

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 363 Drug Prescriptions Printed/Typed
SPONSOR(S): Vana and others
TIED BILLS: None. **IDEN./SIM. BILLS:** SB 2084 (i)

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Standards (Sub)		Mitchell	Collins
2) Health Care			
3) Health Appropriations (Sub)			
4) Appropriations			
5)			

SUMMARY ANALYSIS

This bill requires that a written prescription for a medicinal drug issued by a licensed health care practitioner must be legibly printed or typed; and must contain the name of the prescribing practitioner, the name of the patient, and the name of the drug prescribed and its strength, quantity, and directions for use; and be dated and signed by the prescribing practitioner on the day when issued.

Pharmacists are often unable to read the practitioner's writing on a prescription. The pharmacist must call the practitioner for an explanation. At worst, failure to read the prescription correctly may cause a medical error if the wrong medication, wrong strength, or wrong directions are given to the patient.

The recent report of the House Select Committee on Medical Liability Insurance, March 2003, found medical errors to be a serious concern of citizens and a significant cost to medical care. Medication errors are one of the most common types of medical errors. There is overwhelming national and state interest in reducing such errors. This proposal is consistent with reducing prescription medication errors and reflects current safe practice.

It is recommended by the Department of Health that in order to minimize the fiscal impact, discipline associated with this violation should consist of a citation unless there is direct and serious harm to the patient or the prescribing practitioner has been cited on three prior occasions.

The bill takes effect on July 1, 2003.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0363.hc.doc
DATE: March 9, 2003

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|------------------------------|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a “no” above, please explain:

The bill may create complaints against health care providers that must be handled through disciplinary actions by the Department of Health. If discipline is handled through citations, the Department of Health estimates the workload can be handled within existing resources.

B. EFFECT OF PROPOSED CHANGES:

This bill requires that a written prescription for a medicinal drug issued by a licensed health care practitioner must be legibly printed or typed; and must contain the name of the prescribing practitioner, the name of the patient, and the name of the drug prescribed and its strength, quantity, and directions for use; and be dated and signed by the prescribing practitioner on the day when issued.

Pharmacists are often unable to read the practitioner’s writing on a prescription. The pharmacist must call the practitioner for an explanation. At worst, failure to read the prescription correctly may cause a medical error if the wrong medication, wrong strength, or wrong directions are given to the patient.

This bill affects written prescriptions only. Any written prescription for any drug, not only controlled substances, must be legibly typed or printed. The prescription is to include the following: the name of the prescribing practitioner; the name of the patient, and the name of the drug prescribed and its strength, quantity, and directions for use; and must be dated and signed by the prescribing practitioner on the day when issued.

The recent report of the House Select Committee on Medical Liability Insurance, March 2003, found medical errors to be a serious concern of citizens and a significant cost to medical care. Medication errors are one of the most common types of medical errors. There is overwhelming national and state interest in reducing such errors. This proposal is consistent with reducing prescription medication errors and reflects current safe practice.

Chapter 465, F.S., provides for the licensure and standards for the practice of pharmacy. Prescriptions are defined by s. 465.003(14), F.S., as “any order for drugs or medicinal supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of the state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist. The term also includes an orally transmitted order by the lawfully designated agent of such practitioner. “

Section 465.005, F.S., provides the Board of Pharmacy authority to adopt rules to implement the chapter, and s. 465.016, F.S., provides for disciplinary action.

Section 456.073(3), F.S., provides an alternative disciplinary proceeding by authorizing the department to provide a license with a notice of noncompliance for an initial offense of a minor violation. These are violations which do not endanger the public health, safety, and welfare. Additionally, the board has the authority under s. 456.077, F.S., to issue a citation which includes, among other things, a factual

statement and the penalty imposed. The penalty shall be a fine or other conditions as established by rule.

C. SECTION DIRECTORY:

Section 1. Creates s. 456.42, F.S., regarding written prescriptions for medicinal drugs to be legibly printed or typed.

Section 2. Provides an effective date of July 1, 2003.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

Undetermined, but estimated to be minimal. If the bill causes complaints against health care providers that must be handled through disciplinary actions by the Department of Health, there may be an impact on department workload. If discipline is handled through citations, the Department of Health estimates the workload can be handled within existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

There may be additional workload on health care practitioners who prescribe medications, but legible prescriptions are considered to be best practice. The reduction of calls pharmacists must make to clarify prescriptions would reduce pharmacy costs. The reduction of medical errors would increase public safety and help reduce costs of health care liability.

D. FISCAL COMMENTS:

In order to minimize the fiscal impact of this bill, the Department of Health recommends that the discipline associated with this violation consist of a citation, unless there is direct and serious harm to the health and safety of the patient or the health care practitioner has been cited under this section on three prior occasions.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The Department of Health has recommended that an amendment be offered to make violation of this practice subject to a citation unless this activity results in serious harm to the patient.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES