No. 2016-122

AN ACT

HB 1699

Providing for limitations on the dispensing of opioid drug products in hospital emergency departments and urgent care centers and to patients in observation status and for duties of the Department of Health; and imposing a penalty.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Safe Emergency Prescribing Act.

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Emergency department." An entity within a hospital that is organizationally distinct from other outpatient facilities and whose primary function is to provide emergency accident or emergency medical or surgical care.

"Health care practitioner." As defined in section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, including a practitioner who provides services in an emergency department at a hospital or urgent care center and is authorized to prescribe medication under the laws of this Commonwealth.

"Hospital." As defined in section 802.1 of the Health Care Facilities Act.

"Observation status." When a patient receives onsite services from a hospital for more than 23 consecutive hours, including a hospital bed and meals that have been provided in an area of the hospital other than the hospital emergency room, and the patient has not been formally admitted as an inpatient at the hospital.

"Opioid drug product." Any of the following:

(1) A preparation or derivative of opium.

(2) A synthetic narcotic that has opiate-like effects, but is not derived from opium.

(3) A group of naturally occurring peptides that bind at or otherwise influence opiate receptors, including an opioid agonist.

"Urgent care center." An organization or business entity that provides outpatient treatment to patients with urgent medical conditions, illnesses or injuries on an unscheduled basis but that is not licensed as a hospital or an ambulatory surgical facility. The term does not include the offices of private physicians, whether for individual or group practice.

Section 3. Prescribing practices.

(a) Limitation on quantity of opioid drug products.—

(1) Except as set forth in paragraph (2), a health care practitioner may not prescribe an opioid drug product to an individual seeking treatment in an emergency department or urgent care center, or who is in observation

status in a hospital, in a quantity sufficient to treat that individual for more than seven days.

(2) Notwithstanding paragraph (1), if, in the professional medical judgment of a health care practitioner, more than a seven-day supply of an opioid drug product is required to treat a patient's acute medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care, then the health care practitioner may issue a prescription for the quantity needed to treat such acute medical condition or pain associated with a cancer diagnosis or for palliative care. The condition triggering prescription of the opioid drug product under this paragraph shall be documented in the patient's medical record, and the health care practitioner must indicate that a non-opioid drug product alternative was not appropriate to treat the medical condition.

(b) Refills.—A health care practitioner in an emergency department or urgent care center, or who is caring for a patient in observation status, may not write a prescription refill for an opioid drug product.

Section 4. Referral to treatment.

A health care practitioner shall refer an individual for treatment if the individual is believed to be at risk for substance abuse while seeking treatment in an emergency department or urgent care center or when in observation status in a health care facility.

Section 5. Use of prescription drug monitoring program.

To determine whether a patient may be under treatment with an opioid drug product by another health care practitioner, the prescribing health care practitioner shall query the prescription drug monitoring program in accordance with section 8 of the act of October 27, 2014 (P.L.2911, No.191), known as the Achieving Better Care By Monitoring All Prescriptions Program (ABC-MAP) Act. This section shall not apply to any medication provided to a patient in the course of treatment while undergoing care in an emergency department.

Section 6. Regulations.

The Department of Health shall promulgate regulations to carry out this act.

Section 7. Penalty.

A health care practitioner who violates any provision of this act shall be subject to review and disciplinary action under the licensure, certification, registration or permit provisions of law and regulation governing the respective health care practitioner.

Section 8. Liability.

A health care practitioner who complies with the provisions of this act shall be presumed to be acting in good faith and shall have immunity from civil liability.

Section 9. Effective date.

This act shall take effect in 60 days.

APPROVED—The 2nd day of November, A.D. 2016

TOM WOLF