HOUSE BILL No. 2574

By Committee on Health and Human Services

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AN ACT concerning health and healthcare; relating to the prescription monitoring program; pertaining to mandatory enrollment database access; amending K.S.A. 2017 Supp. 65-1685 and repealing the existing section.

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Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) A prescriber, as defined in K.S.A. 65-1626, and amendments thereto, who holds a current registration issued by the DEA and who prescribes or administers scheduled substances, shall, before January 1, 2020, or upon licensure or reinstatement by the applicable state licensing agency, whichever occurs later, register with the board for access to the PMP database and shall maintain such registration continuously during the prescriber's term of active licensure.

- (b) A pharmacist practicing in Kansas shall, before September 1, 2018, or upon licensure or reinstatement by the state board of pharmacy. whichever occurs later, register with the board for access to the PMP database and shall maintain such registration continuously during the pharmacist's term of active licensure.
- (c) Registration for access to the PMP database shall be in a manner prescribed by the board.
 - (d) As used in this section:
 - "DEA" means the United States drug enforcement agency; and (1)
 - (2) "PMP" means the prescription monitoring program.
- (e) This section shall be a part of and supplemental to the prescription monitoring program act.
- Sec. 2. K.S.A. 2017 Supp. 65-1685 is hereby amended to read as follows: 65-1685. (a) The prescription monitoring program database, all information contained therein and any records maintained by the board, or by any entity contracting with the board, submitted to, maintained or stored as a part of the database, shall be privileged and confidential, shall not be subject to subpoena or discovery in civil proceedings and may only be used for investigatory or evidentiary purposes related to violations of state or federal law and regulatory activities of entities charged with administrative oversight of those persons engaged in the prescribing or dispensing of scheduled substances and drugs of concern, shall not be a
- 36 public record and shall not be subject to the Kansas open records act,

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 K.S.A. 45-215 et seq., and amendments thereto, except as provided in subsections (c) and (d).

- (b) The board shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted and maintained is not disclosed to persons except as provided in subsections (c) and (d).
- (c) The board is hereby authorized to provide data in the prescription monitoring program to the following persons:
- (1) Persons authorized to prescribe or dispense scheduled substances and drugs of concern, for the purpose of providing medical or pharmaceutical care for their patients;
- (2) an individual who requests the individual's own prescription monitoring information in accordance with procedures established by the board;
- (3) designated representatives from the professional licensing, certification or regulatory agencies charged with administrative oversight of those persons engaged in the prescribing or dispensing of scheduled substances and drugs of concern;
- (4) local, state and federal law enforcement or prosecutorial officials engaged in the administration, investigation or enforcement of the laws governing scheduled substances and drugs of concern subject to the requirements in K.S.A. 22-2502, and amendments thereto;
- (5) designated representatives from the department of health and environment regarding authorized medicaid program recipients;
- (6) persons authorized by a grand jury subpoena, inquisition subpoena, *administrative subpoena* or court order in a criminal action;
- (7) personnel of the prescription monitoring program advisory committee for the purpose of operation of the program;
- (8) personnel of the board for purposes of administration and enforcement of this act or the uniform controlled substances act, K.S.A. 65-4101 et seq., and amendments thereto;
- (9) persons authorized to prescribe or dispense scheduled substances and drugs of concern, when an individual is obtaining prescriptions in a manner that appears to be misuse, abuse or diversion of scheduled substances or drugs of concern; and
- (10) medical examiners, coroners or other persons authorized under law to investigate or determine causes of death; *and*
- (11) persons operating a provider or pharmacist impaired provider program in accordance with K.S.A. 65-4924, and amendments thereto, for the purpose of reviewing drugs dispensed to a provider or pharmacist enrolled in the impaired provider program.
- (d) The prescription monitoring program advisory committee established pursuant to K.S.A. 65-1689, and amendments thereto, is

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 authorized shall meet monthly to review and analyze the data for purposes of identifying patterns and activity of concern.

- (1) (A) On or before January 7, 2019, the prescription monitoring program advisory committee shall develop written criteria for its use in identifying patterns and activity of concern. Such criteria shall be privileged and confidential, shall not be subject to subpoena or discovery in civil proceedings and may only be used for regulatory activities of entities charged with administrative oversight of those persons engaged in the prescribing or dispensing of scheduled substances and drugs or concern, shall not be a public record and shall not be subject to the open records act, K.S.A. 45-215 et seq., and amendments thereto. The provisions of this paragraph shall expire on July 1, 2023, unless the legislature reviews and reenacts this provision pursuant to K.S.,A. 45-229, and amendments thereto, prior to July 1, 2023.
- (B) The board shall submit such criteria to the senate standing committee on public health and welfare and the house standing committee on health and human services with the annual report required by K.S.A. 2017 Supp. 65-1691, and amendments thereto, that occurs immediately following January 7, 2019.
- (2) If a review of information appears to indicate a person may be obtaining prescriptions in a manner that may represent misuse or abuse of eontrolled scheduled substances and drugs of concern, the advisory committee is authorized to notify the prescribers and dispensers who prescribed or dispensed the prescriptions. If the review identifies patterns or other evidence sufficient to create a reasonable suspicion of criminal activity, the advisory committee is authorized to notify the appropriate law enforcement agency.
- (2) (3) If a review of information appears to indicate that a violation of state or federal law relating to prescribing—controlled scheduled substances and drugs of concern may have occurred, or that a prescriber or dispenser has knowingly prescribed, dispensed or obtained—controlled scheduled substances and drugs of concern in a manner that is inconsistent with recognized standards of care for the profession, the advisory committee shall determine whether a report to the professional licensing, certification or regulatory agencies charged with administrative oversight of those persons engaged in prescribing or dispensing of—controlled-scheduled substances and drugs of concern or to the appropriate law enforcement agency is warranted.
- (A) For purposes of such determination the advisory committee may, in consultation with the appropriate regulatory agencies and professional organizations, establish criteria regarding appropriate standards and utilize volunteer peer review committees of professionals with expertise in the particular practice to create such standards and review individual cases.

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(B) The peer review committee or committees appointed herein shall have authority to request and receive information in the prescription monitoring program database from the director of the prescription monitoring program.

- (C) If the determination is made that a referral to a regulatory or law enforcement agency is not warranted but educational or professional advising might be appropriate, the advisory committee may refer the prescribers or dispensers to other such resources.
- (e) The board is hereby authorized to provide data in the prescription monitoring program to public or private entities for statistical, research or educational purposes after removing information that could be used to identify individual practitioners, dispensers, patients or persons who received prescriptions from dispensers. *Data provided under this section shall not be sold to any third party.*
- (f) The board may, in its discretion, block access to the prescription monitoring program database if the board has reason to believe that access to the data is or may be used illegally.
 - Sec. 3. K.S.A. 2017 Supp. 65-1685 is hereby repealed.
- 19 Sec. 4. This act shall take effect and be in force from and after its 20 publication in the statute book.