



Public Health Law

Office for State, Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

Doctor Shopping Laws

The United States is in the midst of an unprecedented epidemic of prescription drug overdose deaths.¹ More than 41,000 people died of drug overdoses in 2011, and most of these deaths (22,810) were caused by overdoses involving prescription drugs.² Three-quarters of prescription drug overdose deaths in 2011 (16,917) involved a prescription opioid pain reliever (OPR), which is a drug derived from the opium poppy or synthetic versions of it such as oxycodone, hydrocodone, or methadone.³ The prescription drug overdose epidemic has not affected all states equally, thus overdose death rates vary widely among states.

States have the primary responsibility to regulate and enforce prescription drug practice. Although state laws are commonly used to prevent injuries and their benefits have been demonstrated for a variety of injury types,⁴ there is little information on the effectiveness of state statutes and regulations designed to prevent prescription drug abuse and diversion. This menu is a first step in assessing doctor shopping laws by creating an inventory of state legal strategies in this domain.

Introduction

The term “doctor shopping” has traditionally referred to a patient obtaining controlled substances from multiple healthcare practitioners without the prescribers’ knowledge of the other prescriptions. A law was included in this resource if it prohibits doctor shopping, either generally through an anti-fraud statute or specifically through a mandatory disclosure law.⁵ All fifty states and the District of Columbia

¹ For the purpose of this document, “overdose death” refers to death resulting from either intentional or accidental overdose, which could be caused by a patient being given the wrong drug, taking the wrong drug in error, or taking too much of a drug inadvertently.

² Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER) Database (2012) <http://wonder.cdc.gov>.

³ *Id.*

⁴ Julie Gilchrist, Richard A. Schieber & David A. Sleet, *Legislative and Regulatory Strategies to Reduce Childhood Injuries*, 10 UNINTENTIONAL INJURIES IN CHILDHOOD 111, 111–30 (2000).

⁵ Throughout this menu, the first effective dates of the specific provisions referenced are cited as “[legal citation] (eff. [year]).” Where dates were either not provided within the laws or were unclear due to multiple revisions, this fact is cited as “[legal citation] (eff. date unclear, [estimated year]).” Some states have general doctor shopping laws which contain provisions that also qualify them as specific doctor shopping laws. Thus, citations provided for



have a general fraud statute adopting verbatim—or with slight alteration—a provision in the Uniform Narcotic Drug Act of 1932⁶ or the Uniform Controlled Substances Act of 1970.⁷ The Uniform Narcotic Drug Act states that “[n]o person shall obtain or attempt to obtain a narcotic drug, or procure or attempt to procure the administration of a narcotic drug . . . by fraud, deceit, misrepresentation, or subterfuge [] or . . . by the concealment of a material fact”⁸ The Uniform Controlled Substances Act was introduced much later and included similar language; however, it did not include the phrase “concealment of material fact.”⁹

Twenty states¹⁰ have also enacted specific doctor shopping laws that appear as standalone laws or provisions within general doctor shopping laws. Specific doctor shopping laws prohibit a patient from knowingly withholding information from the practitioner the patient is currently seeing about controlled substances or prescriptions they have received from other healthcare practitioners.

General Doctor Shopping Laws

States with general doctor shopping laws prohibit patients from obtaining drugs by any or all of the following means: fraud, deceit, misrepresentation, subterfuge, or concealment of material fact. While all states and the District of Columbia have general doctor shopping laws, the language used in the laws varies across jurisdictions. About one-third of states¹¹ and the District of Columbia¹² have enacted

the same law in this menu will potentially have different effective dates to account for when specific doctor shopping language was added to an existing general doctor shopping law.

⁶ UNIF. NARCOTIC DRUG ACT (1932).

⁷ UNIF. CONTROLLED SUBSTANCES ACT (1970).

⁸ UNIF. NARCOTIC DRUG ACT § 17.

