

JAN 20 2017

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# A BILL FOR AN ACT

RELATING TO CONTROLLED SUBSTANCES.

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

1           SECTION 1. The legislature finds that a nationwide drug  
2 epidemic exists related to prescription pain relieving drugs  
3 that are causing alarming rates of addiction, overdose, and  
4 death. According to the National Institute on Drug Abuse, an  
5 estimated 2.1 million people in the United States suffer from  
6 substance use disorders related to prescription opioid pain  
7 relievers. Society is facing the devastating consequences of  
8 this epidemic, with the number of unintentional overdose deaths  
9 from prescription pain relievers more than quadrupling since  
10 1999. According to data provided by the PEW Charitable Trusts,  
11 opioid pain relievers killed nearly 20,000 Americans in 2014.

12           According to the National Institute on Drug Abuse, in terms  
13 of abuse and mortality, opioids account for the greatest  
14 proportion of the prescription drug abuse problem. The rise of  
15 prescription opioids started in the beginning of the twenty-  
16 first century, but by 2002 opioids caused more deaths than  
17 heroin or cocaine. The National Institute on Drug Abuse reports



1 that the increase in the availability of opioid pain relievers  
2 is the result of a drastic increase in the number of  
3 prescriptions written and dispensed, greater social  
4 acceptability for using medications for different purposes, and  
5 aggressive marketing by pharmaceutical companies.

6 As a result of the staggering number of people suffering  
7 from substance use disorders related to prescription opioid pain  
8 relievers, the United States Centers for Disease Control and  
9 Prevention, national and state legislators, and many others are  
10 trying to curb this epidemic through public education and  
11 limiting liberal opioid prescribing practices. Many states are  
12 considering, and some states such as New York and Massachusetts  
13 have already implemented, limits on first-time prescriptions for  
14 opioids.

15 The purpose of this Act is to reduce addiction, overdose,  
16 and death related to the use of opioids by limiting initial  
17 prescriptions for opioids and benzodiazepines to a maximum of  
18 seven consecutive days.

19 SECTION 2. Section 329-38, Hawaii Revised Statutes, is  
20 amended to read as follows:



1           "§329-38 Prescriptions. (a) No controlled substance in  
2 schedule II may be dispensed without a written prescription of a  
3 practitioner, except:

4           (1) In the case of an emergency situation, a pharmacist  
5 may dispense a controlled substance listed in schedule  
6 II upon receiving oral authorization from a  
7 prescribing practitioner; provided that:

8           (A) The quantity prescribed and dispensed is limited  
9 to the amount adequate to treat the patient  
10 during the emergency period (dispensing beyond  
11 the emergency period shall be pursuant to a  
12 written prescription signed by the prescribing  
13 practitioner);

14           (B) If the prescribing practitioner is not known to  
15 the pharmacist, the pharmacist shall make a  
16 reasonable effort to determine that the oral  
17 authorization came from a registered  
18 practitioner, which may include a callback to the  
19 prescribing practitioner using the phone number  
20 in the telephone directory or other good faith  
21 efforts to identify the prescriber; and



1           (C) Within seven days after authorizing an emergency  
2           oral prescription, the prescribing practitioner  
3           shall cause a written prescription for the  
4           emergency quantity prescribed to be delivered to  
5           the dispensing pharmacist. In addition to  
6           conforming to the requirements of this  
7           subsection, the prescription shall have written  
8           on its face "Authorization for Emergency  
9           Dispensing". The written prescription may be  
10          delivered to the pharmacist in person or by mail,  
11          and if by mail, the prescription shall be  
12          postmarked within the seven-day period. Upon  
13          receipt, the dispensing pharmacist shall attach  
14          this prescription to the oral emergency  
15          prescription, which had earlier been reduced to  
16          writing. The pharmacist shall notify the  
17          administrator if the prescribing practitioner  
18          fails to deliver a written prescription to the  
19          pharmacy within the allotted time. Failure of  
20          the pharmacist to do so shall void the authority  
21          conferred by this paragraph to dispense without a



1 written prescription of a prescribing individual  
2 practitioner. Any practitioner who fails to  
3 deliver a written prescription within the seven-  
4 day period shall be in violation of section 329-  
5 41(a)(1);

