

SENATE SUBSTITUTE

FOR

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILLS NOS. 63 & 111

AN ACT

To repeal section 195.015 as enacted by senate bills nos. 215 & 58, eighty-fifth general assembly, first regular session, section 195.050 as enacted by senate bill no. 491, ninety-seventh general assembly, second regular session, and section 195.050 as enacted by senate bills nos. 215 & 58, eighty-fifth general assembly, first regular session, RSMo, and to enact in lieu thereof twelve new sections relating to a prescription drug monitoring program, with penalty provisions.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

1 Section A. Section 195.015 as enacted by senate bills nos.
2 215 & 58, eighty-fifth general assembly, first regular session,
3 section 195.050 as enacted by senate bill no. 491, ninety-seventh
4 general assembly, second regular session, and section 195.050 as
5 enacted by senate bills nos. 215 & 58, eighty-fifth general
6 assembly, first regular session, RSMo, are repealed and twelve
7 new sections enacted in lieu thereof, to be known as sections
8 195.015, 195.050, 195.450, 195.453, 195.456, 195.458, 195.459,
9 195.460, 195.462, 195.465, 195.466, and 195.468, to read as
10 follows:

11 195.015. 1. The department of health and senior services
12 shall administer sections 195.005 to ~~[195.425]~~ 195.468 and may

1 add substances to the schedules after public notice and hearing.
2 In making a determination regarding a substance, the department
3 of health and senior services shall consider the following:

4 (1) The actual or relative potential for abuse;

5 (2) The scientific evidence of its pharmacological effect,
6 if known;

7 (3) The state of current scientific knowledge regarding the
8 substance;

9 (4) The history and current pattern of abuse;

10 (5) The scope, duration, and significance of abuse;

11 (6) The risk to the public health;

12 (7) The potential of the substance to produce psychic or
13 physiological dependence liability; and

14 (8) Whether the substance is an immediate precursor of a
15 substance already controlled under sections 195.005 to 195.425.

16 2. After considering the factors enumerated in subsection 1
17 of this section the department of health and senior services
18 shall make findings with respect thereto and issue a rule
19 controlling the substance if it finds the substance has a
20 potential for abuse.

21 3. If the department of health and senior services
22 designates a substance as an immediate precursor, substances
23 which are precursors of the controlled precursor shall not be
24 subject to control solely because they are precursors of the
25 controlled precursor.

26 4. If any substance is designated, rescheduled, or deleted
27 as a controlled substance under federal law and notice thereof is
28 given to the department of health and senior services, the

1 department of health and senior services shall similarly control
2 the substance under sections 195.005 to 195.425 after the
3 expiration of thirty days from publication in the federal
4 register of a final order designating a substance as a controlled
5 substance or rescheduling or deleting a substance, unless within
6 that thirty-day period, the department of health and senior
7 services objects to inclusion, rescheduling, or deletion. In
8 that case, the department of health and senior services shall
9 publish the reasons for objection and afford all interested
10 parties an opportunity to be heard. At the conclusion of the
11 hearing, the department of health and senior services shall
12 publish its decision, which shall be final unless altered by
13 statute. Upon publication of objection to inclusion,
14 rescheduling or deletion under sections 195.005 to 195.425 by the
15 department of health and senior services, control under sections
16 195.005 to 195.425 is stayed as to the substance in question
17 until the department of health and senior services publishes its
18 decision.

19 5. The department of health and senior services shall
20 exclude any nonnarcotic substance from a schedule if such
21 substance may, under the federal Food, Drug, and Cosmetic Act and
22 the law of this state, be lawfully sold over the counter without
23 a prescription.

24 6. The department of health and senior services shall
25 prepare a list of all drugs falling within the purview of
26 controlled substances. Upon preparation, a copy of the list
27 shall be filed in the office of the secretary of state.

