
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1180 Session of
2013

INTRODUCED BY VANCE, MENSCH, BAKER, WARD, STACK, GORDNER,
VULAKOVICH, SOLOBAY, GREENLEAF, TOMLINSON, WAUGH, FERLO,
BROWNE AND WILLIAMS, NOVEMBER 18, 2013

AS REPORTED FROM COMMITTEE ON HEALTH, HOUSE OF REPRESENTATIVES,
AS AMENDED, SEPTEMBER 24, 2014

AN ACT

1 Providing for prescription drug monitoring; creating the ABC-MAP
2 Board; establishing the Achieving Better Care by Monitoring
3 All Prescriptions Program; and providing for unlawful acts
4 and penalties.

5 TABLE OF CONTENTS

- 6 Section 1. Short title.
7 Section 2. Purpose.
8 Section 3. Definitions.
9 Section 4. ABC-MAP Board.
10 Section 5. Powers and duties of board.
11 Section 6. Establishment of program.
12 Section 7. Requirements for dispensers.
13 Section 8. Requirements for prescribers.
14 Section 9. Access to prescription information.
15 Section 10. Unlawful act and penalties.
16 Section 11. Program funding.
17 Section 12. Admissibility.



- 1 Section 13. Annual report.
- 2 Section 14. Regulations.
- 3 Section 15. Concurrent jurisdiction.
- 4 Section 16. Effective date.

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

7 Section 1. Short title.

8 This act shall be known and may be cited as the Achieving
9 Better Care by Monitoring All Prescriptions Program (ABC-MAP)
10 Act.

11 Section 2. Purpose.

12 This act is intended to increase the quality of patient care
13 by giving prescribers and dispensers access to a patient's
14 prescriptive history through an electronic data system that will
15 alert medical professionals to potential dangers for purposes of
16 making treatment determinations. The act further intends that
17 patients will have a thorough and easily obtainable record of
18 prescriptions for purposes of making educated and thoughtful
19 health care decisions. Additionally, the act seeks to aid
20 regulatory and law enforcement agencies in the detection and
21 prevention of fraud, drug abuse and the criminal diversion of
22 controlled substances.

23 Section 3. Definitions.

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

27 "Addiction specialist." A physician licensed by the State
28 Board of Medicine and certified by the American Board of
29 Addiction Medicine.

30 "Board." The ABC-MAP Board established in section 4.



1 "Controlled substance." A drug, substance or immediate
2 precursor included in the act of April 14, 1972 (P.L.233,
3 No.64), known as The Controlled Substance, Drug, Device and
4 Cosmetic Act, or the Controlled Substances Act (Public Law 91-
5 513, 84 Stat. 1236).

6 "Department." The Department of Health of the Commonwealth.

7 "Dispense." To deliver a controlled substance, other drug or
8 device to a patient by or pursuant to the lawful order of a
9 prescriber.

10 "Dispenser." A person lawfully authorized to dispense in
11 this Commonwealth, including mail order and Internet sales of
12 pharmaceuticals. The term does not include any of the following:

13 (1) A licensed health care facility that distributes the
14 controlled substance for the purpose of administration in the
15 licensed health care facility.

16 (2) A correctional facility or its contractors if the
17 confined person cannot lawfully visit a prescriber outside
18 the correctional facility without being escorted by a
19 corrections officer.

20 (3) An authorized person who administers a controlled
21 substance, other drug or device.

22 (4) A wholesale distributor of a controlled substance.

23 (5) A licensed provider in the LIFE program.

24 (6) A provider of hospice as defined in the act of July
25 19, 1979 (P.L.130, No.48), known as the Health Care
26 Facilities Act.

27 (7) A prescriber at a LICENSED health care facility
28 ~~licensed by this Commonwealth~~ if the quantity of controlled
29 substances dispensed is limited to an amount adequate to
30 treat the patient for a maximum of ~~24 hours with not more~~



1 ~~than two 24 hour cycles within any 15 day period~~ FIVE DAYS
2 AND DOES NOT ALLOW FOR A REFILL.

3 (8) A veterinarian.

