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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2025

A N A C T

RELATING TO FOOD AND DRUGS -- UNIFORM CONTROLLED SUBSTANCES ACT

Introduced By: Representatives McGaw, Boylan, Furtado, Caldwell, Casimiro, Stewart,
Voas, Fogarty, Solomon, and Cotter

Date Introduced: February 28, 2025

Referred To: House Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 21-28-3.18 of the General Laws in Chapter 21-28 entitled "Uniform
2 Controlled Substances Act" is hereby amended to read as follows:

3 **21-28-3.18. Prescriptions.**

4 (a) An apothecary in good faith may sell and dispense controlled substances in schedules
5 II, III, IV, and V to any person upon a valid prescription by a practitioner licensed by law to
6 prescribe or administer those substances; dated and signed by the person prescribing on the day
7 when issued and bearing the full name and address of the patient to whom, or of the owner of the
8 animal for which, the substance is dispensed; and the full name, address, and registration number
9 under the federal law of the person prescribing, if he or she is required by that law to be registered.
10 If the prescription is for an animal, it shall state the species of the animal for which the substance
11 is prescribed.

12 (b) When filling a hard-copy prescription for a schedule II controlled substance, the
13 apothecary filling the prescription shall sign his or her full name and shall write the date of filling
14 on the face of the prescription.

15 (c) The prescription shall be retained on file by the proprietor of the pharmacy in which it
16 was filled for a period of two (2) years so as to be readily accessible for inspection by any public
17 officer or employee engaged in the enforcement of this chapter.

18 (d)(1) Hard-copy prescriptions for controlled substances in schedule II shall be filed
19 separately and shall not be refilled.

1 (2) The director of health shall, after appropriate notice and hearing pursuant to § 42-35-3,
2 promulgate rules and regulations for the purpose of adopting a system for electronic data
3 transmission of prescriptions for controlled substances in schedules II, III, IV, and V. Opioid
4 antagonists, including, but not limited to, naloxone, as may be further determined by rules and
5 regulations, shall be transmitted with controlled substances in schedules II, III, IV, and V. Provided,
6 information collected regarding dispensing of opioid antagonists shall be for statistical, research,
7 or educational purposes only. The department's rules and regulations shall require the removal of
8 patient, recipient, or prescriber information that could be used to identify individual patients or
9 recipients of opioid antagonists.

10 (3) A practitioner shall sign and transmit electronic prescriptions for controlled substances
11 in schedules II, III, IV, and V to a pharmacy in accordance with rules and regulations as shall be
12 promulgated by the department and which shall require electronic transmission no sooner than
13 January 1, 2020, and a pharmacy may dispense an electronically transmitted prescription for these
14 controlled substances in accordance with the code of federal regulations, 21 C.F.R., pt. 1300, et
15 seq.

16 (e) Subject to the rules and regulations promulgated by the department pursuant to
17 subsection (d)(3) of this section, a prescription for a schedule II narcotic substance to be
18 compounded for the direct administration to a patient by parenteral, intravenous, intramuscular,
19 subcutaneous, or intraspinal infusion may be transmitted by the practitioner, or practitioner's agent,
20 to the pharmacy by facsimile. The facsimile will serve as the original prescription.

21 (f) Subject to the rules and regulations promulgated by the department pursuant to
22 subsection (d)(3) of this section, a prescription for a schedule II substance for a resident of a long-
23 term-care facility may be transmitted by the practitioner, or the practitioner's agent, to the
24 dispensing pharmacy by facsimile. The facsimile serves as the original prescription.

25 (g) Subject to the rules and regulations promulgated by the department pursuant to
26 subsection (d)(3) of this section, a prescription for a schedule II narcotic substance for a patient
27 residing in a hospice certified by Medicare under title XVIII of the Social Security Act, 42 U.S.C.
28 § 1395 et seq., or licensed by the state, may be transmitted by the practitioner, or practitioner's
29 agent, to the dispensing pharmacy by facsimile. The practitioner, or the practitioner's agent, will
30 note on the prescription that the patient is a hospice patient. The facsimile serves as the original,
31 written prescription.

32 (h) An apothecary, in lieu of a written prescription, may sell and dispense controlled
33 substances in schedules III, IV, and V to any person upon an oral prescription of a practitioner. In
34 issuing an oral prescription, the prescriber shall furnish the apothecary with the same information

1 as is required by subsection (a) of this section and the apothecary who fills the prescription shall
2 immediately reduce the oral prescription to writing and shall inscribe the information on the written
3 record of the prescription made. This record shall be filed and preserved by the proprietor of the
4 pharmacy in which it is filled in accordance with the provisions of subsection (c) of this section. In
5 no case may a prescription for a controlled substance listed in schedules III, IV, or V be filled or
6 refilled more than six (6) months after the date on which the prescription was issued and no
7 prescription shall be authorized to be refilled more than five (5) times. Each refilling shall be
8 entered on the face or back of the prescription and note the date and amount of controlled substance
9 dispensed and the initials or identity of the dispensing apothecary.