28 195.050. 1. A duly registered manufacturer or wholesaler

1 may sell controlled substances to any of the following persons:

2 (1) To a manufacturer, wholesaler, or pharmacy;

3 (2) To a physician, dentist, podiatrist or veterinarian;

4 (3) To a person in charge of a hospital, but only for use
5 in that hospital;

6 (4) To a person in charge of a laboratory, but only for use
7 in that laboratory for scientific and medical purposes.

8 2. A duly registered manufacturer or wholesaler may sell
9 controlled substances to any of the following persons:

10 (1) On a special written order accompanied by a certificate
11 of exemption, as required by federal laws, to a person in the
12 employ of the United States government or of any state,
13 territorial, district, county, municipal or insular government,
14 purchasing, receiving, possessing, or dispensing controlled
15 substances by reason of his or her official duties;

16 (2) To a master of a ship or person in charge of any
17 aircraft upon which no physician is regularly employed, for the
18 actual medical needs of persons on board such ship or aircraft,
19 when not in port; provided, such controlled substances shall be
20 sold to the master of such ship or person in charge of such
21 aircraft only in pursuance of a special order form approved by a
22 commissioned medical officer or acting surgeon of the United
23 States Public Health Service;

24 (3) To a person in a foreign country if the provisions of
25 federal laws are complied with.

26 3. An official written order for any controlled substance
27 listed in Schedules I and II shall be signed in duplicate by the
28 person giving the order or by his or her duly authorized agent.

1 The original shall be presented to the person who sells or
2 dispenses the controlled substance named therein. In event of
3 the acceptance of such order by the person, each party to the
4 transaction shall preserve his or her copy of such order for a
5 period of two years in such a way as to be readily accessible for
6 inspection by any public officer or employee engaged in the
7 enforcement of this chapter or chapter 579. It shall be deemed a
8 compliance with this subsection if the parties to the transaction
9 have complied with federal laws, respecting the requirements
10 governing the use of order forms.

11 4. Possession of or control of controlled substances
12 obtained as authorized by this section shall be lawful if in the
13 regular course of business, occupation, profession, employment,
14 or duty of the possessor.

15 5. A person in charge of a hospital or of a laboratory, or
16 in the employ of this state or of any other state, or of any
17 political subdivision thereof, and a master or other proper
18 officer of a ship or aircraft, who obtains controlled substances
19 under the provisions of this section or otherwise, shall not
20 administer, nor dispense, nor otherwise use such drugs, within
21 this state, except within the scope of his or her employment or
22 official duty, and then only for scientific or medicinal purposes
23 and subject to the provisions of this chapter and chapter 579.

24 6. Every person registered to manufacture, distribute or
25 dispense controlled substances under this chapter shall keep
26 records and inventories of all such drugs in conformance with the
27 record keeping and inventory requirements of federal law, and in
28 accordance with any additional regulations of the department of

1 health and senior services. All registrants who dispense
2 controlled substances shall maintain dispensing records and
3 report the dispensing to the department's prescription drug
4 monitoring program under sections 195.450 to 195.468 in
5 conformance with the requirements in this chapter.

6 7. Manufacturers and wholesalers shall keep records of all
7 narcotic and controlled substances compounded, mixed, cultivated,
8 grown, or by any other process produced or prepared, and of all
9 controlled substances received and disposed of by them, in
10 accordance with this section.

11 8. Apothecaries shall keep records of all controlled
12 substances received and disposed of by them, in accordance with
13 the provisions of this section.

14 9. The form of records shall be prescribed by the
15 department of health and senior services.

16 195.050. 1. A duly registered manufacturer or wholesaler
17 may sell controlled substances to any of the following persons:

18 (1) To a manufacturer, wholesaler, or pharmacy;

19 (2) To a physician, dentist, podiatrist or veterinarian;

20 (3) To a person in charge of a hospital, but only for use
21 in that hospital;

22 (4) To a person in charge of a laboratory, but only for use
23 in that laboratory for scientific and medical purposes.