6 (2) No schedule II narcotic controlled substance may be  
7 prescribed or dispensed for more than a thirty-day  
8 supply, except where such substances come in a single  
9 unit dose package that exceeds the thirty-day limit or  
10 where a terminally ill patient is certified by a  
11 physician to exceed the thirty-day limit;

12 (3) When dispensed directly by a practitioner, other than  
13 a pharmacist, to the ultimate user. The practitioner  
14 in dispensing a controlled substance in schedule II  
15 shall affix to the package a label showing:

16 (A) The date of dispensing;

17 (B) The name, strength, and quantity of the drug  
18 dispensed;

19 (C) The dispensing practitioner's name and address;

20 (D) The name of the patient;

21 (E) The "use by" date for the drug, which shall be:



- 1                   (i) The expiration date on the manufacturer's or  
2                   principal labeler's container; or  
3                   (ii) One year from the date the drug is  
4                   dispensed, whichever is earlier; and  
5                   (F) Directions for use, and cautionary statements, if  
6                   any, contained in the prescription or as required  
7                   by law.

8                   A complete and accurate record of all schedule II  
9                   controlled substances ordered, administered,  
10                  prescribed, and dispensed shall be maintained for five  
11                  years. Prescriptions and records of dispensing shall  
12                  otherwise be retained in conformance with the  
13                  requirements of section 329-36. No prescription for a  
14                  controlled substance in schedule II may be refilled;  
15                  or

16                  (4) In the case of an electronic prescription, a  
17                  pharmacist may dispense a controlled substance listed  
18                  in schedule II upon receiving an electronic  
19                  prescription.

20                  (b) A schedule II controlled substance prescription shall:



1 (1) Be filled within seven days following the date the  
2 prescription was issued to the patient; and

3 (2) Be supplied to a patient only if the prescription has  
4 been filled and held by the pharmacy for not more than  
5 seven days.

6 (c) Initial prescriptions for opioids and benzodiazepines  
7 shall not be for longer than seven consecutive days.

8 [~~e~~] (d) The transfer of original prescription information  
9 for a controlled substance listed in schedule III, IV, or V for  
10 the purpose of dispensing is permissible between pharmacies on a  
11 one time basis only. However, pharmacies electronically sharing  
12 a real-time, online database may transfer up to the maximum  
13 refills permitted by law and the prescriber's authorization.  
14 Transfers are subject to the following requirements:

15 (1) The transfer shall be communicated directly between  
16 two licensed pharmacists, and the transferring  
17 pharmacist shall:

18 (A) Write or otherwise place the word "VOID" on the  
19 face of the invalidated prescription;

20 (B) Record on the reverse of the invalidated  
21 prescription the name, address, and Drug



1 Enforcement Administration registration number of  
2 the pharmacy to which it was transferred and the  
3 name of the pharmacist receiving the prescription  
4 information; and

5 (C) Record the date of the transfer and the name of  
6 the pharmacist transferring the information;

7 (2) The pharmacist receiving the transferred prescription  
8 information shall reduce to writing the following:

9 (A) Write or otherwise place the word "transfer" on  
10 the face of the transferred prescription;

11 (B) Record all information required to be on a  
12 prescription, including:

13 (i) The date of issuance of original  
14 prescription;

15 (ii) The original number of refills authorized on  
16 original prescription;

17 (iii) The date of original dispensing;

18 (iv) The number of valid refills remaining and  
19 dates and locations of previous refills;

20 (v) The pharmacy's name, address, Drug

21 Enforcement Administration registration





1                    number, and original prescription number  
2                    from which the prescription information was  
3                    transferred;  
4                    (vi) The name of the transferor pharmacist; and  
5                    (vii) The pharmacy's name, address, and Drug  
6                    Enforcement Administration registration  
7                    number, along with the prescription number  
8                    from which the prescription was originally  
9                    filled;  
10                  (3) Both the original and transferred prescription shall  
11                  be maintained for a period of five years from the date  
12                  of last refill; and  
13                  (4) Any pharmacy electronically accessing a prescription  
14                  record shall satisfy all information requirements of a  
15                  manual mode prescription transferal.  
16                  Failure to comply with this subsection shall void the  
17                  authority of the pharmacy to transfer prescriptions or receive a  
18                  transferred prescription to or from another pharmacy.  
19                  [~~d~~] (e) A pharmacy and an authorized central fill  
20                  pharmacy may share information for initial and refill



1 prescriptions of schedule III, IV, or V controlled substances.

