



490720

LEGISLATIVE ACTION

Senate	.	House
	.	
	.	
Floor: 1/AD/2R	.	Floor: CA
04/28/2017 02:59 PM	.	05/03/2017 11:40 AM
	.	

Senator Clemens moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. The Legislature finds that the road to drug addiction may begin as early as 3 days after the initiation of opioid treatment for acute pain. Because of the potentially devastating effects of such addiction, the Legislature also finds that awareness of this potentially life-threatening problem must be raised among Florida's practitioners. Before December 31, 2017, each physician licensed pursuant to chapter



12 458, Florida Statutes, or chapter 459, Florida Statutes, who is
13 registered with the United States Drug Enforcement
14 Administration to prescribe controlled substances pursuant to 21
15 U.S.C. s. 822 shall complete a 2-hour continuing education
16 course offered by a statewide professional association of
17 physicians in this state which is accredited to provide
18 educational activities designated for the American Medical
19 Association Physician's Recognition Award (AMA PRA) Category 1
20 Credit or the American Osteopathic Association (AOA) Category 1-
21 A continuing medical education (CME) credit. The course must
22 contain information on the current standards regarding opiate
23 prescribing and alternatives to these standards, and information
24 on the risks of opioid addiction following even brief periods of
25 treatment in the management of acute pain. The course may be
26 offered in a distance learning format and must be included
27 within the number of continuing medical education hours required
28 by law. Failure to complete the course before December 31, 2017,
29 constitutes grounds for disciplinary action under s.
30 456.072(1)(e), Florida Statutes, and chapter 458, Florida
31 Statutes, or chapter 459, Florida Statutes, as applicable.
32 Effective January 1, 2020, completion of this course is required
33 as a condition of licensure renewal for every physician
34 registered with the United States Drug Enforcement
35 Administration to prescribe controlled substances.

36 Section 2. Subsection (4), paragraph (g) of subsection (5),
37 and paragraphs (a) and (b) of subsection (7) of section 893.055,
38 Florida Statutes, are amended to read:

39 893.055 Prescription drug monitoring program.—

40 (4) Each time a controlled substance is dispensed to an



490720

41 individual, the controlled substance shall be reported to the
42 department through the system as soon thereafter as possible,
43 but no later than the close of the next business day ~~not more~~
44 ~~than 7 days~~ after the day ~~date~~ the controlled substance is
45 dispensed unless an extension is approved by the department for
46 cause as determined by rule. A dispenser must meet the reporting
47 requirements of this section by submitting via the department-
48 approved electronic system ~~providing~~ the required information
49 concerning each controlled substance that it dispensed ~~in a~~
50 ~~department approved, secure methodology and format. Such~~
51 ~~approved formats may include, but are not limited to, submission~~
52 ~~via the Internet, on a disc, or by use of regular mail.~~

53 (5) When the following acts of dispensing or administering
54 occur, the following are exempt from reporting under this
55 section for that specific act of dispensing or administration:

56 (g) A rehabilitative hospital, assisted living facility, or
57 nursing home dispensing a certain dosage of a controlled
58 substance, as needed, to a patient while the patient is present
59 and receiving care as ordered by the patient's treating
60 physician.

61 (7) (a) A practitioner or pharmacist who dispenses a
62 controlled substance must submit the information required by
63 this section in an electronic ~~or other~~ method in an ASAP format
64 approved by rule of the department unless otherwise provided in
65 this section. The cost to the dispenser in submitting the
66 information required by this section may not be material or
67 extraordinary. Costs not considered to be material or
68 extraordinary include, but are not limited to, regular postage,
69 electronic media, regular electronic mail, and facsimile



70 charges.

71 (b) A pharmacy, prescriber, or dispenser, or the designee
72 of a pharmacy, prescriber, or dispenser, shall have access to
73 information in the prescription drug monitoring program's
74 database which relates to a patient of that pharmacy,
75 prescriber, or dispenser in a manner established by the
76 department as needed for the purpose of reviewing the patient's
77 controlled substance prescription history. An employee of the
78 United States Department of Veterans Affairs who provides health
79 care services pursuant to such employment and who has the
80 authority to prescribe controlled substances shall have access
81 to the information in the program's database in a manner
82 established by the department. Such access is limited to the
83 information that relates to a patient of such employee and may
84 be accessed only for the purpose of reviewing the patient's
85 controlled substance prescription history. Other access to the
86 program's database shall be limited to the program's manager and
87 to the designated program and support staff, who may act only at
88 the direction of the program manager or, in the absence of the
89 program manager, as authorized. Access by the program manager or
90 such designated staff is for prescription drug program
91 management only or for management of the program's database and
92 its system in support of the requirements of this section and in
93 furtherance of the prescription drug monitoring program.
94 Confidential and exempt information in the database shall be
95 released only as provided in paragraph (c) and s. 893.0551. The
96 program manager, designated program and support staff who act at
97 the direction of or in the absence of the program manager, and
98 any individual who has similar access regarding the management



490720

99 of the database from the prescription drug monitoring program
100 shall submit fingerprints to the department for background
101 screening. The department shall follow the procedure established
102 by the Department of Law Enforcement to request a statewide
103 criminal history record check and to request that the Department
104 of Law Enforcement forward the fingerprints to the Federal
105 Bureau of Investigation for a national criminal history record
106 check.

107 Section 3. The requirement in s. 893.055(4), Florida
108 Statutes, as amended by this act, that the dispensing of a
109 controlled substance be reported to the Department of Health no
110 later than the next business day shall take effect January 1,
111 2018.

112 Section 4. Except as otherwise expressly provided in this
113 act, this act shall take effect July 1, 2017.

114
115 ===== T I T L E A M E N D M E N T =====

116 And the title is amended as follows:

117 Delete everything before the enacting clause
118 and insert:

119 A bill to be entitled
120 An act relating to controlled substance prescribing;
121 providing legislative findings; requiring that
122 specified physicians who are registered with the
123 United States Drug Enforcement Administration to
124 prescribe controlled substances complete a continuing
125 education course before a certain date; specifying
126 requirements for the continuing education course;
127 authorizing the course to be offered in a distance



490720

128 learning format; creating grounds for disciplinary
129 actions for failure to meet the course requirements;
130 providing that completion of the course is a condition
131 of licensure renewal as of a certain date; amending s.
132 893.055, F.S.; revising requirements for reporting the
133 dispensing of controlled substances; limiting an
134 exception to reporting requirements for certain
135 facilities that dispense controlled substances;
136 authorizing certain employees of the United States
137 Department of Veterans Affairs access to certain
138 information in the prescription drug monitoring
139 program database; specifying when a revised reporting
140 requirement takes effect; providing effective dates.