24 2. A duly registered manufacturer or wholesaler may sell
25 controlled substances to any of the following persons:

26 (1) On a special written order accompanied by a certificate
27 of exemption, as required by federal laws, to a person in the
28 employ of the United States government or of any state,

1 territorial, district, county, municipal or insular government,
2 purchasing, receiving, possessing, or dispensing controlled
3 substances by reason of his official duties;

4 (2) To a master of a ship or person in charge of any
5 aircraft upon which no physician is regularly employed, for the
6 actual medical needs of persons on board such ship or aircraft,
7 when not in port; provided, such controlled substances shall be
8 sold to the master of such ship or person in charge of such
9 aircraft only in pursuance of a special order form approved by a
10 commissioned medical officer or acting surgeon of the United
11 States Public Health Service;

12 (3) To a person in a foreign country if the provisions of
13 federal laws are complied with.

14 3. An official written order for any controlled substance
15 listed in Schedules I and II shall be signed in duplicate by the
16 person giving the order or by his duly authorized agent. The
17 original shall be presented to the person who sells or dispenses
18 the controlled substance named therein. In event of the
19 acceptance of such order by the person, each party to the
20 transaction shall preserve his copy of such order for a period of
21 two years in such a way as to be readily accessible for
22 inspection by any public officer or employee engaged in the
23 enforcement of sections 195.005 to 195.425. It shall be deemed a
24 compliance with this subsection if the parties to the transaction
25 have complied with federal laws, respecting the requirements
26 governing the use of order forms.

27 4. Possession of or control of controlled substances
28 obtained as authorized by this section shall be lawful if in the

1 regular course of business, occupation, profession, employment,
2 or duty of the possessor.

3 5. A person in charge of a hospital or of a laboratory, or
4 in the employ of this state or of any other state, or of any
5 political subdivision thereof, and a master or other proper
6 officer of a ship or aircraft, who obtains controlled substances
7 under the provisions of this section or otherwise, shall not
8 administer, nor dispense, nor otherwise use such drugs, within
9 this state, except within the scope of his employment or official
10 duty, and then only for scientific or medicinal purposes and
11 subject to the provisions of sections 195.005 to 195.425.

12 6. Every person registered to manufacture, distribute or
13 dispense controlled substances under sections 195.005 to 195.425
14 shall keep records and inventories of all such drugs in
15 conformance with the record keeping and inventory requirements of
16 federal law, and in accordance with any additional regulations of
17 the department of health and senior services. All registrants
18 who dispense controlled substances shall maintain dispensing
19 records and report the dispensing to the department's
20 prescription drug monitoring program under sections 195.450 to
21 195.468 in conformance with the requirements in this chapter.

22 7. Manufacturers and wholesalers shall keep records of all
23 narcotic and controlled substances compounded, mixed, cultivated,
24 grown, or by any other process produced or prepared, and of all
25 controlled substances received and disposed of by them, in
26 accordance with this section.

27 8. Apothecaries shall keep records of all controlled
28 substances received and disposed of by them, in accordance with

1 the provisions of this section.

2 9. The form of records shall be prescribed by the
3 department of health and senior services.

4 195.450. 1. Sections 195.450 to 195.468 shall be known and
5 may be cited as the "Prescription Drug Monitoring Program Act".

6 2. As used in sections 195.450 to 195.468, the following
7 terms mean:

8 (1) "Controlled substance", the same meaning given such
9 term in section 195.010;

10 (2) "Department", the department of health and senior
11 services;

12 (3) "Dispenser", a person who delivers a schedule II, III,
13 or IV controlled substance to the ultimate user, but does not
14 include:

15 (a) A hospital, as defined in section 197.020, that
16 distributes such substances for the purpose of inpatient care or
17 dispenses prescriptions for controlled substances at the time of
18 discharge at such facility;

19 (b) A practitioner or other authorized person who
20 administers such a substance; or

21 (c) A wholesale distributor of a schedule II, III, or IV
22 controlled substance;