2 The following requirements shall apply:

3 (1) A pharmacy may electronically transmit, including by  
4 facsimile, prescriptions for controlled substances  
5 listed in schedule III, IV, or V to a central fill  
6 pharmacy. The pharmacy transmitting the prescription  
7 information shall:

8 (A) Ensure that all information required to be on a  
9 prescription pursuant to subsection [~~g~~] (h) is  
10 transmitted to the central fill pharmacy either  
11 on the face of the prescription or  
12 electronically; and

13 (B) Keep a record of receipt of the filled  
14 prescription, including the date of receipt, the  
15 method of delivery (private, common, or contract  
16 carrier) and the identity of the pharmacy  
17 employee accepting delivery; and

18 (2) The central fill pharmacy receiving the transmitted  
19 prescription shall:

20 (A) Keep for five years a copy of a prescription  
21 received by facsimile or an electronic record of



1 all the information transmitted by the pharmacy,  
2 including the name, address, and Drug Enforcement  
3 Administration registration number of the  
4 pharmacy transmitting the prescription;

5 (B) Keep a record of the date of receipt of the  
6 transmitted prescription, the name of the  
7 licensed pharmacists filling the prescription,  
8 and the dates the prescription was filled or is  
9 refilled; and

10 (C) Keep a record of the date the filled prescription  
11 was shipped to the pharmacy.

12 [~~(e)~~] (f) No controlled substance in schedule III, IV, or  
13 V may be dispensed without a written, facsimile of a written,  
14 oral prescription of a practitioner, or receipt of an electronic  
15 prescription, except when a controlled substance is dispensed  
16 directly by a practitioner, other than a pharmacist, to an  
17 ultimate user. The practitioner, in dispensing a controlled  
18 substance in schedule III, IV, or V, shall affix to the package  
19 a label showing:

20 (1) The date of dispensing;

21 (2) The name, strength, and quantity issued of the drug;



- 1           (3) The dispensing practitioner's name and business  
2           address;
- 3           (4) The name of the patient;
- 4           (5) The "use by" date for the drug, which shall be:  
5           (A) The expiration date on the manufacturer's or  
6           principal labeler's container; or  
7           (B) One year from the date the drug is dispensed,  
8           whichever is earlier;
- 9           (6) Directions for use; and
- 10          (7) Cautionary statements, if any, contained in the  
11          prescription or as required by law.
- 12 A complete and accurate record of all schedule III, IV, and V  
13 controlled substances administered, prescribed, and dispensed  
14 shall be maintained for five years. Prescriptions and records  
15 of dispensing shall be retained in conformance with the  
16 requirements of section 329-36 unless otherwise provided by law.  
17 Prescriptions may not be filled or refilled more than three  
18 months after the date of the prescription or be refilled more  
19 than two times after the date of the prescription, unless the  
20 prescription is renewed by the practitioner.



1           ~~(f)~~ (g) The effectiveness of a prescription for the  
2 purposes of this section shall be determined as follows:

- 3           (1) A prescription for a controlled substance shall be  
4           issued for a legitimate medical purpose by an  
5           individual practitioner acting in the usual course of  
6           the practitioner's professional practice. The  
7           responsibility for the proper prescribing and  
8           dispensing of controlled substances shall be upon the  
9           prescribing practitioner, but a corresponding  
10          responsibility shall rest with the pharmacist who  
11          fills the prescription. An order purporting to be a  
12          prescription issued not in the usual course of  
13          professional treatment or for legitimate and  
14          authorized research shall not be deemed a prescription  
15          within the meaning and intent of this section, and the  
16          person who knowingly fills such a purported  
17          prescription, as well as the person who issues the  
18          prescription, shall be subject to the penalties  
19          provided for violations of this chapter;
- 20          (2) A prescription may not be issued to allow an  
21          individual practitioner to obtain controlled



