

By the Committee on Judiciary; and Senator Burt

308-2405-02

1 A bill to be entitled
2 An act relating to controlled substances;
3 providing for specified licensing boards to
4 adopt rules governing the prescribing of
5 controlled substances; requiring certain health
6 care providers to complete education courses
7 relating to the prescription of controlled
8 substances; providing penalties; providing for
9 the emergency suspension of certain licenses
10 for prescribing violations; requiring the
11 Department of Health, the Department of Law
12 Enforcement, the Statewide Prosecutor, and
13 State Attorneys to share certain information
14 regarding health care practitioners; requiring
15 a report; requiring the Bureau of Pharmacy
16 Services of the Department of Health to
17 establish an electronic system to monitor the
18 prescribing of certain controlled substances;
19 authorizing the Bureau of Pharmacy Services to
20 contract for the administration of the
21 electronic monitoring system for certain
22 controlled substances; establishing an advisory
23 council and providing for its membership,
24 duties, staff, and compensation; requiring the
25 Bureau of Pharmacy Services of the Department
26 of Health to recommend performance-based
27 measures to the Legislature for the electronic
28 monitoring system; requiring that the Bureau of
29 Pharmacy Services report to the Legislature on
30 implementation of the electronic monitoring
31 system; providing requirements for the report;

1 providing duties of the Bureau of Pharmacy
2 Services with respect to the purposes and use
3 of the electronic monitoring system;
4 prohibiting the use of specified funds for the
5 electronic monitoring system; amending s.
6 456.033, F.S.; eliminating certain requirements
7 for HIV and AIDS education courses; amending s.
8 458.345, F.S.; requiring certain resident
9 physicians, interns, and fellows to complete an
10 educational course in prescribing controlled
11 substances; amending s. 461.013, F.S.;
12 prohibiting the presigning of blank
13 prescription forms and providing penalties;
14 amending s. 893.04, F.S.; providing additional
15 requirements for pharmacists regarding the
16 identification of persons to whom controlled
17 substances are dispensed; prohibiting certain
18 prescribing practitioners from possessing,
19 administering, dispensing, or prescribing
20 controlled substances; providing for
21 construction of the act in pari materia with
22 laws enacted during the Regular Session of the
23 Legislature; providing an appropriation;
24 providing an effective date.

25
26 Be It Enacted by the Legislature of the State of Florida:

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28 Section 1. Physicians; rules establishing prescribing
29 guidelines.--To minimize the diversion and resultant abuse of
30 controlled substances, the Board of Medicine and the Board of
31 Osteopathic Medicine shall adopt rules to establish guidelines

1 for prescribing controlled substances to patients in
2 emergency-department settings. Such guidelines must allow
3 physicians to provide legitimate medical treatment of acute
4 and chronic pain and require them to recognize and prevent
5 abuse of pain medications prescribed in emergency-department
6 settings. The guidelines must also consider requirements of
7 state and federal law and of the Joint Commission on the
8 Accreditation of Healthcare Organizations. Each board shall
9 consult with the Florida College of Emergency Physicians in
10 developing these guidelines.

11 Section 2. Instruction required for certain licensees
12 in prescribing and pharmacology.--

13 (1) The appropriate professional licensing board shall
14 require each person licensed under chapter 458, chapter 459,
15 chapter 461, chapter 462, or chapter 466, Florida Statutes, to
16 complete a 1-hour educational course, approved by the board,
17 on appropriate prescribing and pharmacology of controlled
18 substances, as part of the licensee's initial license renewal
19 after January 1, 2003. The course shall provide education in
20 the state and federal laws and rules governing the prescribing
21 and dispensing of controlled substances; in appropriate
22 evaluation of patients for any risk of drug diversion and the
23 resulting abuse of controlled substances; in the use of
24 informed consent and other protocols, such as discussing the
25 risks and benefits of using controlled substances with
26 patients, to prevent drug diversion; in the need to keep
27 accurate and complete medical records to justify treatment
28 with controlled substances; in addiction and substance-abuse
29 issues with respect to patients; in the appropriate use of
30 recognized pain-management guidelines; and in the need for
31 consultation and referral of patients who are at risk for

1 misuse of medication or diversion of controlled substances,
2 when appropriate.

