

AMENDED IN ASSEMBLY APRIL 11, 2016

AMENDED IN ASSEMBLY MARCH 18, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2592**

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**Introduced by Assembly Member Cooper**

February 19, 2016

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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. 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~~ *or an intern pharmacist, as specified, from compounding, preparing, filling, or dispensing* 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~~ *nongovernmental* funding opportunities for the purposes of advancing public health.

This bill, until January 1, ~~2022~~, *2020*, would require the department to ~~implement the Opioid Abuse Prevention Pilot Program~~ *establish a pilot program, as specified*, to award grants to combat opioid abuse ~~and~~

improve through 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~~. *participate in the program*. The bill would require a pharmacy that applies 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~~. 2019.

Vote: majority. Appropriation: no. Fiscal committee: 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.  
 5 (b) Most drug poisonings stem from prescription medications,  
 6 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~~ *a pilot program* to award grants to  
 19 combat opioid abuse and improve through the safe prescribing of  
 20 opioids. Grants, in an amount determined by the department, shall  
 21 be awarded to individual pharmacies that choose to ~~participate~~.  
 22 *participate in the program*. Grants shall target areas where the  
 23 prevalence of prescription drug abuse is high as determined by

1 data that ~~has~~ *have* been collected by the department and the  
2 California Health Care Foundation.

3 (b) A pharmacy that applies for and receives a grant pursuant  
4 to this section shall offer all patients who are prescribed an opioid  
5 ~~with~~ a medicine locking closure package. A patient shall not  
6 receive a medicine locking closure package unless he or she  
7 consents either orally or in writing. Every medicine locking closure  
8 package shall be dispensed with instructions for patient use unless  
9 the patient indicates orally or in writing that instructions are not  
10 needed.

11 (c) The State Department of Public Health shall not expend  
12 General Fund moneys on this program unless those moneys are  
13 specifically appropriated for this purpose. The department may  
14 seek funds from private entities, including foundations and  
15 nonprofit organizations, and may apply for federal or other grants,  
16 to fund the grant program.

17 (d) For purposes of this section, “medicine locking closure  
18 package” means a locking closure ~~mechanism that can only be~~  
19 ~~unlocked with a user-generated, resettable alphanumeric code~~  
20 ~~in combination with an amber prescription container that forms a~~  
21 ~~package that only allows the person with the prescription to access~~  
22 ~~the medicine.~~ *container, unlocked only with a user-generated code,*  
23 *that only allows the person with the prescription to access the*  
24 *medicine. A medicine locking closure package includes, but is not*  
25 *limited to, an amber prescription container combined with a*  
26 *resettable alphanumeric code.*

27 (e) The department shall evaluate the effectiveness of the pilot  
28 program to combat prescription drug abuse in targeted areas and  
29 report its findings to the Legislature no later than December 31,  
30 ~~2021.~~ *2019.* The report shall be submitted in compliance with  
31 Section 9795 of the Government Code.

32 (f) This section shall remain in effect only until January 1,  
33 ~~2022,~~ *2020,* and as of that date is repealed, unless a later enacted  
34 statute, that is enacted before January 1, ~~2022,~~ *2020,* deletes or  
35 extends that date.

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