



# IOWA HOUSE DEMOCRATS

## BILL and AMENDMENT SUMMARY

# Opioids HF 2377

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**Status of Bill:** House Calendar

**Committee:** House (98-0), Senate (48-0)

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**Lead Democrat:** Rep. Forbes

**Floor Manager:** Rep. Lundgren

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## Background

The opioid crisis has extended to Iowa. In 2015 there were 59 opioid overdose deaths, and 163 opioid-related deaths. This number rose to 86 overdose deaths and 180 opioid-related deaths in 2016. The preliminary data from 2017 show that these numbers have rose again to 99 overdose deaths and 202 opioid-related deaths. These numbers are expected to increase as the data is finalized. This bill is designed to address some of the issues related to prescribing and increasing the use of the Prescription Monitoring Program (PMP).

## Summary

### Division I-Regulation of the Prescription Monitoring Program (PMP)

This section requires first responders to report to the Iowa Department of Public Health (IDPH) when they administer opioid antagonists, like naloxone, to patients. IDPH will then enter that information into the PMP. It also mandates that prescribing practitioners register for the PMP when they apply to the Board of Pharmacy to register or renew their registration. Currently, this applies only to pharmacists. Changes the time information needs to be entered into the PMP from “timely” to the next business day of dispensing of the controlled substance.

Finally, this section creates a Drug Information Program Fund. The money from this fund will be used for administering the PMP and allows the Board to add a surcharge of 25% or less. The surcharge applies to all individuals and entities that hold a controlled substance registration with the Board. This includes prescribers, wholesalers, pharmacies and researchers. The surcharge, if exercised, would amount to \$11.25/year/registrant.

### Division II-Electronic Prescriptions

By January 1, 2020, most prescriptions are to be transmitted electronically, with exceptions. Adds a penalty of \$250 per violation, up to \$5,000 per calendar year. States that a schedule II controlled substance cannot be filled more than six months after the date the prescription was issued, and a prescription for those substances cannot be refilled.

### Division III-Prescriber Activity Reports

Mandates that the Board should issue a report to each prescribing practitioner an activity report that has the summary of the practitioner’s history of prescribing controlled substances, a comparison to other practitioner’s prescribing activities, and educational updates. However, there is no direction on how these reports are to be paid for, but that they should be submitted electronically and at as low a cost as possible.

## **Division IV-Substance Abuse Prevention**

Allows the Board and the PMP Advisory Council to establish criteria for identifying patients who are at risk for potentially abusing or misusing prescription controlled substances and notifying the practitioners of the risk. Also directs the various Boards that license prescribing practitioners to establish penalties for those practitioners who prescribe too much of the controlled substance. The various Boards will determine what dosage would be considered more than what a reasonably prudent practitioner would prescribe.

## **Division V-Registration**

Mandates that people who work with controlled substances register with the Board of Pharmacy. This division applies to any person who manufactures, distributes, or dispenses a controlled substance in Iowa or who proposes to do so. Those who conduct research with controlled substances are also required to register. Also allows the Board of Pharmacy to take disciplinary action against a registrant, without revoking, suspending or revoking the registration, which they are currently unable to do.

## **Division VI-Controlled and Precursor Substances**

Adds twelve controlled substances to Schedule I, one substance to Schedule II, and one substance as a precursor substance. These additions conform to actions taken by the United States Department of Justice and the Drug Enforcement Administration.

## **Division VII-Good Samaritan Immunity**

Adds language that provides certain protections to those that seek treatment for a drug-related overdose or a person who is seeking treatment for another person who is experiencing a drug-related overdose that they cannot be prosecuted or arrested, with some exceptions. This would include immunity from possession of a controlled substance, delivery of a controlled substance without profit, gatherings where controlled substances are unlawfully used (124.407) and drug paraphernalia (124.414). Under these circumstances, a person's pretrial release, probation, supervised release or parole shall not be revoked based on protected information. The Department of Public Safety and the Office of Drug Control Policy added language that specifies that the intent of this section is not to preclude or prevent an investigation by law enforcement.

## **Senate Amendment**

### **H-8439 by Dawson**

Continuing education requirement language requested by the Iowa Medical Society (IMS). Current bill language includes all those licensed under the Board of Medicine, Board of Nursing and the Board of Dentistry. However, some professions that were included have no legal authority to prescribe opioids. This amendment clarifies that only those who prescribe opioids have to take the continuing education.

The amendment also rescinds Administrative Code rules that the Board of Medicine adopted in 2011 regarding chronic pain management education to reduce confusion.

### **H-8453 to H-8439 by Isenhardt of Dubuque**

Adds needle and syringe exchange program language to the definition of "Lawful Purpose."