1 substances for supplying the individual practitioner  
2 for the purpose of general dispensing to patients;

3 (3) A prescription may not be issued for the dispensing of  
4 narcotic drugs listed in any schedule for the purpose  
5 of "detoxification treatment" or "maintenance  
6 treatment" except as follows:

7 (A) The administering or dispensing directly (but not  
8 prescribing) of narcotic drugs listed in any  
9 schedule to a narcotic drug-dependent person for  
10 "detoxification treatment" or "maintenance  
11 treatment" shall be deemed to be "in the course  
12 of a practitioner's professional practice or  
13 research" so long as the practitioner is  
14 registered separately with the department and the  
15 federal Drug Enforcement Agency as required by  
16 section 329-32(e) and complies with Title 21 Code  
17 of Federal Regulations section 823(g) and any  
18 other federal or state regulatory standards  
19 relating to treatment qualification, security,  
20 records, and unsupervised use of drugs; and



1 (B) Nothing in this section shall prohibit a  
2 physician or authorized hospital staff from  
3 administering or dispensing, but not prescribing,  
4 narcotic drugs in a hospital to maintain or  
5 detoxify a person as an incidental adjunct to  
6 medical or surgical treatment of conditions other  
7 than addiction;

8 (4) An individual practitioner shall not prescribe or  
9 dispense a substance included in schedule II, III, IV,  
10 or V for that individual practitioner's personal use,  
11 except in a medical emergency; and

12 (5) A pharmacist shall not dispense a substance included  
13 in schedule II, III, IV, or V for the pharmacist's  
14 personal use.

15 [~~g~~] (h) Prescriptions for controlled substances shall be  
16 issued only as follows:

17 (1) All prescriptions for controlled substances shall  
18 originate from within the State and be dated as of,  
19 and signed on, the day when the prescriptions were  
20 issued and shall contain:



- 1 (A) The first and last name and address of the
- 2 patient; and
- 3 (B) The drug name, strength, dosage form, quantity
- 4 prescribed, and directions for use. Where a
- 5 prescription is for gamma hydroxybutyric acid,
- 6 methadone, or buprenorphine, the practitioner
- 7 shall record as part of the directions for use,
- 8 the medical need of the patient for the
- 9 prescription.

10 Except for electronic prescriptions, controlled  
11 substance prescriptions shall be no larger than eight  
12 and one-half inches by eleven inches and no smaller  
13 than three inches by four inches. A practitioner may  
14 sign a prescription in the same manner as the  
15 practitioner would sign a check or legal document  
16 (e.g., J.H. Smith or John H. Smith) and shall use both  
17 words and figures (e.g., alphabetically and  
18 numerically as indications of quantity, such as five  
19 (5)), to indicate the amount of controlled substance  
20 to be dispensed. Where an oral order or electronic  
21 prescription is not permitted, prescriptions shall be





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1 written with ink or indelible pencil or typed, shall  
2 be manually signed by the practitioner, and shall  
3 include the name, address, telephone number, and  
4 registration number of the practitioner. The  
5 prescriptions may be prepared by a secretary or agent  
6 for the signature of the practitioner, but the  
7 prescribing practitioner shall be responsible in case  
8 the prescription does not conform in all essential  
9 respects to this chapter and any rules adopted  
10 pursuant to this chapter. In receiving an oral  
11 prescription from a practitioner, a pharmacist shall  
12 promptly reduce the oral prescription to writing,  
13 which shall include the following information: the  
14 drug name, strength, dosage form, quantity prescribed  
15 in figures only, and directions for use; the date the  
16 oral prescription was received; the full name, Drug  
17 Enforcement Administration registration number, and  
18 oral code number of the practitioner; and the name and  
19 address of the person for whom the controlled  
20 substance was prescribed or the name of the owner of



1 the animal for which the controlled substance was  
2 prescribed.

