HOUSE AMENDED

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL No. 1180 Session of 2013

INTRODUCED BY VANCE, MENSCH, BAKER, WARD, STACK, GORDNER, VULAKOVICH, SOLOBAY, GREENLEAF, TOMLINSON, WAUGH, FERLO, BROWNE AND WILLIAMS, NOVEMBER 18, 2013

AS AMENDED ON THIRD CONSIDERATION, HOUSE OF REPRESENTATIVES, OCTOBER 14, 2014

AN ACT

1 2 3 4	Board, All Pi	; es reso	or prescription drug monitoring; creating the ABC-MAP stablishing the Achieving Better Care by Monitoring criptions Program; and providing for unlawful acts lties.	
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6	The General Assembly of the Commonwealth of Pennsylvania	

7 hereby enacts as follows:

8 Section 1. Short title.

9 This act shall be known and may be cited as the Achieving 10 Better Care by Monitoring All Prescriptions Program (ABC-MAP) 11 Act.

12 Section 2. Purpose.

13 This act is intended to increase the quality of patient care by giving prescribers and dispensers access to a patient's 14 15 prescriptive PRESCRIPTION MEDICATION history through an <---16 electronic data system that will alert medical professionals to <-potential dangers for purposes of making treatment 17 18 determinations. The act further intends that patients will have 19 a thorough and easily obtainable record of THEIR prescriptions <---20 for purposes of making educated and thoughtful health care decisions. Additionally, the act seeks to aid regulatory and law 21 enforcement agencies in the detection and prevention of fraud, 22 23 drug abuse and the criminal diversion of controlled substances. 24 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:

28 "Addiction specialist." A physician licensed by the State 29 Board of Medicine and certified by the American Board of 30 Addiction Medicine.

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"Board." The ABC-MAP Board established in section 4.
"Controlled substance." A drug, substance or immediate
precursor included in the act of April 14, 1972 (P.L.233,
No.64), known as The Controlled Substance, Drug, Device and
Cosmetic Act, or the Controlled Substances Act (Public Law 91513, 84 Stat. 1236).

7 "Department." The Department of Health of the Commonwealth.
8 "Dispense." To deliver a controlled substance, other drug or
9 device to a patient by or pursuant to the lawful order of a
10 prescriber.

"Dispenser." A person lawfully authorized to dispense in this Commonwealth, including mail order and Internet sales of pharmaceuticals. The term does not include any of the following:

14 (1) A licensed health care facility that distributes the 15 controlled substance for the purpose of administration in the 16 licensed health care facility.

17 (2) A correctional facility or its contractors if the 18 confined person cannot lawfully visit a prescriber outside 19 the correctional facility without being escorted by a 20 corrections officer.

21 (3) An authorized person who administers a controlled22 substance, other drug or device.

23 (4) A wholesale distributor of a controlled substance.

24

(5) A licensed provider in the LIFE program.

(6) A provider of hospice as defined in the act of July
19, 1979 (P.L.130, No.48), known as the Health Care
Facilities Act.

(7) A prescriber at a LICENSED health care facility <--
 licensed by this Commonwealth if the quantity of controlled <--
 substances dispensed is limited to an amount adequate to

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treat the patient for a maximum of 24 hours with not more
 than two 24 hour cycles within any 15 day period FIVE DAYS
 AND DOES NOT ALLOW FOR A REFILL.

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(8) A veterinarian.

"Licensed health care facility." A health care facility that 5 is licensed under Article X of the act of June 13, 1967 (P.L.31, 6 No.21), known as the Public Welfare Code, or the act of July 19, 7 8 1979 (P.L.130, No.48), known as the Health Care Facilities Act. "LIFE program." The program of medical and supportive 9 10 services known as Living Independently For Elders. "PHARMACY." AS DEFINED IN THE ACT OF SEPTEMBER 27, 1961 11 <---12 (P.L.1700, NO.699), KNOWN AS THE PHARMACY ACT. "Prescriber." A person who is licensed, registered or 13 14 otherwise lawfully authorized to distribute, dispense or to administer a controlled substance, other drug or device in the 15 16 course of professional practice or research in this Commonwealth. The term does not include a veterinarian. 17 18 "Program." The Achieving Better Care by Monitoring All 19 Prescriptions Program (ABC-MAP) created ESTABLISHED in section <---

20 6.