3 (2) The board may approve additional equivalent
4 courses that satisfy the requirements of subsection (1). Each
5 licensing board that requires a licensee to complete an
6 educational course pursuant to this section shall include the
7 hours required to complete the course in the total required
8 continuing educational requirements.

9 (3) Any person who holds two or more licenses subject
10 to this section may satisfy the requirements of this section
11 by taking only one such board-approved course for relicensure
12 of all such licenses.

13 (4) A licensee who fails to comply with this section
14 is subject to disciplinary action under each respective
15 practice act and section 456.072(1)(k), Florida Statutes. In
16 addition to disciplinary action by the board, the licensee
17 must complete the course no later than 1 year first receiving
18 notice of disciplinary action pursuant to this section. Unless
19 the board grants the licensee a waiver for good cause shown,
20 the licensee forfeits the privilege to prescribe or dispense
21 controlled substances until the licensee completes the course.

22 (5) The board shall require, as a condition of
23 granting a license under the chapter specified in subsection
24 (1), that an applicant for initial licensure complete an
25 educational course set forth in subsection (1). An applicant
26 who has not taken a course at the time of licensure shall be
27 allowed 6 months within which to complete this requirement.

28 (6) The board may adopt rules necessary to administer
29 this section.

30 Section 3. Emergency suspension orders; controlled
31 substances.--Upon receipt of sufficient evidence from any

1 agency authorized to enforce chapter 893, Florida Statutes,
2 regarding a violation of section 458.331(1)(q), section
3 458.331(1)(r), section 458.331(1)(aa), section 459.015(1)(t),
4 section 459.015(1)(u), section 459.015(1)(ee), section
5 461.013(1)(o), section 461.013(1)(p), section 461.013(1)(dd),
6 section 462.14(1)(q), section 462.14(1)(r), section
7 462.14(1)(aa), section 464.018(1)(i), section 465.016(1)(e),
8 section 465.016(1)(i), section 466.028(1)(p), section
9 466.028(1)(q), section 466.028(1)(r), or section
10 466.028(1)(dd), Florida Statutes, or of chapter 893, Florida
11 Statutes, by a licensed health care practitioner who is
12 authorized to prescribe, dispense, or administer controlled
13 substances, the Department of Health shall review the case and
14 if there is a reason to believe that the practitioner is a
15 danger to the public health, safety, or welfare as set forth
16 in section 120.60(6), Florida Statutes, shall recommend the
17 suspension or restriction of the practitioner's license to the
18 Secretary of Health within 10 working days after receiving
19 such evidence. If a sufficient basis is found to exist, the
20 Secretary of Health must suspend or restrict the license of
21 the practitioner in accordance with section 120.60(6), Florida
22 Statutes.

23 Section 4. Sharing of arrest, formal-charging, and
24 other information regarding health care practitioners.--

25 (1) In order to facilitate the efficiency of the
26 Department of Health's investigation of applicable violations
27 involving the diversion of controlled substances by such
28 practitioners, or other violations of criminal law that may
29 adversely affect a practitioner's licensed practice, any law
30 enforcement agency that arrests a person known or suspected to
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1 be a health care practitioner licensed by the state shall
2 promptly notify the Department of Health and provide it with:
3 (a) Notice of the arrest, including the name of the
4 arresting agency and lead investigator, detective, or officer
5 in the case;
6 (b) The name of the person charged;
7 (c) All known personal identifying information related
8 to the person arrested;
9 (d) The date of the arrest;
10 (e) The charges for which the person is arrested;
11 (f) The agency case number assigned to the arrest; and
12 (g) The arrest report, investigative report, or
13 statement of the allegations supporting the arrest.
14 (2) A state attorney or the Statewide Prosecutor, upon
15 the filing of an indictment or information against a person
16 known or suspected to be a health care practitioner licensed
17 by the state, shall forward a copy of the indictment or
18 information to the Department of Health.
19 (3) The Medical Examiners Commission within the
20 Department of Law Enforcement shall report to the Department
21 of Health quarterly any information, including the medical
22 history and medical care at the time of death, which is in its
23 possession regarding the deaths of persons who had lethal
24 levels of controlled substances in their bodies as such
25 information has been reported to the commission by the medical
26 examiners within the state.
27 (4) Upon receipt of arrest information from a law
28 enforcement agency or notice of formal charging by a
29 prosecuting entity, the Department of Health or the board
30 having regulatory authority over the practitioner shall
31 investigate any information received and determine whether it