⁹ Many states initially adopted the Uniform Narcotic Drug Act and later repealed it, enacting the Uniform Controlled Substances Act in its place. A few states maintained portions of the Uniform Narcotic Drug Act and adopted portions of the Uniform Controlled Substances Act. A minority of states adopted their own alternatives that differ in substance from the Uniform Controlled Substances Act but have similar effect.

¹⁰ CONN. GEN. STAT. ANN. § 21a-266 (eff. date unclear, 1958–73); FLA. STAT. ANN. § 893.13 (eff. date unclear, 1987 or prior); GA. CODE ANN. § 16-13-43 (eff. date unclear, 1967–87); HAW. REV. STAT. § 329-46 (eff. 1991); 720 ILL. COMP. STAT. ANN. 570/314.5 (eff. 2012); LA. REV. STAT. ANN. § 40:971 (eff. 2007); ME. REV. STAT. ANN. TIT. 17-A, § 1108 (eff. 2001); MONT. CODE ANN. § 45-9-104 (eff. 2011); NEV. REV. STAT. ANN. § 453.391 (eff. date unclear, 1971–95); N.H. REV. STAT. ANN. § 318-B:2 (eff. 1990); N.Y. PUB. HEALTH LAW § 3397 (eff. 1973); N.Y. COMP. CODES R. & REGS. tit. 10, § 80.125 (eff. 1973); N.C. GEN. STAT. ANN. § 90-108 (eff. date unclear); S.C. CODE ANN. § 44-53-395 (eff. 1978); S.D. CODIFIED LAWS § 22-42-17 (eff. 1990); TENN. CODE ANN. § 53-11-402 (eff. date unclear, prior to 2009); TENN. CODE ANN. § 71-5-2601 (eff. 2007); TEX. HEALTH & SAFETY CODE § 481.129 (eff. 2011); UTAH CODE ANN. § 58-37-8 (eff. 1990); VT. STAT. ANN. tit. 18, § 4223 (eff. date unclear, 1968 or 1989); W. VA. CODE ANN. § 60A-4-410 (eff. 2002); WYO. STAT. ANN. § 35-7-1033 (eff. 2008).

¹¹ Sixteen states. *See, e.g.*, ALASKA STAT. § 11.71.040 (eff. date unclear, 1982 or 1986); DEL. CODE ANN. tit. 16, § 4757 (eff. date unclear, 1972–79); 720 ILL. COMP. STAT. ANN. 570/406 (eff. date unclear, 1971–1984); LA. REV. STAT. ANN. § 40:971 (eff. date unclear, 1972-78); LA. REV. STAT. ANN. § 40:1238.3 (eff. 2006); MASS. GEN. LAWS ANN. ch. 94C, § 33 (eff. 1971); MICH. COMP. LAWS ANN. § 333.7407 (eff. date unclear, prior to 1988); MISS. CODE ANN. § 41-29-144 (eff. date unclear, 1977 or 1980); NEB. REV. STAT. §§ 28-418, 28-1437 (eff. date unclear, 1977 or 1988); NEV. REV. STAT. ANN. § 453.331 (eff. date unclear, 1971-1995); NEV. REV. STAT. ANN. § 454.311 (eff. date unclear, 1973–95); N.D. CENT. CODE § 19-03.1-25 (eff. date unclear, 1971 or 1975); OR. REV. STAT. ANN. § 475.916 (eff. date unclear, 1977–95); S.D. CODIFIED LAWS § 22-42-8 (eff. date unclear, 1970-90); TEX. HEALTH & SAFETY CODE ANN. § 481.129 (eff. 1989);

general doctor shopping laws that contain only the Uniform Controlled Substances Act language.¹³

Delaware law, for example, provides that “[i]t is unlawful for any person knowingly or intentionally . . . [t]o acquire or obtain or attempt to acquire or obtain, possession of a controlled substance or prescription drug by misrepresentation, fraud, forgery, deception or subterfuge”¹⁴