10 (i) In the case of an emergency situation as defined in federal law, an apothecary may
11 dispense a controlled substance listed in schedule II upon receiving an oral authorization of a
12 prescribing practitioner provided that:

13 (1) The quantity prescribed and dispensed is limited to the amount adequate to treat the
14 patient during the emergency period and dispensing beyond the emergency period must be pursuant
15 to a written prescription signed by the prescribing practitioner.

16 (2) The prescription shall be immediately reduced to writing and shall contain all the
17 information required in subsection (a).

18 (3) The prescription must be dispensed in good faith in the normal course of professional
19 practice.

20 (4) Within seven (7) days after authorizing an emergency oral prescription, the prescribing
21 practitioner shall cause a prescription for the emergency quantity prescribed to be delivered to the
22 dispensing apothecary. The prescription shall have written on its face "authorization for emergency
23 dispensing" and the date of the oral order. The prescription, upon receipt by the apothecary, shall
24 be attached to the oral emergency prescription that had earlier been reduced to writing.

25 (j)(1) The partial filling of a prescription for a controlled substance listed in schedule II is
26 permissible, if the apothecary is unable to supply the full quantity called for in a prescription or
27 emergency oral prescription and he or she makes a notation of the quantity supplied on the face of
28 the prescription or oral emergency prescription that has been reduced to writing. The remaining
29 portion of the prescription may be filled within seventy-two (72) hours of the first partial filling,
30 however, if the remaining portion is not, or cannot be, filled within seventy-two (72) hours, the
31 apothecary shall notify the prescribing practitioner. No further quantity may be supplied beyond
32 seventy-two (72) hours without a new prescription.

33 (2)(i) A prescription for a schedule II controlled substance written for a patient in a long-
34 term-care facility (LTCF), or for a patient with a medical diagnosis documenting a terminal illness,

1 may be filled in partial quantities to include individual dosage units. If there is a question whether
2 a patient may be classified as having a terminal illness, the pharmacist must contact the practitioner
3 prior to partially filling the prescription. Both the pharmacist and the prescribing practitioner have
4 a corresponding responsibility to assure that the controlled substance is for a terminally ill patient.

5 (ii) The pharmacist must record on the prescription whether the patient is “terminally ill”
6 or an “LTCF patient.” A prescription that is partially filled, and does not contain the notation
7 “terminally ill” or “LTCF patient,” shall be deemed to have been filled in violation of this chapter.

8 (iii) For each partial filling, the dispensing pharmacist shall record on the back of the
9 prescription (or on another appropriate record, uniformly maintained, and readily retrievable), the:

10 (A) Date of the partial filling;

11 (B) Quantity dispensed;

12 (C) Remaining quantity authorized to be dispensed; and

13 (D) Identification of the dispensing pharmacist.

14 (iv) The total quantity of schedule II controlled substances dispensed in all partial fillings
15 must not exceed the total quantity prescribed.

16 (v) Schedule II prescriptions for patients in a LTCF, or patients with a medical diagnosis
17 documenting a terminal illness, are valid for a period not to exceed sixty (60) days from the issue
18 date, unless sooner terminated by the discontinuance of medication.

19 (k) **Automated data-processing systems.** As an alternative to the prescription record-
20 keeping provision of subsection (h) of this section, an automated data-processing system may be
21 employed for the record-keeping system if the following conditions have been met:

22 (1) The system shall have the capability of producing sight-readable documents of all
23 original and refilled prescription information. The term “sight readable” means that an authorized
24 agent shall be able to examine the record and read the information. During the course of an on-site
25 inspection, the record may be read from the CRT, microfiche, microfilm, printout, or other method
26 acceptable to the director. In the case of administrative proceedings, records must be provided in a
27 paper printout form.

28 (2) The information shall include, but not be limited to, the prescription requirements and
29 records of dispensing as indicated in subsection (h) of this section.

30 (3) The individual pharmacist responsible for completeness and accuracy of the entries to
31 the system must provide documentation of the fact that prescription information entered into the
32 computer is correct. In documenting this information, the pharmacy shall have the option to either:

33 (i) Maintain a bound logbook, or separate file, in which each individual pharmacist
34 involved in the dispensing shall sign a statement each day attesting to the fact that the prescription

1 information entered into the computer that day has been reviewed and is correct as shown. The
2 book or file must be maintained at the pharmacy employing that system for a period of at least two
3 (2) years after the date of last dispensing; or

4 (ii) Provide a printout of each day's prescription information. That printout shall be
5 verified, dated, and signed by the individual pharmacist verifying that the information indicated is
6 correct. The printout must be maintained at least two (2) years from the date of last dispensing.

