



## Legislation Fact Sheet

Electronic Prescribing/Medication Error Reduction State Legislation, including laws, proposed legislation, and executive order (2003-2006)

### California

AB 225 – Directs the Secretary of State Health and Human Services Agency to promulgate regulations to provide hardware and software to healthcare providers for the purpose of eprescribing without violating anti-kickback laws.  
*(signed by the governor 10.06)*

### Colorado

HB 03-1063 -- Allows the patient to request the prescription label to list the purpose or symptoms for which the prescription is written. In the case of anabolic steroids, it is mandatory. Also requires the prescriber to notify the patient of this option but not grounds for discipline if they do not.  
*(Filed 1/8/03; passed House 1/20/03; passed Senate 3/10/03; **signed into law by governor 3/25/03**)*

### Delaware

HB 33 -- Allows a pharmacist to put the symptom or purpose for the drug being prescribed on the drug container label, but only if a practitioner indicates that the patient or their authorized representative requests information on the label.  
*(Filed 1/25/05; passed House 6/21/05; passed Senate in final form 6/30/05; **signed into law by governor 7/7/05**)*

SB 48 -- Would require prescriptions to be written legibly so that pharmacists filling them can do so accurately and thereby avoid potential harm to the consumer.  
*(Filed 3/22/05; passed Senate 6/15/05; passed House 6/28/05; **signed into law by governor 7/12/05**)*

### Florida

Chapter 2006-271 signed into law by governor on June 22, 2006; allows for the development and regulation of electronic prescribing practices.

Chapter 2003-41 -- Requires that written drug prescriptions "must be legibly printed or typed" to assure they can be understood by pharmacists. Effective date July 1, 2003.  
*(Filed 3/4/03; passed Senate 4/30/03; passed House 5/1/03; **signed into law by governor 5/23/03 as Chapter 2003-41**)*

### Georgia

SB 397 -- Would require that electronically transmitted prescription drug orders may only be transmitted by the prescribing practitioner and must be transmitted directly to the patient's pharmacy of choice with no access by intervening persons. For the purposes of this bill, electronically transmitted prescription drug orders would be considered confidential.  
*(Filed and referred to committee 1/10/06; did not pass by end of regular session)*

## **Idaho**

SB 1412 -- Provides procedures for long-term care and assisted living facilities to fax and verbally send prescription drug orders to a pharmacy when it has been so ordered by a doctor; also allows for electronic transmission of prescriptions.

*(Filed 2/20/06; passed Senate 33y-0n, 3/06/06; passed House 66y-0n, 3/24/06; **signed into law by governor** as Ch. 290, 3/31/06)*

37-3725 -- Requires prescriptions to be legible by a pharmacist and provides for disciplinary measures by the Board of Pharmacy if it is not. No record of disposition.

## **Illinois**

SB 2253 -- Amends the Pharmacy Practice Act, by adding the activities of "preparation, computer entry and verification of medication orders, medical devices and prescriptions" as steps regulated under pharmaceutical dispensing.

*(Passed Senate 3/25/04; passed House 5/26/04; **signed into law by governor** as Public Act 93-1075, 1/18/05)*

Executive Order #8 – To encourage all medical providers to utilize e-prescribing programs by 2011; to evaluate the areas within Illinois in need of enhanced technology to support e-prescribing programs; to determine the types of technology needed to implement the e-prescribing program; to coordinate with the Illinois Department of Financial and Professional Regulation and the Department of Healthcare and Family Services to draft and issue recommended medication practices such as prescribing, dispensing, and maintenance to all health care providers; to expand the Department's nursing home database to include information such as staffing ratios, medication distribution, on-site services, and citations issued against each facility, enabling consumers to make well-informed decisions; to implement and expand the State's efforts at health care provider information transparency, such as the Hospital Report Card, the Consumer Guide to Health, and similar efforts to ensure that health care consumers and purchasers may make informed choices regarding the quality and cost effectiveness of medical care; to implement the Illinois Adverse Health Care Events Reporting Law.  
*(Issued by the governor on July 13, 2006; effective immediately)*

## **Iowa**

HF 2087 -- Would require that electronic prescription drug orders issued by practitioners and filled by a pharmacy comply with the rules adopted by the Board of Pharmacy Examiners specifically for such orders. The rules are to be consistent with federal law and regulations relating to electronic prescriptions, including the standards established for the Medicare electronic prescription drug program under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

*(Filed and referred to committee 1/19/06; did not pass by end of regular session)*

HF 722 -- Directs Board to establish and maintain an electronic drug database used to monitor the misuse, abuse and diversion of controlled substances and other drugs; provides for the electronic collection and dissemination of information; allows the Board to contract with a third-party/private vendor to administer the electronic drug database.

