CHAMBER ACTION

Senate House

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Representative Willhite offered the following:

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Amendment to Amendment (203208) (with title amendment)

4 5 Remove lines 5-51 of the amendment and insert:

Section 1. Subsection (4) of section 465.019, Florida

Statutes, is amended to read:

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465.019 Institutional pharmacies; permits.-

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pharmacy to outpatients only when that institution has secured a community pharmacy permit from the department. However, an

Medicinal drugs shall be dispensed in an institutional

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individual licensed to prescribe medicinal drugs in this state

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may be dispensed by dispense up to a 24-hour supply of a

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medicinal drug to any patient of an emergency department of a

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hospital that operates a Class II or Class III institutional
pharmacy to a patient of the hospital's emergency department or
a hospital inpatient upon discharge, if a prescriber provided
that the physician treating the patient in such hospital
hospital's emergency department determines that the medicinal
drug is warranted and that community pharmacy services are not
readily accessible, geographically or otherwise, to the patient.
Such prescribing and dispensing from the emergency department
must be in accordance with the procedures of the hospital. For
any such patient for whom a medicinal drug is warranted for a
period to exceed 24 hours, an individual licensed to prescribe
such drug must be for the greater of dispense a 24-hour supply
of such drug or a supply of such drug which must last the
patient until the next business day, to the patient and the
prescriber must provide the patient with a prescription for such
drug for use after <u>such</u> the initial 24-hour period. The board
may adopt rules necessary to carry out the provisions of this
subsection

Section 2. Section 465.0235, Florida Statutes, is amended to read:

465.0235 Automated pharmacy systems used by long-term care facilities, hospices, or state correctional institutions or for outpatient dispensing.—

(1) A pharmacy may provide pharmacy services to a longterm care facility or hospice licensed under chapter 400 or

chapter 429 or a state correctional institution operated under chapter 944 through the use of an automated pharmacy system that need not be located at the same location as the pharmacy.

- (2) A community pharmacy, as defined in s. 465.003 and licensed in this state, may provide pharmacy services for outpatient dispensing through the use of an automated pharmacy system that need not be located at the same location as the community pharmacy if:
- (a) The automated pharmacy system is under the supervision and control of the community pharmacy.
- (b) The community pharmacy providing services through the automated pharmacy system notifies the board of the location of the automated pharmacy system and any changes in such location.
- (c) The automated pharmacy system is under the supervision and control of a pharmacist, as defined in s. 465.003 and licensed in this state, who is available and accessible for patient counseling before the dispensing of any medicinal drug.
- (d) The automated pharmacy system does not contain or dispense any controlled substances listed in Schedule II, Schedule IV, or Schedule V of s. 893.03 or 21 U.S.C. s. 812.
- (e) The community pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.

(f) The automated pharmacy system ensures the confidentiality of personal health information.

- (3)(2) Medicinal drugs stored in bulk or unit of use in an automated pharmacy system servicing a long-term care facility, hospice, or correctional institution, or for outpatient dispensing, are part of the inventory of the pharmacy providing pharmacy services to that facility, hospice, or institution, or for outpatient dispensing, and medicinal drugs delivered by the automated pharmacy system are considered to have been dispensed by that pharmacy.
- (4)(3) The operation of an automated pharmacy system must be under the supervision of a Florida-licensed pharmacist licensed in this state. To qualify as a supervisor for an automated pharmacy system, the pharmacist need not be physically present at the site of the automated pharmacy system and may supervise the system electronically. The Florida-licensed pharmacist shall be required to develop and implement policies and procedures designed to verify that the medicinal drugs delivered by the automated dispensing system are accurate and valid and that the machine is properly restocked.
- (5)(4) The Legislature does not intend this section to limit the current practice of pharmacy in this state. This section is intended to allow automated pharmacy systems to enhance the ability of a pharmacist to provide pharmacy services in locations that do not employ a full-time pharmacist. This

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section	does	not	limit	or	replace	the	use	of	a	consultant
pharmac	ist.									

- $\underline{(6)}$ (5) The board shall adopt rules governing the use of $\frac{an}{an}$ automated pharmacy systems system by January 1, 2005, which must include specify:
 - (a) Recordkeeping requirements. +
 - (b) Security requirements.; and
- (c) Labeling requirements that permit the use of unit-dose medications if the facility, hospice, or institution maintains medication-administration records that include directions for use of the medication and the automated pharmacy system identifies:
 - 1. The dispensing pharmacy. \div
 - 2. The prescription number. +
 - 3. The name of the patient.; and
 - 4. The name of the prescribing practitioner.
- Section 3. Section 465.1902, Florida Statutes, is created to read:
 - 465.1902 Prescription Drug Donation Repository Program.-
 - (1) SHORT TITLE.—This section may be cited as the "Prescription Drug Donation Repository Program Act."
 - (2) DEFINITIONS.—As used in this section, the term:
 - (a) "Closed drug delivery system" means a system in which the actual control of the unit-dose medication package is

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113	maintained	bу	the	facility,	rather	than	by	the	individual
114	patient.								

