

An Act relating to the Iowa drug prescribing and dispensing information program, commonly known as the Iowa prescription monitoring program or PMP, required reporters and schedules of controlled substances to be reported, proactive notifications, dissolution of the PMP advisory council, and providing penalties for noncompliance with program requirements.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 124.551, subsection 1, Iowa Code 2017, is amended to read as follows:

1. Contingent upon the receipt of funds pursuant to section 124.557 sufficient to carry out the purposes of this division, the board, ~~in conjunction with the advisory council created in section 124.555,~~ shall establish and maintain an information program for drug prescribing and dispensing.

Sec. 2. Section 124.552, Iowa Code 2017, is amended to read as follows:

124.552 Information reporting.

1. ~~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 drugs to the prescribing practitioner’s patient, shall submit the following prescription information to the program:

a. Pharmacy identification.

- b. Patient identification.
- c. Prescribing practitioner identification.
- d. The date the prescription was issued by the prescribing practitioner.
- e. The date the prescription was dispensed.
- f. An indication of whether the prescription dispensed is new or a refill.
- g. Identification of the drug dispensed.
- h. Quantity of the drug dispensed.
- i. The number of days' supply of the drug dispensed.
- j. Serial or prescription number assigned by the pharmacy.
- k. Type of payment for the prescription.
- l. Other information identified by the board ~~and advisory council~~ by rule.

2. Information shall be submitted electronically in a secure format specified by the board unless the board has granted a waiver and approved an alternate secure format.

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 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. 3. Section 124.553, subsection 1, paragraph (b), Iowa Code 2017, is amended as follows:

b. An individual who requests the individual's own program information in accordance with the procedure established in rules of the board ~~and advisory council adopted under section 124.554.~~

Sec. 4. Section 124.553, subsection 1, Iowa Code 2017, is amended by adding the following new paragraph:

NEW PARAGRAPH: g. By targeted distribution of proactive notifications, a prescribing practitioner or a pharmacist who has been involved in authorizing or dispensing controlled substances to a patient who has been identified, based on thresholds or criteria designed to identify doctor or pharmacy shopping or the patient's excessive use of a controlled substance, 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. 5. Section 124.553, subsection 2, Iowa Code 2017, is amended to read as follows:

2. The board shall maintain a record of each person that requests information from the program and of all proactive notifications distributed as provided in 124.553, subsection 1, paragraph "g". 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.

Sec. 6. Section 124.553, subsection 3, Iowa Code 2017, is amended to read as follows:

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 proactive notifications 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.

Sec. 7. Section 124.554, Iowa 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 through IV controlled substances and ~~these 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 "g," and the targeted distribution of proactive notifications suggesting review of the patient's prescription history.

2. Beginning January 4, ~~2007~~ 15, 2019, and annually by January 4 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.

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. 9. REPEAL. Section 124.555, Iowa Code 2017, is repealed.

Sec. 10. Section 124.558, subsection 1, Iowa 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 bill adds dispensing prescribers, unless otherwise prohibited by federal or state law, to those required to submit to the Iowa Prescription Monitoring Program (PMP) any reportable controlled substances dispensed or distributed to patients in Iowa. Dispensing prescribers are added to respective sections and paragraphs regarding

extensions of time to submit required records, form of record submission, and penalties for failing to submit required records to the Iowa PMP.

The bill authorizes the board and the PMP advisory council to establish criteria for the identification of patients whose use of controlled substances may raise concerns about the safety of the patients' drug regimens and use patterns for the purpose of communicating those concerns with the prescribers and pharmacists involved in the patients' care. This process is referred to as *targeted unsolicited reporting* because notification that the patient's record should be reviewed prior to prescribing controlled substances is sent only to those practitioners currently providing health care services to the patient. The information is not available to law enforcement, regulatory boards and agencies, or other nonpractitioner users.

The bill permits the board to interconnect with any other state PMP for the sharing of patient prescription records on condition that the other state PMP agrees to comply with Iowa laws and rules regarding the access to, distribution of, and use of Iowa PMP information and data. The bill also authorizes the collection of dispensing records for all Schedule II, III, IV, and V controlled substances except when the Schedule V controlled substance is dispensed by a pharmacist without a prescription.

The bill adds to the goals of the program the reduction of overdoses and deaths as a result of prescription controlled substance use and abuse. The bill also changes the due date for annual reports to the Governor and the Legislature from January 1 to January 15 to provide sufficient time to compile prior calendar year data and statistics to be included in the annual report.