4 "Licensed health care facility." A health care facility that
5 is licensed under Article X of the act of June 13, 1967 (P.L.31,
6 No.21), known as the Public Welfare Code, or the act of July 19,
7 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

8 "LIFE program." The program of medical and supportive
9 services known as Living Independently For Elders.

10 "Prescriber." A person who is licensed, registered or
11 otherwise lawfully authorized to distribute, dispense or to
12 administer a controlled substance, other drug or device in the
13 course of professional practice or research in this
14 Commonwealth. The term does not include a veterinarian.

15 "Program." The Achieving Better Care by Monitoring All
16 Prescriptions Program (ABC-MAP) ~~created~~ ESTABLISHED in section
17 6.

18 Section 4. ABC-MAP Board.

19 (a) Creation.--The ABC-MAP Board is created in the
20 Department of Health. ~~The board shall establish the program. The~~
21 ~~department shall operate the program by performing budgetary,~~
22 ~~accounting, procurement and other support services as directed~~
23 ~~by the board.~~

24 (b) Board composition.--The board shall consist of the
25 following individuals or their designees:

- 26 (1) Secretary of Health, who shall serve as chairperson.
27 (2) Secretary of Public Welfare.
28 (3) Secretary of Drug and Alcohol Programs.
29 (4) Secretary of State.
30 (5) The Insurance Commissioner.



- 1 (6) Secretary of Aging.
2 (7) The Commissioner of Pennsylvania State Police.
3 (8) The Attorney General.
4 (9) The Physician General, if the Secretary of Health is
5 not a physician.

6 (c) Term limits.--Each member of the board shall serve for
7 the duration of their elected or appointed position.

8 (d) Meetings.--The board shall meet at least once a year for
9 the purpose of assessing the costs and benefits of the program
10 and effectuating any necessary changes. The board may meet more
11 frequently at the discretion of the chairperson.

12 Section 5. Powers and duties of board.

13 The board shall have the following powers and duties:

14 (1) Evaluate and secure a vendor of an electronic
15 prescription monitoring system for the purpose of carrying
16 out the provisions of this act.

17 (2) Appoint an advisory group comprised of dispensers,
18 prescribers, law enforcement, addiction specialists, patient
19 and privacy advocates and individuals with expertise
20 considered important to the operation of the program. All
21 members shall have unique perspectives and will provide input
22 and recommendations to the board regarding the establishment
23 and maintenance of the program. The advisory group shall not
24 exceed twelve members.

25 (3) ~~Provide~~ CREATE A written notice TO BE USED BY
26 PRESCRIBERS AND USED OR DISPLAYED BY DISPENSERS TO PROVIDE
27 NOTICE to patients that information regarding prescriptions
28 for controlled substances is being collected by the ABC-MAP
29 program and that the patient has a right to ~~annually~~ review
30 and correct the information ~~at no charge to the patient. The~~



1 ~~manner of notice may be determined by the board with the~~
2 ~~advice of the advisory group~~ WITH THE PROGRAM. The notice
3 must include all of the following:

4 (i) The manner in which the patient may access the
5 patient's personal information ~~using a form or online~~
6 ~~access.~~

7 (ii) An explanation of the program and the program's
8 authorized users.

9 (iii) Record retention policies.

10 (iv) An explanation that prescription information is
11 confidential and is not subject to the act of February
12 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

13 (V) ANY COST ASSOCIATED WITH ACCESSING THE
14 INFORMATION MORE THAN ONCE ANNUALLY.

15 (4) Phase in an enforcement process so that dispensers
16 and prescribers may transition and have adequate time to make
17 the necessary changes to their operating systems.

18 (5) Develop protocols and policies to:

19 (i) Require more frequent reporting of data should
20 technology permit and so long as there is little or no
21 fiscal impact to the Commonwealth or those reporting. Any
22 change in the frequency of reporting shall be made in
23 collaboration with the Board of Pharmacy and the Board of
24 Pharmacy's members to ensure that a pharmacy is able to
25 accommodate the change.

26 (ii) Evaluate the information in the program.

27 (iii) Allow for authorized department personnel to
28 conduct internal reviews, analyses and interpret program
29 data.