- (b) "Controlled substance" means any substance listed under Schedule II, Schedule III, Schedule IV, or Schedule V of s. 893.03.
- (c) "Dispenser" means a health care practitioner who, within the scope of his or her practice act, is authorized to dispense medicinal drugs and who does so under this act.
- (d) "Free clinic" means a clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to low-income recipients.
- (e) "Health care practitioner" or "practitioner" means a practitioner licensed under this chapter, chapter 458, chapter 459, chapter 461, chapter 463, chapter 464, or chapter 466.
- (f) "Indigent" means having a family income for the 12 months preceding the determination of income that is below 200 percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services.
- (g) "Nonprofit health clinic" means a nonprofit legal entity that provides medical care to patients who are indigent, uninsured, or underinsured. The term includes, but is not limited to, a federally qualified health center as defined in 42 U.S.C. s. 1396d(1)(2)(B) and a rural health clinic as defined in 42 U.S.C. s. 1396d(1)(1).

(h)	"Nursing	home	facility"	has	the	same	meaning	as	in	s.
400.021.										

- (i) "Prescriber" means a health care practitioner who, within the scope of his or her practice act, is authorized to prescribe medicinal drugs.
- (j) "Prescription drug" has the same meaning as the term "medicinal drugs" or "drugs," as those terms are defined in s. 465.003(8), but does not include controlled substances, cancer drugs donated under s. 499.029, or drugs with an approved Federal Food and Drug Administration risk evaluation and mitigation strategy that includes elements to assure safe use.
- (k) "Program" means the Prescription Drug Donation
 Repository Program created by this section.
- (1) "Supply" means a material or an instrument used to administer a prescription drug.
- (m) "Tamper-evident packaging" means a package that has one or more indicators or barriers to access which, if breached or missing, can reasonably be expected to provide visible evidence to consumers that tampering has occurred. The term includes, but is not limited to, unopened unit-dose packaging, multiple-dose packaging, and medications with a seal on their immediate, outer, secondary, or tertiary packaging.
- (n) "Underinsured" means having health care coverage or prescription drug coverage, but having exhausted these benefits

162	or not having prescription drug coverage for the drug
163	prescribed.
164	(o) "Uninsured" means not having health care coverage and
165	being ineligible for prescription drug coverage under a program
166	funded in whole or in part by the Federal Government.
167	(3) PRESCRIPTION DRUG DONATION REPOSITORY PROGRAM;
168	CREATION; PURPOSE The Prescription Drug Donation Repository
169	Program is created within the department to facilitate the
170	donation of prescription drugs and supplies to eligible
171	patients.
172	(4) REPOSITORIES.—
173	(a) A repository may accept and dispense eligible
174	donations to eligible patients under the program. The repository
175	must inspect, store, and dispense donations and report to the
176	department in accordance with this section.
177	(b) The following entities may participate as a
178	repository:
179	1. A health care practitioner's office.
180	2. A pharmacy.
181	3. A hospital with a closed drug delivery system.
182	4. A nursing home facility with a closed drug delivery
183	system.
184	5. A free clinic or nonprofit health clinic that is

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licensed or permitted to dispense medicinal drugs in the state.

(c) An eligible entity must notify the department of its
intent to participate in the program as a repository before
accepting or dispensing any donations under the program. The
notification must be made on a physical or an electronic form
prescribed by the department in rule and must, at a minimum,
include:

- 1. The name, street address, website, and telephone number of the intended repository and any license or registration number issued by the state to the intended repository, including the name of the issuing agency.
- 2. The name and telephone number of the pharmacist employed by or under contract with the intended repository who is responsible for the inspection of donated prescription drugs and supplies.
- 3. A signed and dated statement by the responsible pharmacist affirming that the intended repository meets the eligibility requirements of this subsection.
- (d) A repository may withdraw from participation in the program at any time by providing written notice to the department, as appropriate, on a physical or an electronic form prescribed by the department in rule. The department shall adopt rules addressing the disposition of prescription drugs and supplies in the possession of the withdrawing repository.

