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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2013

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A N A C T

RELATING TO FOOD AND DRUGS -- UNIFORM CONTROLLED SUBSTANCES ACT

Introduced By: Senators Ciccone, DiPalma, Lombardi, and Raptakis

Date Introduced: March 06, 2013

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 21-28-3.18 of the General Laws in Chapter 21-28 entitled "Uniform
2 Controlled Substances Act" is hereby amended to read as follows:

3 **21-28-3.18. Prescriptions.** -- (a) An apothecary in good faith may sell and dispense
4 controlled substances in schedule II to any person upon a written prescription by a practitioner
5 licensed by law to prescribe or administer those substances, dated and signed by the person
6 prescribing on the day when issued and bearing the full name and address of the patient to whom,
7 or of the owner of the animal for which the substance is dispensed and the full name, address and
8 registration number under the federal law of the person prescribing, if he or she is required by that
9 law to be registered. If the prescription is for an animal, it shall state the species of the animal for
10 which the substance is prescribed.

11 (b) The apothecary filling the prescription shall sign his or her full name and shall write
12 the date of filling on the face of the prescription.

13 (c) The prescription shall be retained on file by the proprietor of the pharmacy in which
14 it was filled for a period of two (2) years so as to be readily accessible for inspection by any
15 public officer or employee engaged in the enforcement of this chapter.

16 (d) (1) Prescriptions for controlled substances in schedule II shall be filed separately and
17 shall not be refilled.

18 (2) The director of health may, after appropriate notice and hearing pursuant to section
19 42-35-3, promulgate rules and regulations for the purpose of adopting a system for electronic data

1 transmission of prescriptions for controlled substances in schedule II and III.

2 (e) A prescription for a schedule II narcotic substance to be compounded for the direct
3 administration to a patient by parenteral, intravenous, intramuscular, subcutaneous, or intraspinal
4 infusion may be transmitted by the practitioner or practitioner's agent to the pharmacy by
5 facsimile. The facsimile will serve as the original prescription.

6 (f) A prescription written for a schedule II substance for a resident of a long term care
7 facility may be transmitted by the practitioner or the practitioner's agent to the dispensing
8 pharmacy by facsimile. The facsimile serves as the original prescription.

9 (g) A prescription for a schedule II narcotic substance for a patient residing in a hospice
10 certified by Medicare under title XVIII of the Social Security Act, 42 U.S.C. section 1395 et seq.,
11 or licensed by the state, may be transmitted by the practitioner or practitioner's agent to the
12 dispensing pharmacy by facsimile. The practitioner or the practitioner's agent will note on the
13 prescription that the patient is a hospice patient. The facsimile serves as the original written
14 prescription.

15 (h) An apothecary, in lieu of a written prescription, may sell and dispense controlled
16 substances in schedules III, IV, and V to any person upon an oral prescription of a practitioner. In
17 issuing an oral prescription the prescriber shall furnish the apothecary with the same information
18 as is required by subsection (a) of this section in the case of a written prescription for controlled
19 substances in schedule II, except for the written signature of the person prescribing, and the
20 apothecary who fills the prescription, shall immediately reduce the oral prescription to writing
21 and shall inscribe the information on the written record of the prescription made. This record shall
22 be filed and preserved by the proprietor of the pharmacy in which it is filled in accordance with
23 the provisions of subsection (c) of this section. In no case may a prescription for a controlled
24 substance listed in schedules III, IV, or V be filled or refilled more than six (6) months after the
25 date on which the prescription was issued and no prescription shall be authorized to be refilled
26 more than five (5) times. Each refilling shall be entered on the face or back of the prescription
27 and note the date and amount of controlled substance dispensed, and the initials or identity of the
28 dispensing apothecary.

29 (i) In the case of an emergency situation as defined in federal law, an apothecary may
30 dispense a controlled substance listed in schedule II upon receiving an oral authorization of a
31 prescribing practitioner provided that:

32 (1) The quantity prescribed and dispensed is limited to the amount adequate to treat the
33 patient during the emergency period and dispensing beyond the emergency period must be
34 pursuant to a written prescription signed by the prescribing practitioner.

1 (2) The prescription shall be immediately reduced to writing and shall contain all the
2 information required in subsection (a) of this section.

3 (3) The prescription must be dispensed in good faith in the normal course of professional
4 practice.

5 (4) Within seven (7) days after authorizing an emergency oral prescription, the
6 prescribing practitioner shall cause a written prescription for the emergency quantity prescribed to
7 be delivered to the dispensing apothecary. The prescription shall have written on its face
8 "Authorization for emergency dispensing" and the date of the oral order. The written prescription
9 upon receipt by the apothecary shall be attached to the oral emergency prescription which had
10 earlier been reduced to writing.

11 (j) (1) The partial filling of a prescription for a controlled substance listed in schedule II
12 is permissible, if the apothecary is unable to supply the full quantity called for in a written
13 prescription or emergency oral prescription and he or she makes a notation of the quantity
14 supplied on the face of the written prescription or oral emergency prescription which has been
15 reduced to writing. The remaining portion of the prescription may be filled within seventy-two
16 (72) hours of the first partial filling, however, if the remaining portion is not, or cannot be filled
17 within seventy-two (72) hours, the apothecary shall notify the prescribing practitioner. No further
18 quantity may be supplied beyond seventy-two (72) hours without a new prescription.

19 (2) (i) A prescription for a schedule II controlled substance written for a patient in a long
20 term care facility (LTCF), or for a patient with a medical diagnosis documenting a terminal
21 illness, may be filled in partial quantities to include individual dosage units. If there is a question
22 whether a patient may be classified as having a terminal illness, the pharmacist must contact the
23 practitioner prior to partially filling the prescription. Both the pharmacist and the prescribing
24 practitioner have a corresponding responsibility to assure that the controlled substance is for a
25 terminally ill patient.

