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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

A N A C T

RELATING TO FOOD AND DRUGS - UNIFORM CONTROLLED SUBSTANCES ACT

Introduced By: Representatives Diaz, Slater, Perez, Maldonado, and Barros

Date Introduced: June 08, 2017

Referred To: House Health, Education & Welfare

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.**

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

12 (b) When filling a hard-copy prescription for a schedule II controlled substance, the
13 apothecary filling the prescription shall sign his or her full name and shall write the date of filling
14 on the face of the prescription.

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

18 (d) (1) Hard-copy prescriptions for controlled substances in schedule II shall be filed
19 separately and shall not be refilled.

1 (2) The director of health shall, after appropriate notice and hearing pursuant to § 42-35-
2 3, promulgate rules and regulations for the purpose of adopting a system for electronic data
3 transmission, including by facsimile, of prescriptions for controlled substances in schedule II, III,
4 IV, and V.

5 (3) A practitioner may sign and transmit electronic prescriptions for controlled substances
6 and a pharmacy may dispense an electronically transmitted prescription in accordance with the
7 code of federal regulations, 21 C.F.R., pt. 1300, et seq.

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

12 (f) A prescription for a schedule II substance for a resident of a long-term-care facility
13 may be transmitted by the practitioner, or the practitioner's agent, to the dispensing pharmacy by
14 facsimile. The facsimile serves as the original prescription.

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

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

33 (i) In the case of an emergency situation as defined in federal law, an apothecary may
34 dispense a controlled substance listed in schedule II upon receiving an oral authorization of a

1 prescribing practitioner provided that:

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

5 (2) The prescription shall be immediately reduced to writing and shall contain all the
6 information required in subsection (a).

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

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

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

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

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

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

1 the:

2 (A) Date of the partial filling;

3 (B) Quantity dispensed;

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

5 (D) Identification of the dispensing pharmacist.

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

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

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

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

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

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

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

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

34 (4) An auxiliary, record-keeping system shall be established for the documentation of

1 refills if the automated, data-processing system is inoperative for any reason. The auxiliary
2 system shall ensure that all refills are authorized by the original prescription and that the
3 maximum number of refills is not exceeded. When this automated, data-processing system is
4 restored to operation, the information regarding prescriptions filled and refilled during the
5 inoperative period shall be entered into the automated, data-processing system within ninety-six
6 (96) hours.

7 (5) Any pharmacy using an automated, data-processing system must comply with all
8 applicable state and federal laws and regulations.

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

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

17 (l) Prescriptions for controlled substances as found in schedule II will become void unless
18 dispensed within ninety (90) days of the original date of the prescription and in no event shall
19 more than a thirty-day (30) supply be dispensed at any one time.

20 (1) In prescribing controlled substances in schedule II, practitioners may write up to three
21 (3) separate prescriptions, each for up to a one-month supply, each signed and dated on the date
22 written. For those prescriptions for the second and/or third month, the practitioner must write the
23 earliest date each of those subsequent prescription may be filled, with directions to the pharmacist
24 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-day (90) supply
32 based on directions. No more than three hundred and sixty (360) dosage units may be dispensed
33 at one time.

34 (n) A pharmacy shall transmit prescription information to the prescription-monitoring

1 database at the department of health within one business day following the dispensing of an
2 opioid prescription.

3 (o) The pharmacist shall inform patients verbally or in writing about the proper disposal
4 of expired, unused, or unwanted medications, including the location of local disposal sites as
5 listed on the department of health website.

6 (p) The pharmacist shall inform patients verbally or in writing in the proper use of any
7 devices necessary for the administration of controlled substances.

8 (q)(1) A health care professional authorized to issue prescriptions shall, prior to issuing
9 an initial prescription for an opioid drug, specifically discuss with the patient who is eighteen (18)
10 years of age or older, or the patient's parent or guardian if the patient is under eighteen (18) years
11 of age, the risks of developing a dependence or addiction to the prescription opioid drug and
12 potential of overdose or death, the adverse risks of concurrent use of alcohol or other
13 psychoactive medications and the patient's or the minor patient's parent or guardian's
14 responsibility to safeguard all medications, and, if the prescriber deems it appropriate, discuss
15 such alternative treatments as may be available. For patients in recovery from substance
16 dependence, education shall be focused on relapse risk factors. This discussion shall be noted in
17 the patient's record.

18 (2) The director of the department of health shall develop and make available to
19 prescribers guidelines for the discussion required pursuant to this subsection.

20 (3) The discussion required under this subsection shall not be required prior to issuing a
21 prescription to any patient who is currently receiving hospice care from a licensed hospice.

22 SECTION 2. This act shall take effect on September 1, 2017.

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

1 This act would require that a health care professional authorized to issue prescriptions,
2 prior to issuing an initial prescription for an opioid drug, discuss with the patient who is eighteen
3 (18) years of age or older or the patient's parent or guardian if the patient is under eighteen (18)
4 years of age, specifically the risks of developing a dependence or, addiction on the prescription
5 opioid drug and potential of overdose or death, the adverse risks of concurrent use of alcohol or
6 other psychoactive medications.

7 This act would take effect on September 1, 2017.

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