General doctor shopping laws in other states¹⁵ contain language only from the Uniform Narcotic Drug Act. For example, **California** law provides that “[n]o person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances; (1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.”¹⁶

Another group of states¹⁷ with general doctor shopping laws have used language from both the Uniform Narcotic Drug Act and the Uniform Controlled Substances Act. **Rhode Island**, for instance, has two general doctor shopping laws. One provides that “[n]o person shall obtain or attempt to obtain a controlled substance or procure or attempt to procure the administration of a controlled substance . . . [b]y fraud, deceit, misrepresentation, or subterfuge; [or b]y the concealment of material fact”¹⁸ The other provides that “[i]t is unlawful for any person knowingly or intentionally . . . [t]o acquire or obtain

UTAH CODE ANN. § 58-37-8 (eff. date unclear, 1971–89); W. VA. CODE ANN. § 60A-4-403 (eff. 1971); WYO. STAT. ANN. § 35-7-1033 (eff. 1971).

¹² D.C. CODE § 48-904.03 (eff. 1981).

¹³ New Jersey has both a general doctor shopping law [N.J. STAT. ANN. § 2C:35-13 (eff. 1987)] that contains only the Uniform Controlled Substances Act language and a general doctor shopping law [N.J. STAT. ANN. § 2C:35-10.5 (eff. 1987)] that does not follow general anti-fraud language of the Uniform Controlled Substances Act or the Uniform Narcotic Drug Act.

¹⁴ DEL. CODE ANN. tit. 16 § 4757 (eff. date unclear, 1972-79).

¹⁵ Fourteen states. *See e.g.*, CAL. HEALTH & SAFETY CODE § 11173 (eff. 1972); COLO. REV. STAT. ANN. § 12-42.5-126 (eff. date unclear); COLO. REV. STAT. ANN. § 18-18-415 (eff. 1992); CONN. GEN. STAT. ANN. § 21a-108 (eff. date unclear, 1955-58); CONN. GEN. STAT. ANN. § 21a-266 (eff. 1967); HAW. REV. STAT. § 329-42 (eff. 2000); IND. CODE ANN. §§ 16-42-19-16, 35-48-4-14 (eff. 1993); MD. CODE ANN., CRIM. LAW §§ 5-601, 5-701, 8-610 (eff. 2002); MINN. STAT. ANN. §§ 151.37, 152.025 (eff. 1989); MO. ANN. STAT. § 195.204 (eff. 1989); MONT. CODE ANN. § 45-9-104 (eff. 1969); N.Y. PUB. HEALTH LAW § 3397 (eff. 1973); N.Y. COMP. CODES R. & REGS. tit. 10, § 80.125 (eff. 1973); OKLA. STAT. ANN. tit. 63, § 2-407 (eff. 1971); VT. STAT. ANN. tit. 18, § 4223 (eff. date unclear, 1968 or 1989); VA. CODE ANN. § 18.2-258.1 (eff. 1977); WASH. REV. CODE ANN. § 69.41.020 (eff. 1973), WASH. REV. CODE ANN. § 69.50.403 (eff. 1971).

¹⁶ CAL. HEALTH & SAFETY CODE § 11173 (eff. 1972).

