
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1699 Session of
2015

INTRODUCED BY R. BROWN, COHEN, CORBIN, DAVIS, DeLUCA,
DiGIROLAMO, GINGRICH, HARHAI, HEFFLEY, KAUFER, KLUNK,
MARSHALL, MASSER, D. PARKER, READSHAW, ROTHMAN, SNYDER,
TAYLOR, FARRY, WARNER AND SANTARSIERO, MARCH 22, 2016

AS AMENDED ON THIRD CONSIDERATION, IN SENATE, OCTOBER 24, 2016

AN ACT

1 Providing for limitations on the dispensing of opioid drug
2 products in hospital emergency departments and urgent care
3 centers AND TO PATIENTS IN OBSERVATION STATUS and for duties <--
4 of the Department of Health; and imposing a penalty.

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 Safe
9 Emergency Prescribing Act.

10 Section 2. Definitions.

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

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

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

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

9 ~~"Opioid drug product." A drug product that contains an~~ <--
10 ~~opioid agonist and is designated by the United States Food and~~
11 ~~Drug Administration for the treatment of pain.~~

12 "OBSERVATION STATUS." WHEN A PATIENT RECEIVES ONSITE <--
13 SERVICES FROM A HOSPITAL FOR MORE THAN 23 CONSECUTIVE HOURS,
14 INCLUDING A HOSPITAL BED AND MEALS THAT HAVE BEEN PROVIDED IN AN
15 AREA OF THE HOSPITAL OTHER THAN THE HOSPITAL EMERGENCY ROOM, AND
16 THE PATIENT HAS NOT BEEN FORMALLY ADMITTED AS AN INPATIENT AT
17 THE HOSPITAL.

18 "OPIOID DRUG PRODUCT." ANY OF THE FOLLOWING:

19 (1) A PREPARATION OR DERIVATIVE OF OPIUM.

20 (2) A SYNTHETIC NARCOTIC THAT HAS OPIATE-LIKE EFFECTS,
21 BUT IS NOT DERIVED FROM OPIUM.

22 (3) A GROUP OF NATURALLY OCCURRING PEPTIDES THAT BIND AT
23 OR OTHERWISE INFLUENCE OPIATE RECEPTORS, INCLUDING AN OPIOID
24 AGONIST.

25 "Urgent care center." An organization or business entity
26 that provides outpatient treatment to patients with urgent
27 medical conditions, illnesses or injuries on an unscheduled
28 basis but that is not licensed as a hospital or an ambulatory
29 surgical facility. THE TERM DOES NOT INCLUDE THE OFFICES OF <--
30 PRIVATE PHYSICIANS, WHETHER FOR INDIVIDUAL OR GROUP PRACTICE.

1 Section 3. Prescribing practices.

2 (a) Limitation on quantity of opioid drug products.--

3 (1) Except as set forth in paragraph (2), a health care
4 practitioner may not prescribe an opioid drug product to an
5 individual seeking treatment in an emergency department or
6 urgent care center, OR WHO IS IN OBSERVATION STATUS IN A <--
7 HOSPITAL, in a quantity sufficient to treat that individual
8 for more than seven days.

9 (2) Notwithstanding paragraph (1), if, in the
10 professional medical judgment of a health care practitioner,
11 more than a seven-day supply of an opioid drug product is
12 required to treat a patient's acute medical condition or is
13 necessary for the treatment of pain associated with a cancer
14 diagnosis or for palliative care, then the health care
15 practitioner may issue a prescription for the quantity needed
16 to treat such acute medical condition or pain associated with
17 a cancer diagnosis or for palliative care. The condition
18 triggering prescription of the opioid drug product under this
19 paragraph shall be documented in the patient's medical
20 record, and the health care practitioner must indicate that a
21 non-opioid drug product alternative was not appropriate to
22 treat the medical condition ~~and that the health care~~ <--
23 ~~practitioner provided the patient with a pain management~~
24 ~~referral.~~

25 (b) Refills.--A health care practitioner in an emergency
26 department or urgent care center ~~may not authorize the refilling~~ <--
27 ~~of a prescription for an opioid drug product that has been lost,~~
28 ~~stolen or destroyed.~~, OR WHO IS CARING FOR A PATIENT IN <--
29 OBSERVATION STATUS, MAY NOT WRITE A PRESCRIPTION REFILL FOR AN
30 OPIOID DRUG PRODUCT.

1 Section 4. Referral to treatment.

2 A health care practitioner shall refer an individual for
3 treatment if the individual is believed to be at risk for
4 substance abuse while seeking treatment in an emergency
5 department or urgent care center OR WHEN IN OBSERVATION STATUS <--
6 IN A HEALTH CARE FACILITY.

7 Section 5. Use of prescription drug monitoring program.

8 To determine whether a patient may be under treatment with an
9 opioid drug product by another health care practitioner, the
10 prescribing health care practitioner shall ~~access~~ QUERY the <--
11 prescription drug monitoring program in accordance with section
12 8 of the act of October 27, 2014 (P.L.2911, No.191), known as
13 the Achieving Better Care By Monitoring All Prescriptions
14 Program (ABC-MAP) Act. This section shall not apply to any
15 medication provided to a patient in the course of treatment
16 while ~~the patient is admitted to a hospital or under the care of~~ <--
17 UNDERGOING CARE IN an emergency department. <--

18 Section 6. Regulations.

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

21 Section 7. Penalty.

22 A health care practitioner who violates any provision of this
23 act ~~commits unprofessional conduct and~~ shall be subject to <--
24 REVIEW AND disciplinary action under the licensure, <--
25 certification, registration or permit provisions of law and
26 regulation governing the respective health care practitioner.

27 SECTION 8. LIABILITY. <--

28 A HEALTH CARE PRACTITIONER WHO COMPLIES WITH THE PROVISIONS
29 OF THIS ACT SHALL BE PRESUMED TO BE ACTING IN GOOD FAITH AND
30 SHALL HAVE IMMUNITY FROM CIVIL LIABILITY.

1 Section 9. Effective date.

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2 This act shall take effect in 60 days.