21 "SYSTEM." THE PROGRAM'S ELECTRONIC PRESCRIPTION MONITORING <--</p>
22 SYSTEM WITH A DATABASE COMPONENT.

23 Section 4. ABC-MAP Board.

24 (a) Creation.--The ABC-MAP Board is created in the

25 Department of Health. The board shall establish the program. The <--</p>
26 department shall operate the program by performing budgetary,

27 accounting, procurement and other support services as directed

28 by the board.

(b) Board composition.--The board shall consist of thefollowing individuals or their designees:

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1 (1)THE Secretary of Health, who shall serve as <---2 chairperson. 3 (2)THE Secretary of Public Welfare HUMAN SERVICES. <---(3) THE Secretary of Drug and Alcohol Programs. 4 <---5 (4) THE Secretary of State. <---The Insurance Commissioner. 6 (5) 7 (6) THE Secretary of Aging. <---8 (7)The Commissioner of THE Pennsylvania State Police. <---9 (8) The Attorney General. 10 (9) The Physician General, if the Secretary of Health is 11 not a physician. 12 Term limits.--Each member of the board shall serve for (C) 13 the duration of their elected or appointed position. 14 Meetings. -- The board shall meet at least once a year for (d) 15 the purpose of assessing the costs and benefits of the program 16 and effectuating any necessary changes. The board may meet more 17 frequently at the discretion of the chairperson. 18 Section 5. Powers and duties of board. 19 The board shall have the following powers and duties: 20 Evaluate and secure a vendor of an electronic (1)21 prescription monitoring system for the purpose of carrying 22 out the provisions of this act. 23 (2) Appoint an advisory group comprised of dispensers, 24 prescribers, law enforcement OFFICIALS, addiction <---25 specialists, patient and privacy advocates and individuals 26 with expertise considered important to the operation of the 27 program. All members shall have unique VARYING perspectives <---28 and will provide input and recommendations to the board 29 regarding the establishment and maintenance of the program. 30 The advisory group shall not exceed twelve 12 members. <---

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(3) 1 Provide CREATE A written notice TO BE USED BY <---PRESCRIBERS AND USED OR DISPLAYED BY DISPENSERS TO PROVIDE 2 3 NOTICE to patients that information regarding prescriptions for controlled substances is being collected by the ABC MAP-4 <---5 program and that the patient has a right to annually review <---6 and correct the information at no charge to the patient. The <--7 manner of notice may be determined by the board with the 8 advice of the advisory group WITH THE PROGRAM. The notice <---9 must include all of the following:

10(i) The manner in which the patient may access the11patient's personal information using a form or online12access. THE NOTICE SHALL STATE THAT ONE-TIME ANNUAL13QUARTERLY PATIENT ACCESS SHALL BE AT NO COST.

14 (ii) An explanation of the program and the program's15 authorized users.

16 (iii) Record THE PROGRAM'S RECORD retention <--
17 policies.

18 (iv) An explanation that prescription information is
19 confidential and is not subject to the act of February
20 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 ANNUALLY 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 protocols and policies AND PROCEDURES to: <--
 (i) Require more frequent reporting of data <--
 PRESCRIPTION MEDICATION INFORMATION UNDER SECTION 7 <--
 should technology permit and so long as there is little

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or no fiscal impact to the Commonwealth or those
reporting 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.

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7 (iii) Allow for authorized department personnel to
 8 conduct internal reviews, analyses and interpret program <--
 9 data THE DATA CONTAINED IN THE SYSTEM. <--

10 (iv) Safeguard the release of information to 11 authorized users and department personnel and ensure the 12 privacy and confidentiality of patients and patient 13 information.

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

Establish professionally developed criteria, 17 (vi) 18 with the advice of the advisory group, that generates <---19 referrals of prescription monitoring information to the appropriate licensing board in the Department of State. 20 <---21 only A REFERRAL MAY ONLY BE GENERATED when the system <---22 produces an alert that there is a pattern of irregular 23 data deviating FOR A DISPENSER OR PRESCRIBER WHICH <---24 APPEARS TO DEVIATE from the clinical standard.