209	(5) ELIGIBLE DONORS.—The following entities may donate
210	prescription drugs or supplies to a repository under the
211	program:
212	(a) Nursing home facilities with closed drug delivery
213	systems.
214	(b) Hospices that have maintained control of a patient's
215	prescription drugs.
216	(c) Hospitals with closed drug delivery systems.
217	(d) Pharmacies.
218	(e) Drug manufacturers or wholesale distributors.
219	(f) Medical device manufacturers or suppliers.
220	(g) Prescribers who receive prescription drugs or supplies
221	directly from a drug manufacturer, wholesale distributor, or
222	pharmacy.
223	(6) ELIGIBLE DONATIONS; DONATION REQUIREMENTS; PROHIBITED
224	DONATIONS
225	(a) An eligible donor may only donate a prescription drug
226	to a repository if:
227	1. The drug is approved for medical use in the United
228	States.
229	2. The drug is in unopened, tamper-evident packaging.
230	3. The drug requires storage at normal room temperature
231	per the manufacturer or federal storage requirements.
232	4. The drug has been stored according to manufacturer or
233	federal storage requirements.

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234		5.	. The	dru	ıg do	oes r	not	ha	ve	any	phy	sic	cal	signs	of	tampe	ering
235	or	adu.	lterat	ion	and	ther	ce i	S	no	reas	son	to	bel	ieve	that	the	drug
236	is	adu	lterat	ed.													

- 6. The packaging does not have any physical signs of tampering, misbranding, deterioration, compromised integrity, or adulteration.
- 7. The packaging indicates the expiration date of the drug. If the lot number is not retrievable, all specified medications must be destroyed in the event of a recall.
- 8. The drug has an expiration date that is more than 3 months after the date on which the drug was donated.
- (b) An eligible donor may donate a prescription drug or supply to a repository only if it is in unopened, tamper-evident packaging.
- (c) Donations must be made on the premises of a repository to a person designated by the repository. A drop box may not be used to accept donations.
- (d) A prescription drug or supply may not be donated to a specific patient.
 - (7) INSPECTION AND STORAGE.-
- (a) Upon receipt of a proposed donation, a licensed pharmacist employed by or under contract with a repository shall inspect the donation to determine whether it meets the requirements of subsections (5) and (6). The repository shall

258	quarantin	ne a	donation	until	such	inspection	is	complete	and	the
259	donation	is	approved	for di	spensi	ng.				

- (b) The inspecting pharmacist must sign an inspection record on a physical or an electronic form prescribed by the department in rule which verifies that the prescription drug or supply meets the criteria of subsections (5) and (6) and must attach the record to the inventory required by paragraph (d). A repository that receives prescription drugs and supplies from another repository is not required to reinspect such drugs and supplies.
- (c) A repository shall store donations in a secure storage area under the environmental conditions specified by the manufacturer or federal storage requirements. Donations may not be stored with other inventory.
- (d) A repository shall maintain an inventory of the name, strength, available quantity, and expiration date of donations; the transaction date; and the name, street address, and telephone number of the donor. The repository shall record such inventory on a physical or an electronic form prescribed by the department in rule.
- (e) By the 5th day of each month, a repository shall submit to the department its inventory records of donations received during the previous month.
- (f) The department may facilitate the redistribution of donations between repositories. A repository that receives

283	donations	may,	after	notifying	the	department,	distribute	the
284	donations	to a	another	repository	<i>y</i> .			

- (8) ELIGIBLE PATIENTS; DISPENSING REQUIREMENTS; PATIENT NOTICE; PROHIBITIONS.—
- (a) A repository may dispense an eligible donation to a state resident who is indigent, uninsured, or underinsured, and who has a valid prescription for such donation, as applicable.
- (b) Each new eligible patient must submit an intake collection form to a repository to receive a donation using a physical or an electronic form prescribed by the department in rule. Such form shall, at a minimum, include:
- 1. The name, street address, and telephone number of the eligible patient.
- 2. The basis for the patient's eligibility, which must specify that the patient is indigent, uninsured, or underinsured.
- 3. A statement physically or electronically signed and dated by the patient affirming that the patient meets the eligibility requirements of this section and will inform the repository if the patient's eligibility changes.
- 4. Notice that the prescription drug or supply was donated to the program, that the donors and participants in the program are immune from civil or criminal liability or disciplinary action, and that the eligible patient is not required to pay for the prescription drug or supply.

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308	5. A statement physically or electronically signed and
309	dated by the eligible patient acknowledging receipt of notice
310	required under this paragraph.
311	(c) By the 5th day of each month, a repository shall
312	submit to the department a summary of each intake collection
313	form obtained during the previous month.
314	(d) A dispenser may dispense donations, if available, only
315	to an eligible patient who has submitted a completed intake
316	collection form.
317	(e) A dispenser may provide dispensing and consulting
318	services to an eligible patient.
319	(f) Donations may not be sold or resold.
320	(g) A dispenser may not submit a claim or otherwise seek
321	reimbursement from any public or private third-party payor for
322	donations.
323	(9) RECALLED PRESCRIPTION DRUGS.—
324	(a) Each repository shall establish and follow a protocol
325	for notifying recipients in the event that a prescription drug
326	donated under the program is recalled.
327	(b) A repository shall destroy all donated prescription
328	drugs that are recalled, expired, or unsuitable for dispensing.
329	A repository must complete a destruction form for all such drugs
330	using a physical or an electronic form prescribed by the
331	department in rule.

