A BILL FOR

1 An Act relating to the Iowa prescription monitoring program and
2 making penalties applicable.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
Section 1. Section 124.551, subsection 2, Code 2017, is amended to read as follows:

2. The program shall collect from pharmacies dispensing information for controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g". The information collected shall be used by prescribing practitioners and pharmacists on a need-to-know basis for purposes of improving patient health care by facilitating early identification of patients who may be at risk for addiction, or who may be using, abusing, or diverting drug controlled substances for unlawful or otherwise unauthorized purposes at risk to themselves and others, or who may be appropriately using controlled substances lawfully prescribed for them but unknown to the practitioner.

Sec. 2. Section 124.552, subsection 1, unnumbered paragraph 1, Code 2017, is amended to read as follows:

Each unless otherwise prohibited by federal or state law, each licensed pharmacy that dispenses controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g", to patients in the state, and each licensed pharmacy located in the state that dispenses such controlled substances identified pursuant to section 124.554, subsection 1, paragraph "g", to patients inside or outside the state, unless specifically excepted in this section or by rule; and each prescribing practitioner furnishing, dispensing, or supplying controlled substances to the prescribing practitioner's patient, shall submit the following prescription information to the program:

Sec. 3. Section 124.552, subsection 1, paragraph a, Code 2017, is amended to read as follows:

a. Pharmacy identification, if applicable.

Sec. 4. Section 124.552, subsections 3 and 4, Code 2017, are amended to read as follows:

3. Information shall be timely transmitted as designated by the board and advisory council by rule, unless the board grants an extension. The board may grant an extension if either of
the following occurs:

a. The pharmacy or prescribing practitioner suffers a mechanical or electronic failure, or cannot meet the deadline established by the board for other reasons beyond the pharmacy’s or prescribing practitioner’s control.

b. The board is unable to receive electronic submissions.

4. This section shall not apply to a prescribing practitioner furnishing, dispensing, supplying, or administering drugs to the prescribing practitioner’s patient, or to dispensing by a licensed pharmacy for the purposes of inpatient hospital care, inpatient hospice care, or long-term residential facility patient care.

Sec. 5. Section 124.553, subsection 1, Code 2017, is amended by adding the following new paragraph:

NEW PARAGRAPH. f. By targeted distribution of unsolicited reports, a prescribing practitioner or pharmacist who has been involved in authorizing or dispensing controlled substances to a patient who has been identified by the board, based on thresholds or criteria established by the board by rule, as an at-risk patient who may be abusing or misusing controlled substances or who may be in jeopardy of overdose or addiction to controlled substances.

Sec. 6. Section 124.553, subsections 2, 3, and 8, Code 2017, are amended to read as follows:

2. The board shall maintain a record of each person that requests information from the program and of all unsolicited reports distributed as provided in subsection 1, paragraph “f”. Pursuant to rules adopted by the board and advisory council under section 124.554, the board may use the records to document and report statistical information, and may provide program information for statistical, public research, public policy, or educational purposes, after removing personal identifying information of a patient, prescribing practitioner, dispenser, or other person who is identified in the information.
3. Information contained in the program and any information obtained from it, and information contained in the records of requests for information from the program and of unsolicited reports distributed to prescribing practitioners and dispensing pharmacists, is privileged and strictly confidential information. Such information is a confidential public record pursuant to section 22.7, and is not subject to discovery, subpoena, or other means of legal compulsion for release except as provided in this division. Information from the program shall not be released, shared with an agency or institution, or made public except as provided in this division.

8. The board may enter into an agreement with a prescription database or monitoring program operated in a state bordering this state or in the state of Kansas or any state for the mutual exchange of information. Any agreement entered into pursuant to this subsection shall specify that all the information exchanged pursuant to the agreement shall be used and disseminated in accordance with the laws of this state.

Sec. 7. Section 124.554, Code 2017, is amended to read as follows:

124.554 Rules and reporting.
1. The board and advisory council shall jointly adopt rules in accordance with chapter 17A to carry out the purposes of, and to enforce the provisions of, this division. The rules shall include but not be limited to the development of procedures relating to:

a. Identifying each patient about whom information is entered into the program.

b. An electronic format for the submission of information from pharmacies and prescribing practitioners.

c. A waiver to submit information in another format for a pharmacy or prescribing practitioner unable to submit information electronically.

d. An application by a pharmacy or prescribing practitioner for an extension of time for transmitting information to the
program.

e. The submission by an authorized requestor of a request for information and a procedure for the verification of the identity of the requestor.

