AMENDED IN ASSEMBLY MARCH 18, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 2592

Introduced by Assembly Member Cooper

February 19, 2016

An act to amend Section 11209 of the Health and Safety Code, relating to prescriptions. An act to add and repeal Section 11209.3 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 2592, as amended, Cooper. Prescriptions. Controlled substances: medicine locking closure packages: grant program.

Existing law, the California Uniform Controlled Substances Act, specifies the proper uses of, and means of prescribing, controlled substances, as defined. Existing law prohibits a person other than a pharmacist to compound, prepare, fill, or dispense a prescription for a controlled substance. A violation of these provisions is generally a misdemeanor unless another punishment is specifically provided.

Existing law establishes the State Department of Public Health, which has authority over various programs promoting public health and which may investigate, apply for, and enter into agreements to secure federal or nonfederal funding opportunities for the purposes of advancing public health.

This bill, until January 1, 2022, would require the department to implement the Opioid Abuse Prevention Pilot Program to award grants to combat opioid abuse and improve the safe prescribing of opioids. The bill would require the department to award grants, in an amount to be determined by the department, to individual pharmacies that choose to participate. The bill would require a pharmacy that applies

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for and receives a grant to offer all patients who are prescribed an opioid a medicine locking closure package, as defined. The bill would prohibit the department from using General Fund moneys on this program unless those moneys are specifically appropriated for this purpose. The bill would require the department to evaluate the effectiveness of the program and report its findings to the Legislature no later than December 31, 2021.

Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. Existing law prohibits the delivery of Schedule II, III, or IV controlled substances to a pharmacy unless a receipt for the merchandise is signed by a pharmacist or authorized receiving personnel. A violation of this provision is a crime.

This bill would make nonsubstantive changes to this provision.

Vote: majority. Appropriation: no. Fiscal committee: no-yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
- 3 (a) More than 4,300 people died from drug poisoning in 4 California in 2013.
- (b) Most drug poisonings stem from prescription medications,and opioids are the most commonly prescribed.
- 7 (c) Recent research by the federal Centers for Disease Control 8 and Prevention finds that 98 percent of all sources for abused 9 prescription drugs originate within the home. Only 3 percent of 10 homes lock up their medications.
- 11 (d) The State Department of Public Health recently received a 12 new grant of more than \$3.7 million to improve the safe prescribing 13 of opioid painkillers.
- 14 SEC. 2. Section 11209.3 is added to the Health and Safety 15 Code, to read:
- 16 11209.3. (a) The State Department of Public Health shall, to 17 the extent funding is available, establish the Opioid Abuse
- 18 Prevention Pilot Program to award grants to combat opioid abuse

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and improve the safe prescribing of opioids. Grants, in an amount determined by the department, shall be awarded to individual pharmacies that choose to participate. Grants shall target areas where the prevalence of prescription drug abuse is high as determined by data that has been collected by the department and the California Health Care Foundation.

- (b) A pharmacy that applies for and receives a grant pursuant to this section shall offer all patients who are prescribed an opioid with a medicine locking closure package. A patient shall not receive a medicine locking closure package unless he or she consents either orally or in writing. Every medicine locking closure package shall be dispensed with instructions for patient use unless the patient indicates orally or in writing that instructions are not needed.
- (c) The State Department of Public Health shall not expend General Fund moneys on this program unless those moneys are specifically appropriated for this purpose. The department may seek funds from private entities, including foundations and nonprofit organizations, and may apply for federal or other grants, to fund the grant program.
- (d) For purposes of this section, "medicine locking closure package" means a locking closure mechanism that can only be unlocked with a user-generated, resettable alphanumerical code in combination with an amber prescription container that forms a package that only allows the person with the prescription to access the medicine.
- (e) The department shall evaluate the effectiveness of the pilot program to combat prescription drug abuse in targeted areas and report its findings to the Legislature no later than December 31, 2021. The report shall be submitted in compliance with Section 9795 of the Government Code.
- (f) This section shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.
- SECTION 1. Section 11209 of the Health and Safety Code is amended to read:
- 11209. (a) A person shall not deliver Schedule II, III, or IV controlled substances to a pharmacy or pharmacy receiving area, nor shall any person receive controlled substances on behalf of a

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pharmacy unless, at the time of delivery, a pharmacist or authorized receiving personnel signs a receipt showing the type and quantity of the controlled substances received. Any discrepancy between the receipt and the type or quantity of controlled substances actually received shall be reported to the delivering wholesaler or manufacturer by the next business day after delivery to the pharmacy.

- (b) The delivery receipt and any record of discrepancy shall be maintained by the wholesaler or manufacturer for a period of three years.
 - (c) A violation of this section is a misdemeanor.
- (d) Nothing in this section shall require a common carrier to label a package containing controlled substances in a manner contrary to federal law or regulation.