(vii) Train, educate and instruct 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

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1 PRACTICES, PHARMACOLOGY, CONTROLLED SUBSTANCE ABUSE AND 2 CLINICAL STANDARDS, INCLUDING IDENTIFICATION OF THOSE AT <--3 RISK FOR CONTROLLED SUBSTANCE ABUSE AND REFERRAL AND TREATMENT OPTIONS FOR PATIENTS. CLINICAL STANDARDS, 4 <---5 INCLUDING:

IDENTIFICATION OF THOSE AT RISK FOR CONTROLLED 6 (A) 7 SUBSTANCE ABUSE; AND

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(B) REFERRAL AND TREATMENT OPTIONS FOR PATIENTS. (viii) (IX) Permit individuals employed by <--prescribers, PHARMACIES and dispensers to query the <--program SYSTEM as designees SO LONG AS EACH INDIVIDUAL

<---

12 DESIGNEE HAS A UNIQUE IDENTIFIER WHEN ACCESSING THE 13 DATABASE SYSTEM and set explicit standards to qualify <---14 individuals authorized to query the program SYSTEM and to <--15 ensure the security of the system when used by a 16 designee.

 $\frac{(ix)}{(ix)}$ (X) Keep pace with technological advances that 17 <---18 facilitate the interoperability of the program SYSTEM <---19 with other states' prescription drug monitoring programs- <--20 SYSTEMS and electronic health information systems. <---

21 (x) (XI) Evaluate the costs and benefits of the <---22 program.

23 (xi) (XII) Convene the advisory group at least <---24 annually.

25 (XIII) Direct the department to operate and <---26 maintain the program on a daily basis.

27 (xiii) (XIV) Review the program for the purpose of <---28 compiling statistics, research and educational materials 29 and outreach.

30 IDENTIFY A ANY CONTROLLED SUBSTANCE THAT HAS (XV) <---- 8 -20130SB1180PN2393

1 BEEN SHOWN TO HAVE LIMITED OR NO POTENTIAL FOR ABUSE AND 2 THEREFORE SHOULD NOT BE REPORTED TO THE PROGRAM. 3 Section 6. Establishment of program. General rule.--The board shall establish and oversee and <--4 (a) 5 the department shall administer the Achieving Better Care by 6 Monitoring All Prescriptions Program. THE PROGRAM. THE <---7 DEPARTMENT SHALL ADMINISTER THE PROGRAM BY PERFORMING BUDGETARY, 8 ACCOUNTING, PROCUREMENT AND OTHER SUPPORT SERVICES AS DIRECTED 9 BY THE BOARD. 10 (b) Program components. -- This THE program shall: <---11 Provide an electronic data system of controlled (1)<---12 substances prescribed and dispensed in this Commonwealth. 13 (2) Be easily accessible by prescribers, dispensers and 14 patients. 15 PROVIDE AN ACCESSIBLE WEBSITE, INCLUDING FORMS THAT <--(3) 16 CAN BE USED BY A PATIENT TO REQUEST A COPY OF OR ACCESS TO-17 WHERE A PATIENT MAY ELECTRONICALLY REQUEST OR DOWNLOAD A FORM <--18 TO REQUEST A COPY OF THE PATIENT'S PROGRAM RECORD. 19 (3) (4) Provide training and support for those using the <--20 data system. <---21 (4) (5) Contain processes for prescribers to refer <---22 patients to substance abuse treatment. 23 (C) Program SYSTEM queries. -- The program shall maintain a <---24 record of database SYSTEM queries that contains all of the <---25 following: 26 Identification THE IDENTITY of each person who (1)<---27 requests or receives information from the database SYSTEM. <---28 (2)Information THE INFORMATION provided to each person <---29 WHO REQUESTS OR RECEIVES INFORMATION FROM THE DATABASE <---30 SYSTEM. <---

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(3) Date THE DATE and time the information is requested <--
 and provided.

3 (d) Record retention. -- The board shall remove from the program SYSTEM all identifying information more than three SEVEN <--4 years old from the date of collection. The information shall be 5 6 destroyed unless a law enforcement agency or a professional 7 licensing or certification agency or board for prescribers or 8 dispensers has submitted a written request to the department for retention of specific information for cause. The information may 9 10 be kept for an additional period of one year and all requests 11 shall comply with procedures adopted by the board. The 12 department may not grant more than two extensions regarding the 13 retention of the same identified specific information UNLESS <---14 REQUIRED TO DO SO BY COURT ORDER.

