

By: Senator(s) Doty, Carter, Jackson (11th)

To: Accountability,
Efficiency, Transparency

SENATE BILL NO. 2840
(As Passed the Senate)

1 AN ACT TO BE KNOWN AS THE OPIOID CRISIS INTERVENTION ACT; TO
2 AMEND SECTION 41-29-149.1, MISSISSIPPI CODE OF 1972, TO EXPAND THE
3 TYPES OF DRUG VIOLATIONS FOR WHICH A PERSON MAY NOT BE PROSECUTED
4 WHEN COMPLYING WITH THE MISSISSIPPI MEDICAL EMERGENCY GOOD
5 SAMARITAN ACT; TO AMEND SECTION 41-127-1, MISSISSIPPI CODE OF
6 1972, TO PROVIDE THAT TELEMEDICINE PROVIDERS SHALL BE ALLOWED TO
7 PROVIDE TREATMENT FOR SUBSTANCE USE DISORDERS, INCLUDING
8 MEDICATION-ASSISTED TREATMENT; TO DIRECT THE STATE BOARD OF
9 MEDICAL LICENSURE TO ADOPT REASONABLE REGULATIONS THAT ALLOW
10 PRIMARY CARE PHYSICIANS TO PROVIDE MAINTENANCE THERAPY FOR PERSONS
11 WITH IDENTIFIED SUBSTANCE USE DISORDERS AND ALLOW THOSE PHYSICIANS
12 TO PROVIDE THAT TREATMENT UNTIL THE PERSON CAN RECEIVE TREATMENT
13 FROM A LICENSED TREATMENT PROVIDER; TO AUTHORIZE MUNICIPALITIES,
14 COUNTIES AND PUBLIC OR PRIVATE EDUCATIONAL INSTITUTIONS TO ADOPT A
15 PRE-ARREST DIVERSION PROGRAM IN WHICH LAW ENFORCEMENT OFFICERS OF
16 THE ENTITY MAY DIVERT ADULTS WHO COMMIT A NONVIOLENT MISDEMEANOR
17 OFFENSE; TO PROVIDE THAT ADULTS WHO ARE DIVERTED SHALL BE PROVIDED
18 APPROPRIATE ASSESSMENT, INTERVENTION, EDUCATION AND BEHAVIORAL
19 HEALTH CARE SERVICES; TO PROVIDE THAT IF THE ADULT DOES NOT
20 PARTICIPATE IN THE PRE-ARREST DIVERSION PROGRAM, THE LAW
21 ENFORCEMENT AGENCY MAY CRIMINALLY CHARGE THE ADULT FOR THE
22 ORIGINAL OFFENSE AND REFER THE CASE TO THE APPROPRIATE PROSECUTING
23 AGENCY TO DETERMINE IF PROSECUTION IS APPROPRIATE; TO PROVIDE THAT
24 IF THE ADULT SUCCESSFULLY COMPLETES THE PROGRAM, AN ARREST RECORD
25 SHALL NOT BE ASSOCIATED WITH THE OFFENSE; TO AMEND SECTION
26 9-23-13, MISSISSIPPI CODE OF 1972, TO REQUIRE DRUG COURTS TO ALLOW
27 MEDICATION-ASSISTED TREATMENT FOR PARTICIPANTS WHEN MEDICALLY
28 APPROPRIATE; TO BRING FORWARD SECTIONS 41-29-137, 41-29-319,
29 41-29-321, 73-9-13, 73-21-127 AND 73-43-11 MISSISSIPPI CODE OF
30 1972, FOR THE PURPOSE OF POSSIBLE AMENDMENT; AND FOR RELATED
31 PURPOSES.

32 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:



33 **SECTION 1.** This act shall be known and may be cited as the
34 Opioid Crisis Intervention Act.

35 **SECTION 2.** Section 41-29-149.1, Mississippi Code of 1972, is
36 amended as follows:

37 41-29-149.1. (1) This section shall be known as the
38 "Mississippi Medical Emergency Good Samaritan Act."

39 (2) As used in this section, the following words shall have
40 the meanings ascribed:

41 (a) "Drug overdose" means an acute condition,
42 including, but not limited to, extreme physical illness, decreased
43 level of consciousness, respiratory depression, coma, mania, or
44 death, resulting from the consumption or use of a controlled
45 substance or dangerous drug in violation of this chapter or that a
46 layperson would reasonably believe to be resulting from the
47 consumption or use of a controlled substance or dangerous drug for
48 which medical assistance is required.

