

1 AN ACT relating to voluntary non-opioid directives.

2 *Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 218A IS CREATED TO
4 READ AS FOLLOWS:

5 *(1) As used in this section:*

6 *(a) "Opioid drug" means a controlled substance that contains any salt,*
7 *compound, derivative, or preparation of an opioid;*

8 *(b) "State licensing board" has the same meaning as in KRS 218A.205; and*

9 *(c) "Voluntary non-opioid directive" means a declaration by a patient to*
10 *inform practitioners that an opioid drug shall not be prescribed, ordered, or*
11 *administered to that patient.*

12 *(2) The cabinet shall:*

13 *(a) Establish a voluntary non-opioid directive form. The form shall:*

14 *1. Inform practitioners that an opioid drug shall not be prescribed,*
15 *ordered, or administered to a patient who has executed and filed the*
16 *form with the cabinet;*

17 *2. Permit an individual to appoint and list a duly authorized guardian or*
18 *health care proxy who may revoke the directive by written or verbal*
19 *means at any time and for any reason; and*

20 *3. Be posted on the cabinet's Web site as a downloadable document that*
21 *can be completed and submitted electronically or printed and*
22 *submitted by mail;*

23 *(b) Document receipt of a completed voluntary non-opioid directive form,*
24 *within ten (10) business days of receiving the completed form, in the*
25 *electronic monitoring system established in KRS 218A.202, including a list*
26 *of any duly authorized guardian or health care proxy who may revoke the*
27 *directive; and*

- 1 (c) Promulgate administrative regulations necessary to carry out the provisions
2 of this section, including but not limited to a process by which an individual
3 may revoke or terminate a voluntary non-opioid directive.
- 4 (3) Before prescribing, ordering, or administering an opioid drug to a human patient
5 for the treatment of acute pain or chronic nonmalignant pain, a practitioner shall
6 provide a copy of the form created under subsection (2) of this section to the
7 patient to whom an opioid drug may be prescribed, ordered, or administered in
8 the course of treatment, the patient's parent if the patient is an unemancipated
9 minor child, or the patient's legal guardian or health care proxy.
- 10 (4) (a) A person acting in good faith as a duly authorized guardian or health care
11 proxy shall not be liable for damages in a civil action or subject to criminal
12 prosecution for revoking a voluntary non-opioid directive.
- 13 (b) A practitioner who exercises reasonable care shall not be liable for damages
14 in a civil action, subject to criminal prosecution, deemed to have violated
15 the standard of care, or subject to disciplinary action by a professional
16 licensing board for refusing to prescribe, order, or administer an opioid
17 drug pursuant to a voluntary non-opioid directive.
- 18 (c) A practitioner employed by a hospital emergency department, acting either
19 as a patient's health care provider or as the emergency medical services
20 director, who exercises reasonable care shall not be liable for damages in a
21 civil action, subject to criminal prosecution, deemed to have violated the
22 standard of care, or subject to disciplinary action by a professional licensing
23 board for prescribing, ordering, or administering an opioid drug to a patient
24 who has executed and filed a voluntary non-opioid directive form if the
25 practitioner has reasonable cause to believe that an opioid drug is necessary
26 and the practitioner has no knowledge of the patient's voluntary non-opioid
27 directive at the time of prescribing, ordering, or administering an opioid

1 drug.

2 (d) A practitioner who fails to comply with subsection (3) of this section, a
 3 patient's voluntary non-opioid directive, or the revocation of a voluntary
 4 non-opioid directive by a duly authorized guardian or health care proxy
 5 may be subject to disciplinary action by his or her professional licensing
 6 board.

7 (5) (a) For the purposes of this section, a pharmacist shall presume that an
 8 electronic, written, oral, or faxed prescription for an opioid drug is valid
 9 and is authorized to dispense an opioid drug in contradiction of a voluntary
 10 non-opioid directive.

11 (b) A pharmacist who exercises reasonable care shall not be liable for damages
 12 in a civil action, subject to criminal prosecution, deemed to have violated
 13 the standard of care, or subject to disciplinary action by a professional
 14 licensing board for dispensing an opioid drug in contradiction of a
 15 voluntary non-opioid directive.

16 (6) Each state licensing board shall promulgate administrative regulations necessary
 17 to carry out the provisions of this section.