7 (4) An auxiliary, record-keeping system shall be established for the documentation of
8 refills if the automated data-processing system is inoperative for any reason. The auxiliary system
9 shall ensure that all refills are authorized by the original prescription and that the maximum number
10 of refills is not exceeded. When this automated data-processing system is restored to operation, the
11 information regarding prescriptions filled and refilled during the inoperative period shall be entered
12 into the automated data-processing system within ninety-six (96) hours.

13 (5) Any pharmacy using an automated data-processing system must comply with all
14 applicable state and federal laws and regulations.

15 (6) A pharmacy shall make arrangements with the supplier of data-processing services or
16 materials to ensure that the pharmacy continues to have adequate and complete prescription and
17 dispensing records if the relationship with the supplier terminates for any reason. A pharmacy shall
18 ensure continuity in the maintenance of records.

19 (7) The automated data-processing system shall contain adequate safeguards for security
20 of the records to maintain the confidentiality and accuracy of the prescription information.
21 Safeguards against unauthorized changes in data after the information has been entered and verified
22 by the registered pharmacist shall be provided by the system.

23 (l) Prescriptions for controlled substances as found in schedule II will become void unless
24 dispensed within ninety (90) days of the original date of the prescription and in no event shall more
25 than a thirty-day (30) supply be dispensed at any one time, with the exception of prescriptions for
26 non-opioid, non-narcotic controlled substances found in schedule II, where a ninety-day (90)
27 supply but in no event more than a ninety-day (90) supply, may be dispensed at any one time.

28 (1) In prescribing controlled substances in schedule II, practitioners may write up to three
29 (3) separate prescriptions, each for up to a one-month supply, each signed and dated on the date
30 written. For those prescriptions for the second and/or third month, the practitioner must write the
31 earliest date each of those subsequent prescriptions may be filled, with directions to the pharmacist
32 to fill no earlier than the date specified on the face of the prescription.

33 (m) The prescriptions in schedules III, IV, and V will become void unless dispensed within
34 one hundred eighty (180) days of the original date of the prescription. For purposes of this section,

1 a “dosage unit” shall be defined as a single capsule, tablet, or suppository, or not more than one
2 five (5) ml. of an oral liquid.

3 (1) Prescriptions in schedule III cannot be written for more than one hundred (100) dosage
4 units and not more than one hundred (100) dosage units may be dispensed at one time. Provided,
5 however, manufacturer prepackaged steroids and hormones in schedule III shall be exempt from
6 this subsection.

7 (2) Prescriptions in schedules IV and V may be written for up to a ninety-day (90) supply
8 based on directions. No more than three hundred and sixty (360) dosage units may be dispensed at
9 one time.

10 (n) A pharmacy shall transmit prescription information to the prescription-monitoring
11 database at the department of health within one business day following the dispensing of an opioid
12 prescription.

13 (o) The pharmacist shall inform patients verbally or in writing about the proper disposal of
14 expired, unused, or unwanted medications, including the location of local disposal sites as listed on
15 the department of health website.

16 (p) The pharmacist shall inform patients verbally or in writing in the proper use of any
17 devices necessary for the administration of controlled substances.

18 (q)(1) A healthcare professional authorized to issue prescriptions shall, prior to issuing an
19 initial prescription for an opioid drug, specifically discuss with the patient who is eighteen (18)
20 years of age or older, or the patient’s parent or guardian if the patient is under eighteen (18) years
21 of age, the risks of developing a dependence or addiction to the prescription opioid drug and
22 potential of overdose or death; the adverse risks of concurrent use of alcohol or other psychoactive
23 medications and the patient’s or the minor patient’s parent or guardian’s responsibility to safeguard
24 all medications; and, if the prescriber deems it appropriate, discuss such alternative treatments as
25 may be available. For patients in recovery from substance dependence, education shall be focused
26 on relapse risk factors. This discussion shall be noted in the patient’s record.

27 (2) The director of the department of health shall develop and make available to prescribers
28 guidelines for the discussion required pursuant to this subsection.

29 (3) The discussion required under this subsection shall not be required prior to issuing a
30 prescription to any patient who is currently receiving hospice care from a licensed hospice.

31 (r) Effective January 1, 2025, in recognition of the United States Drug Enforcement
32 Agency (DEA) revised regulations regarding electronic prescription refills permitting DEA
33 registered pharmacies to transfer electronic prescriptions at a patient’s request, the department of
34 health shall amend its regulations to reflect this change following the Centers for Medicare and

1 Medicaid's designation for the standard the pharmacy industry must use to support Medicare
2 electronic prescribing and related transactions to permit the transfer of electronic prescriptions.

3 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
A N A C T
RELATING TO FOOD AND DRUGS -- UNIFORM CONTROLLED SUBSTANCES ACT

1 This act would increase the maximum fill for non-opioid, non-narcotic controlled
2 substances found in schedule II, so that a ninety-day (90) supply may be dispensed at any one time.

3 This act would take effect upon passage.

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