



House Amendment Summary for CS HB 159(HSS), Version A to Version O

April 12, 2017

- The title was amended to include the practice of pharmacy.
- **Section 15 and 21:** amends the current bill to remove the word “diagnosis” in relation to cancer so that post-cancer diagnosis pain is exempted from maximum dosage limits identified in this bill.
- **Section 20:** adds a new section that was omitted in the original bill related to Advanced Practice Registered Nurses who have a Drug Enforcement Agency (DEA) number to have two hours of continuing medical education on addiction and pain management as part of their licensing.
- **Section 23:** adds a new section that was omitted in the original bill related to optometrists who have a DEA number to have two hours of continuing medical education on addiction and pain management as part of their licensing.
- **Section 31:** amended to remove language from the original bill that addressed the ability to partially fill a prescription. The deletion makes the provision more in line with the federal Comprehensive Addiction and Recovery Act of 2016 (CARA Act) and removes the requirement that if a patient requests a partial fill, the remainder of the prescription is void. This section was also amended to clarify that a prescriber will receive immunity for inadvertently prescribing an opioid in violation of an advanced directive
- **Section 32:** amended to clarify that while the Department of Corrections (DOC) is not required to participate in the controlled substance prescription database (also known as the PDMP) while person is in custody, but confirms that the DOC is required to participate in the PDMP when an opioid is prescribed upon release from custody.
- **Section 36:** clarifies the respective roles of how pharmacists prescribe and the PDMP; pharmacists must register and update; prescribers must register and review prior to prescribing.
- **Section 39:** amends the bill to provide for daily compliance with the PDMP, rather than weekly.
- **Section 41:** adds a new section to the PDMP to clarify that the review and submission of information to the PDMP by an ER or an inpatient pharmacy is required when they dispense no more than a 24-hour supply of opioids.

- **Section 42:** adds clarifying language to allow the commissioner of Department of Health and Social Services to adopt regulations related to the opioid advanced directive form/process.
- **Section 43:** repeals certain sections of chapter 25 SLA 2016 (SB 74) related to the PDMP (and the changes from weekly to daily review and submission requirements).
- **Section 44:** provides for the Department of Commerce and Economic Developments to have regulatory authority to implement changes to the PDMP prior to the effective date of certain sections. This is a technical fix.
- **Sections 45-54:** were renumbered and fixed were necessary to correctly identify the effective date changes to implement changes to the PDMP, the Nonopioid Advanced Directive Act and all other sections of the bill