear intent leading to possible misinterpretation; language makes it seem as though medical immunity is available only if all other treatment options are exhausted before opioids are used.
	Pharmacy Practice Act C.R.S. 12-22-303(1).	(11): Physical dependence or analgesic tolerance is confused with addiction.
Florida	Medical Practice Act Fla. Stat. §458.331	(16A): Arbitrary standards for prescribing; insinuates that there is a standard dosage of medication that is acceptable but does not define dosage.
	Orthopedic Practice Act Fla. Stat. §459.003	(16A): Arbitrary standards for prescribing; insinuates that there is a proper dosage but this is never defined. Also disregards the intent of physician in prescribing, adding to uncertainty on how this provision may be interpreted.
	Pharmacy Practice Act Fla. Stat. §465.016	(16A): Arbitrary standards for prescribing; it is reasonable to expect pharmacists to avoi d contributing to diversion, but this implies a known standard which is not specified.
	Professional Practice Fla. Stat. §456.057	(16A): Arbitrary standards for prescribing; it is reasonable to expect pharmacists to avoi d contributing to diversion, but this implies a known standard which is not specified.
Hawaii	Controlled Substances Act HRS§ 329-1(b)(1)	(13): Length of prescription validity is restricted; must be filled within 7 days.
	Controlled Substances Act HRS§ 329-40	(11): Physical dependence or analgesic tolerance is confused with addiction.
	Pain Patient's Bill of Rights HRS prec §327H-2(a)(3)	(16B): Unclear intent leading to possible misinterpretation; physician ability to refuse prescribing pain medications is contrary to bill intent as a "patient bill of rights."
Kentucky	Controlled Substances Act KRS §218A.205(2)(a)	(16A): Arbitrary standards for legitimate prescribing; unknown standard for prescribing is implied.
	Medical Practice Act KRS §311.597(1)(d)	(16A): Arbitrary standards for legitimate prescribing; unknown standard for prescribing is implied.
Louisiana	Controlled Substances Act La. R.S. 40:961(18)	(11): Physical dependence or analgesic tolerance confused with addiction.
	Pain Management Clinics La. R.S. 40:2198.12(B)(1)(b)	(12D): Undue prescription limitations; discrepancy for patients treated in pain clinics since 30 day limit on quantity of medication is not required for all patients. (16B): Unclear intent leading to possible misinterpretation; seems to apply to all medications, including Schedule II medicines which cannot be refilled under federal or state law.
Maryland	Controlled Substances Act Md. Criminal Law Code Ann.§5-101(n)(2)	(11): Physical dependence or analgesic tolerance confused with addiction.
Minnesota	Intractable Pain Treatment Act Minn. Stat. §152.125	(10): Implies opioids are not part of professional practice. (16B): Unclear intent leading to possible misinterpretation; implies that physicians are only eligible for immunity from regulatory scrutiny if opioids are prescribed after all other treatment options are exhausted, regardless of other clinical considerations.
Missouri	Controlled Substances Act §195.010(15) RSMo	(11): Physical dependence or analgesic tolerance confused with addiction.
	Intractable Pain Treatment Act §334.105(2)(2)	(10): Implies opioids are not part of professional practice. (16B): Unclear intent leading to possible misinterpretation; implies that physicians are eligible for immunity from regulatory scrutiny only if opioids are prescribed after all other treatment options are exhausted, regardless of other clinical considerations.
	Intractable Pain Treatment Act §334.105(2)(4)	(16A): Arbitrary standards for legitimate prescribing; implies an unknown standard for prescribing
	Intractable Pain Treatment Act §334.106(3)	(12A): Restrictions based on patient characteristics. (16C): Conflicting or inconsistent policies or provisions; inconsistency in the law as to whether those with drug dependency can be prescribed opioid medications.

Nevada	Controlled Substances Act Nev. Rev. Stat. Ann. §453.098	(11): Physical dependence or analgesic tolerance is confused with addiction.
	Controlled Substances Act Nev. Rev. Stat. Ann. §453.257	(14): Undue prescription requirements; strict enforcement of provision would cause undue burden on pharmacists
New Hampshire	Controlled Substances Act RSA §318-8:1(IX)(a), (X)(a)	(16B): Unclear intent leading to possible misinterpretation; unclear if a "demonstrable physical disorder" would include a chronic condition with an undiagnosable etiology.
New Jersey	Controlled Substances Act N.J. Stat. §24:21-2	(11): Physical dependence or analgesic tolerance is confused with addiction.
	Code of Criminal Justice N.J. Stat. §2C:35-2	(11) Physical dependence or analgesic tolerance is confused with addiction.
New York	Controlled Substances Act NY CLS Pub Health §3332(3), §3333(1)	(14): Undue prescription limits; could create an undue burden on practitioners and pharmacists by requiring them to confirm the medication supply remaining for every patient.
