I Mina'trentai Singko Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
388-35 (COR)	Telena Cruz Nelson	AN ACT TO *AMEND* §§ 41810 OF ARTICLE 18, CHAPTER 4, DIVISION, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATION, *AMEND* §§ 67.303(c), §§ 67.304(a), AND §§ 67.308.1(j)(k)(l) OF CHAPTER 67, TITLE 9, GUAM CODE ANNOTATED, RELATIVE TO THE REGISTRATION OF PRESCRIBERS TO THE GUAM PRESCRIPTION DRUG MONITORING PROGRAM, ENFORCEMENT OF THE PATIENT UTILIZATION REPORT, AND THE REQUIRED DISCLOSURE OF POTENTIAL RISKS AND TO PROVIDE AN OPTION TO FILL FOR A LOWER QUANTITY PRESCRIPTION.	7/31/20 10:42 a.m.						

I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN
2020 (SECOND) Regular Session

Bill No. 388-35(COR)

Introduced by: Telena Cruz Nelson

AN ACT TO *AMEND* §§ 41810 OF ARTICLE 18, CHAPTER 4, DIVISION, TITLE 26, GUAM ADMINISTRATIVE RULES AND REGULATION, *AMEND* §§ 67.303(c), §§ 67.304(a), AND §§ 67.308.1(j)(k)(l) OF CHAPTER 67, TITLE 9, GUAM CODE ANNOTATED, RELATIVE TO THE REGISTRATION OF PRESCRIBERS TO THE GUAM PRESCRIPTION DRUG MONITORING PROGRAM, ENFORCEMENT OF THE PATIENT UTILIZATION REPORT, AND THE REQUIRED DISCLOSURE OF POTENTIAL RISKS AND TO PROVIDE AN OPTION TO FILL FOR A LOWER QUANTITY PRESCRIPTION.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent.

I Liheslaturan Guåhan finds that Schedule II, Schedule III, or Schedule IV substances and other controlled substances are widely prescribed in the medical field, but these medications may also be misused, abused, or diverted for nonmedical purposes. The Guam Prescription Drug Monitoring Program (PDMP) was established to ensure the integrity in the health care community by providing prescribers and pharmacies information of their patients to assure legitimate use of controlled substances. The Department of Public Health and Social Services (DPHSS) has the authority to adopt rules relating to the control of the manufacture, distribution, and dispensing of controlled substances in Guam, and such rules

implement the monitoring of pharmaceutical controlled substances to prevent the misuse, abuse, and diversion of such drugs without interfering with its legal medical use. The Center for Disease Control and Prevention (CDC) finds that the likelihood of long-term opioid use increases based on the length of initial prescriptions; increasing sharply after taking the third and fifth days of a prescription. The CDC's "Guidelines for Prescribing Opioids for Chronic Pain" suggest that before starting and periodically during opioid therapy, practitioners shall discuss with patients the risks or benefits of opioid therapy and the responsibilities of both parties for managing therapy.

It is therefore the intent of *I Liheslaturan Guåhan* to ensure that the authority of a prescriber is regulated in equity to those that practice the manufacture, distribution, and dispensing of pharmaceutical controlled substances. To prevent the mishandling of controlled substances, a mandate for PDMP registration for prescribers with DPHSS shall be enacted, and shall be limited to administer a non-refillable seven (7)-day supply, with a required review of the patient utilization report at least once every three (3) months to establish if the drug is necessary for any further treatments. Failure to comply with the procedural rule to obtain and review the patient's utilization report and the advisement of risks and quantity of prescriptions to patients shall be grounds for consequences. Prescribers will not need to meet the aforementioned requirements if the treatment relates to pain management in dialysis, cancer treatments, or as specified by statute.

Section 2. § 41810 of Article 18, Division 1, Chapter 4, Title 26, Guam Administrative Rules and Regulations, is hereby *amended* to read:

"**§ 41810. Access to Prescription Monitoring Information by Prescribers.**

(a) A prescriber, or licensed health care practitioner duly authorized by a prescriber, ~~may~~ shall obtain any prescription monitoring information insofar as the

information relates to a patient under the prescriber's care. The information shall be provided in a format established by the Department, which may include, but is not limited to delivery by electronic means, facsimile transmission, or telephonic communication. The information shall be provided within twenty-four (24) business hours of the prescriber's request.