30 (iv) Safeguard the release of information to



1 authorized users and department personnel and ensure the
2 privacy and confidentiality of patients and patient
3 information.

4 (v) Aid prescribers in identifying at-risk
5 individuals and referring them to drug addiction
6 treatment professionals and programs.

7 (vi) Establish professionally developed criteria,
8 with the advice of the advisory group, that generates
9 referrals of prescription monitoring information to the
10 appropriate licensing board in the Department of State
11 only when the system produces an alert that there is a
12 pattern of irregular data ~~deviating~~ FOR A DISPENSER OR
13 PRESCRIBER WHICH APPEARS TO DEVIATE from the clinical
14 standard.

15 (vii) Train, educate and instruct prescribers and
16 dispensers on the use of the system.

17 (VIII) ASSIST PROFESSIONAL ORGANIZATIONS WHOSE
18 MEMBERS PRESCRIBE, MONITOR OR TREAT PATIENTS OR DISPENSE
19 CONTROLLED SUBSTANCES TO PATIENTS TO DEVELOP EDUCATIONAL
20 PROGRAMS FOR THOSE MEMBERS RELATING TO PRESCRIBING
21 PRACTICES, PHARMACOLOGY, CONTROLLED SUBSTANCE ABUSE AND
22 CLINICAL STANDARDS, INCLUDING IDENTIFICATION OF THOSE AT
23 RISK FOR CONTROLLED SUBSTANCE ABUSE AND REFERRAL AND
24 TREATMENT OPTIONS FOR PATIENTS.

25 ~~(viii)~~ (IX) Permit individuals employed by
26 prescribers and dispensers to query the program as
27 designees and set explicit standards to qualify
28 individuals authorized to query the program and to ensure
29 the security of the system when used by a designee.

30 ~~(ix)~~ (X) Keep pace with technological advances that



1 facilitate the interoperability of the program with other
2 states' prescription drug monitoring programs and
3 electronic health information systems.

4 ~~(x)~~ (XI) Evaluate the costs and benefits of the
5 program.

6 ~~(xi)~~ (XII) Convene the advisory group at least
7 annually.

8 ~~(xii)~~ (XIII) Direct the department to operate and
9 maintain the program on a daily basis.

10 ~~(xiii)~~ (XIV) Review the program for the purpose of
11 compiling statistics, research and educational materials
12 and outreach.

13 (XV) IDENTIFY A CONTROLLED SUBSTANCE THAT HAS BEEN
14 SHOWN TO HAVE LIMITED OR NO POTENTIAL FOR ABUSE AND
15 THEREFORE SHOULD NOT BE REPORTED TO THE PROGRAM.

16 Section 6. Establishment of program.

17 (a) General rule.--The board shall establish and oversee ~~and~~
18 ~~the department shall administer the Achieving Better Care by~~
19 ~~Monitoring All Prescriptions Program.~~ THE PROGRAM. THE
20 DEPARTMENT SHALL ADMINISTER THE PROGRAM BY PERFORMING BUDGETARY,
21 ACCOUNTING, PROCUREMENT AND OTHER SUPPORT SERVICES AS DIRECTED
22 BY THE BOARD.

23 (b) Program components.--This program shall:

24 (1) Provide an electronic data system of controlled
25 substances prescribed and dispensed in this Commonwealth.

26 (2) Be easily accessible by prescribers, dispensers and
27 patients.

28 (3) PROVIDE AN ACCESSIBLE WEBSITE, INCLUDING FORMS THAT
29 CAN BE USED BY A PATIENT TO REQUEST A COPY OF OR ACCESS TO
30 THE PATIENT'S PROGRAM RECORD.



1 ~~(3)~~ (4) Provide training and support for those using the
2 data system.

3 ~~(4)~~ (5) Contain processes for prescribers to refer
4 patients to substance abuse treatment.

5 (c) Program queries.--The program shall maintain a record of
6 database queries that contains all of the following:

7 (1) Identification of each person who requests or
8 receives information from the database.

9 (2) Information provided to each person.

10 (3) Date and time the information is requested and
11 provided.