18 ➔Section 2. KRS 218A.172 is amended to read as follows:

19 (1) Administrative regulations promulgated under KRS 218A.205(3) shall require that,
 20 prior to the initial prescribing or dispensing of any Schedule II controlled substance
 21 or a Schedule III controlled substance containing hydrocodone to a human patient, a
 22 practitioner shall:

23 (a) Obtain a medical history and conduct a physical or mental health examination
 24 of the patient, as appropriate to the patient's medical complaint, and document
 25 the information in the patient's medical record;

26 (b) Query the electronic monitoring system established in KRS 218A.202;

27 1. To determine if the patient has filed a voluntary non-opioid directive

1 *form established in subsection (2) of Section 1 of this Act; and*

2 2. For all available data on the patient for the twelve (12) month period
3 immediately preceding the patient encounter and appropriately utilize
4 that data in the evaluation and treatment of the patient;

5 (c) Make a written plan stating the objectives of the treatment and further
6 diagnostic examinations required;

7 (d) Discuss the risks and benefits of the use of controlled substances with the
8 patient, the patient's parent if the patient is an unemancipated minor child, or
9 the patient's legal guardian or health care surrogate, including the risk of
10 tolerance and drug dependence;~~and~~

11 (e) Obtain written consent for the treatment; and

12 (f) Provide, in accordance with subsection (3) of Section 1 of this Act, the
13 patient, the patient's parent if the patient is an unemancipated minor child,
14 or the patient's legal guardian or health care proxy with a copy of the
15 voluntary non-opioid directive form established in subsection (2) of Section
16 1 of this Act.

17 (2) (a) Administrative regulations promulgated under KRS 218A.205(3) shall require
18 that a practitioner prescribing or dispensing additional amounts of Schedule II
19 controlled substances or Schedule III controlled substances containing
20 hydrocodone for the same medical complaint and related symptoms shall:

21 1. Review, at reasonable intervals based on the patient's individual
22 circumstances and course of treatment, the plan of care;

23 2. Provide to the patient any new information about the treatment; and

24 3. Modify or terminate the treatment as appropriate.

25 (b) If the course of treatment extends beyond three (3) months, the administrative
26 regulations shall also require that the practitioner:

27 1. Query the electronic monitoring system established in KRS 218A.202

1 no less than once every three (3) months for all available data on the
2 patient for the twelve (12) month period immediately preceding the
3 query, including if the patient has filed a voluntary non-opioid
4 directive form established in subsection (2) of Section 1 of this Act;
5 and

6 2. Review that data before issuing any new prescription or refills for the
7 patient for any Schedule II controlled substance or a Schedule III
8 controlled substance containing hydrocodone.

9 (3) Administrative regulations promulgated under KRS 218A.205(3) shall require that,
10 for each patient for whom a practitioner prescribes any Schedule II controlled
11 substance or a Schedule III controlled substance containing hydrocodone, the
12 practitioner shall keep accurate, readily accessible, and complete medical records
13 which include, as appropriate:

14 (a) Medical history and physical or mental health examination;

15 (b) Diagnostic, therapeutic, and laboratory results;

16 (c) Evaluations and consultations;

17 (d) Treatment objectives;

18 (e) Discussion of risk, benefits, and limitations of treatments;

19 (f) Treatments;

20 (g) Medications, including date, type, dosage, and quantity prescribed or
21 dispensed;

22 (h) Instructions and agreements; and

23 (i) Periodic reviews of the patient's file.

24 (4) Administrative regulations promulgated under KRS 218A.205(3) may exempt, in
25 whole or in part, compliance with the mandatory diagnostic, treatment, review, and
26 other protocols and standards established in this section for:

27 (a) A licensee prescribing or administering a controlled substance immediately

- 1 prior to, during, or within the fourteen (14) days following an operative or
2 invasive procedure or a delivery if the prescribing or administering is
3 medically related to the operative or invasive procedure or the delivery and the
4 medication usage does not extend beyond the fourteen (14) days;
- 5 (b) A licensee prescribing or administering a controlled substance necessary to
6 treat a patient in an emergency situation;
- 7 (c) A licensed pharmacist or other person licensed by the Kentucky Board of
8 Pharmacy to dispense drugs or a licensed pharmacy;
- 9 (d) A licensee prescribing or dispensing a controlled substance:
- 10 1. For administration in a hospital or long-term-care facility if the hospital
11 or long-term-care facility with an institutional account, or a practitioner
12 in those hospitals or facilities where no institutional account exists,
13 queries the electronic monitoring system established in KRS 218A.202
14 for all available data on the patient or resident for the twelve (12) month
15 period immediately preceding the query within twelve (12) hours of the
16 patient's or resident's admission and places a copy of the query in the
17 patient's or resident's medical records during the duration of the patient's
18 stay at the facility;
- 19 2. As part of the patient's hospice or end-of-life treatment;
- 20 3. For the treatment of pain associated with cancer or with the treatment of
21 cancer;
- 22 4. In a single dose to relieve the anxiety, pain, or discomfort experienced
23 by a patient submitting to a diagnostic test or procedure;
- 24 5. Within seven (7) days of an initial prescribing or dispensing under
25 subsection (1) of this section if the prescribing or dispensing:
- 26 a. Is done as a substitute for the initial prescribing or dispensing;
- 27 b. Cancels any refills for the initial prescription; and