¹⁷ Fifteen states. *See, e.g.*, ALA. CODE § 13A-12-212 (eff. 1987); ALA. CODE § 20-2-72 (eff. date unclear, 1971 or 1987); ARIZ. REV. STAT. ANN. §§ 13-3406, -3407, -3408, 36-2531 (eff. 2002); ARK. CODE ANN. §§ 20-64-217, 20-64-312 (eff. 1937); ARK. CODE ANN. § 5-64-403 (eff. date unclear, 1971-2005); FLA. STAT. ANN. § 893.13 (eff. date unclear, 1987 or prior); GA. CODE ANN. §§ 16-13-43, 16-13-78 (eff. 1967); IDAHO CODE ANN. § 37-2734 (eff. date unclear, 1971 or 1972); IDAHO CODE ANN. § 54-1732 (eff. 1979); IOWA CODE ANN. §§ 124.403, 155A.23 (eff. 1987); N.H. REV. STAT. ANN. § 318-B:2 (eff. 1983); N.H. REV. STAT. ANN. § 318:52-a (eff. 1965); N.M. STAT. ANN. §§ 26-1-22, 30-31-25 (eff. 1967); N.C. GEN. STAT. ANN. § 90-108 (eff. date unclear, 1983 or prior); N.C. GEN. STAT. ANN. § 106-122 (eff. date unclear, 1975 or prior); 35 PA. CONS. STAT. ANN. § 780-113 (eff. date unclear); 63 PA. CONS. STAT. ANN. § 390-8 (eff. date unclear); R.I. GEN. LAWS § 21-28-4.03 (eff. date unclear, 1974 or 1985); R.I. GEN. LAWS § 21-28-4.05 (eff. 1974); S.C. CODE ANN. § 44-53-40 (eff. date unclear, 1962–76); S.C. CODE ANN. § 44-53-390 (eff. date unclear, 1962–82); TENN. CODE ANN. § 53-10-104 (eff. 1961); TENN. CODE ANN. § 53-11-402 (eff. date unclear); WIS. STAT. ANN. § 450.11 (eff. 1986); WIS. STAT. ANN. § 961.43 (eff. date unclear, 1972–95).

¹⁸ R.I. GEN. LAWS § 21-28-4.05 (eff. 1974).

possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge”¹⁹ The only apparent difference between the two laws is the phrase “concealment of material fact.”²⁰

A few states²¹ have general doctor shopping laws that do not follow either uniform act. ²² **Kansas** law provides that “[u]nlawfully obtaining a prescription-only drug is . . . providing false information, with the intent to deceive, to a practitioner or mid-level practitioner for the purpose of obtaining a prescription-only drug.”²³ **Maine** law provides that “[a] person is guilty of acquiring drugs by deception if, as a result of deception, the person obtains or exercises control over a prescription for a scheduled drug or what the person knows or believes to be a scheduled drug, which is in fact a scheduled drug.”²⁴ Somewhat differently, **Kentucky** law prohibits obtaining or attempting to “obtain a prescription for a controlled substance by knowingly misrepresenting . . . or withholding information from, a practitioner.”²⁵

Specific Doctor Shopping Laws

In contrast to general doctor shopping laws, specific doctor shopping laws make it illegal for patients to withhold from practitioners that they have received either *any* controlled substance or prescription order from another practitioner, or the *same* controlled substance, or one of similar therapeutic use. **South Dakota** law specifies in part that “[a]ny person who knowingly obtains a controlled substance from a medical practitioner and who knowingly withholds information from that medical practitioner that he has obtained a controlled substance,” violates the law.²⁶

The specific doctor shopping laws may specify disclosure timeframes, types of drugs, and detailed disclosure requirements.²⁷ Several states²⁸ with specific doctor shopping laws define the timeframe

¹⁹ R.I. GEN. LAWS § 21-28-4.03 (eff. date unclear, 1974 or 1985).

²⁰ Future research could indicate whether there have been significant differences in implementing these two types of laws.

²¹ KAN. STAT. ANN. § 21-5708 (eff. date unclear, 2009 or prior); KY. REV. STAT. § 218A.140 (eff. 1998); ME. REV. STAT. ANN. tit. 17-A, § 1108 (eff. 1976); N.J. STAT. ANN. § 2C:35-10.5 (eff. 1987); OHIO REV. CODE ANN. § 2925.22 (eff. 1973).

²² The “deceit” or “deception” language in Kansas, Maine, New Jersey, and Ohio laws qualified those laws for inclusion in the research as general doctor shopping laws. The “misrepresenting” language in Kentucky’s law qualified it for inclusion in the research as general doctor shopping laws.