1 has reasonable grounds to believe that the practitioner has
2 violated any law or rule relating to the practitioner's
3 practice and shall take appropriate licensure action as
4 provided by law or rule. If the Department of Health receives
5 information pursuant to this section which suggests that the
6 person arrested or charged is also licensed by the state in
7 another field or profession, the Department of Health shall
8 forward such information to the appropriate licensing entity
9 for review and appropriate licensure action as provided by law
10 or rule.

11 (5) To help the Department of Health and regulatory
12 boards control the diversion and resultant abuse of controlled
13 substances, the Department of Health and the Department of Law
14 Enforcement shall study the feasibility of expanding the
15 electronic exchange of information to facilitate the transfer
16 to the Department of Health of criminal-history information
17 involving licensed health care practitioners who are
18 authorized to prescribe, administer, or dispense controlled
19 substances. The study must address whether the collection and
20 retention of fingerprint information concerning licensed
21 health care practitioners subject to the profiling provisions
22 of sections 456.039 and 456.0391, Florida Statutes, is
23 advisable as a means of better regulating such practitioners
24 and guarding against abuse of the privileges of such licensure
25 with respect to controlling the diversion and resultant abuse
26 of controlled substances. The Department of Law Enforcement
27 shall investigate the feasibility of the electronic
28 transmission of information from medical examiners within this
29 state to the Department of Health regarding autopsies and
30 other public reports that attribute death to
31 controlled-substance abuse. The Department of Law Enforcement,

1 in consultation with the Department of Health, must submit a
2 report of its findings to the Legislature by November 1, 2002.

3 Section 5. Electronic monitoring system for
4 prescriptions.--

5 (1) By July 1, 2003, the Bureau of Pharmacy Services
6 of the Department of Health shall design and establish an
7 electronic system consistent with the National Council of
8 Prescription Drug Programs (NCPDP) standards or the American
9 Society for Automation in Pharmacy (ASAP) standards to monitor
10 the prescribing of Schedule II controlled substances; other
11 drugs designated by rule by the Secretary of Health under this
12 section; and codeine, hydrocodone, dihydrocodeine,
13 ethylmorphine, and morphine, as scheduled in Schedule II and
14 Schedule III, by health care practitioners within the state or
15 the dispensing of such controlled substances to an address
16 within the state by a pharmacy permitted or registered by the
17 Board of Pharmacy. The Bureau of Pharmacy Services of the
18 Department of Health may administer or contract for the
19 administration of the electronic monitoring system established
20 under this section.

21 (2) All Schedule II controlled substances; codeine,
22 hydrocodone, dihydrocodeine, ethylmorphine, and morphine as
23 scheduled in Schedule II and Schedule III; and any other drug
24 designated by the Secretary of Health under this section shall
25 be included in the electronic monitoring system. The Secretary
26 of Health may, by rule, designate any other drug for inclusion
27 in such system after making a determination that the drug is a
28 drug of abuse. The Secretary of Health must consider the
29 recommendations of the prescription-monitoring advisory
30 council created by this section before designating a drug of
31 abuse for inclusion in the electronic monitoring system and

1 only after he or she determines that the current level of
2 regulation over the prescribing and dispensing of such drug is
3 inadequate and that the drug has a high potential for abuse or
4 is being excessively misused, abused, or diverted into illicit
5 drug trafficking.

6 (3) Beginning September 1, 2002, or upon the effective
7 date of the rule prescribing the format for the electronic
8 monitoring system, whichever occurs later, each controlled
9 substance or drug subject to this section which is dispensed
10 in this state must be timely reported to the Bureau of
11 Pharmacy Services of the Department of Health. Such data must
12 be reported each time that:

13 (a) A Schedule II controlled substance is dispensed;

14 (b) A drug that is designated by the Secretary of
15 Health under subsection (2) is dispensed; or

16 (c) Codeine, hydrocodone, dihydrocodeine,
17 ethylmorphine, or morphine as scheduled in Schedule II and
18 Schedule III is dispensed.