- 1 c. Requires the patient to dispose of any remaining unconsumed
2 medication;
- 3 6. Within ninety (90) days of an initial prescribing or dispensing under
4 subsection (1) of this section if the prescribing or dispensing is done by
5 another practitioner in the same practice or in an existing coverage
6 arrangement, if done for the same patient for the same medical
7 condition; or
- 8 7. To a research subject enrolled in a research protocol approved by an
9 institutional review board that has an active federalwide assurance
10 number from the United States Department of Health and Human
11 Services, Office for Human Research Protections, where the research
12 involves single, double, or triple blind drug administration or is
13 additionally covered by a certificate of confidentiality from the National
14 Institutes of Health;
- 15 (e) The prescribing of a Schedule III, IV, or V controlled substance by a licensed
16 optometrist to a patient in accordance with the provisions of KRS 320.240; or
- 17 (f) The prescribing of a three (3) day supply of a Schedule III controlled
18 substance following the performance of oral surgery by a dentist licensed
19 pursuant to KRS Chapter 313.
- 20 (5) (a) A state licensing board promulgating administrative regulations under KRS
21 218A.205(3) may promulgate an administrative regulation authorizing
22 exemptions supplemental or in addition to those specified in subsection (4) of
23 this section. Prior to exercising this authority, the board shall:
- 24 1. Notify the Kentucky Office of Drug Control Policy that it is considering
25 a proposal to promulgate an administrative regulation authorizing
26 exemptions supplemental or in addition to those specified in subsection
27 (4) of this section and invite the office to participate in the board

- 1 meeting at which the proposal will be considered;
- 2 2. Make a factual finding based on expert testimony as well as evidence or
- 3 research submitted to the board that the exemption demonstrates a low
- 4 risk of diversion or abuse and is supported by the dictates of good
- 5 medical practice; and
- 6 3. Submit a report to the Governor and the Legislative Research
- 7 Commission of its actions, including a detailed explanation of the
- 8 factual and policy basis underlying the board's action. A copy of this
- 9 report shall be provided to the regulations compiler.

10 (b) Within one (1) working day of promulgating an administrative regulation

11 authorizing an exemption under this section, the promulgating board shall e-

12 mail to the Kentucky Office of Drug Control Policy:

- 13 1. A copy of the administrative regulation as filed, and all attachments
- 14 required by KRS 13A.230(1); and
- 15 2. A request from the board that the office review the administrative
- 16 regulation in the same manner as would the Commission on Small
- 17 Business Advocacy under KRS 11.202(1)(e), and submit its report or
- 18 comments in accordance with the deadline established in KRS
- 19 13A.270(1)(c). A copy of the report or comments shall be filed with the
- 20 regulations compiler.

21 ➔Section 3. KRS 218A.202 is amended to read as follows:

- 22 (1) The Cabinet for Health and Family Services shall establish and maintain an
- 23 electronic system for monitoring Schedules II, III, IV, and V controlled substances.
- 24 The cabinet may contract for the design, upgrade, or operation of this system if the
- 25 contract preserves all of the rights, privileges, and protections guaranteed to
- 26 Kentucky citizens under this chapter and the contract requires that all other aspects
- 27 of the system be operated in conformity with the requirements of this or any other

1 applicable state or federal law.

2 (2) A practitioner or a pharmacist authorized to prescribe or dispense controlled
3 substances to humans shall register with the cabinet to use the system provided for
4 in this section and shall maintain such registration continuously during the
5 practitioner's or pharmacist's term of licensure and shall not have to pay a fee or tax
6 specifically dedicated to the operation of the system.