f. Use by the board or advisory council of the program request records required by section 124.553, subsection 2, to document and report statistical information.

g. Including all schedule II, schedule III, and schedule IV controlled substances and those substances in schedules III and IV that the advisory council and board determine can be addictive or fatal if not taken under the proper care and direction of a prescribing practitioner schedule V controlled substances except when dispensed by a pharmacist without a prescription.

h. Access by a pharmacist or prescribing practitioner to information in the program pursuant to a written agreement with the board and advisory council.

i. The correction or deletion of erroneous information in the program.

j. The establishment of thresholds or other criteria or measures to be used in identifying an at-risk patient as provided in section 124.553, subsection 1, paragraph "f", and the targeted distribution of unsolicited reports suggesting review of the patient's prescription history.

2. Beginning January 1, 2007, 2018, and annually by January 15 thereafter, the board and advisory council shall present to the general assembly and the governor a report prepared consistent with section 124.555, subsection 3, paragraph "d", which shall include but not be limited to the following:

a. The cost to the state of implementing and maintaining the program.

b. Information from pharmacies, prescribing practitioners, the board, the advisory council, and others regarding the benefits or detriments of the program.
S.F. ____ H.F. ____

c. Information from pharmacies, prescribing practitioners, the board, the advisory council, and others regarding the board’s effectiveness in providing information from the program.

Sec. 8. Section 124.555, subsection 2, Code 2017, is amended to read as follows:

2. The council shall advance the goals of the program, which include identification of misuse and diversion of controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, reduction of drug overdoses and deaths attributable to prescription drug use and abuse, and enhancement of the quality of health care delivery in this state.

Sec. 9. Section 124.558, subsection 1, Code 2017, is amended to read as follows:

1. Failure to comply with requirements. A pharmacist, pharmacy, prescribing practitioner, or agent of a pharmacist or prescribing practitioner who knowingly fails to comply with the confidentiality requirements of this division or who delegates program information access to another individual except as provided in section 124.553, is subject to disciplinary action by the appropriate professional licensing board. A prescribing practitioner, pharmacist, or pharmacy that knowingly fails to comply with other requirements of this division is subject to disciplinary action by the board. Each licensing board may adopt rules in accordance with chapter 17A to implement the provisions of this section.

EXPLANATION

The inclusion of this explanation does not constitute agreement with the explanation’s substance by the members of the general assembly.

This bill adds dispensing prescribers, unless otherwise prohibited by federal or state law, to those persons required to submit to the Iowa prescription monitoring program any reportable controlled substances dispensed or distributed to patients in this state. Dispensing prescribers are added
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1 to respective Code provisions relating to extensions of  
2 time to submit required records, the required form of record  
3 submission, and penalties for failing to submit required  
4 records to the Iowa prescription monitoring program.  
5 The bill authorizes the board of pharmacy and the Iowa  
6 prescription monitoring program advisory council to establish  
7 criteria for the identification of patients whose use of  
8 controlled substances may raise concerns about the safety of  
9 the patients' drug regimens and use patterns for the purpose  
10 of communicating those concerns with the prescribers and  
11 pharmacists involved in the patients' care.  
12 The bill permits the board to interconnect with any other  
13 state prescription monitoring program for the sharing of  
14 patient prescription records on the condition that the other  
15 state prescription monitoring program agrees to comply with  
16 the laws and rules of this state regarding the access to,  
17 distribution of, and use of Iowa prescription monitoring  
18 program information and data. The bill also authorizes the  
19 collection of dispensing records for all schedule II, III,  
20 IV, and V controlled substances except when the schedule V  
21 controlled substance is dispensed by a pharmacist without a  
22 prescription.  
23 The bill adds to the goals of the program the reduction of  
24 overdoses and deaths as a result of prescription controlled  
25 substance use and abuse. The bill changes the due date for  
26 annual reports to the governor and the legislature regarding  
27 the program from January 1 to January 15.  
28 A pharmacist, pharmacy, prescribing practitioner, or agent  
29 of a pharmacist or prescribing practitioner who knowingly fails  
30 to comply with the confidentiality requirements of the bill or  
31 who delegates program information access to another individual  
32 except as provided in Code section 124.553 is subject to  
33 disciplinary action by the appropriate professional licensing  
34 board. A pharmacist or pharmacy that knowingly fails to comply  
35 with other requirements of the bill is subject to disciplinary
S.F. _____ H.F. _____

1 action by the board. A person who intentionally or knowingly
2 accesses, uses, or discloses program information in violation
3 of the bill, unless otherwise authorized by law, is guilty of a
4 class "D" felony.