*(Filed 3/22/05; passed Assembly 98y-0n, 3/22/05; passed Senate, 48y-0n, 3/29/06; **signed into law by governor** 5/31/06)*

### **Kentucky**

HB 729 -- Would establish a real time electronic data collection system for controlled substances, Medicaid prescriptions and Medicare Part D prescriptions, and would require those dispensing prescriptions to report data electronically in real time when prescribing and dispensing the prescribed drug.

*(Filed and referred to committee 2/27/06)*

### **Maryland**

SB333 -- Would establish and maintain a Prescription Drug Monitoring Program within the Department of Health and Mental Hygiene in order to assist health care professionals and law enforcement agents in the identification, treatment and prevention of prescription drug abuse.

*(Filed and referred to committee 1/27/06; passed Senate 47y-0n, 3/26/06; passed House 138y-0n, 4/6/06; **vetoed by governor** 5/26/06)*

HB 433 -- Requires prescribers to print or type written prescriptions in a legible manner.

*(Filed 1/29/04; passed House 3/12/04, passed Senate 4/4/04; **signed into law by governor** as Chapter 503, 5/26/04)*

### **Massachusetts**

S 1276 -- Would convene a task force to study methods for reducing medication and prescription errors, including recommendations on prescription legibility, drug labeling and packaging, medication error reporting plans, automated drug ordering systems, and patient education.

*(Filed 1/26/05; hearing 9/21/05; favorable committee report 3/28/06)*

### **Michigan**

HB 4434 -- Allows a licensed pharmacy to perform "centralized prescription processing services," or to outsource those services to another licensed pharmacy, if certain conditions are satisfied. Would require that pharmacies share a common electronic file or have appropriate technology to allow access to sufficient information necessary or required to prepare a prescription drug order. Would require that each prescription drug dispensed under such a system would have to bear a label containing an identifiable code providing a complete audit trail of the preparation and dispensing of the drug and patient care activities.

*(Filed 3/15/05; HB 4434 passed House 104y-0n, 4/21/05; passed Senate 37y-0n, 5/12/05; **signed into law by governor** as Public Act 72, 7/19/05)*

### **Missouri**

SB 835 -- Would require licensed practitioners to issue all written prescriptions. The prescriptions shall be legibly printed or typed, dated with the month written in textual letters and signed by the prescribing practitioner on the day issued. The prescriptions shall also contain the name of the prescribing practitioner, the name, strength and quantity of the prescribed drug, and directions for using the drug.

*(Filed and referred to committee 1/10/06; did not pass by end of 2006 regular session)*

### **Montana**

HB 254 -- Establishes a civil penalty for not writing legible prescriptions.

*(Filed 1/27/05; passed House 1/27/05; passed Senate 4/12/05; **signed into law by governor** 4/28/05)*

### **New Hampshire**

Governor announces an effort on Oct. 19 intended to bring all of the state's doctors e-prescribing capabilities by October, 2007. Lynch is emphasizing the safety and cost benefits of e-prescribing, which Institute of Medicine research has shown to reduce prescribing errors. The plan, which is designed to bring all other clinicians online by October 2008, is part of a larger pay-for-performance program backed by Lynch's Citizens Health Initiative. The CHI is working with the state's health plans to devise P4P incentives, some of which will reward use of e-prescribing and EMRs. The group is also working to promote the development of a statewide health information network.

### **New Jersey**

A 2718 -- Would require that pharmacists provide additional prescription drug information, notifying consumers, when a generic drug product is dispensed, about the characteristics of that drug product, other than its active ingredient, which differ from the brand-name drug product for which it is being substituted and may be important in the therapy of a particular patient.

*(Filed 5/6/04; carried over to 2005 session & held in committee 10/05)*

### **New York**

The governor announced Oct. 5, 2006 that the state received permission announced from the federal government to allow the state to use federal money for the state's health care reform initiatives, including expanded use of e-prescribing.

SB 6498 -- Would require prescriptions to be typewritten, electronically printed or handwritten in ink or indelible pencil in a legible manner; requires that handwritten prescriptions shall only be written in print letters; prohibits the use of script letters in handwritten prescriptions.

*(Filed and sent to committee 3/16/04; did not pass by end of session 12/04; refiled for 2005-06 as A 4090, A 4437 & S 2231 )*

### **Oklahoma**

HB 2842 – Legislation created the Oklahoma Medicaid Reform Act of 2006, directing the Oklahoma Health Care Authority to design and implement an e-prescribing pilot program. A report shall be submitted within 18 months of an unspecified start date.