²³ KAN. STAT. ANN. § 21-5708 (eff. date unclear, 2009 or prior).

²⁴ ME. REV. STAT. ANN. tit. 17-A, § 1108 (eff. 1976).

²⁵ KY. REV. STAT. § 218A.140 (eff. 1998).

²⁶ S.D. CODIFIED LAWS § 22-42-17 (eff. 1990).

²⁷ Two additional aspects of doctor shopping laws fall outside the scope of CDC’s current research. First, states also have enacted doctor shopping laws specifically applicable to practitioners and pharmacists. These laws may be enforced through professional licensing sanctions or criminal liability. Second, at least one state has enacted legislation specifically prohibiting pharmacy shopping, which prohibits patients from seeking to fill one prescription at multiple pharmacies. *See, e.g.*, 720 ILL. COMP. STAT. ANN. 570/314.5 (eff. 2012).

²⁸ Seventeen states. *See, e.g.*, CONN. GEN. STAT. ANN. § 21a-266 (eff. date unclear, 1958–73); FLA. STAT. ANN. § 893.13 (eff. date unclear, 1987 or prior); GA. CODE ANN. § 16-13-43 (eff. date unclear, 1967-87); HAW. REV. STAT. § 329-46 (eff. 1991); 720 ILL. COMP. STAT. ANN. 570/314.5 (eff. 2012); LA. REV. STAT. ANN. § 40:971 (eff. 2007); ME. REV. STAT. ANN. tit. 17-A, § 1108 (eff. 2001); MONT. CODE ANN. § 45-9-104 (eff. 2011); NEV. REV. STAT. ANN. § 453.391 (eff. date unclear, 1971–95); N.Y. PUB. HEALTH LAW § 3397 (eff. 1973); N.Y. COMP. CODES R. & REGS. tit. 10, § 80.125 (eff. 1973); S.C. CODE ANN. § 44-53-395 (eff. 1978); S.D. CODIFIED LAWS § 22-42-17 (eff. 1990); TENN. CODE ANN. § 53-11-402 (eff.

within which a patient is required to disclose his previous controlled substance activity. Some states²⁹ use thirty days as the measure of proximity. For example, **Montana** makes doctor shopping illegal by prohibiting a patient from “knowingly or purposefully failing to disclose to a practitioner . . . that the [patient] has received the same or a similar dangerous drug or prescription for a dangerous drug from another source within the prior [thirty] days.”³⁰ Wyoming also prohibits “receiv[ing] the same or similar controlled substance . . . within the prior thirty (30) days.”³¹

Other states³² require disclosure of controlled substances or prescriptions received within a concurrent timeframe. **Connecticut** provides that “[n]o person who, *in the course of treatment*, is supplied with controlled substances or a prescription therefor by one practitioner shall, knowingly, without disclosing such fact, accept during such treatment controlled substances or a prescription therefor from another practitioner . . .”³³ **Georgia** law makes it illegal “[t]o withhold information from a practitioner that such person has obtained a controlled substance of a similar therapeutic use *in a concurrent time period* from another practitioner.”³⁴

Eight states³⁵ with specific doctor shopping laws require a patient to disclose previous drugs or prescriptions only when the current practitioner is proposing treatment by a controlled substance with the same or similar therapeutic use as those already received or prescribed. **Tennessee** law, for example, describes illegal doctor shopping as “deceiv[ing] or fail[ing] to disclose to a [prescriber] that the person has received either the same controlled substance or a prescription for the same controlled substance or a controlled substance of similar therapeutic use or a prescription for a controlled

date unclear, prior to 2009); TENN. CODE ANN. § 71-5-2601 (eff. 2007); TEX. HEALTH & SAFETY CODE ANN. § 481.129 (eff. 2011); VT. STAT. ANN. tit. 18, § 4223 (eff. date unclear, 1968 or 1989); W. VA. CODE ANN. § 60A-4-410 (eff. 2002); WYO. STAT. ANN. § 35-7-1033 (eff. 2008).