3 A corresponding liability shall rest upon a  
4 pharmacist who fills a prescription not prepared in  
5 the form prescribed by this section. A pharmacist may  
6 add a patient's missing address or change a patient's  
7 address on all controlled substance prescriptions  
8 after verifying the patient's identification and  
9 noting the identification number on the back of the  
10 prescription document on file. The pharmacist shall  
11 not make changes to the patient's name, the controlled  
12 substance being prescribed, the quantity of the  
13 prescription, the practitioner's Drug Enforcement  
14 Administration number, the practitioner's name, the  
15 practitioner's electronic signature, or the  
16 practitioner's signature;

17 (2) An intern, resident, or foreign-trained physician, or  
18 a physician on the staff of a Department of Veterans  
19 Affairs facility or other facility serving veterans,  
20 exempted from registration under this chapter, shall  
21 include on all prescriptions issued by the physician:



- 1 (A) The registration number of the hospital or other
- 2 institution; and
- 3 (B) The special internal code number assigned to the
- 4 physician by the hospital or other institution in
- 5 lieu of the registration number of the
- 6 practitioner required by this section.

7 The hospital or other institution shall forward a copy  
8 of this special internal code number list to the  
9 department as often as necessary to update the  
10 department with any additions or deletions. Failure  
11 to comply with this paragraph shall result in the  
12 suspension of that facility's privilege to fill  
13 controlled substance prescriptions at pharmacies  
14 outside of the hospital or other institution. Each  
15 written prescription shall have the name of the  
16 physician stamped, typed, or hand-printed on it, as  
17 well as the signature of the physician;

18 (3) An official exempted from registration shall include  
19 on all prescriptions issued by the official:

- 20 (A) The official's branch of service or agency (e.g.,
- 21 "U.S. Army" or "Public Health Service"); and



1 (B) The official's service identification number, in  
2 lieu of the registration number of the  
3 practitioner required by this section. The  
4 service identification number for a Public Health  
5 Service employee shall be the employee's social  
6 security or other government issued  
7 identification number.

8 Each prescription shall have the name of the officer  
9 stamped, typed, or handprinted on it, as well as the  
10 signature of the officer; and

11 (4) A physician assistant registered to prescribe  
12 controlled substances under the authorization of a  
13 supervising physician shall include on all controlled  
14 substance prescriptions issued:

15 (A) The Drug Enforcement Administration registration  
16 number of the supervising physician; and

17 (B) The Drug Enforcement Administration registration  
18 number of the physician assistant.

19 Each written controlled substance prescription issued  
20 shall include the printed, stamped, typed, or hand-  
21 printed name, address, and phone number of both the



1 supervising physician and physician assistant, and  
2 shall be signed by the physician assistant. The  
3 medical record of each written controlled substance  
4 prescription issued by a physician assistant shall be  
5 reviewed and initialed by the physician assistant's  
6 supervising physician within seven working days.

7 ~~[(h)]~~ (i) A prescription for controlled substances may  
8 only be filled by a pharmacist acting in the usual course of the  
9 pharmacist's professional practice and either registered  
10 individually or employed in a registered pharmacy, central fill  
11 pharmacy, or registered institutional practitioner. A central  
12 fill pharmacy authorized to fill prescriptions on behalf of a  
13 pharmacy shall have a contractual relationship with the pharmacy  
14 that provides for this activity or shall share a common owner  
15 with the pharmacy. A central fill pharmacy shall not prepare  
16 prescriptions for any controlled substance listed in schedule  
17 II.

18 ~~[(i)]~~ (j) Partial filling of controlled substance  
19 prescriptions shall be determined as follows:

- 20 (1) The partial filling of a prescription for a controlled  
21 substance listed in schedule II is permissible if the



1 pharmacist is unable to supply the full quantity  
2 called for in a written, electronic prescription, or  
3 emergency oral prescription and the pharmacist makes a  
4 notation of the quantity supplied on the face of the  
5 written prescription (or written record of the  
6 electronic prescription or emergency oral  
7 prescription). The remaining portion of the  
8 prescription may be filled within seventy-two hours of  
9 the first partial filling; provided that if the  
10 remaining portion is not or cannot be filled within  
11 the seventy-two-hour period, the pharmacist shall  
12 notify the prescribing individual practitioner. No  
13 further quantity shall be supplied beyond seventy-two  
14 hours without a new prescription;