7 (3) Every practitioner or pharmacy which dispenses a controlled substance to a person
8 in Kentucky, or to a person at an address in Kentucky, shall report to the Cabinet for
9 Health and Family Services the data required by this section, which includes the
10 reporting of any Schedule II controlled substance dispensed at a facility licensed by
11 the cabinet and a Schedule II through Schedule V controlled substance regardless of
12 dosage when dispensed by the emergency department of a hospital to an emergency
13 department patient. Reporting shall not be required for:

14 (a) A drug administered directly to a patient in a hospital, a resident of a health
15 care facility licensed under KRS Chapter 216B, a resident of a child-caring
16 facility as defined by KRS 199.011, or an individual in a jail, correctional
17 facility, or juvenile detention facility;

18 (b) A Schedule III through Schedule V controlled substance dispensed by a
19 facility licensed by the cabinet provided that the quantity dispensed is limited
20 to an amount adequate to treat the patient for a maximum of forty-eight (48)
21 hours and is not dispensed by the emergency department of a hospital; or

22 (c) A drug administered or dispensed to a research subject enrolled in a research
23 protocol approved by an institutional review board that has an active
24 federalwide assurance number from the United States Department of Health
25 and Human Services, Office for Human Research Protections, where the
26 research involves single, double, or triple blind drug administration or is
27 additionally covered by a certificate of confidentiality from the National

1 Institutes of Health.

2 (4) In addition to the data required by subsection (5) of this section, a Kentucky-
3 licensed acute care hospital or critical access hospital shall report to the cabinet all
4 positive toxicology screens that were performed by the hospital's emergency
5 department to evaluate the patient's suspected drug overdose.

6 (5) Data for each controlled substance that is reported shall include but not be limited
7 to the following:

8 (a) Patient identifier;

9 (b) National drug code of the drug dispensed;

10 (c) Date of dispensing;

11 (d) Quantity dispensed;

12 (e) Prescriber; and

13 (f) Dispenser.

14 (6) The data shall be provided in the electronic format specified by the Cabinet for
15 Health and Family Services unless a waiver has been granted by the cabinet to an
16 individual dispenser. The cabinet shall establish acceptable error tolerance rates for
17 data. Dispensers shall ensure that reports fall within these tolerances. Incomplete or
18 inaccurate data shall be corrected upon notification by the cabinet if the dispenser
19 exceeds these error tolerance rates.

20 (7) The Cabinet for Health and Family Services shall only disclose data to persons and
21 entities authorized to receive that data under this section. Disclosure to any other
22 person or entity, including disclosure in the context of a civil action where the
23 disclosure is sought either for the purpose of discovery or for evidence, is prohibited
24 unless specifically authorized by this section. The Cabinet for Health and Family
25 Services shall be authorized to provide data to:

26 (a) A designated representative of a board responsible for the licensure,
27 regulation, or discipline of practitioners, pharmacists, or other person who is

- 1 authorized to prescribe, administer, or dispense controlled substances and who
2 is involved in a bona fide specific investigation involving a designated person;
- 3 (b) Employees of the Office of the Inspector General of the Cabinet for Health
4 and Family Services who have successfully completed training for the
5 electronic system and who have been approved to use the system, federal
6 prosecutors, Kentucky Commonwealth's attorneys and assistant
7 Commonwealth's attorneys, county attorneys and assistant county attorneys, a
8 peace officer certified pursuant to KRS 15.380 to 15.404, a certified or full-
9 time peace officer of another state, or a federal agent whose duty is to enforce
10 the laws of this Commonwealth, of another state, or of the United States
11 relating to drugs and who is engaged in a bona fide specific investigation
12 involving a designated person;
- 13 (c) A state-operated Medicaid program in conformity with subsection (8) of this
14 section;
- 15 (d) A properly convened grand jury pursuant to a subpoena properly issued for the
16 records;
- 17 (e) A practitioner or pharmacist, or employee of the practitioner's or pharmacist's
18 practice acting under the specific direction of the practitioner or pharmacist,
19 who certifies that the requested information is for the purpose of:
- 20 1. Providing medical or pharmaceutical treatment to a bona fide current or
21 prospective patient;
 - 22 2. Reviewing data on controlled substances that have been reported for the
23 birth mother of an infant who is currently being treated by the
24 practitioner for neonatal abstinence syndrome, or has symptoms that
25 suggest prenatal drug exposure; or
 - 26 3. Reviewing and assessing the individual prescribing or dispensing
27 patterns of the practitioner or pharmacist or to determine the accuracy

1 and completeness of information contained in the monitoring system;