12 (d) Record retention.--The board shall remove from the
13 program all identifying information more than ~~three~~ SEVEN years
14 old from the date of collection. The information shall be
15 destroyed unless a law enforcement agency or a professional
16 licensing or certification agency or board for prescribers or
17 dispensers has submitted a written request to the department for
18 retention of specific information for cause. The information may
19 be kept for an additional period of one year and all requests
20 shall comply with procedures adopted by the board. The
21 department may not grant more than two extensions regarding the
22 retention of the same identified specific information UNLESS
23 REQUIRED TO DO SO BY COURT ORDER.

24 (e) Good cause exception.--The program shall contain a good
25 cause exception for dispensers and prescribers who are unable to
26 submit the required data electronically and shall allow for the
27 manual submission of data if the dispenser or prescriber does
28 not have Internet access.

29 (f) Expiration.--Current pharmacy reporting requirements to
30 the Attorney General shall expire and shall no longer be



1 enforceable upon the full implementation of the program. ANY
2 DATA THAT HAS BEEN REPORTED TO THE OFFICE OF ATTORNEY GENERAL
3 PURSUANT TO 28 PA. CODE § 25.131 (RELATING TO EVERY DISPENSING
4 PRACTITIONER) THAT SATISFIES THE RETENTION REQUIREMENTS OF
5 SUBSECTION (D) SHALL BE TRANSFERRED TO THE PROGRAM.

6 Section 7. Requirements for dispensers.

7 (a) Submission.--A dispenser shall, according to the format
8 determined by the board, electronically submit information to
9 the program regarding each controlled substance dispensed.

10 (b) Data elements.--All of the following information shall
11 be provided by a dispenser:

12 (1) Full name of the prescriber.

13 (2) Prescriber Drug Enforcement Agency (DEA)
14 registration number.

15 (3) Date prescription was written.

16 (4) Date prescription was dispensed.

17 (5) Full name, date of birth, gender and address of the
18 person for whom the prescription was written and dispensed.

19 (6) The National Drug Code.

20 (7) ~~Dosage quantity and days~~ DAYS' supply.

21 (8) DEA registration number and National Provider
22 Identifier OF THE DISPENSER OR PHARMACY.

23 (9) Method of payment for the prescription.

24 (c) Frequency.--A dispenser shall submit all information
25 required under subsection (b) to the program no later than 72
26 hours after dispensing a controlled substance.

27 (D) DISPENSER DESIGNEE.--DISPENSERS MAY DESIGNATE EMPLOYEES
28 FOR PURPOSES OF ACCESSING THE PROGRAM ACCORDING TO STANDARDS
29 ESTABLISHED BY THE BOARD.

30 Section 8. Requirements for prescribers.



1 (a) Program query.--A prescriber shall query the program:

2 (1) for each patient the first time the patient is
3 prescribed a controlled substance by the prescriber for
4 purposes of establishing a base line and a thorough medical
5 record; ~~and~~ OR

6 (2) if a prescriber believes or has reason to believe,
7 using sound clinical judgment, that a patient may be abusing
8 or diverting drugs.

9 (b) Medical record entries.--A prescriber shall indicate the
10 information obtained from the program in the patient's medical
11 record if:

12 (1) the individual is a new patient; or

13 (2) the prescriber determines a drug should not be
14 prescribed or furnished to a patient based upon the
15 information from the program.

16 (c) Prescriber designee.--Prescribers may designate
17 employees for purposes of accessing the program according to
18 standards established by the board. In assigning a designee, a
19 prescriber shall give preference to a professional nurse
20 licensed by the State Board of Nursing.

21 (d) Nonviolation.--A prescriber or dispenser who, using a
22 sound standard of care in the exercise of clinical judgment,
23 does not believe that a patient is abusing or diverting
24 controlled substances shall not be in violation of this act for
25 not seeking or obtaining information from the program prior to
26 prescribing or dispensing so long as the prescriber or dispenser
27 is otherwise in compliance.