19 (4) This section does not apply to controlled
20 substances or drugs:

21 (a) Ordered from an institutional pharmacy licensed
22 under section 465.019(2), Florida Statutes, in accordance with
23 the institutional policy for such controlled substances or
24 drugs; or

25 (b) Administered or prescribed by a health care
26 practitioner to a patient or resident receiving care from a
27 hospital, nursing home, assisted living facility, home health
28 agency, hospice, or intermediate care facility for the
29 developmentally disabled which is licensed in this state.

30 (5) The data required under this section includes:

31 (a) The patient's name.

- 1 (b) The patient's address.
2 (c) The national drug code number of the substance
3 dispensed.
4 (d) The date that the substance is dispensed.
5 (e) The quantity of substance dispensed.
6 (f) The dispenser's National Association of Board's of
7 Pharmacy (NABP) number.
8 (g) The prescribing practitioner's United States Drug
9 Enforcement Administration Number.
10 (6) At the time of filling a prescription for any drug
11 that must be reported to the Bureau of Pharmacy Services of
12 the Department of Health under this act, a dispenser must
13 provide the patient with the following notice in 10-point
14 type:
15 ATTENTION--IMPORTANT NOTICE: Pursuant to
16 Florida law, your name, address, dosage, and
17 date of prescription are being reported to the
18 Bureau of Pharmacy Services of the Department
19 of Health to monitor this prescription for
20 potential abuse. Your information may be
21 divulged without your consent or notification
22 to a health care practitioner who is providing
23 you with medical treatment, a licensed
24 pharmacist who certified that he or she will
25 dispense a controlled substance to you, a
26 criminal justice agency that is engaged in a
27 specific investigation, and an employee or
28 agent of the Department of Health who is
29 involved in a specific investigation of a
30 violation of law or rule of the Department of
31 Health or any of its regulatory boards. If you

1 have any questions or comments, you may contact
2 the Bureau of Pharmacy Services of the
3 Department of Health at ...(phone number)....

4 (7) The information must be reported within 30 days
5 after the date the controlled substance or drug is dispensed.

6 (8) A dispenser must transmit the information required
7 by this section in an electronic format approved by rule of
8 the Board of Pharmacy after consultation with the advisory
9 council and the Bureau of Pharmacy Services of the Department
10 of Health unless a specific waiver is granted to that
11 dispenser by the Bureau of Pharmacy Services. The information
12 transmitted may be maintained by any department receiving it
13 for up to 12 months. However, any department receiving such
14 information may maintain it longer than 12 months if the
15 information is pertinent to an ongoing investigation arising
16 under this act. Notwithstanding section 119.041, Florida
17 Statutes, the information transmitted under this section for
18 each prescription dispensed must be purged from the electronic
19 monitoring system within 2 years after the date of the
20 prescription. For purposes of this subsection, a refill of a
21 prescription is a new prescription.

22 (9) The Bureau of Pharmacy Services of the Department
23 of Health shall establish a 16-member prescription-monitoring
24 advisory council to assist it in identifying drugs of abuse to
25 be recommended to the Secretary of Health and annually to the
26 Legislature for inclusion in the monitoring system and in
27 implementing the system.

28 (a) The Governor shall appoint members to serve on the
29 advisory council. The members of the council shall include the
30 Secretary of Health or his or her designee, who shall serve as
31 the chairperson; the Attorney General or his or her designee;