23 (4) "Patient", a person who is the ultimate user of a drug
24 for whom a prescription is issued or for whom a drug is
25 dispensed, except that "patient" shall not include a hospice
26 patient enrolled in a Medicare-certified hospice program who has
27 controlled substances dispensed to him or her by such hospice
28 program;

1 (5) "Prescriber", a person who prescribes a schedule II,
2 III, or IV controlled substance to a patient;

3 (6) "Prescription drug monitoring program" or "PDMP", a
4 program established by the department under sections 195.450 to
5 195.468, monitoring the dispensing of all Schedule II, III, or IV
6 controlled substances;

7 (7) "Schedule II, III, or IV controlled substance", a
8 controlled substance that is listed in schedules II, III, or IV
9 of the schedules provided under this chapter or the federal
10 Controlled Substances Act, 21 U.S.C. Section 812.

11 3. Notwithstanding any other law to the contrary, the
12 provisions of sections 195.450 to 195.468 shall not apply to
13 persons licensed under chapter 340.

14 195.453. 1. The department of health and senior services
15 shall establish and maintain a program for the monitoring of
16 prescribing and dispensing of all schedule II, III, and IV
17 controlled substances by all professionals licensed to prescribe
18 or dispense such substances in this state using an existing data
19 aggregation platform through the state data center within the
20 office of administration. The aggregated information from each
21 prescriber and dispenser data source shall remain segregated from
22 any other data source and shall not be commingled with data from
23 any other source. The information contained on the database
24 shall not be entered onto any other database outside the control
25 of the department. The information shall not be entered into the
26 national prescription drug monitoring database. The funding of
27 the prescription drug monitoring program shall be subject to
28 appropriation. In addition to appropriations from the general

1 assembly, the department may apply for available grants and shall
2 be able to accept other gifts, grants, and donations to develop
3 and maintain the program.

4 2. The department is authorized to contract with any other
5 agency of this state or any other state with a private vendor, or
6 any state government that currently runs a prescription
7 monitoring program for hardware or software. Any contractor
8 shall comply with the provisions regarding confidentiality of
9 prescription information under section 195.456.

10 3. Each dispenser at the time of filling a prescription
11 controlled substance shall submit to the department by electronic
12 means information regarding each dispensation of a drug included
13 in subsection 1 of this section. The information submitted for
14 each shall include, but not be limited to:

15 (1) The pharmacy federal Drug Enforcement Administration
16 ("DEA") number;

17 (2) The date of the dispensation;

18 (3) If there is a prescription:

19 (a) The prescription number;

20 (b) Whether the prescription is new or a refill;

21 (c) The prescriber DEA or National Provider Identifier
22 ("NPI") number;

23 (d) The date the prescription is issued by the prescriber;

24 (e) The source of payment for the prescription;

25 (4) The National Drug Code ("NDC") for the drug dispensed;

26 (5) The number of days' supply of the drug;

27 (6) The quantity dispensed;

28 (7) The patient identification number, including, but not

1 limited to, any one of the following:

2 (a) The patient's driver's license number;

3 (b) The patient's government-issued identification number;

4 or

5 (c) The patient's insurance cardholder identification
6 number;

7 (8) The patient's name, address, and date of birth.

8 4. Each prescriber at the time of prescribing a controlled
9 substance may, and all prescribers who hold themselves out to the
10 public as a specialist in pain management and who are prescribing
11 a schedule II controlled substance shall, submit to the
12 department by electronic means information regarding each
13 prescription of a drug included in subsection 1 of this section.

14 The information submitted for each shall include, but not be
15 limited to:

16 (1) The prescriber DEA or NPI number;

17 (2) The date of the prescription;

18 (3) The prescription number;

19 (4) The controlled substance being prescribed;

20 (5) Whether the prescription is new or a refill;

21 (6) The number of days' supply of the drug;

22 (7) The quantity to be dispensed;

23 (8) The patient's name, address, and date of birth.