15 (e) Good cause exception.--The program shall contain a good 16 cause exception for dispensers and prescribers who are unable to 17 submit the required data electronically and shall allow for the 18 manual submission of data if the dispenser or prescriber does 19 not have Internet access.

20 Expiration. -- Current pharmacy reporting requirements to (f) 21 the Attorney General shall expire and shall no longer be 22 enforceable upon the full implementation of the program. ANY <---23 DATA THAT HAS BEEN REPORTED TO THE OFFICE OF ATTORNEY GENERAL 24 PURSUANT TO 28 PA. CODE § 25.131 (RELATING TO EVERY DISPENSING PRACTITIONER) THAT SATISFIES THE RETENTION REQUIREMENTS OF 25 26 SUBSECTION (D) SHALL BE TRANSFERRED TO THE PROGRAM. 27 Section 7. Requirements for dispensers AND PHARMACIES. <---28 (a) Submission.--A dispenser OR PHARMACY shall, according to <--

29 the format determined by the board, electronically submit
30 information to the program SYSTEM regarding each controlled <--</p>

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1 substance dispensed.

2 (b) Data elements. -- All of the following information shall 3 be provided by a dispenser OR PHARMACY: <---Full THE FULL name of the prescriber. 4 (1)<---5 Prescriber THE PRESCRIBER'S Drug Enforcement Agency (2)<---6 (DEA) registration number. 7 Date THE DATE THE prescription was written. (3) <---8 (4) Date THE DATE THE prescription was dispensed. <---9 Full THE FULL name, date of birth, gender and (5) <---10 address of the person for whom the prescription was written 11 and dispensed. 12 (6) The National Drug Code. 13 (7) Dosage quantity and days' QUANTITY AND DAYS' supply. <--14 (8) THE DEA registration number and National Provider <---15 Identifier OF THE DISPENSER OR PHARMACY. <---16 Method THE METHOD of payment for the prescription. (9) <---17 (c) Frequency.--A dispenser OR PHARMACY shall submit all <---18 information required under subsection (b) to the program SYSTEM <---19 no later than 72 hours after dispensing a controlled substance. 20 (D) DISPENSER DESIGNEE.--DISPENSERS MAY DESIGNATE OTHER <---PHARMACY EMPLOYEES FOR PURPOSES OF ACCESSING THE PROGRAM SYSTEM 21 <---22 ACCORDING TO STANDARDS ESTABLISHED BY THE BOARD. 23 Section 8. Requirements for prescribers. 24 (a) **Program** SYSTEM query. -- A prescriber shall query the <---25 program SYSTEM: <---26 for each patient the first time the patient is (1)27 prescribed a controlled substance by the prescriber for 28 purposes of establishing a base line and a thorough medical 29 record; and OR <---30 (2) if a prescriber believes or has reason to believe,

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using sound clinical judgment, that a patient may be abusing
 or diverting drugs.

3 (b) Medical record entries.--A prescriber shall indicate the 4 information obtained from the program SYSTEM in the patient's <--5 medical record if:

6

(1) the individual is a new patient; or

7 (2) the prescriber determines a drug should not be
8 prescribed or furnished to a patient based upon the
9 information from the program SYSTEM.

10 (c) Prescriber designee.--Prescribers may designate 11 employees for purposes of accessing the program SYSTEM according <--12 to standards established by the board. In assigning a designee, 13 a prescriber shall give preference to a professional nurse 14 licensed by the State Board of Nursing.

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15 (d) Nonviolation. -- A prescriber or dispenser who, using a-<--sound standard of care in the exercise of SOUND clinical 16 <--judgment, does not believe that a patient is abusing or 17 18 diverting controlled substances shall not be in violation of 19 this act for not seeking or obtaining information from the 20 program SYSTEM prior to prescribing or dispensing so long as the <--21 prescriber or dispenser is otherwise in compliance.

22 IMMUNITY.--A PRESCRIBER OR DISPENSER WHO HAS SUBMITTED (E) <---23 OR RECEIVED INFORMATION FROM THE PROGRAM SYSTEM IN ACCORDANCE <---24 WITH THIS SECTION AND SECTION 7, AND HAS HELD THE INFORMATION IN CONFIDENCE AS REQUIRED BY SECTION 9, SHALL NOT BE HELD CIVILLY 25 26 LIABLE OR DISCIPLINED IN A LICENSING BOARD ACTION FOR SUBMITTING 27 THE INFORMATION OR NOT SEEKING OR OBTAINING INFORMATION FROM THE PROGRAM SYSTEM PRIOR TO PRESCRIBING OR DISPENSING A CONTROLLED 28 <---29 SUBSTANCE.

