

HB0085HS001

- 1 Page 1-line 3 After "program;" insert "amending program  
2 requirements as specified;"  
3  
4 Page 1-line 8 After "35-7-1060(a)" insert ", (b) and by  
5 creating a new subsection (f)".  
6  
7 Page 2-line 13 Delete "practitionors" and insert  
8 "practitioners".  
9

10 Page 2-after line 14 Insert:

11  
12 "(b) Except as otherwise provided in this subsection, when  
13 a practitioner, other than a veterinarian, prescribes a schedule  
14 II, III, IV or V controlled substance, the practitioner or his  
15 delegate shall search the prescription tracking program for prior  
16 prescriptions issued to the patient before first issuing the  
17 prescription and as needed thereafter based on current best  
18 practice guidelines for the practitioner's licensed profession.  
19 ~~shall repeat the search every three (3) months thereafter for as~~  
20 ~~long as the controlled substance remains a part of the patient's~~  
21 ~~treatment.~~ A practitioner who prescribes a schedule V controlled  
22 substance shall only be required to search the program as otherwise  
23 provided in this subsection if the substance is an opioid. A  
24 dispenser, other than a veterinarian, shall electronically file  
25 with the board information regarding any prescription for a  
26 schedule II, III, IV or V controlled substance dispensed by the  
27 dispenser no later than the close of business on the business day  
28 immediately following the day the controlled substance was  
29 dispensed. The board may grant a reasonable time extension to a  
30 dispenser or practitioner who is unable to electronically file or  
31 search information as required under this subsection. The board  
32 may require the filing of other prescriptions and may specify the  
33 manner in which the prescriptions are filed. The board may, by  
34 rule and regulation, provide exemptions from the requirements of  
35 this subsection including but not limited to exemptions for  
36 prescriptions dispensed in certain inpatient health care settings,  
37 for settings where the risk for diversion or misuse of medication  
38 is found by the board to be minimal and exemptions for emergencies  
39 and other situations as determined by the board in consultation  
40 with other professional licensing boards that license  
41 practitioners who are affected by the requirements of this  
42 subsection.  
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1       (f) The board may conduct a survey or audit of a  
2 practitioner's usage of the state computerized program to track  
3 prescriptions in relation to the practitioner's prescribing  
4 patterns. If the board finds low or inappropriate usage of the  
5 program the board shall report its findings to the practitioner's  
6 professional licensing board.". WILSON, CHAIRMAN