

Department of Planning and Budget

2016 Fiscal Impact Statement

1. Bill Number: SB513ER

House of Origin	<input type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
Second House	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input checked="" type="checkbox"/> Enrolled

2. Patron: Dunnavant

3. Committee: Education and Health

4. Title: Prescription Monitoring Program; requirements of prescribers of benzodiazepine or opiates.

5. Summary: Requires a prescriber to obtain information from the Prescription Monitoring Program at the time of initiating a new course of treatment that includes the prescribing of opioids anticipated to last more than 14 consecutive days. Currently, a prescriber must request such information when a course of treatment is expected to last 90 days. The bill also eliminates the requirement that a prescriber request information about a patient from the Prescription Monitoring Program when prescribing benzodiazepine; allows a prescriber to delegate the duty to request information from the Prescription Monitoring Program to another licensed, registered or certified health care provider who is employed at the same facility under the direct supervision of the prescriber or dispenser who has routine access to confidential patient data and has signed a patient data confidentiality agreement; and creates an exemption from the requirement that a prescriber check the Prescription Monitoring Program for cases in which (i) the opioid is prescribed to a patient currently receiving hospice or palliative care; (ii) the opioid is prescribed to a patient as part of treatment for a surgical procedure, provided that such prescription is not refillable; (iii) the opioid is prescribed to a patient during an inpatient hospital admission or at discharge; (iv) 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; (v) Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or (vi) 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. The bill requires the Director of the Department of Health Professions to report to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on utilization of the Prescription Monitoring Program and any impact on the prescribing of opioids. The provisions of this act shall expire on July 1, 2019.

6. Budget Amendment Necessary: No.

7. No Fiscal Impact.

8. Fiscal Implications: This bill as amended would not have a fiscal impact on the Commonwealth.

9. Specific Agency or Political Subdivisions Affected: None.

10. Technical Amendment Necessary: No.

11. Other Comments: None.