2 (f) The chief medical officer of a hospital or long-term-care facility, an employee
3 of the hospital or long-term-care facility as designated by the chief medical
4 officer and who is working under his or her specific direction, or a physician
5 designee if the hospital or facility has no chief medical officer, if the officer,
6 employee, or designee certifies that the requested information is for the
7 purpose of providing medical or pharmaceutical treatment to a bona fide
8 current or prospective patient or resident in the hospital or facility;

9 (g) In addition to the purposes authorized under paragraph (a) of this subsection,
10 the Kentucky Board of Medical Licensure, for any physician who is:

- 11 1. Associated in a partnership or other business entity with a physician who
12 is already under investigation by the Board of Medical Licensure for
13 improper prescribing or dispensing practices;
- 14 2. In a designated geographic area for which a trend report indicates a
15 substantial likelihood that inappropriate prescribing or dispensing may
16 be occurring; or
- 17 3. In a designated geographic area for which a report on another physician
18 in that area indicates a substantial likelihood that inappropriate
19 prescribing or dispensing may be occurring in that area;

20 (h) In addition to the purposes authorized under paragraph (a) of this subsection,
21 the Kentucky Board of Nursing, for any advanced practice registered nurse
22 who is:

- 23 1. Associated in a partnership or other business entity with a physician who
24 is already under investigation by the Kentucky Board of Medical
25 Licensure for improper prescribing or dispensing practices;
- 26 2. Associated in a partnership or other business entity with an advanced
27 practice registered nurse who is already under investigation by the Board

- 1 of Nursing for improper prescribing practices;
- 2 3. In a designated geographic area for which a trend report indicates a
- 3 substantial likelihood that inappropriate prescribing or dispensing may
- 4 be occurring; or
- 5 4. In a designated geographic area for which a report on a physician or
- 6 another advanced practice registered nurse in that area indicates a
- 7 substantial likelihood that inappropriate prescribing or dispensing may
- 8 be occurring in that area;
- 9 (i) A judge or a probation or parole officer administering a diversion or probation
- 10 program of a criminal defendant arising out of a violation of this chapter or of
- 11 a criminal defendant who is documented by the court as a substance abuser
- 12 who is eligible to participate in a court-ordered drug diversion or probation
- 13 program; or
- 14 (j) A medical examiner engaged in a death investigation pursuant to KRS 72.026.
- 15 (8) The Department for Medicaid Services shall use any data or reports from the system
- 16 for the purpose of identifying Medicaid providers or recipients whose prescribing,
- 17 dispensing, or usage of controlled substances may be:
- 18 (a) Appropriately managed by a single outpatient pharmacy or primary care
- 19 physician; or
- 20 (b) Indicative of improper, inappropriate, or illegal prescribing or dispensing
- 21 practices by a practitioner or drug seeking by a Medicaid recipient.
- 22 (9) A person who receives data or any report of the system from the cabinet shall not
- 23 provide it to any other person or entity except as provided in this section, in another
- 24 statute, or by order of a court of competent jurisdiction and only to a person or
- 25 entity authorized to receive the data or the report under this section, except that:
- 26 (a) A person specified in subsection (7)(b) of this section who is authorized to
- 27 receive data or a report may share that information with any other persons

1 specified in subsection (7)(b) of this section authorized to receive data or a
2 report if the persons specified in subsection (7)(b) of this section are working
3 on a bona fide specific investigation involving a designated person. Both the
4 person providing and the person receiving the data or report under this
5 paragraph shall document in writing each person to whom the data or report
6 has been given or received and the day, month, and year that the data or report
7 has been given or received. This document shall be maintained in a file by
8 each agency engaged in the investigation;

9 (b) A representative of the Department for Medicaid Services may share data or
10 reports regarding overutilization by Medicaid recipients with a board
11 designated in subsection (7)(a) of this section, or with a law enforcement
12 officer designated in subsection (7)(b) of this section;

13 (c) The Department for Medicaid Services may submit the data as evidence in an
14 administrative hearing held in accordance with KRS Chapter 13B;

15 (d) If a state licensing board as defined in KRS 218A.205 initiates formal
16 disciplinary proceedings against a licensee, and data obtained by the board is
17 relevant to the charges, the board may provide the data to the licensee and his
18 or her counsel, as part of the notice process required by KRS 13B.050, and
19 admit the data as evidence in an administrative hearing conducted pursuant to
20 KRS Chapter 13B, with the board and licensee taking all necessary steps to
21 prevent further disclosure of the data; and

22 (e) A practitioner, pharmacist, or employee who obtains data under subsection
23 (7)(e) of this section may share the report with the patient or person authorized
24 to act on the patient's behalf. Any practitioner, pharmacist, or employee who
25 obtains data under subsection (7)(e) of this section may place the report in the
26 patient's medical record, in which case the individual report shall then be
27 deemed a medical record subject to disclosure on the same terms and

1 conditions as an ordinary medical record in lieu of the disclosure restrictions
2 otherwise imposed by this section.