1 the executive director of the Department of Law Enforcement or
2 his or her designee; the director of the Office of Drug
3 Control within the Executive Office of Governor or his or her
4 designee; a physician who is licensed in this state under
5 chapter 458, Florida Statutes, who is recommended by the
6 Florida Medical Association; a physician who is licensed in
7 this state under chapter 458 or chapter 459, Florida Statutes,
8 who is recommended by the Florida Academy of Pain Medicine; a
9 physician who is licensed in this state under chapter 459,
10 Florida Statutes, who is recommended by the Florida
11 Osteopathic Medical Association; a physician who is licensed
12 in this state under chapter 458 or chapter 459, Florida
13 Statutes, who is recommended by the Florida Academy of Family
14 Physicians; a podiatric physician who is licensed in this
15 state under chapter 461, Florida Statutes, who is recommended
16 by the Florida Podiatric Medical Association; a pharmacist who
17 is licensed in this state under chapter 465, Florida Statutes,
18 and who is recommended by the Florida Society of Health-System
19 Pharmacists; a pharmacist who is licensed in this state under
20 chapter 465, Florida Statutes, who is recommended by the
21 Florida Pharmacy Association; a pharmacist who is licensed in
22 this state under chapter 465, Florida Statutes, who is
23 recommended by the Florida Retail Federation; a pharmacist who
24 is licensed in this state under chapter 465, Florida Statutes,
25 who is recommended by the National Community Pharmacy
26 Association; a dentist who is licensed in this state under
27 chapter 466, Florida Statutes, who is recommended by the
28 Florida Dental Association; a veterinarian who is licensed in
29 this state under chapter 474, Florida Statutes, who is
30 recommended by the Florida Veterinary Medical Association; and
31 a prosecutor who has expertise in the criminal prosecution of

1 drug-diversion cases. At least one physician licensed under
2 chapter 458 or chapter 459, Florida Statutes, must specialize
3 in or have expertise in psychiatry, addiction, and substance
4 abuse. At least one physician licensed under chapter 458 or
5 chapter 459, Florida Statutes, must specialize in or have
6 expertise in hospice care and geriatrics.

7 (b) The advisory council members shall meet no more
8 often than quarterly at the call of the chairperson and shall
9 serve without compensation. However, such members may receive
10 reimbursement, as provided in section 112.061, Florida
11 Statutes, for per diem and travel expenses incurred in the
12 performance of their official duties.

13 (c) The Bureau of Pharmacy Services of the Department
14 of Health shall provide staff and other administrative
15 assistance that is reasonably necessary to assist the advisory
16 council in carrying out its responsibilities.

17 (10) The Bureau of Pharmacy Services of the Department
18 of Health shall submit a report to the President of the Senate
19 and the Speaker of the House of Representatives by March 1,
20 2003, which recommends performance-based measures for the
21 electronic monitoring system established under this section
22 and provides the status of implementation of the system. By
23 July 1 of each year, beginning in 2004, the Bureau of Pharmacy
24 Services shall report to the President of the Senate and the
25 Speaker of the House of Representatives on the status of
26 implementation of the electronic monitoring system. The annual
27 report must include a report of the Bureau of Pharmacy
28 Services' compliance with any performance-based measures
29 established by the Legislature for the electronic monitoring
30 system and other relevant statistics and information.

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1 (11) The Bureau of Pharmacy Services of the Department
2 of Health shall use the electronic monitoring system
3 established under this section for the principal purpose of
4 the reasonable monitoring of prescription practices by
5 licensed health care practitioners. The Bureau of Pharmacy
6 Services shall make an effort to identify licensed health care
7 practitioners who may be involved, knowingly or unknowingly,
8 in the unauthorized prescribing, dispensing, or receipt of
9 controlled substances or drugs of abuse, whether by means of
10 prescription counterfeiting, fraud, forgery, over-prescribing,
11 or any other method. The Bureau of Pharmacy Services shall
12 immediately refer any case of possible unauthorized conduct
13 identified through the electronic monitoring system to the
14 appropriate licensing board, if the facts support a
15 disciplinary complaint, or to an appropriate law enforcement
16 agency. The Bureau of Pharmacy Services may provide
17 information contained in the electronic monitoring system to a
18 licensed health care practitioner for the purpose of providing
19 diagnostic or treatment services to the patient or consumer
20 identified in the information.

21 (12) Funds from the Medical Quality Assurance Trust
22 Fund may not be used to establish, use, or maintain the
23 electronic monitoring system.

24 (13) The Bureau of Pharmacy Services of the Department
25 of Health shall adopt rules pursuant to section 120.536(1) and
26 section 120.574, Florida Statutes, necessary to administer
27 this section.