24 5. Each dispenser shall submit the information in
25 accordance with transmission standards established by the
26 American Society for Automation in Pharmacy, or any successor
27 organization, and shall report data within every seven days.

28 6. (1) The department may issue a waiver to a dispenser

1 that is unable to submit dispensation information by electronic
2 means. Such waiver may permit the dispenser to submit
3 dispensation information by paper form or other means, provided
4 all information required in subsection 3 of this section is
5 submitted in such alternative format.

6 (2) The department may grant an extension to dispensers who
7 are temporarily unable to electronically submit the dispensation
8 information required in subsection 3 of this section in
9 accordance with the time frame established in subsection 5 of
10 this section due to unforeseen circumstances. In cases where an
11 extension is granted, dispensers shall be responsible for
12 reporting the required data in a subsequent file.

13 7. The department shall reimburse each dispenser for the
14 fees of transmitting the information required by this section.

15 195.456. 1. Prescription and dispensation information
16 submitted to the department shall be confidential and not subject
17 to public disclosure under chapter 610 except as provided in
18 subsections 3 to 5 of this section.

19 2. The department shall maintain procedures to ensure that
20 the privacy and confidentiality of patients and personal
21 information collected, recorded, transmitted, and maintained is
22 not disclosed to persons except as provided in subsections 3 to 5
23 of this section.

24 3. The bureau of narcotics and dangerous drugs, or its
25 successor agency, within the department shall do the following:

26 (1) Review the dispensation information; and

27 (2) If there is reasonable cause to believe a violation of
28 law or breach of professional standards may have occurred, the

1 bureau of narcotics and dangerous drugs shall, subject to rules
2 promulgated under section 195.462, refer the matter to the
3 appropriate law enforcement or professional licensing,
4 certification, or regulatory agency or entity, and provide
5 dispensation information required for an investigation.

6 4. The department may provide data in the controlled
7 prescription drug monitoring program only to the following
8 persons:

9 (1) An individual patient or bureau of narcotics and
10 dangerous drugs registrant who requests his or her own
11 dispensation monitoring information in accordance with state law;

12 (2) The state board of pharmacy;

13 (3) Any state board charged with regulating a professional
14 that has the authority to prescribe or dispense controlled
15 substances that requests data related to a specific professional
16 under the authority of that board;

17 (4) Local, state, and federal law enforcement or
18 prosecutorial officials, both in-state and out-of-state engaged
19 in the administration, investigation, or enforcement of the laws
20 governing licit drugs based on a specific case and under a
21 subpoena or court order;

22 (5) The family support division within the department of
23 social services regarding MO HealthNet program recipients;

24 (6) A judge or other judicial authority under a subpoena or
25 court order;

26 (7) Personnel of the bureau of narcotics and dangerous
27 drugs, or successor agency, within the department of health and
28 senior services for the administration and enforcement of

1 sections 195.450 to 195.468; and

2 (8) Prescribers, pursuant to the provisions of sections
3 195.459 and 195.460.

4 5. The department may provide data to public or private
5 entities for statistical, research, or educational purposes after
6 removing information that could be used to identify individual
7 patients, prescribers, dispensers, or persons who received
8 dispensations from dispensers.

9 6. Nothing in sections 195.450 to 195.468 shall be
10 construed to require a dispenser or prescriber to obtain
11 information about a patient from the database. A dispenser or
12 prescriber shall not be held liable for damages to any person in
13 any civil action for injury, death, or loss to person or property
14 on the basis that the dispenser or prescriber did or did not seek
15 or obtain information from the database.

16 7. Beginning August 28, 2017, the department shall maintain
17 an individual's prescription or dispensation information obtained
18 under sections 195.450 to 195.468 for a maximum of one year.
19 Such prescription or dispensation information shall be deleted
20 from the PDMP database after one year.