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(10) RECORDKEEPING.—

_	(a)	Α	repos	itory	shall	_ mai	ntair	n record	ds (of pr	escripti	on
drugs	and	su	pplie	s tha	t are	acce	pted	, donate	ed,	disp	ensed,	
distr	ibute	ed,	or d	estro	yed ur	nder	the p	program	usi	ing a	physica	l or
an ele	ectro	oni	c for	m pre	scribe	ed by	the	depart	nent	tin	rule.	

- (b) All required records must be maintained in accordance with any applicable practice act. A repository shall submit these records monthly to the department for data collection.
 - (11) REGISTRIES; PUBLICATION OF FORMS.—
- (a) The department shall establish and maintain registries of all repositories and of prescription drugs and supplies available under the program. The registry of repositories must include each repository's name, street address, website, and telephone number. The registry of available prescription drugs and supplies must include the name, strength, available quantity, and expiration date of the prescription drugs or supplies and the name and contact information of each repository where such drugs or supplies are available. The department shall publish the registries on its website.
- (b) The department shall publish all forms required by this section on its website.
 - (12) IMMUNITY FROM LIABILITY; DISCIPLINARY ACTION.-
- (a) Any donor of prescription drugs or supplies and any participant in the program who exercises reasonable care in donating, accepting, distributing, or dispensing prescription drugs or supplies under the program is immune from civil or

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359	the state for any injury, death, or loss to person or property
360	relating to such activities.
361	(b) A pharmaceutical manufacturer who exercises reasonable
362	care is not liable for any claim or injury arising from the
363	donation of any prescription drug or supply under this section,
364	including, but not limited to, liability for failure to transfer
365	or communicate product or consumer information regarding the
366	donated prescription drug or supply, including its expiration
367	date.
368	(13) RULEMAKING.—The department shall adopt rules
369	necessary to administer this section.
370	Section 4. Paragraph (o) is added to subsection (5) of
371	section 252.36, Florida Statutes, to read:
372	252.36 Emergency management powers of the Governor
373	(5) In addition to any other powers conferred upon the
374	Governor by law, she or he may:
375	(o) Waive the patient eligibility requirements of s.
376	465.1902.

Section 5. For the 2019-2020 fiscal year, two full-time

equivalent positions with associated salary rate of 150,449 are

Trust Fund are appropriated to the Department of Health for the

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authorized and the sums of \$325,423 in recurring funds and

\$78,233 in nonrecurring funds from the Grants and Donations

358 criminal liability and from professional disciplinary action by

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purpose of implementing s. 465.1902, Florida Statutes, as created by this act.

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TITLE AMENDMENT

Remove lines 60-70 of the amendment and insert: amending s. 465.019, F.S.; authorizing certain individuals to prescribe and dispense a limited supply of medicinal drugs to any patient of an emergency department of a hospital or a patient discharged from a hospital under certain circumstances; amending s. 465.0235, F.S.; authorizing a community pharmacy to use an automated pharmacy system under certain circumstances; providing that certain medicinal drugs stored in such system for outpatient dispensing are part of the inventory of the pharmacy providing services through such system; requiring the Board of Pharmacy to adopt rules; creating s. 465.1902, F.S.; providing a short title; defining terms; creating the Prescription Drug Donation Repository Program within the Department of Health; specifying the purpose of the program; specifying entities that may participate as repositories; requiring a repository to notify the department of its intent to participate in the program; providing notification requirements;

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repositories to establish a protocol for notifying recipients of a prescription drug recall; providing for destruction of donated prescription drugs under certain circumstances; providing recordkeeping requirements; requiring the department to establish, maintain, and publish a registry of participating repositories and available donated prescription drugs and supplies; requiring the department to publish certain information and forms on its website; providing immunity from civil and criminal liability and from professional disciplinary action for donors and participants under certain circumstances; providing immunity to pharmaceutical manufacturers, under certain circumstances, from any claim or injury arising from the donation of any prescription drug or supply under the program; requiring the department to adopt rules; amending s. 252.36, F.S.; authorizing the Governor to waive program patient eligibility requirements during a declared state of emergency; authorizing positions and providing appropriations; providing an effective date.

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