28 Section 6. Subsections (1) and (9) of section 456.033,
29 Florida Statutes, are amended to read:

30 456.033 Requirement for instruction for certain
31 licensees on HIV and AIDS.--

1 (1) The appropriate board shall require each person
2 licensed or certified under chapter 457; ~~chapter 458; chapter~~
3 ~~459; chapter 460; chapter 461; chapter 463; part I of chapter~~
4 464; chapter 465; ~~chapter 466;~~part II, part III, part V, or
5 part X of chapter 468; or chapter 486 to complete a continuing
6 educational course, approved by the board, on human
7 immunodeficiency virus and acquired immune deficiency syndrome
8 as part of biennial relicensure or recertification. The course
9 shall consist of education on the modes of transmission,
10 infection control procedures, clinical management, and
11 prevention of human immunodeficiency virus and acquired immune
12 deficiency syndrome. Such course shall include information on
13 current Florida law on acquired immune deficiency syndrome and
14 its impact on testing, confidentiality of test results,
15 treatment of patients, and any protocols and procedures
16 applicable to human immunodeficiency virus counseling and
17 testing, reporting, the offering of HIV testing to pregnant
18 women, and partner notification issues pursuant to ss. 381.004
19 and 384.25.

20 (9)~~(a)~~ In lieu of completing a course as required in
21 subsection (1), the licensee may complete a course in
22 end-of-life care and palliative health care, so long as the
23 licensee completed an approved AIDS/HIV course in the
24 immediately preceding biennium.

25 ~~(b) In lieu of completing a course as required by~~
26 ~~subsection (1), a person licensed under chapter 466 who has~~
27 ~~completed an approved AIDS/HIV course in the immediately~~
28 ~~preceding 2 years may complete a course approved by the Board~~
29 ~~of Dentistry.~~

30 Section 7. Paragraph (d) is added to subsection (1) of
31 section 458.345, Florida Statutes, to read:

1 458.345 Registration of resident physicians, interns,
2 and fellows; list of hospital employees; prescribing of
3 medicinal drugs; penalty.--

4 (1) Any person desiring to practice as a resident
5 physician, assistant resident physician, house physician,
6 intern, or fellow in fellowship training which leads to
7 subspecialty board certification in this state, or any person
8 desiring to practice as a resident physician, assistant
9 resident physician, house physician, intern, or fellow in
10 fellowship training in a teaching hospital in this state as
11 defined in s. 408.07(44) or s. 395.805(2), who does not hold a
12 valid, active license issued under this chapter shall apply to
13 the department to be registered and shall remit a fee not to
14 exceed \$300 as set by the board. The department shall
15 register any applicant the board certifies has met the
16 following requirements:

17 (d) Has completed, upon initial registration, the
18 1-hour educational course in the prescribing of controlled
19 substances as set forth in section 2 of this act. An applicant
20 who has not taken a course at the time of registration shall
21 be allowed up to 6 months within which to complete this
22 requirement.

23 Section 8. Paragraph (dd) is added to subsection (1)
24 of section 461.013, Florida Statutes, to read:

25 461.013 Grounds for disciplinary action; action by the
26 board; investigations by department.--

27 (1) The following acts constitute grounds for denial
28 of a license or disciplinary action, as specified in s.
29 456.072(2):

30 (dd) Presigning blank prescription forms.

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1 Section 9. Paragraphs (h), (i), (j), (k), and (l) are
2 added to subsection (1) of section 893.04, Florida Statutes,
3 to read:

4 893.04 Pharmacist and practitioner.--

5 (1) A pharmacist, in good faith and in the course of
6 professional practice only, may dispense controlled substances
7 upon a written or oral prescription of a practitioner, under
8 the following conditions:

9 (h) A pharmacist may not dispense a Schedule II
10 controlled substance; codeine, hydrocodone, dihydrocodeine,
11 ethylmorphine, or morphine as scheduled in Schedule II and
12 Schedule III; or a drug of abuse designated by the Secretary
13 of Health by rule under the prescription-monitoring system to
14 any individual not personally known to the pharmacist without
15 first obtaining suitable identification and documenting, in a
16 log book kept by the pharmacist, the identity of the
17 individual obtaining the controlled substance. The log book
18 entry must contain the printed name, address, telephone number
19 if available, driver's license number or other suitable
20 identification number, and signature of the person obtaining
21 the controlled substance or drug. If the individual does not
22 have suitable identification or it is impracticable to obtain
23 such identification, the pharmacist may dispense the
24 controlled substance or drug only when the pharmacist
25 determines, in the exercise of her or his professional
26 judgment, that the order is valid and necessary for treatment.
27 In such a case, the pharmacist or his or her designee must
28 obtain the other information required under this paragraph,
29 and the pharmacist or pharmacist's designee must sign the log
30 to indicate that suitable identification was not available and
31 that the pharmacist's professional judgment was exercised