21 195.458. 1. No dispenser shall have access to the
22 information contained in the PDMP database established under
23 sections 195.450 to 195.468, but shall only transmit information
24 to be included into it. All dispensers shall have a prominently
25 posted sign in bold letters stating "ALL CONTROLLED SUBSTANCE
26 PRESCRIPTIONS SHALL BE REPORTED TO THE BUREAU OF NARCOTICS AND
27 DANGEROUS DRUGS AND SCREENED FOR VIOLATIONS".

28 2. After transmitting information to the PDMP database, a

1 dispenser shall expect to receive a response from the department.
2 If the department responds that no concern is detected, the
3 dispenser may dispense the medications according to his or her
4 professional judgment. If the department responds that a concern
5 is detected, the dispenser shall dispense or not dispense the
6 medication according to his or her professional judgment
7 appropriate to the concern communicated by the department. If
8 the department does not respond due to a technical or other
9 problem, the dispenser shall dispense or not dispense the
10 medication according to his or her professional judgment.

11 3. No licensed dispenser following the provisions of
12 sections 195.450 to 195.468 shall be subject to discipline by the
13 Missouri board of pharmacy or by any other state agency for
14 acting in good faith to fill a prescription for a controlled
15 substance, nor for acting outside of these rules in an emergency.

16 195.459. When a dispenser electronically sends a
17 prescription to be added to the PDMP database, the department
18 shall electronically screen its PDMP database and the national
19 prescription drug monitoring database to determine if the
20 prescription may be properly dispensed and that a similar
21 medication has not been dispensed within the allowable day's
22 supply limits set by the department. If no concern is detected,
23 the department shall electronically and automatically issue a
24 communication to the dispenser that no concern was detected. If
25 a concern is detected, the department shall electronically and
26 automatically issue a communication to the dispenser that a
27 concern is detected, and shall state the nature of the concern
28 identified by the computer algorithm used by the department. The

1 department shall, as time and staff permit and subject to
2 appropriations, review the concerns generated. If after staff
3 review, it appears that there is reasonable cause to believe that
4 a person has obtained a prescription fraudulently from more than
5 one prescriber, the department shall contact the prescribers and,
6 as appropriate, inform them of the concern and the details about
7 the patient receiving prescriptions from other prescribers, and
8 request copies of the controlled substance records concerning the
9 prescriptions of concern. The prescribers shall provide the
10 records, if possible, by fax or electronically. If after
11 department review of the provided records, it is clear that a
12 person has obtained prescriptions under false pretenses, the
13 entire matter shall be referred to the appropriate law
14 enforcement agency or local prosecuting attorney for action.

15 195.460. 1. Notwithstanding the provisions of subsection 4
16 of section 195.456, no prescriber shall have access to the
17 information contained in the PDMP database established under
18 sections 195.450 to 195.468, but shall only transmit information
19 to be included into it.

20 2. After transmitting information to the PDMP database, a
21 prescriber shall expect to receive a response from the
22 department. If the department responds that no concern is
23 detected, the prescriber may prescribe the medications according
24 to his or her professional judgment. If the department responds
25 that a concern is detected, the prescriber shall prescribe or not
26 prescribe the medication according to his or her professional
27 judgment appropriate to the concern communicated by the
28 department. If the department does not respond due to a

1 technical or other problem, the prescriber shall prescribe or not
2 prescribe the medication according to his or her professional
3 judgment.

4 3. When a prescriber electronically sends a prescription to
5 be added to the PDMP database, the department shall
6 electronically screen its PDMP database and the national
7 prescription drug monitoring database to determine if the
8 medication may be properly prescribed and that a similar
9 medication has not been prescribed within the allowable day's
10 supply limits set by the department. If no concern is detected,
11 the department shall electronically and automatically issue a
12 communication to the prescriber that no concern was detected. If
13 a concern is detected, the department shall electronically and
14 automatically issue a communication to the prescriber that a
15 concern is detected, and shall state the nature of the concern
16 identified by the computer algorithm used by the department.