28 (E) IMMUNITY.--A PRESCRIBER OR DISPENSER WHO HAS SUBMITTED
29 OR RECEIVED INFORMATION FROM THE PROGRAM IN ACCORDANCE WITH THIS
30 SECTION AND SECTION 7, AND HAS HELD THE INFORMATION IN



1 CONFIDENCE AS REQUIRED BY SECTION 9, SHALL NOT BE HELD CIVILLY
2 LIABLE OR DISCIPLINED IN A LICENSING BOARD ACTION FOR SUBMITTING
3 THE INFORMATION OR NOT SEEKING OR OBTAINING INFORMATION FROM THE
4 PROGRAM PRIOR TO PRESCRIBING OR DISPENSING A CONTROLLED
5 SUBSTANCE.

6 Section 9. Access to prescription information.

7 (a) Confidentiality.--Except as set forth in subsection (b),
8 prescription information submitted to the program and records of
9 requests to query the data shall be confidential and not subject
10 to disclosure under the act of February 14, 2008 (P.L.6, No.3),
11 known as the Right-to-Know Law.

12 (b) Authorized users.--The following individuals may query
13 the program according to procedures determined by the board and
14 with the following limitations:

15 (1) Prescribers may query the program for:

16 (i) an existing patient; and

17 (ii) prescriptions written using the prescriber's
18 own Drug Enforcement Agency number.

19 (2) Dispensers may query the program for a current
20 patient to whom the dispenser is dispensing or considering
21 dispensing any controlled substance.

22 (3) (i) ~~Federal and State law enforcement officials may~~
23 ~~query the program for:~~ THE OFFICE OF ATTORNEY GENERAL
24 SHALL QUERY THE PROGRAM ON BEHALF OF ALL LAW ENFORCEMENT
25 AGENCIES, INCLUDING, BUT NOT LIMITED TO, THE OFFICE OF
26 THE ATTORNEY GENERAL AND FEDERAL, STATE AND LOCAL LAW
27 ENFORCEMENT AGENCIES FOR:

28 (A) Schedule II controlled substances as
29 indicated in the act of April 14, 1972 (P.L.233,
30 No.64), known as The Controlled Substance, Drug,



1 Device and Cosmetic Act and in the manner determined
2 by the Pennsylvania Attorney General pursuant to 28
3 Pa. Code § 25.131 (relating to every dispensing
4 practitioner); and

5 (B) all other schedules upon receipt of a court
6 order OBTAINED BY THE REQUESTING LAW ENFORCEMENT
7 AGENCY. Upon receipt of a motion under this clause,
8 the court may enter an ex parte order granting the
9 motion if the law enforcement agency has demonstrated
10 by a preponderance of the evidence that:

11 (I) the motion pertains to a person who is
12 the subject of an active criminal investigation
13 with a reasonable likelihood of securing an
14 arrest or prosecution in the foreseeable future;
15 and

16 (II) there is reasonable suspicion that a
17 criminal act has occurred.

18 (ii) Data obtained ~~under this paragraph may~~ BY A LAW
19 ENFORCEMENT AGENCY UNDER THIS PARAGRAPH SHALL only be
20 used ~~by a law enforcement official~~ to establish probable
21 cause to obtain a search warrant or arrest warrant.

22 (III) REQUESTS MADE TO THE OFFICE OF ATTORNEY
23 GENERAL TO QUERY THE PROGRAM UNDER THIS PARAGRAPH SHALL
24 BE MADE IN A FORM OR MANNER PRESCRIBED BY THE OFFICE OF
25 ATTORNEY GENERAL AND SHALL INCLUDE THE COURT ORDER, WHEN
26 APPLICABLE.

27 (4) ~~A~~ THE OFFICE OF ATTORNEY GENERAL SHALL QUERY THE
28 PROGRAM ON BEHALF OF A grand jury ~~may query the program if~~
29 investigating a criminal violation of a law governing
30 controlled substances.



1 (5) Approved department personnel may query the program
2 for the purpose of:

3 (i) conducting internal reviews related to
4 controlled substance laws; or

5 (ii) engaging in the analysis of controlled
6 substance prescription information as part of the
7 assigned duties and responsibilities of employment.

8 (6) Designated representatives from the Commonwealth or
9 out-of-State agency or board responsible for licensing or
10 certifying prescribers or dispensers whose professional
11 practice was or is regulated by that agency or board for the
12 purpose of conducting administrative investigations or
13 proceedings.