30 Section 9. Access to prescription information.

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1 (a) Confidentiality.--Except as set forth in subsection (b), 2 prescription information submitted to the program SYSTEM and <---3 records of requests to query the data SYSTEM shall be <--confidential and not subject to disclosure under the act of 4 February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law. 5 6 (b) Authorized users.--The following individuals may query 7 the program SYSTEM according to procedures determined by the <---8 board and with the following limitations:

9 (1) Prescribers may query the program SYSTEM for: <--10 (i) an existing patient; and

(ii) prescriptions written using the prescriber'sown Drug Enforcement Agency number.

13 (2) Dispensers may query the program SYSTEM for a <--
 14 current patient to whom the dispenser is dispensing or
 15 considering dispensing any controlled substance.

16 (3) (i) Federal and State law enforcement officials may <--
17 query the program for: THE OFFICE OF ATTORNEY GENERAL <--
18 SHALL QUERY THE PROGRAM SYSTEM ON BEHALF OF ALL LAW <--
19 ENFORCEMENT AGENCIES, INCLUDING, BUT NOT LIMITED TO, THE
20 OFFICE OF THE ATTORNEY GENERAL AND FEDERAL, STATE AND
21 LOCAL LAW ENFORCEMENT AGENCIES FOR:

(A) Schedule II controlled substances as
indicated in the act of April 14, 1972 (P.L.233,
No.64), known as The Controlled Substance, Drug,
Device and Cosmetic Act and in the manner determined
by the Pennsylvania Attorney General pursuant to 28
Pa. Code § 25.131 (relating to every dispensing
practitioner); and

(B) all other schedules upon receipt of a court
 order OBTAINED BY THE REQUESTING LAW ENFORCEMENT

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AGENCY. Upon receipt of a motion under this clause, the court may enter an ex parte order granting the motion if the law enforcement agency has demonstrated by a preponderance of the evidence that:

5 (I) the motion pertains to a person who is 6 the subject of an active criminal investigation 7 with a reasonable likelihood of securing an 8 arrest or prosecution in the foreseeable future; 9 and

(II) there is reasonable suspicion that acriminal act has occurred.

12 (ii) Data obtained under this paragraph may BY A LAW <--
13 ENFORCEMENT AGENCY UNDER THIS PARAGRAPH SHALL only be
14 used by a law enforcement official to establish probable <--
15 cause to obtain a search warrant or arrest warrant.

16 REQUESTS MADE TO THE OFFICE OF ATTORNEY (III) <---GENERAL TO QUERY THE PROGRAM SYSTEM UNDER THIS PARAGRAPH <--17 18 SHALL BE MADE IN A FORM OR MANNER PRESCRIBED BY THE 19 OFFICE OF ATTORNEY GENERAL AND SHALL INCLUDE THE COURT 20 ORDER, WHEN APPLICABLE. EACH INDIVIDUAL DESIGNEE OF THE <---21 OFFICE OF ATTORNEY GENERAL SHALL HAVE A UNIQUE IDENTIFIER 22 WHEN ACCESSING THE DATABASE SYSTEM. <---

(4) A THE OFFICE OF ATTORNEY GENERAL SHALL QUERY THE
 PROGRAM SYSTEM ON BEHALF OF A grand jury may query the
 program if investigating a criminal violation of a law
 governing controlled substances.

27 (5) Approved department personnel may query the program <--
 28 SYSTEM for the purpose of:

29 (i) conducting internal reviews related to
 30 controlled substance laws; or

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(ii) engaging in the analysis of controlled
 substance prescription information as part of the
 assigned duties and responsibilities of employment.

4 (6) Designated representatives from the Commonwealth or
5 out-of-State agency or board responsible for licensing or
6 certifying prescribers or dispensers whose professional
7 practice was or is regulated by that agency or board for the
8 purpose of conducting administrative investigations or
9 proceedings.

10 (7) Personnel from the Department of Public Welfare <--</p>
11 engaged in the administration of the medical assistance
12 program.

13 (8) Personnel from the Insurance Department engaged in 14 the administration of the Children's Health Insurance Program-15 (CHIP).

