A BILL FOR AN ACT

RELATING TO THE ELECTRONIC PRESCRIPTION ACCOUNTABILITY SYSTEM.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that Act 153, Session Laws of Hawaii 2018, requires all prescribers of controlled substances to query the electronic prescription accountability system, prior to issuing a prescription for certain controlled substances, to reduce the risk of abuse of or addiction to a controlled substance. The electronic prescription accountability system, also known as the prescription drug monitoring program, is a useful tool for health care providers when determining which controlled substances a patient has been prescribed.

The legislature notes that although prescribers have taken steps to implement this law, some concerns have been raised about the applicability of the law to certain patient populations. The legislature believes that the law should not apply in inpatient settings, where a patient is in a hospital or nursing home and is directly administered a prescription under the supervision of a health care provider. The law should also
not apply to initial prescriptions for patients being treated for post-operative pain with a limited three-day supply, which is consistent with a 2016 recommendation on acute pain management by the federal Centers for Disease Control and Prevention. An exemption for hospice patients is also appropriate to reduce barriers to this end-of-life choice. By definition, a patient electing hospice typically has only six months or less to live. Therefore, requiring a health care provider to consult the electronic prescription accountability system under these circumstances may cause a delay in the provision of appropriate care to the patient.

The purpose of this Act is to specify that a health care provider shall not be required to consult the electronic prescription accountability system when a patient is in an inpatient setting, in post-operative care, or has a terminal disease and is receiving hospice or other palliative care.

SECTION 2. Section 329-38.2 Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) No prescriber shall prescribe a schedule II, III, or IV controlled substance without first requesting, receiving, and considering records of the ultimate user from the state..."
electronic prescription accountability system as needed to reduce the risk of abuse of or addiction to a controlled substance, as needed to avoid harmful drug interactions, or as otherwise medically necessary; provided that this subsection shall not apply to any prescription:

(1) For a supply of three days or less that is made in an emergency situation, by an emergency medical provider, or in an emergency room;

(2) That will be administered directly to a patient under the supervision of a health care provider licensed to practice within the State; provided that a medically-indicated query of the electronic prescription accountability system is made when the patient is initially admitted for inpatient care at a hospital;

(3) That is an initial prescription for a patient being treated for post-operative pain; provided that the prescription is limited to a three-day supply with no refills;
(4) For a patient with a terminal disease receiving hospice or other types of palliative care; provided that for purposes of this paragraph, "terminal disease" means an incurable and irreversible disease that will, within reasonable medical judgment, produce death within six months; or

(5) Prescribed while the state electronic prescription accountability system is nonfunctional."

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect on July 1, 2019.
Report Title:
Electronic Prescription Accountability System; Hospice; Palliative Care; Exemptions

Description:
Specifies that a health care provider shall not be required to consult the electronic prescription accountability system for patients when the prescription will be directly administered under the supervision of a health care provider, provided that the system is consulted when the patients are initially admitted at a hospital, for patients in post-operative care with a prescription limited to a three-day supply, or for patients with a terminal disease receiving hospice or other palliative care. (HB665 CD1)

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