	Controlled Substances Act NY CLS Pub Health §3350	(12A): Healthcare decisions are restricted based on patient characteristics; patients who are habitual users of controlled substances cannot be prescribed controlled substances.
North Carolina	Controlled Substances Act N.C. Gen. Stat. §90-87(13)	(11): Confuses physical dependence or analgesic tolerance with addiction.
	Controlled Substances Act N.C. Gen. Stat. §90-109.1(c)	(14): Practitioners subject to undue prescription requirements; physicians are required to report patients considered to be drug dependent; however, the state definition of dependence could include patients who are physically dependent on opioids that are being used to treat pain.
Oklahoma	Controlled Substances Act 63 Okl. St. §2-101(15)	(11): Physical dependence or analgesic tolerance is confused with addiction.
	Medical Practice Act 59 Okl. St. §509(16)	(16A): Arbitrary standards for legitimate prescribing; unknown standard for prescribing is insinuated.
Pennsylvania	Controlled Substances Act 35 P.S.§780-102(b)	(11): Physical dependence or analgesic tolerance is confused with addiction.
South Carolina	Controlled Substances Act S.C. Code Ann. §44-53-360(h)	(16A): Arbitrary standards for legitimate prescribing; unknown standard for prescribing implied and also unclear as to how this provision applies to drug dependent persons who are prescribed for pain treatment.
South Dakota	Medical Practice Act S.D. Codified Laws §36-4-30(9)	(16A): Arbitrary standards for legitimate prescribing; "amounts calculated to endanger wellbeing" insinuates there is an undefined standard. There is no definition of "well-being" or criteria for endangerment.
Tennessee	Medical Practice Act Tenn. Code Ann. §63-6-214(b)(12)	(16A): Arbitrary standards for prescribing; "amounts and/or for durations not medically necessary, advisable or justified" implies there is a known standard that is not defined.
	Medical Practice Act Tenn. Code Ann. §63-6-214(b)(13)	(16B): Unclear intent leading to possible misinterpretation; it is unclear what actions would constitute a "bona fide effort to cure the habit" and thus fulfill the standard to avoid penalty when medically using controlled substances to treat pain or other symptoms in a person with a history of drug dependence.
	Intractable Pain Treatment Act Tenn. Code Ann. §63-6-1102(2)	(11): Physical dependence or analgesic tolerance is confused with addiction.
	Intractable Pain Treatment Act Tenn. Code Ann. §63-6-1102(3)	(10): Implies opioids are not a part of professional practice. (16B): Unclear intent leading to possible misinterpretation; seems to imply that physicians are afforded regulatory immunity only if opioids are used after all other treatment options have been exhausted, regardless of other clinical considerations.
	Intractable Pain Treatment Act Tenn. Code Ann. §63-6-1104(b)	(16B): Unclear intent leading to possible misinterpretation; use of term "severe chronic intractable pain" seems to limit patient population with access to "proper" pain treatment.
	Intractable Pain Treatment Act Tenn. Code Ann. §63-6-1104(d).	(16B): Unclear intent leading to possible misinterpretation; ability of physicians to refuse prescribing opioid medications to patients with pain is contradictory to law being a "patient bill of rights."
	Osteopathic Practice Act Tenn. Code. Ann. §63-9-111(b)(12)	(16B): Unclear intent leading to possible misinterpretation; it is unclear what actions would constitute a "bona fide effort to cure the habit" and thus fulfill the standard to avoid penalty when medically using controlled substances to treat pain or other symptoms in a person with a history of drug dependence.
Texas	Medical Practice Act Tex. Occ. Code §164.053(a)(3)(A), (B) Medical Practice Act Tex. Occ. Code §164.053(c)(1), (2)	(14): Undue prescription requirements; reporting of individuals who may be abusing controlled substances. Reinforces concerns of regulatory scrutiny for medical treatment.
	Intractable Pain Treatment Act Tex. Occ. Code §107.001(2)	(10): Implies opioids are not a part of professional practice. (16B): Unclear intent leading to possible misinterpretation; seems to imply that physicians are afforded regulatory immunity only if opioids are used after all other treatment options have been exhausted, regardless of other clinical considerations.
	Intractable Pain Treatment Act Tex. Occ. Code §107.103	(14): Undue prescription requirements; absolute monitoring of drugs to ensure use for only pain treatment is unrealistic.
Utah	Controlled Substances Act Utah Code Ann. §58-37-6(B)(i)	(12C): Restrictions regarding quantity prescribed or dispensed; use of term "in excess" implies there is a prescribing/dispensing standard, which is never defined.
Wyoming	Medical Practice Act Wyo. Stat. §33-26-402(a)(xi)	(12A): Restrictions based on patient characteristics; there is no exemption for patients who have pain and a history of addiction.