3 (10) The Cabinet for Health and Family Services, all peace officers specified in
4 subsection (7)(b) of this section, all officers of the court, and all regulatory agencies
5 and officers, in using the data for investigative or prosecution purposes, shall
6 consider the nature of the prescriber's and dispenser's practice and the condition for
7 which the patient is being treated.

8 (11) The data and any report obtained therefrom shall not be a public record, except that
9 the Department for Medicaid Services may submit the data as evidence in an
10 administrative hearing held in accordance with KRS Chapter 13B.

11 (12) Intentional failure to comply with the reporting requirements of this section shall be
12 a Class B misdemeanor for the first offense and a Class A misdemeanor for each
13 subsequent offense.

14 (13) Intentional disclosure of transmitted data to a person not authorized by subsections
15 (7) to (9) of this section or authorized by KRS 315.121, or obtaining information
16 under this section not relating to a bona fide current or prospective patient or a bona
17 fide specific investigation, shall be a Class B misdemeanor for the first offense and
18 a Class A misdemeanor for each subsequent offense.

19 (14) The Cabinet for Health and Family Services may, by promulgating an
20 administrative regulation, limit the length of time that data remain in the electronic
21 system. Any data removed from the system shall be archived and subject to retrieval
22 within a reasonable time after a request from a person authorized to review data
23 under this section.

24 (15) (a) The Cabinet for Health and Family Services shall work with each board
25 responsible for the licensure, regulation, or discipline of practitioners,
26 pharmacists, or other persons who are authorized to prescribe, administer, or
27 dispense controlled substances for the development of a continuing education

1 program about the purposes and uses of the electronic system for monitoring
2 established in this section.

3 (b) The cabinet shall work with the Kentucky Bar Association for the
4 development of a continuing education program for attorneys about the
5 purposes and uses of the electronic system for monitoring established in this
6 section.

7 (c) The cabinet shall work with the Justice and Public Safety Cabinet for the
8 development of a continuing education program for law enforcement officers
9 about the purposes and uses of the electronic system for monitoring
10 established in this section.

11 (16) If the cabinet becomes aware of a prescriber's or dispenser's failure to comply with
12 this section, the cabinet shall notify the licensing board or agency responsible for
13 licensing the prescriber or dispenser. The licensing board shall treat the notification
14 as a complaint against the licensee.

15 (17) The Cabinet for Health and Family Services, Office of Inspector General, shall
16 conduct quarterly reviews to identify patterns of potential improper, inappropriate,
17 or illegal prescribing or dispensing of a controlled substance. The Office of
18 Inspector General may independently investigate and submit findings and
19 recommendations to the appropriate boards of licensure or other reporting agencies.

20 (18) The cabinet shall promulgate administrative regulations to implement the provisions
21 of this section. Included in these administrative regulations shall be:

22 (a) An error resolution process allowing a patient to whom a report had been
23 disclosed under subsection (9) of this section to request the correction of
24 inaccurate information contained in the system relating to that patient; and

25 (b) A requirement that data be reported to the system under subsection (3) of this
26 section within one (1) day of dispensing.

27 (19) Before July 1, 2018, the Administrative Office of the Courts shall forward data

1 regarding any felony or Class A misdemeanor conviction that involves the
2 trafficking or possession of a controlled substance or other prohibited acts under
3 KRS Chapter 218A for the previous five (5) calendar years to the cabinet for
4 inclusion in the electronic monitoring system established under this section. On or
5 after July 1, 2018 such data shall be forwarded by the Administrative Office of the
6 Courts to the cabinet on a continuing basis. The cabinet shall incorporate the data
7 received into the system so that a query by patient name indicates any prior drug
8 conviction.

9 **(20) The electronic monitoring system established in subsection (1) of this section**
10 **shall permit:**

11 **(a) The cabinet to report and document receipt of a voluntary non-opioid**
12 **directive form established in subsection (2) of Section 1 of this Act**
13 **submitted by an individual and to list any duly authorized guardian or**
14 **health care proxy who may revoke the directive; and**

15 **(b) A practitioner to determine if a patient has filed a voluntary non-opioid**
16 **directive and to identify any duly authorized guardian or health care proxy**
17 **who may revoke the directive.**