²⁹ Five states. *See, e.g.*, FLA. STAT. ANN. § 893.13 (eff. date unclear, 1987 or prior); ME. REV. STAT. ANN. tit. 17-A, § 1108 (eff. 2001); MONT. CODE ANN. § 45-9-104 (eff. 2011); TENN. CODE ANN. § 53-11-402 (eff. date unclear, prior to 2009); TENN. CODE ANN. § 71-5-2601 (eff. 2007); WYO. STAT. ANN. § 35-7-1033 (eff. 2008).

³⁰ MONT. CODE ANN. § 45-9-104 (eff. 2011).

³¹ WYO. STAT. ANN. § 35-7-1033 (eff. 2008).

³² Twelve states. *See, e.g.*, CONN. GEN. STAT. ANN. § 21a-266 (eff. date unclear, 1958–73); GA. CODE ANN. § 16-13-43 (eff. date unclear, 1967-87); HAW. REV. STAT. § 329-46 (eff. 1991); 720; ILL. COMP. STAT. ANN. 570/314.5 (eff. 2012); LA. REV. STAT. ANN. § 40:971 (eff. 2007); NEV. REV. STAT. ANN. § 453.391 (eff. date unclear, 1971–95); N.Y. PUB. HEALTH LAW § 3397 (eff. 1973); N.Y. COMP. CODES R. & REGS. tit. 10, § 80.125 (eff. 1973); S.C. CODE ANN. § 44-53-395 (eff. 1978); S.D. CODIFIED LAWS § 22-42-17 (eff. 1990); TEX. HEALTH & SAFETY CODE ANN. § 481.129 (eff. 2011); VT. STAT. ANN. tit. 18, § 4223 (eff. date unclear, 1968 or 1989); W. VA. CODE ANN. § 60A-4-410 (eff. 2002).

³³ CONN. GEN. STAT. ANN. § 21a-266 (eff. date unclear, 1958–73) (emphasis added).

³⁴ GA. CODE ANN. § 16-13-43 (eff. date unclear, 1967-87) (emphasis added).

³⁵ FLA. STAT. ANN. § 893.13 (eff. date unclear, 1987 or prior); GA. CODE ANN. § 16-13-43 (eff. date unclear, 1967-87); MONT. CODE ANN. § 45-9-104 (eff. 2011); S.C. CODE ANN. § 44-53-395 (eff. 1978); S.D. CODIFIED LAWS § 22-42-17 (eff. 1990); TENN. CODE ANN. § 53-11-402 (eff. date unclear, prior to 2009); TENN. CODE ANN. § 71-5-2601 (eff. 2007); W. VA. CODE ANN. § 60A-4-410 (eff. 2002); WYO. STAT. ANN. § 35-7-1033 (eff. 2008).

substance of similar therapeutic use from another practitioner.”³⁶ The remaining states prohibit doctor shopping for all controlled substances,³⁷ “regulated drugs,”³⁸ or “narcotic drugs.”³⁹

In addition to time and drug type provisions, two states have additional disclosure requirements.

Louisiana requires a patient’s disclosure to include “the name of the controlled dangerous substance, the date of the prescription, the amount of the controlled substance prescribed, and the number of refills if any.”⁴⁰ **Maine** prohibits failing to disclose “the particulars of every narcotic drug,” by another prescriber within 30 days.⁴¹

Connecticut and Hawaii have specific doctor shopping laws that also take a different approach to prohibiting non-disclosure of information to obtain controlled substances. **Connecticut** prohibits non-disclosure of such information only with “the intent to obtain a quantity of controlled substances for abuse.”⁴² **Hawaii**’s law specifies that a patient’s nondisclosure is a violation of the specific doctor shopping law only if the “total quantity of drugs prescribed would exceed what a single practitioner would prescribe for same time period and legitimate medical purpose.”⁴³