14 ~~(7) Personnel from the Department of Public Welfare~~
15 ~~engaged in the administration of the medical assistance~~
16 ~~program.~~

17 ~~(8) Personnel from the Insurance Department engaged in~~
18 ~~the administration of the Children's Health Insurance Program~~
19 ~~(CHIP).~~

20 ~~(9) Personnel from the Department of Aging engaged in~~
21 ~~the administration of the Pharmaceutical Assistance Contract~~
22 ~~for the Elderly (PACE) and the Pharmaceutical Assistance~~
23 ~~Contract for the Elderly Needs Enhancement Tier (PACENET)~~
24 ~~programs.~~

25 (7) DESIGNATED COMMONWEALTH PERSONNEL WHO ARE
26 RESPONSIBLE FOR THE DEVELOPMENT AND EVALUATION OF QUALITY
27 IMPROVEMENT STRATEGIES, PROGRAM INTEGRITY INITIATIVES OR
28 CONDUCTING INTERNAL COMPLIANCE REVIEWS AND DATA REPORTING FOR
29 THE MEDICAL ASSISTANCE PROGRAM, CHILDREN'S HEALTH INSURANCE
30 PROGRAM (CHIP), PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE



1 ELDERLY (PACE) OR PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE
2 ELDERLY NEEDS ENHANCEMENT TIER (PACENET).

3 (8) PERSONNEL FROM THE DEPARTMENT OF DRUG AND ALCOHOL
4 PROGRAMS ENGAGED IN THE ADMINISTRATION OF THE METHADONE DEATH
5 AND INCIDENT REVIEW TEAM.

6 ~~(10)~~ (9) A medical examiner or county coroner for the
7 purpose of investigating the death of the individual being
8 queried.

9 ~~(11)~~ (10) A prescription drug monitoring official,
10 dispenser or prescriber of a state with which this
11 Commonwealth has an interoperability agreement.

12 ~~(12)~~ (11) Upon providing evidence of identity and within
13 30 days from the date of the request, an individual who is
14 the recipient of a controlled substance prescription entered
15 into the program, the individual's parent or guardian if the
16 individual is under 18 years of age or the individual's
17 health care power of attorney.

18 Section 10. Unlawful acts and penalties.

19 ~~(a) Unlawful acts. A person commits a misdemeanor of the~~
20 ~~second degree if the person:~~

21 ~~(1) Knowingly or intentionally releases, publishes or~~
22 ~~otherwise makes available the information from the program~~
23 ~~for purposes other than those specified in sections 8 and 9.~~

24 ~~(2) Obtains or attempts to obtain information from the~~
25 ~~program for purposes other than those specified in sections 8~~
26 ~~and 9 or by misrepresentation or fraud.~~

27 (A) UNLAWFUL ACTS.--

28 (1) A PERSON COMMITS A MISDEMEANOR OF THE FIRST DEGREE
29 IF THE PERSON KNOWINGLY OR INTENTIONALLY OBTAINS OR ATTEMPTS
30 TO OBTAIN INFORMATION FROM THE PROGRAM FOR PURPOSES OTHER



1 THAN THOSE SPECIFIED IN SECTION 8 OR 9 OR BY
2 MISREPRESENTATION OR FRAUD.

3 (2) A PERSON COMMITS A FELONY OF THE THIRD DEGREE IF THE
4 PERSON KNOWINGLY OR INTENTIONALLY RELEASES, PUBLISHES, SELLS,
5 TRANSFERS OR OTHERWISE MAKES AVAILABLE OR ATTEMPTS TO
6 RELEASE, PUBLISH, SELL, TRANSFER OR OTHERWISE MAKE AVAILABLE
7 THE INFORMATION FROM THE PROGRAM FOR PURPOSES OTHER THAN
8 THOSE SPECIFIED IN SECTIONS 8 AND 9.

9 (b) Criminal violations.--Each violation under subsection
10 (a) shall constitute a separate offense.

11 (c) Civil violations.--

12 (1) Knowing, intentional and negligent release or use of
13 information from the program shall be subject to a civil
14 penalty of not less than \$2,500 for each offense.