(b) A prescriber, or licensed health care practitioner duly authorized by a prescriber, who seeks access to the information described above shall register with the Department in a manner specified, and shall be issued an authorization code. If the authorization code issued by the Department is lost or compromised, the prescriber shall notify the Department by telephone and in writing as soon as reasonably possible. Information regarding more than one patient may be submitted in a single request. Requests shall be in a format established by the Department and shall contain at least, but not limited to, the following elements for each patient:

(1) The name and date of birth of the patient; and

(2) The time period for which information is being requested.

(c) The Department shall take reasonable steps to verify each registration, such as, but not limited to, making a telephone call to the prescriber or to an agent of the prescriber at a telephone number known to belong to the prescriber's place of business.

(d) A prescriber, or licensed health care practitioner duly authorized by a prescriber, shall, before writing a prescription for a controlled substance listed in Schedule II, III, IV, or V for a patient, obtain a patient utilization report regarding the patient for the preceding twelve (12) months from the computerized program established by the Department pursuant to § 67.301(a) of Title 9 Guam Code Annotated, Chapter 67~~,~~ if ~~the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition and:~~

(1) The patient is a new patient of the prescriber, or

(2) The patient has not received any prescription for a controlled substance from the prescriber in the preceding twelve (12) months.

The prescriber shall review the patient utilization report to assess whether the prescription for ~~the~~ a Schedule II, Schedule III, or Schedule IV controlled substance to the patient is medically necessary.

Section 3. § 67.303(c) of Chapter 67, of Title 9, Guam Code Annotated is hereby *amended* to read:

"(c) A practitioner must be registered with DPHSS before dispensing or prescribing a controlled substance or conducting research with respect to a controlled substance included in Schedules II through V. DPHSS need not require separate registration under this Article for a practitioner engaging in research with nonnarcotic substances included in Schedules II through V if the registrant is already registered under this Article in another capacity. A practitioner registered under Federal law to conduct research with a substance included in Schedule I may conduct research with the substance in Guam upon furnishing DPHSS evidence of the Federal registration."

Section 4. § 67.304(a) of Chapter 67, of Title 9, Guam Code Annotated is hereby *amended* to read:

"(a) DPHSS may suspend or revoke a registration under § 67.303 to manufacture, distribute ~~or~~ dispense or prescribe a controlled substance upon finding that the registrant has:

(1) furnished false or fraudulent material information in an application filed under this Act;

(2) been convicted of a felony under state or Federal law relating to a controlled substance;

(3) had the registrant's Federal registration suspended or revoked and is no longer authorized by Federal law to manufacture, distribute or dispense controlled substances; ~~or~~

(4) committed an act that would render registration under § 67.303 inconsistent with the public interest as determined under that Section~~.~~;

(5) failed to obtain and review a patient's utilization report prior to prescribing a controlled substance listed in Schedule II, III, IV, or V as required under 26 GARR § 41810;

(6) failed to advise the patient regarding the quantity and inform the patient with risks associated with Schedule II, III, IV, or V as required under 9 GCA § 67.308(k); or

(7) engaged in the unauthorized use or disclosure of confidential prescription monitoring information."

Section 5. § 67.308.1(j)(k)(l) of Chapter 67, of the Title 9, Guam Code Annotated is hereby *amended* to read:

"(j) If a practitioner prescribes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient,

(1) after the initial non-refillable seven (7)-day supply, the practitioner *shall* review the patient utilization report at least once every three (3) months thereafter if the substance is to remain as part of the treatment of the patient.

(k) Prior to issuing a prescription to a Schedule II, Schedule III, or Schedule IV controlled substance, a practitioner shall:

(1) inform the patient of the risks associated with the Schedule II, Schedule III, or Schedule IV controlled substance prescribed; and

(2) advise the patient regarding the quantity of the Schedule II, Schedule III, or Schedule IV controlled substance and the patients option to fill the prescription in a lesser quantity;

(j) Prescribers shall not be required to meet the requirements of Subsection (c) of this Section if the treatment relates to pain management in dialysis, cancer treatments, or as specified under § 67.308.2."

Section 6. Severability. If any provision of this Act or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity *shall not* affect other provisions or applications of this Act that can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.