Doctor Shopping and Privileged Communications

The District of Columbia and twenty-three states that regulate doctor shopping, through either general or specific doctor shopping laws, have enacted laws specifying that information communicated from a patient to a practitioner in an attempt to obtain drugs by fraud is not protected as a privileged communication.⁴⁴ The **District of Columbia** law provides that “[i]nformation communicated to a physician in an effort unlawfully to procure controlled substances . . . shall not be deemed a privileged communication.”⁴⁵

Some jurisdictions have enacted privilege laws drafted separately from doctor shopping laws, but the majority of such laws include the privilege language within the doctor shopping law itself.⁴⁶ An example

³⁶ TENN. CODE ANN. § 53-11-402 (eff. date unclear, prior to 2009). *See also* § 71-5-2601 (eff. 2007) (setting forth the same provision for prescription drugs covered by the state Medicare program).

³⁷ Ten states. *See, e.g.*, CONN. GEN. STAT. ANN. § 21a-266 (eff. date unclear, 1958–73); HAW. REV. STAT. § 329-46 (eff. 1991); 720 ILL. COMP. STAT. ANN. 570/314.5 (eff. 2012); LA. REV. STAT. ANN. § 40:971 (eff. 2007); NEV. REV. STAT. ANN. § 453.391 (eff. date unclear, 1971–95); N.H. REV. STAT. ANN. § 318-B:2 (eff. 1990); N.Y. PUB. HEALTH LAW § 3397 (eff. 1973); N.Y. COMP. CODES R. & REGS. tit. 10, § 80.125 (eff. 1973); N.C. GEN. STAT. ANN. § 90-108 (eff. date unclear); TEX. HEALTH & SAFETY CODE ANN. § 481.129 (eff. 2011); UTAH CODE ANN. § 58-37-8 (eff. 1990).

³⁸ VT. STAT. ANN. tit. 18, § 4223 (eff. date unclear, 1968 or 1989).

³⁹ ME. REV. STAT. ANN. tit. 17-A, § 1108 (eff. 2001).

⁴⁰ LA. REV. STAT. ANN. § 40:971 (eff. 2007).

⁴¹ ME. REV. STAT. TIT. 17-A § 1108 (eff. 2001).

⁴² CONN. GEN. STAT. §21a-266(h) (eff. date unclear, 1958–73).

⁴³ HAW. REV. STAT. § 329-46 (eff. 1991).

⁴⁴ Alaska, Arizona, Arkansas, Colorado, Connecticut, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Missouri, Montana, New Hampshire, New Jersey, Oklahoma, Rhode Island, Utah, Vermont, Washington, and Wisconsin.

⁴⁵ D.C. CODE § 48-931.01 (eff. date unclear, 1938 or 1981).

⁴⁶ Seven states and the District of Columbia have enacted privilege laws drafted separately from doctor shopping laws. *See e.g.*, ALASKA STAT. § 11.71.360 (eff. 1982); ARIZ. REV. STAT. ANN. § 13-3412 (eff. date unclear, 1981–96); D.C.

of the stand-alone privilege language can be found in **Alaska's** law, which states that “[i]nformation communicated to a physician or other licensed practitioner in an effort to unlawfully procure a controlled substance or to unlawfully procure the administration of a controlled substance is not a privileged communication.”⁴⁷ **Oklahoma's** general doctor shopping law contains the privilege language which provides that “[i]nformation communicated to a physician in an effort unlawfully to procure a controlled dangerous substance . . . shall not be deemed a privileged communication.”⁴⁸ As illustrated above, there are no significant differences among the states in the privilege language used whether drafted as a stand-alone law or contained within a doctor shopping law.

Conclusion

This inventory provides a collection of laws on doctor shopping. Additional legal requirements or penalties related to prescription drug overdose fall outside the scope of this section. This inventory does not contain a full assessment of all relevant prescription drug laws, which often include provisions setting forth professional licensing penalties or criminal sanctions. Practitioners should consult with legal counsel to become fully informed of the legal landscape concerning prescription drugs and how the laws are implemented and enforced in their state.