15 (2) Other civil penalties shall be assessed in
16 accordance with department regulations.

17 (d) Collection of penalties.--The department ~~shall be~~
18 ~~entitled to reasonable attorney fees and costs for successful~~
19 ~~collection actions and may:~~

20 (1) Collect any penalty imposed under this section and
21 which is not paid by bringing an action in the court of
22 common pleas of the county in which the person owing the debt
23 resides or in the county where the department is located.

24 (2) Seek legal assistance from the Attorney General,
25 the county or the district attorney of the county in which
26 the action is brought to collect the penalty.

27 (e) Additional sanctions.--A prescriber or dispenser
28 violating provisions of this act shall also be subject to
29 sanctions under the prescriber's or dispenser's professional
30 practice acts and by the appropriate licensing boards.



1 Section 11. Program funding.

2 (a) General rule.--The department may use the money
3 deposited in the General Fund and appropriated to the department
4 to carry out the requirements of this act.

5 (b) Civil penalties.--All civil penalties assessed under
6 this act shall be deposited in the General Fund and appropriated
7 to the department to implement the program.

8 (c) Data fees.--All costs associated with recording and
9 submitting data shall be assumed by the submitting dispenser.

10 (d) Other funding opportunities.--The board may direct the
11 department to pursue Federal funding and grants, both public and
12 private.

13 (e) Fees prohibited.--A dispenser or prescriber shall not be
14 required to pay a fee or tax specifically dedicated to the
15 establishment, operation or maintenance of the program. NO FEE
16 SHALL BE ASSESSED TO THE PATIENT BY THE DISPENSER OR PRESCRIBER
17 DUE TO THE NEED TO SUBMIT INFORMATION TO THE PROGRAM.

18 (f) Transfer of funds.--Any funds currently appropriated
19 shall be redirected and used for the operation of the program.
20 Additional agencies utilizing the system, including licensing
21 boards, may also transfer funds to the department for operation
22 of the program.

23 ~~Section 12. Admissibility.~~

24 ~~(a) Use of data. Except as provided in subsection (b), data~~
25 ~~provided to, maintained in or accessed from the program that may~~
26 ~~be identified to, or with a particular individual is not subject~~
27 ~~to discovery, subpoena or similar compulsory process in any~~
28 ~~civil, judicial, administrative or legislative proceeding, nor~~
29 ~~shall any individual or organization with lawful access to the~~
30 ~~data be compelled to testify with regard to the data.~~



1 ~~(b) Exceptions. The restrictions in subsection (a) do not~~
2 ~~apply to:~~

3 ~~(1) a criminal proceeding; or~~

4 ~~(2) a civil, judicial or administrative action brought~~
5 ~~to enforce the provisions of this act.~~

6 Section ~~13~~ 12. Annual report.

7 Within two years of the effective date of this act and
8 annually thereafter, the board shall submit a report to the
9 General Assembly. The report shall also be made available on the
10 department's publicly accessible Internet website and shall
11 include all of the following:

12 (1) The number of times the program has been legally and
13 illegally accessed.

14 (2) The rate by which prescribers are utilizing the
15 program.

16 (3) Any impact on prescribing practices for controlled
17 substances.

18 (4) The cost effectiveness of the frequency of data
19 submission.

20 (5) The effectiveness of the interoperability with other
21 states and electronic medical records.

22 (6) Other information as determined by the board.

23 Section ~~14~~ 13. Regulations.

24 The department shall promulgate regulations to implement the
25 provisions of this act.

26 Section ~~15~~ 14. Concurrent jurisdiction.

27 The Attorney General shall have concurrent prosecutorial
28 jurisdiction with the county district attorney for violations of
29 this act.

30 Section 15. Expiration.



1 This act shall expire June 30, 2022.

2 Section ~~16~~ ~~15~~ 16. Effective date.

3 This act shall take effect as follows:

4 (1) Section 4 of ~~the~~ THIS act shall take effect in 90
5 days.

6 (2) This section shall take effect immediately.

7 (3) The remainder of this act shall take effect June 30,
8 2015.