16 (9) Personnel from the Department of Aging engaged in 17 the administration of the Pharmaceutical Assistance Contract-18 for the Elderly (PACE) and the Pharmaceutical Assistance-19 Contract for the Elderly Needs Enhancement Tier (PACENET)-20 programs.

DESIGNATED COMMONWEALTH PERSONNEL WHO ARE 21 (7)<---22 RESPONSIBLE FOR THE DEVELOPMENT AND EVALUATION OF QUALITY 23 IMPROVEMENT STRATEGIES, PROGRAM INTEGRITY INITIATIVES OR 24 CONDUCTING INTERNAL COMPLIANCE REVIEWS AND DATA REPORTING FOR 25 THE MEDICAL ASSISTANCE PROGRAM, CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP), PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE 26 27 ELDERLY (PACE) OR PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE 28 ELDERLY NEEDS ENHANCEMENT TIER (PACENET).

29 (8) PERSONNEL FROM THE DEPARTMENT OF DRUG AND ALCOHOL
 30 PROGRAMS ENGAGED IN THE ADMINISTRATION OF THE METHADONE DEATH

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1 AND INCIDENT REVIEW TEAM.

2 (10) (9) A medical examiner or county coroner for the
3 purpose of investigating the death of the individual WHOSE
4 RECORD IS being queried.

5 (11) (10) A prescription drug monitoring official, <--
6 dispenser or prescriber of a state with which this
7 Commonwealth has an interoperability agreement.

8 (12) (11) Upon providing evidence of identity and within <--9 30 days from the date of the request, an individual who is 10 the recipient of a controlled substance prescription entered 11 into the program SYSTEM, the individual's parent or guardian <--12 if the individual is under 18 years of age or the 13 individual's health care power of attorney.

14 (C) ACCESS FOR ACTIVE INVESTIGATION.--IN THE CASE WHERE A <--
15 LAW ENFORCEMENT AGENCY HAS ACCESSED THE DATABASE SYSTEM FOR AN <--
16 ACTIVE INVESTIGATION, THE INFORMATION ABOUT THAT QUERY SHALL BE
17 WITHHELD FROM THE INDIVIDUAL SUBJECT TO THE QUERY FOR A PERIOD
18 OF SIX MONTHS AFTER THE CONCLUSION OF THE INVESTIGATION.

19 Section 10. Unlawful acts and penalties.

20 (a) Unlawful acts. A person commits a misdemeanor of the <--</p>
21 second degree if the person:

(1) Knowingly or intentionally releases, publishes or
 otherwise makes available the information from the program
 for purposes other than those specified in sections 8 and 9.

25 (2) Obtains or attempts to obtain information from the
 26 program for purposes other than those specified in sections 8 27 and 9 or by misrepresentation or fraud.

28 (A) UNLAWFUL ACTS.--

29 (1) A PERSON COMMITS A MISDEMEANOR OF THE FIRST DEGREE
 30 IF THE PERSON KNOWINGLY OR INTENTIONALLY OBTAINS OR ATTEMPTS

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TO OBTAIN INFORMATION FROM THE PROGRAM SYSTEM FOR PURPOSES <--
 OTHER THAN THOSE SPECIFIED IN SECTION 8 OR 9 OR BY
 MISREPRESENTATION OR FRAUD.

4 (2) A PERSON COMMITS A FELONY OF THE THIRD DEGREE IF THE
5 PERSON KNOWINGLY OR INTENTIONALLY RELEASES, PUBLISHES, SELLS,
6 TRANSFERS OR OTHERWISE MAKES AVAILABLE OR ATTEMPTS TO
7 RELEASE, PUBLISH, SELL, TRANSFER OR OTHERWISE MAKE AVAILABLE
8 THE INFORMATION FROM THE PROGRAM SYSTEM FOR PURPOSES OTHER <--
9 THAN THOSE SPECIFIED IN SECTIONS 8 AND 9.

10 (b) Criminal violations.--Each violation under subsection11 (a) shall constitute a separate offense.

12 (c) Civil violations.--

(1) Knowing, intentional and negligent release or use of
information from the program SYSTEM shall be subject to a <--
civil penalty of not less than \$2,500 for each offense.

16 (2) Other civil penalties shall be assessed in17 accordance with department regulations.