15 (2) The partial filling of a prescription for a controlled  
16 substance listed in schedule III, IV, or V is  
17 permissible; provided that:

18 (A) Each partial filling is recorded in the same  
19 manner as a refilling;



- 1 (B) The total quantity dispensed in all partial  
2 fillings does not exceed the total quantity  
3 prescribed;
- 4 (C) No dispensing occurs more than three months after  
5 the date on which the prescription was issued;  
6 and
- 7 (D) The prescription is refilled no more than two  
8 times after the initial date of the prescription,  
9 unless the prescription is renewed by the  
10 practitioner; and
- 11 (3) A prescription for a schedule II controlled substance  
12 issued for a patient in a long-term care facility or  
13 for a patient with a medical diagnosis documenting a  
14 terminal illness may be filled in partial quantities  
15 to include individual dosage units. If there is any  
16 question whether a patient may be classified as having  
17 a terminal illness, the pharmacist shall contact the  
18 practitioner prior to partially filling the  
19 prescription. Both the pharmacist and the prescribing  
20 practitioner have a corresponding responsibility to  
21 assure that the controlled substance is for a



1 terminally ill patient. The pharmacist shall record  
2 on the prescription document on file whether the  
3 patient is "terminally ill" or a "long-term care  
4 facility patient". For the purposes of this section,  
5 "TI" means terminally ill and "LTCF" means long-term  
6 care facility. A prescription that is partially  
7 filled and does not contain the notation "TI" or "LTCF  
8 patient" shall be deemed to have been filled in  
9 violation of this section. For each partial filling,  
10 the dispensing pharmacist shall record on the back of  
11 the prescription (or on another appropriate record,  
12 uniformly maintained, and readily retrievable) the  
13 date of the partial filling, quantity dispensed,  
14 remaining quantity authorized to be dispensed, and the  
15 identification of the dispensing pharmacist. The  
16 total quantity of schedule II controlled substances  
17 dispensed in all partial fillings shall not exceed the  
18 total quantity prescribed, nor shall a prescription be  
19 partially filled more than three times after the  
20 initial date of the prescription. Schedule II  
21 controlled substance prescriptions for patients in a





1 long-term care facility or patients with a medical  
2 diagnosis documenting a terminal illness shall be  
3 valid for a period not to exceed thirty days from the  
4 issue date unless sooner terminated by the  
5 discontinuance of medication.

6 ~~[(j)]~~ (k) A prescription for a schedule II controlled  
7 substance may be transmitted by the practitioner or the  
8 practitioner's agent to a pharmacy by facsimile equipment;  
9 provided that the original written, signed prescription is  
10 presented to the pharmacist for review prior to the actual  
11 dispensing of the controlled substance, except as noted in  
12 subsections (k), (l), and (m). The original prescription shall  
13 be maintained in accordance with section 329-36. A prescription  
14 for a schedule III, IV, or V controlled substance may be  
15 transmitted by the practitioner or the practitioner's agent to a  
16 pharmacy by facsimile; provided that:

17 (1) The information shall be communicated only between the  
18 prescribing practitioner or the prescriber's  
19 authorized agent and the pharmacy of the patient's  
20 choice. The original prescription shall be maintained  
21 by the practitioner in accordance with section 329-36;



- 1           (2) The information shall be communicated in a  
2           retrievable, recognizable format acceptable to the  
3           intended recipient and shall include the physician's  
4           oral code designation and the name of the recipient  
5           pharmacy;
- 6           (3) No electronic system, software, or other intervening  
7           mechanism or party shall alter the practitioner's  
8           prescription, order entry, selection, or intended  
9           selection without the practitioner's approval on a per  
10          prescription per order basis. Facsimile prescription  
11          information shall not be altered by any system,  
12          software, or other intervening mechanism or party  
13          prior to receipt by the intended pharmacy;
- 14          (4) The prescription information processing system shall  
15          provide for confidentiality safeguards required by  
16          federal or state law; and
- 17          (5) Prescribing practitioners and pharmacists shall  
18          exercise prudent and professional judgment regarding  
19          the accuracy, validity, and authenticity of any  
20          facsimile prescription information. The facsimile  
21          shall serve as the original written prescription for



1 purposes of this section and shall be maintained in  
2 accordance with section 329-36.

