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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2504 Session of 2018

INTRODUCED BY COX, BENNINGHOFF, BAKER, DRISCOLL, JAMES, J. McNEILL, MILLARD, B. MILLER, PICKETT, READSHAW, ROZZI, SAYLOR, TOOHIL, WARD, WATSON, WHEELAND AND ZIMMERMAN, APRIL 10, 2018

REFERRED TO COMMITTEE ON HEALTH, APRIL 10, 2018

AN ACT

Amending the act of October 27, 2014 (P.L.2911, No.191), entitled "An act providing for prescription drug monitoring; creating the ABC-MAP Board; establishing the Achieving Better Care by Monitoring All Prescriptions Program; and providing for unlawful acts and penalties," further providing for purpose, for definitions, for powers and duties of board, for establishment of program and for requirements for dispensers and pharmacies; providing for requirements for first responders; and further providing for access to prescription information.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 2 of the act of October 27, 2014 (P.L.2911, No.191), known as the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act, is amended to read:

Section 2. Purpose.

This act is intended to increase the quality of patient care by giving prescribers and dispensers access to a patient's prescription medication history<u>, including, but not limited to, any history of a drug overdose,</u> through an electronic system

that will alert medical professionals to potential dangers for purposes of making treatment determinations. The act further intends that patients will have a thorough and easily obtainable record of their prescriptions for purposes of making educated and thoughtful health care decisions. Additionally, the act seeks to aid regulatory and law enforcement agencies in the detection and prevention of fraud, drug abuse and the criminal diversion of controlled substances.

Section 2. Section 3 of the act is amended by adding definitions to read:

Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

* * *

"First responder." A firefighter, law enforcement officer or emergency medical services personnel.

* * *

"Opioid overdose agent." A medication approved by the Food and Drug Administration to reverse the effects of an opioid drug.

* * *

Section 3. Section 5 of the act is amended to read:

Section 5. Powers and duties of board.

The board shall have the following powers and duties:

(1) Evaluate and secure a vendor of an electronic prescription monitoring system for the purpose of carrying out the provisions of this act.

(2) Appoint an advisory group comprised of dispensers, prescribers, law enforcement officials, addiction

specialists, patient and privacy advocates and individuals with expertise considered important to the operation of the program. All members shall have varying perspectives and will provide input and recommendations to the board regarding the establishment and maintenance of the program. The advisory group shall not exceed 12 members.

(3) Create a written notice to be used by prescribers and used or displayed by dispensers to provide notice to patients that information regarding prescriptions for controlled substances and opioid overdose agents is being collected by the program and that the patient has a right to review and correct the information with the program. The notice must include all of the following:

(i) The manner in which the patient may access the patient's personal information. The notice shall state that one-time quarterly patient access shall be at no cost.

(ii) An explanation of the program and the program's authorized users.

(iii) The program's record retention policies.

(iv) An explanation that prescription information is confidential and is not subject to the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

(v) Any cost associated with accessing the information more than once during each calendar quarter.

(4) Phase in an enforcement process so that dispensers and prescribers may transition and have adequate time to make the necessary changes to their operating systems.

(5) Develop policies and procedures to:

(i) Require more frequent reporting of prescription

medication information under section 7 should technology permit and so long as there is little or no fiscal impact to the Commonwealth or those required to report. Any change in the frequency of reporting shall be made in collaboration with the Board of Pharmacy and the Board of Pharmacy's members to ensure that a pharmacy is able to accommodate the change.

(ii) Evaluate the information in the system.

(iii) Allow for authorized department personnel to conduct internal reviews, analyses and interpret the data contained in the system.

(iv) Safeguard the release of information to authorized users and department personnel and ensure the privacy and confidentiality of patients and patient information.

(v) Aid prescribers in identifying at-risk individuals and referring them to drug addiction treatment professionals and programs.

(v.1) Aid prescribers in identifying individuals with a history of drug overdoses in order to provide alternative treatment options.

(vi) Establish professionally developed criteria, with the advice of the advisory group, that generates referrals of prescription monitoring information to the appropriate licensing board in the Department of State. A referral may only be generated when the system produces an alert that there is a pattern of irregular data for a dispenser or prescriber which appears to deviate from the clinical standard.

(vii) Provide training to prescribers and dispensers

on the use of the system.

(viii) Assist professional organizations whose members prescribe, monitor or treat patients or dispense controlled substances to patients to develop educational programs for those members relating to prescribing practices, pharmacology, controlled substance abuse<u>, the use and availability of opioid overdose agents</u> and clinical standards, including:

(A) identification of those at risk for controlled substance abuse; and

(B) referral and treatment options for patients.