This document was written by researchers in the Public Health Law Program in the Office for State, Tribal, Local and Territorial Support,⁴⁹ with assistance from the Division of Unintentional Injury Prevention in the National Center for Injury Prevention and Control.⁵⁰ For further technical assistance with this inventory or prescription drug laws, please contact the Public Health Law Program.⁵¹ For

CODE § 48-931.01 (eff. date unclear, 1938 or 1981); KAN. STAT. ANN. § 60-427 (eff. date unclear, 1963-2009); KY. REV. STAT. ANN. § 218A.280 (eff. 1972); N.H. REV. STAT. ANN. § 318-B:21 (eff. 1969); N.J. STAT. ANN. § 2C:35-17 (eff. 1987); UTAH CODE ANN. § 58-37-6 (eff. date unclear, 1971–89). Sixteen states include the privilege language within the doctor shopping law itself. *See, e.g.*, ARK. CODE ANN.

§ 20-64-217 (eff. 1937); COLO. REV. STAT. ANN. § 18-18-415 (eff. 1992); CONN. GEN. STAT. ANN. § 21a-266 (eff. 1967); HAW. REV. STAT. § 329-46 (eff. 1999); IDAHO CODE ANN. § 54-1732 (eff. 1979); IND. CODE ANN. § 16-42-19-16 (eff. 1993); IOWA CODE ANN. § 155A.23 (eff. 1987); ME. REV. STAT. ANN. tit. 17-A, § 1108 (eff. 1976); MD. CODE ANN., CRIM. LAW § 5-601 (eff. 2002); MO. ANN. STAT. § 195.204 (eff. 1989); MONT. CODE ANN. § 45-9-104 (eff. 1989); OKLA. STAT. ANN. tit. 63,

§ 2-407 (eff. 1971); R.I. GEN. LAWS § 21-28-4.05 (eff. 1974); VT. STAT. ANN. tit. 18, § 4223 (eff. date unclear, 1968 or 1989); WASH. REV. CODE ANN. § 69.50.403 (eff. 1971); WASH. REV. CODE ANN. § 69.41.020 (eff. 1973); WIS. STAT. ANN. § 450.11 (eff. 1986).

⁴⁷ ALASKA STAT. § 11.71.360 (eff. 1982).

⁴⁸ OKLA. STAT. ANN. tit. 63, § 2-407 (eff. 1971).

⁴⁹ Lorre Cuzze, J.D., M.P.H., Akshara Menon, J.D., M.P.H., Carla Chen, J.D., and Matthew Penn, J.D., M.L.I.S. We thank Rina Lieberman, J.D., M.P.H., for her research assistance.

⁵⁰ Noah Aleshire, J.D., and Leonard Paulozzi, M.D., M.P.H.

⁵¹ Public Health Law Program, Centers for Disease Control and Prevention, 4770 Buford Hwy. N.E., M.S. E-70, Atlanta, GA 30341. Telephone: (404) 498-0470. Fax: (404) 498-6882. E-mail: mpenn@cdc.gov. Web: www.cdc.gov/phlp.

technical assistance on all other opioid pain reliever-related topics, please contact the Division of Unintentional Injury Prevention.⁵²

PHLP provides technical assistance and public health law resources to advance the use of law as a public health tool. PHLP cannot provide legal advice on any issue and cannot represent any individual or entity in any matter. PHLP recommends seeking the advice of an attorney or other qualified professional with questions regarding the application of law to a specific circumstance. The findings and conclusions in this summary are those of the author and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

This menu includes laws enacted through September 28, 2012.

⁵² Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Hwy. NE, MS F-62, Atlanta, GA 30341. E-mail: LPaulozzi@cdc.gov. Web: <http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/laws/index.html>.