17 4. No licensed prescriber following the provisions of
18 sections 195.450 to 195.468, shall be subject to discipline by
19 the Missouri board of healing arts or by any other state agency
20 for acting in good faith to prescribe a controlled substance, nor
21 for acting outside of these rules in an emergency.

22 195.462. The department shall promulgate rules setting
23 forth the procedures and methods of implementing sections 195.450
24 to 195.468. Any rule or portion of a rule, as that term is
25 defined in section 536.010, that is created under the authority
26 delegated in this section shall become effective only if it
27 complies with and is subject to all of the provisions of chapter
28 536 and, if applicable, section 536.028. This section and

1 chapter 536 are nonseverable and if any of the powers vested with
2 the general assembly pursuant to chapter 536 to review, to delay
3 the effective date, or to disapprove and annul a rule are
4 subsequently held unconstitutional, then the grant of rulemaking
5 authority and any rule proposed or adopted after August 28, 2015,
6 shall be invalid and void.

7 195.465. 1. All dispensing information that is required to
8 be reported to the department in sections 195.450 to 195.468,
9 shall be submitted to the department in compliance with
10 subsection 6 of section 195.050. All prescribing information
11 that is required to be reported to the department in sections
12 195.450 to 195.468, shall be submitted to the department in
13 compliance with subsection 4 of section 195.453. Knowingly
14 failing to submit a report as required under this section is a
15 violation of this chapter and such person shall be guilty of a
16 class A misdemeanor under section 195.252 and beginning on
17 January 1, 2017, section 579.084.

18 2. Any person who unlawfully and knowingly accesses or
19 discloses, or a person authorized to have prescription or
20 dispensation monitoring information under sections 195.450 to
21 195.468 who knowingly discloses, such information in violation of
22 sections 195.450 to 195.468 or knowingly uses such information in
23 a manner and for a purpose in violation of sections 195.450 to
24 195.468 is guilty of a class D felony until December 31, 2016,
25 and a class E felony starting January 1, 2017.

26 3. If a person unlawfully and knowingly accesses or
27 discloses, or if a person authorized to have prescription or
28 dispensation monitoring information under sections 195.450 to

1 195.468 knowingly discloses such information in violation of
2 sections 195.450 to 195.468 or knowingly uses such information in
3 a manner and for a purpose in violation of sections 195.450 to
4 195.468, then the person whose information was disclosed shall
5 have a cause of action to recover liquidated damages in the
6 amount of twenty-five thousand dollars in addition to
7 compensatory economic and non-economic damages, attorney fees,
8 and court costs. If it is determined by a court of competent
9 jurisdiction that such disclosure was done intentionally and
10 maliciously, then the person shall be entitled to punitive
11 damages in addition to the damages above.

12 195.466. The department shall annually provide to the
13 general assembly a report as to the number of controlled
14 substances dispensed, broken down by drug, the number of
15 incidents of fraudulent prescriptions identified and any other
16 pertinent information requested by the general assembly.

17 195.468. 1. The department shall create and implement the
18 following education courses:

19 (1) An orientation course during the implementation phase
20 of the provisions established in section 195.453;

21 (2) A course for persons who are authorized to access the
22 dispensation monitoring information but who did not participate
23 in the orientation course;

24 (3) A course for persons who are authorized to access the
25 dispensation monitoring information but who have violated laws or
26 breached occupational standards involving dispensing,
27 prescribing, and use of substances monitored by the provisions
28 established in section 195.453.

1 When appropriate, the department shall develop the content of the
2 education courses described in subdivisions (1) to (3) of this
3 subsection.

4 2. The department shall, when appropriate:

5 (1) Work with associations for impaired professionals to
6 ensure intervention, treatment, and ongoing monitoring and
7 followup; and

8 (2) Encourage individual patients who are identified and
9 who have become addicted to substances monitored by the drug
10 monitoring program established under sections 195.450 to 195.468
11 to receive addiction treatment.