1 prior to dispensing the controlled substance or drug. The
2 Board of Pharmacy may adopt, by rule, procedures by which a
3 pharmacist must verify the validity of a prescription for a
4 Schedule II controlled substance; other drug designated by the
5 Secretary of Health under this section; or codeine,
6 hydrocodone, dihydrocodeine, ethylmorphine, or morphine as
7 scheduled in Schedule II and Schedule III, for circumstances
8 when it is otherwise impracticable for the pharmacist or
9 dispensing practitioner to obtain suitable identification from
10 the patient or the patient's agent. For purposes of this
11 section, identification is suitable only if it contains the
12 photograph, the printed name, and the signature of the
13 individual obtaining the Schedule II controlled substance or
14 drug of abuse under the prescription-monitoring system.

15 (i) Any pharmacist that dispenses a Schedule II
16 controlled substance or drug subject to the requirements of
17 this section when dispensed by mail shall be exempt from the
18 requirements to obtain suitable identification.

19 (j) All prescriptions issued for a Schedule II
20 controlled substance; codeine, hydrocodone, dihydrocodeine,
21 ethylmorphine, or morphine as scheduled in Schedule II and
22 Schedule III; or a drug of abuse under the
23 prescription-monitoring system which has been designated by
24 the Secretary of Health by rule, must include both a written
25 and numerical notation of quantity on the face of the
26 prescription.

27 (k) A pharmacist may not dispense more than a 30-day
28 supply of a controlled substance listed in Schedule III upon
29 an oral prescription.

30 (l) A pharmacist may not knowingly fill a prescription
31 that has been mutilated or forged for a Schedule II controlled

1 substance; codeine, hydrocodone, dihydrocodeine,
2 ethylmorphine, and morphine as scheduled in Schedule II and
3 Schedule III; or a drug of abuse under the
4 prescription-monitoring system which has been designated by
5 the Secretary of Health by rule.

6 Section 10. If any law that is amended by this act was
7 also amended by a law enacted at the 2002 Regular Session of
8 the Legislature, such laws shall be construed as if they had
9 been enacted at the same session of the Legislature, and full
10 effect should be given to each if that is possible.

11 Section 11. For Fiscal Year 2002-2003, the lump sum of
12 \$1,050,000 from nonrecurring General Revenue is appropriated
13 to the Department of Health for the purpose of implementing
14 the provisions of this act.

15 Section 12. This act shall take effect July 1, 2002.
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1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2 COMMITTEE SUBSTITUTE FOR
3 Senate Bill 28-E
4 Modifies the penalty for a licensee's failure to take the
5 required continuing education course on controlled substances.
6 The licensee must complete the course no later than one year
7 after first receiving notice of potential disciplinary action.
8 Unless the regulatory board grants the licensee a waiver for
9 good cause shown, the licensee forfeits the privilege to
10 prescribe or dispense controlled substances until the licensee
11 completes the course.
12 Increases the number of members on the prescription-monitoring
13 advisory council to include a Florida-licensed pharmacist who
14 is recommended by the Florida Society of Health-System
15 Pharmacists. Also requires one physician member to have
16 expertise in psychiatry, addiction, and substance abuse and
17 another physician member to have expertise in hospice care and
18 geriatrics.
19 Requires pharmacists to provide patients with a notice every
20 time the patient receives a prescription for a drug included
21 in the prescription-monitoring program. The notice must inform
22 the patient that information about the patient and the
23 prescription is being reported to the Bureau of Pharmacy
24 Services of the Department of Health.
25 Removes from the bill the provision relating to the discipline
26 of licensed health care practitioners that increased
27 administrative fines from \$10,000 to \$25,000 for each count or
28 separate offense.
29 Provides an appropriation to the Department of Health of
30 \$1,050,000 for fiscal year 2002-2003 for the purpose of
31 implementing the bill's provisions.