26 (ii) The pharmacist must record on the prescription whether the patient is "terminally ill"
27 or an "LTCF patient." A prescription that is partially filled, and does not contain the notation
28 "terminally ill" or "LTCF patient", shall be deemed to have been filled in violation of this chapter.

29 (iii) For each partial filling, the dispensing pharmacist shall record on the back of the
30 prescription (or on another appropriate record, uniformly maintained, and readily retrievable),
31 the:

32 (A) Date of the partial filling;

33 (B) Quantity dispensed;

34 (C) Remaining quantity authorized to be dispensed; and

1 (D) Identification of the dispensing pharmacist.

2 (iv) The total quantity of schedule II controlled substances dispensed in all partial fillings
3 must not exceed the total quantity prescribed.

4 (v) Schedule II prescriptions for patients in a LTCF, or patients with a medical diagnosis
5 documenting a terminal illness, are valid for a period not to exceed sixty (60) days from the issue
6 date, unless sooner terminated by the discontinuance of medication.

7 (k) Automated data processing systems. - As an alternative to the prescription record
8 keeping provision of subsection (h) of this section, an automated data processing system may be
9 employed for the record keeping system, if the following conditions have been met:

10 (1) The system shall have the capability of producing sight-readable documents of all
11 original and refilled prescription information. The term "sight-readable" means that an authorized
12 agent shall be able to examine the record and read the information. During the course of an on-
13 site inspection, the record may be read from the CRT, microfiche, microfilm, printout, or other
14 method acceptable to the director. In the case of administrative proceedings, records must be
15 provided in a paper printout form.

16 (2) The information shall include, but not be limited to, the prescription requirements
17 and records of dispensing as indicated in subsection (h) of this section.

18 (3) The individual pharmacist responsible for completeness and accuracy of the entries
19 to the system must provide documentation of the fact that prescription information entered into
20 the computer is correct. In documenting this information, the pharmacy shall have the option to
21 either:

22 (i) Maintain a bound log book, or separate file, in which each individual pharmacist
23 involved in the dispensing shall sign a statement each day, attesting to the fact that the
24 prescription information entered into the computer that day has been reviewed and is correct as
25 shown. The book or file must be maintained at the pharmacy employing that system for a period
26 of at least two (2) years after the date of last dispensing; or

27 (ii) Provide a printout of each day's prescription information. That printout shall be
28 verified, dated, and signed by the individual pharmacist verifying that the information indicated is
29 correct. The printout must be maintained at least two (2) years from the date of last dispensing.

30 (4) An auxiliary record keeping system shall be established for the documentation of
31 refills, if the automated data processing system is inoperative for any reason. The auxiliary
32 system shall ensure that all refills are authorized by the original prescription, and that the
33 maximum number of refills is not exceeded. When this automated data processing system is
34 restored to operation, the information regarding prescriptions filled and refilled during the

1 inoperative period, shall be entered into the automated data processing system within ninety-six
2 (96) hours.

3 (5) Any pharmacy using an automated data processing system must comply with all
4 applicable state and federal laws and regulations.

5 (6) A pharmacy shall make arrangements with the supplier of data processing services or
6 materials to ensure that the pharmacy continues to have adequate and complete prescription and
7 dispensing records if the relationship with the supplier terminates for any reason. A pharmacy
8 shall ensure continuity in the maintenance of records.

9 (7) The automated data processing system shall contain adequate safeguards for security
10 of the records, to maintain the confidentiality and accuracy of the prescription information.
11 Safeguards against unauthorized changes in data after the information has been entered and
12 verified by the registered pharmacist shall be provided by the system.

13 (l) Prescriptions for controlled substances as found in schedules II, will become void
14 unless dispensed within ninety (90) days of the original date of the prescription, ~~and in~~ . In no
15 event shall more than a thirty (30) day supply be dispensed at any one time, unless the prescribing
16 physician certifies that the patient has been prescribed said controlled substance for a continuous
17 period of twelve (12) months and that the patient will require said controlled substance for at least
18 an additional ninety (90) day period, then, said controlled substance may be prescribed and
19 dispensed for not more than a ninety (90) day supply at any one time.

20 (1) In prescribing controlled substances in schedule II, practitioners may write up to
21 three (3) separate prescriptions, each for up to a one-month supply, each signed and dated on the
22 date written. For those prescriptions for the second and/or third month, the practitioner must write
23 the earliest date each of those subsequent prescription may be filled, with directions to the
24 pharmacist to fill no earlier than the date specified on the face of the prescription.

25 (m) The prescriptions in schedules III, IV, and V will become void unless dispensed
26 within one hundred eighty (180) days of the original date of the prescription. For purposes of this
27 section, a "dosage unit" shall be defined as a single capsule, tablet or suppository, or not more
28 than one five (5) ml. of an oral liquid.

29 (1) Prescriptions in Schedule III cannot be written for more than one hundred (100)
30 dosage units and not more than one hundred (100) dosage units may be dispensed at one time.

31 (2) Prescriptions in Schedule IV and V may be written for up to a ninety (90) day supply
32 based on directions. No more than three hundred and sixty (360) dosage units may be dispensed
33 at one time.

1 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO FOOD AND DRUGS -- UNIFORM CONTROLLED SUBSTANCES ACT

1 This act would provide that a prescription for a Schedule II controlled substance may be
2 prescribed for up to a ninety (90) day supply provided the prescribing physician certifies that the
3 patient has been prescribed the controlled substance for a continuous period of twelve (12)
4 months and that the patient would require the controlled substance for at least an additional ninety
5 (90) day period.

6 This act would take effect upon passage.

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