(ix) Permit individuals employed by prescribers, pharmacies and dispensers to query the system as designees so long as each individual designee has a unique identifier when accessing the system and set explicit standards to qualify individuals authorized to query the system and to ensure the security of the system when used by a designee.

(x) Keep pace with technological advances that facilitate the interoperability of the system with other states' prescription drug monitoring systems and electronic health information systems.

(xi) Evaluate the costs and benefits of the program.

(xii) Convene the advisory group at least annually.

(xiii) Direct the department to operate and maintain the program on a daily basis.

(xiv) Review the program for the purpose of compiling statistics, research and educational materials and outreach.

(xv) Identify any controlled substance that has been

shown to have limited or no potential for abuse and therefore should not be reported to the program.

(xvi) Require and ensure registration of all prescribers and dispensers with the program.

(xvii) Identify additional medications that could assist prescribers in making treatment options for patients who are at risk for a substance use disorder.

Section 4. Section 6(b) of the act is amended by adding a paragraph to read:

Section 6. Establishment of program.

* * *

(b) Program components.--The program shall:

* * *

(6) Establish a protocol for health care professionals and first responders to ensure data submitted to the system with respect to an opioid overdose is not duplicative.

* * *

Section 5. Section 7(b) and (c) of the act are amended and the section is amended by adding a subsection to read:

Section 7. Requirements for dispensers and pharmacies.

* * *

(b) Data elements.--All of the following information shall be provided by a dispenser or pharmacy, except as provided in subsection (b.1):

(1) The full name of the prescriber.

(2) The prescriber's Drug Enforcement Agency (DEA) registration number.

(3) The date the prescription was written.

(4) The date the prescription was dispensed.

(5) The full name, date of birth, gender and address of

the person for whom the prescription was written and dispensed.

(6) The National Drug Code.

(7) The quantity and days' supply.

(8) The DEA registration number and National Provider Identifier of the dispenser or pharmacy.

(9) The method of payment for the prescription.

(b.1) Opioid overdose agent information.--With respect to an opioid overdose agent, the following information shall be provided by the treating health care practitioner after administration of the opioid overdose agent in accordance with section 13.7 of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act:

(1) The full name, date of birth, gender and address of the person to whom the opioid overdose agent was administered.

(2) The date the opioid overdose agent was administered.

(3) The brand name, if any, of the opioid overdose agent.

(4) The National Drug Code.

(5) The DEA registration number and National Provider Identifier of the dispenser or pharmacy.

(6) The method of administration of the opioid overdose agent.

(7) The amount of the opioid overdose agent necessary to treat the person.

(c) Frequency.--

(1) A dispenser or pharmacy shall submit all information required under subsection (b) to the system no later than the

close of the subsequent business day after dispensing a controlled substance.

(2) Paragraph (1) shall not apply to the dispensing of an opioid overdose agent either through prescription or as a result of a standing order.

* * *

Section 6. The act is amended by adding a section to read:

Section 7.1. Requirements for first responders.

(a) Submission.--A first responder shall, according to the format determined by the board, electronically submit information to the system regarding each opioid overdose agent administered in the course of the first responder's professional duties for any individual not transported to a hospital for additional health care services.

(b) Data elements.--All of the following information shall be provided by the first responder:

(1) The full name, date of birth, gender and address of the person to whom the opioid overdose agent was administered.

(2) The date the opioid overdose agent was administered.

(3) The brand name, if any, of the opioid overdose agent.

(4) The National Drug Code.

(5) The DEA registration number and National Provider Identifier of the dispenser or pharmacy.

(6) The method of administration of the opioid overdose agent.

(7) The amount of the opioid overdose agent necessary to treat the person.

(c) Frequency.--A first responder shall submit all

information required under subsection (b) to the system not later than 72 hours after administration of the opioid overdose agent.

(d) First responder's designee.--A first responder may designate an employee or agent of the first responder's organization to submit the information required under subsection (b) to the system according to standards established by the board.

Section 7. Section 9(b)(3)(i) of the act is amended by adding a subparagraph to read:

Section 9. Access to prescription information.

* * *

(b) Authorized users.--The following individuals may query the system according to procedures determined by the board and with the following limitations:

* * *

(3) (i) The Office of Attorney General shall query the system on behalf of all law enforcement agencies, including, but not limited to, the Office of the Attorney General and Federal, State and local law enforcement agencies for:

* * *

(C) Information with respect to the administration of an opioid overdose agent shall not be subject to a query by the Office of Attorney General.

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Section 8. This act shall take effect in 60 days.