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SENATE BILL NO. 513

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health on February 4, 2016)

(Patron Prior to Substitute—Senator Dunnavant)

A BILL to amend and reenact §§ 54.1-2522.1 and 54.1-2523.2 of the Code of Virginia, relating to Prescription Monitoring Program; requirements of prescribers of opioids.

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2522.1 and 54.1-2523.2 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2522.1. Requirements of prescribers.

A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions.

B. ~~Prescribers~~ *A prescriber* registered with the Prescription Monitoring Program *or a person to whom he has delegated authority to access information in the possession of the Prescription Monitoring Program pursuant to § 54.1-2523.2* shall, at the time of initiating a new course of treatment to a human patient that includes the prescribing of ~~benzodiazepine or an opiate~~ *opioids* anticipated at the onset of treatment to last more than ~~90~~ *14* consecutive days, request information from the Director for the purpose of determining what, if any, other covered substances are currently prescribed to the patient. In addition, any prescriber who holds a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances approved for use in opioid addiction therapy shall, prior to or as a part of execution of a treatment agreement with the patient, request information from the Director for the purpose of determining what, if any, other covered substances the patient is currently being prescribed. Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices.

C. ~~The Secretary of Health and Human Resources may identify and publish a list of benzodiazepines or opiates that have a low potential for abuse by human patients. Prescribers who prescribe such identified benzodiazepines or opiates shall not be required to meet the provisions of subsection B. In addition, a~~ *A* prescriber shall not be required to meet the provisions of subsection B if ~~the course of treatment arises from pain management relating to dialysis or cancer treatments~~*:*

1. The opioid is prescribed to a patient currently receiving hospice or palliative care;

2. The opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is not refillable;

3. The opioid is prescribed to a patient during an inpatient hospital admission or at discharge;

4. The opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy;

5. The Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or

6. The prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record.

§ 54.1-2523.2. Authority to access database.

Any prescriber or dispenser authorized to access the information in the possession of the Prescription Monitoring Program pursuant to this chapter may, pursuant to regulations promulgated by the Director to implement the provisions of this section, delegate such authority to ~~health care professionals~~ *individuals* who are *employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser and* (i) *are* licensed, registered, or certified by a health regulatory board under the Department of Health Professions or in another jurisdiction ~~and~~ *or* (ii) ~~employed at the same facility and under the direct supervision of the prescriber or dispenser~~ *have routine access to confidential patient data and have signed a patient data confidentiality agreement.*

2. That the provisions of this act shall expire on July 1, 2019.