*(Signed by the governor on June 9, 2006)*

SB 614 -- Would clarify language and require placement of the symptom for which a drug is prescribed on the prescription label under specified conditions.

*(Filed 3/10/05; passed Senate; passed House, did not pass conference committee 5/27/05\*)*

### **Rhode Island**

SB2359 -- Would require pharmacies to provide a list of twenty (20) prescribed health maintenance drugs in electronic format to the Department of Health with current selling prices. The list would be posted on a Department of Health web site and would be accessible to the general public.

*(Filed and referred to committee 2/7/06; held for further study 3/22/06; did not pass by end of 2006 regular session)*

## South Carolina

HB3803 -- Would enact the South Carolina Prescription Monitoring Act authorizing the Bureau of Drug Control to establish a program to monitor the prescribing and dispensing of schedule II-V controlled substances and to provide the manner and procedures under which dispensers are to provide such information.

*(Filed and referred to committee 3/29/05; passed House 5/13/05; passed Senate 5/31/06; House concurred 6/1/06; **vetoed by governor** 6/13/06; **became law by veto override** as Act 396, 6/14/06)*

## Tennessee

Ch. 564 -- Would specify that current law permitting a pharmacist to dispense the least expensive generic equivalent of a drug, or a generic equivalent covered by the patient's drug plan, in cases where the prescriber has not noted medical necessity of the brand name prescribed would not prohibit a pharmacist from complying with the request of a patient with a valid prescription order to obtain a brand name drug or drug product if the patient has prescription drug coverage under a prescription benefit plan and agrees to pay the additional cost, if any, of the brand name drug. If the patient does not have a prescription benefit plan, or the patient's plan does not provide coverage for the brand name drug, then the patient could receive the brand name drug upon agreement to pay the entire cost of the drug; would also provide requirements for electronic prescriptions. *(HB 3065 filed and referred to committee 2/16/06; passed House 97y-0n, 3/27/06; passed Senate 30y-0n, 4/10/06; **signed into law by governor** as Ch. 564, 4/24/06) (SB 3070 filed and referred to committee 2/16/06; combined with HB 3065, 4/10/06)*

Chapter 678 -- Creates the "Medication Error Reduction Act" for a uniform standard format, requiring written prescription orders to be legible and comprehensible to a pharmacist; would limit the liability of pharmacists for delay incurred when clarifying a prescription that the pharmacist cannot understand.

*(Filed 1/04; SB 2162 passed Senate 3/24/04; passed House 4/29/04; **signed by governor** as Chapter 678, 5/18/04)*

Chapter 12 -- Makes clarifying changes to the requirement that prescriptions written by various health care practitioners drug must be legibly handwritten or typed or computer generated so that it is comprehensible by the pharmacist.

*(Filed 2/3/05; SB 470 passed Senate 3/2/05; passed House 3/14/05; **signed into law by governor** as Chapter 12, 4/4/05)*

## Vermont

Act 235 -- Would establish a prescription drug monitoring program to detect and prevent substance abuse, and support the legitimate medical use of controlled substances.

*(Filed and referred to committee 1/14/05. 2/10/05; carried over; H 45 did not pass by end of 2006 regular session)*

*(S 90 passed Senate 1/13/06; passed House 5/3/06; **signed into law by governor** as Act 235, 5/31/06)*

## Washington

HB 2798 -- Establishes prescription legibility requirements so they are readable by a pharmacist which reduces medication errors.

*(Filed 2/1/00; passed House 2/9/00 ; passed Senate 3/1/00; **signed into law by governor** as Chapter 8, 3/17/00)*

SB 1780 -- Would require improved legibility of prescriptions.  
*(Filed 2/4/05; held in committee; did not pass by end of regular session 4/24/05)*

### **Wisconsin**

AB 689 -- Would require that prescription drug labels specify the symptom or purpose for which the drug is being prescribed if the patient wants the symptom or purpose to appear on the label. The practitioner who prescribes the drug must ask the patient if the patient wants the symptom or purpose to appear on the label. If the patient wants that information on the label, the practitioner must add that information to the prescription order and the pharmacist must include that information on the prescription drug label.  
*(Filed and sent to committee 12/5/03; did not pass by end of session)*

### **Wyoming**

The Wyoming Health Information Organization (WyHIO) is a nonprofit corporation charged with a number of tasks, including a pilot eprescribing program among Wyoming hospitals as a future project.