18 (d) Collection of penalties.--The department shall be
19 entitled to reasonable attorney fees and costs for successful
20 collection actions and may:

(1) Collect any penalty imposed under this section and which is not paid by bringing an action in the court of common pleas of the county in which the person owing the debt resides or in the county where the department is located.

(2) Seek legal assistance from the Attorney General,
the county or the district attorney of the county in which
the action is brought to collect the penalty.

(e) Additional sanctions.--A prescriber or dispenser
violating provisions of this act shall also be subject to
sanctions under the prescriber's or dispenser's professional

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1 practice acts and by the appropriate licensing boards.

2 Section 11. Program funding.

3 (a) General rule.--The department may use the money
4 deposited in the General Fund and appropriated to the department
5 to carry out the requirements of this act.

6 (b) Civil penalties.--All civil penalties assessed under
7 this act shall be deposited in the General Fund and appropriated
8 to the department to implement the program.

9 (c) Data fees.--All costs associated with recording and
10 submitting data shall be assumed by the submitting dispenser.
11 (d) Other funding opportunities.--The board may direct the
12 department to pursue Federal funding and grants, both public and
13 private.

14 (e) Fees prohibited.--A dispenser or prescriber shall not be 15 required to pay a fee or tax specifically dedicated to the 16 establishment, operation or maintenance of the program. NO FEE <---17 SHALL BE ASSESSED TO THE PATIENT BY THE DISPENSER OR PRESCRIBER 18 DUE TO THE NEED TO SUBMIT INFORMATION TO THE PROGRAM SYSTEM. <---19 Transfer of funds. -- Any funds currently appropriated (f) 20 shall be redirected and used for the operation of the program. Additional agencies utilizing the system, including licensing 21 22 boards, may also transfer funds to the department for operation 23 of the program.

24 Section 12. Admissibility.

25 (a) Use of data. Except as provided in subsection (b), data-26 provided to, maintained in or accessed from the program that may-27 be identified to, or with a particular individual is not subject-28 to discovery, subpoena or similar compulsory process in any-29 civil, judicial, administrative or legislative proceeding, nor-30 shall any individual or organization with lawful access to the-

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1 data be compelled to testify with regard to the data.

2 (b) Exceptions. The restrictions in subsection (a) do not3 apply to:

4

(1) a criminal proceeding; or

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6

(2) a civil, judicial or administrative action brought to enforce the provisions of this act.

7 Section 13 12. Annual report REPORTS.

8 (A) BOARD REPORT.--Within two years of the effective date of <--9 this act and annually thereafter, the board shall submit a 10 report to the General Assembly. The report shall also be made 11 available on the department's publicly accessible Internet 12 website and shall include all of the following:

13 (1) The number of times the program SYSTEM has been <--
 14 legally and illegally accessed.

15 (2) The rate by AT which prescribers are utilizing the <--
 16 program SYSTEM. <--

17 (3) Any impact on prescribing practices for controlled18 substances.

19 (4) The cost effectiveness of the frequency of data20 submission.

(5) The effectiveness of the interoperability with otherstates and electronic medical records.

23 (6) THE NUMBER OF LAW ENFORCEMENT ACCESSES VIA SECTION <--
24 9(B)(3) AND THE NUMBER OF SEARCH WARRANTS ISSUED AS A RESULT.

(6) (7) Other information as determined by the board. <--
 (B) OTHER REPORT.--WITHIN TWO YEARS OF THE EFFECTIVE DATE OF <--
 THIS ACT AND ANNUALLY THEREAFTER, THE OFFICE OF ATTORNEY GENERAL
 IN CONJUNCTION WITH LAW ENFORCEMENT SHALL SUBMIT AN ANNUAL

29 REPORT TO THE GENERAL ASSEMBLY.

30 Section 14 13. Regulations.

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1	The department shall promulgate regulations to implement the
2	provisions of this act.
3	Section 15 14. Concurrent jurisdiction. <
4	The Attorney General shall have concurrent prosecutorial
5	jurisdiction with the county district attorney for violations of
6	this act.
7	SECTION 39. EXPIRATION. <
8	THIS ACT SHALL EXPIRE JUNE 30, 2022.
9	Section 16 15 40. Effective date. <
10	This act shall take effect as follows:
11	(1) Section 4 of the THIS act shall take effect in 90 <
12	days.
13	(2) This section shall take effect immediately.
14	(3) The remainder of this act shall take effect June 30,
15	2015.