



Legislative
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SB 19-079

FISCAL NOTE

Drafting Number:	LLS 19-0607	Date:	January 30, 2019
Prime Sponsors:	Sen. Todd; Priola Rep. Esgar; Landgraf	Bill Status:	Senate Business
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Bill Topic: ELECTRONIC PRESCRIBING CONTROLLED SUBSTANCES

Summary of Fiscal Impact:

<input type="checkbox"/> State Revenue	<input type="checkbox"/> TABOR Refund
<input checked="" type="checkbox"/> State Expenditure (<i>minimal</i>)	<input checked="" type="checkbox"/> Local Government (<i>minimal</i>)
<input type="checkbox"/> State Transfer	<input type="checkbox"/> Statutory Public Entity

The bill requires podiatrists, physicians, physician assistants, advanced practice nurses, and optometrists to electronically prescribe certain controlled substances. The bill minimally increases state and local government workload on an ongoing basis.

Appropriation Summary: No appropriation is required.

Fiscal Note Status: This fiscal note reflects the introduced bill.

Summary of Legislation

Under current law, podiatrists, physicians, physician assistants, advanced practice nurses, and optometrists all may prescribe opioid medication electronically. This bill repeals this provision and requires that all podiatrists, dentists, physicians, physician assistants, advanced practice nurses, and optometrists that prescribe a schedule II, III, or IV controlled substance do so electronically, with certain exceptions. For most prescribers, the requirement begins July 1, 2021. For dentists and prescribers who work in a solo practice or are in rural area, the requirement begins July 1, 2023. A prescriber does not need to prescribe a controlled substance electronically if:

- electronic prescribing is not available due to a temporary technological failure;
- the pharmacy is located outside of the state;
- the prescriber is dispensing the controlled substance to the patient;
- the prescription includes one or more elements that are not supported by the National Council for Prescription Drug Programs SCRIPT Standard;
- the federal Food and Drug Administration does not allow that prescription to be satisfied with electronic prescribing;
- the prescription is not specific to a patient and allows dispensing of a controlled substance under a standing order, approved protocol of drug therapy, collaborative drug management or comprehensive medication management plan, in response to public health emergency, or under other circumstances that are not specific to an individual patient;
- the controlled substance is under a research protocol;
- the prescriber writes 24 or fewer prescriptions for a controlled substance per year;

- the prescription is administered to a patient in a hospital, nursing care facility, hospice, dialysis treatment clinic, or assisted living residence or a person in the custody of the Department of Corrections; or
- the prescriber reasonably determines that the patient would be unable to obtain the prescription in a timely manner and that the delay would adversely affect the patient's medical condition.

The requirement to prescribe electronically is verified through license renewal questionnaires administered by each profession's regulatory board. Failure to truthfully respond to the survey constitutes unprofessional conduct that may result in disciplinary action taken against the prescriber. Failure to electronically prescribe a controlled substance does not constitute negligence.

Finally, the bill does not require pharmacists to verify the applicability of an exception to electronic prescribing and may dispense the controlled substance pursuant to an order that is written, oral, or facsimile-transmitted that is valid and consistent with current law.

State Expenditures

The bill will increase workload to the Department of Regulatory Agencies and state agencies that employ providers with prescription authority, as described below.

Department of Regulatory Agencies. Starting in FY 2019-20, this bill will increase workload for the Division of Professions and Occupations and the various health professional regulatory boards in the Department of Regulatory Agencies to adopt rules, conduct outreach with providers, update questionnaires, and respond to additional complaints. The increase in workload is expected to be minimal and to be accomplished within existing appropriations.

Other state agencies. Starting in FY 2019-20, any state agency that employs providers with prescription authority will see an increase of workload to educate and train their employees on the new standards. Costs to state agencies may also increase to purchase software or hardware necessary to electronically subscribe medication. However, agencies surveyed for this fiscal note report that they already use electronic prescribing or they are exempt from the bill. Therefore, it is assumed that any additional workload and cost will be minimal.

Local Government

Local governments that operate health care facilities or employ health care providers with prescriptive authority may have additional workload to train their employees on the new standards or make modifications to their information technology systems to allow for electronic prescribing.

Effective Date

The bill takes effect August 2, 2019, if the General Assembly adjourns on May 3, 2019, as scheduled, and no referendum petition is filed.

State and Local Government Contacts

Corrections
Law
Personnel
Regulatory Agencies

Human Services
Health Care Policy and Financing
Information Technology
Public Health and Environment