3 [~~(k)~~] (l) A prescription prepared in accordance with  
4 subsection [~~(g)~~] (h) written for a narcotic listed in schedule  
5 II to be compounded for the direct administration to a patient  
6 by parenteral, intravenous, intramuscular, subcutaneous, or  
7 intraspinal infusion, but does not extend to the dispensing of  
8 oral dosage units of controlled substances, may be transmitted  
9 by the practitioner or the practitioner's agent to the pharmacy  
10 by facsimile. The original prescription shall be maintained by  
11 the practitioner in accordance with section 329-36. The  
12 pharmacist shall note on the face of the facsimile prescription  
13 in red ink "Home Infusion/IV" and this facsimile shall serve as  
14 the original written prescription for purposes of this section  
15 and it shall be maintained in accordance with section 329-36.

16 [~~(l)~~] (m) A prescription prepared in accordance with  
17 subsection [~~(g)~~] (h) written for a schedule II substance for a  
18 patient enrolled in a hospice care program certified or paid for  
19 by medicare under Title XVIII or a hospice program that is  
20 licensed by the State may be transmitted by the practitioner or  
21 the practitioner's agent to the dispensing pharmacy by



1 facsimile. The original prescription shall be maintained by the  
2 practitioner in accordance with section 329-36. The  
3 practitioner or practitioner's agent shall note on the  
4 prescription that the patient is a hospice patient. The  
5 pharmacist shall note on the face of the facsimile prescription  
6 in red ink "HOSPICE" and this facsimile shall serve as the  
7 original written prescription for purposes of this section and  
8 it shall be maintained in accordance with section 329-36.

9 ~~[(m)]~~ (n) A prescription prepared in accordance with  
10 subsection ~~[(g)]~~ (h) written for a schedule II controlled  
11 substance for a resident of a state-licensed long-term care  
12 facility may be transmitted by the practitioner or the  
13 practitioner's agent to the dispensing pharmacy by facsimile.  
14 The original prescription shall be maintained by the  
15 practitioner in accordance with section 329-36. The pharmacist  
16 shall note on the face of the facsimile prescription in red ink  
17 "LTCF" and this facsimile shall serve as the original written  
18 prescription for purposes of this section and it shall be  
19 maintained in accordance with section 329-36.



1           ~~(n)~~ (o) An electronic prescription for a schedule II,  
2 III, IV, or V controlled substance may be electronically  
3 transmitted by the practitioner to a pharmacy; provided that:

4           (1) The information shall be communicated only between the  
5           prescribing practitioner and the pharmacy of the  
6           patient's choice. The electronic prescription shall  
7           be maintained by the practitioner in accordance with  
8           section 329-36;

9           (2) The information shall be communicated in a  
10          retrievable, recognizable format acceptable to the  
11          intended recipient;

12          (3) No electronic system, software, or other intervening  
13          mechanism or party shall alter the practitioner's  
14          prescription, order entry, selection, or intended  
15          selection without the practitioner's approval on a  
16          per-prescription, per-order basis. Transmitted  
17          prescription information shall not be altered by any  
18          electronic system, software, or other intervening  
19          mechanism or party prior to receipt by the intended  
20          pharmacy;



# S.B. NO. 504

1 (4) The prescription information processing system shall  
 2 provide for confidentiality safeguards required by any  
 3 applicable federal or state law; and

4 (5) Prescribing practitioners and pharmacists shall  
 5 exercise prudent and professional judgment regarding  
 6 the accuracy, validity, and authenticity of any  
 7 electronic prescription information."

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

10 SECTION 4. This Act shall take effect on July 1, 2017.

11

INTRODUCED BY: Randy H. Baker

Michelle D. Adams

~~DAC. Fairley~~

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# S.B. NO. 504

**Report Title:**

Controlled Substances; Opioids; Benzodiazepines; Initial Prescription

**Description:**

Limits initial prescriptions for opioids and benzodiazepines to a maximum of seven consecutive days.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