49 (b) "Drug violation" means * * * a violation of Section
50 41-29-139 * * *, 41-29-144, 41-29-145, 67-1-17, 67-1-81(2),
51 67-3-13 or 67-3-70.

52 (c) "Medical assistance" means aid provided to a person
53 experiencing or believed to be experiencing a drug overdose by a
54 health care professional who is licensed, registered, or certified
55 under the laws of this state and who, acting within the lawful
56 scope of practice, may provide diagnosis, treatment, or emergency
57 services relative to the overdose.



58 (d) "Seeks medical assistance" means accesses or
59 assists in accessing the E-911 system or otherwise contacts or
60 assists in contacting law enforcement or a poison control center
61 or provides care to a person experiencing or believed to be
62 experiencing a drug overdose while awaiting the arrival of medical
63 assistance to aid the person.

64 (3) (a) Any person who in good faith seeks medical
65 assistance for someone who is experiencing a drug overdose shall
66 not be arrested, charged, or prosecuted for a drug violation if
67 there is evidence that the person is under the influence of a
68 controlled substance or in possession of a controlled substance as
69 referenced in subsection (2)(b) of this section.

70 (b) Any person who is experiencing a drug overdose and,
71 in good faith, seeks medical assistance or is the subject of a
72 request for medical assistance shall not be arrested, charged, or
73 prosecuted for a drug violation if there is evidence that the
74 person is under the influence of a controlled substance or in
75 possession of a controlled substance as referenced in subsection
76 (2)(b) of this section.

77 (c) A person shall also not be subject to, if related
78 to the seeking of medical assistance:

79 (i) Penalties for a violation of a permanent or
80 temporary protective order or restraining order;



81 (ii) Sanctions for a violation of a condition of
82 pretrial release, condition of probation, or condition of parole
83 based on a drug violation; or

84 (iii) Forfeiture of property pursuant to Section
85 41-29-153 or 41-29-176 for a drug violation, except that prima
86 facie contraband shall be subject to forfeiture.

87 (4) Nothing in this section shall be construed:

88 (a) To limit the admissibility of any evidence in
89 connection with the investigation or prosecution of a crime with
90 regard to a defendant who does not qualify for the protections of
91 subsection (3) of this section or with regard to other crimes
92 committed by a person who otherwise qualifies for protection
93 pursuant to subsection (3) of this section;

94 (b) To limit any seizure of evidence or contraband
95 otherwise permitted by law; and

96 (c) To limit or abridge the authority of a law
97 enforcement officer to detain or take into custody a person in the
98 course of an investigation or to effectuate an arrest for any
99 offense except as provided in subsection (3) of this section.

100 **SECTION 3.** Section 41-127-1, Mississippi Code of 1972, is
101 amended as follows:

102 41-127-1. Subject to the limitations of the license under
103 which the individual is practicing, a health care practitioner
104 licensed in this state may prescribe, dispense, or administer
105 drugs or medical supplies, or otherwise provide treatment



106 recommendations to a patient after having performed an appropriate
107 examination of the patient either in person or by the use of
108 instrumentation and diagnostic equipment through which images and
109 medical records may be transmitted electronically. Treatment
110 recommendations made via electronic means, including issuing a
111 prescription via electronic means, shall be held to the same
112 standards of appropriate practice as those in traditional
113 provider-patient settings.

114 Notwithstanding any other provision of law, rule or
115 regulation, telemedicine providers shall be authorized to provide
116 treatment for substance use disorders, including
117 medication-assisted treatment.

118 **SECTION 4.** The State Board of Medical Licensure shall adopt
119 reasonable regulations that allow primary care physicians to
120 provide maintenance therapy for persons with identified substance
121 use disorders and allow those physicians to provide that treatment
122 until the person can receive treatment from a licensed treatment
123 provider.

124 **SECTION 5.** (1) A municipality, county or public or private
125 educational institutions may adopt a pre-arrest diversion program
126 in which:

127 (a) Law enforcement officers of the entity that adopted
128 the program, at their sole discretion, may divert adults who
129 commit a nonviolent misdemeanor offense. Adults who are diverted
130 shall report for intake as required by the pre-arrest diversion



131 program and shall be provided appropriate assessment,
132 intervention, education and behavioral health care services. If
133 the adult does not participate in the pre-arrest diversion
134 program, the law enforcement agency may criminally charge the
135 adult for the original offense and refer the case to the
136 appropriate prosecuting agency to determine if prosecution is
137 appropriate. If the adult successfully completes the program, an
138 arrest record shall not be associated with the offense.

139 (b) A municipality, county or public or private
140 educational institution that adopts a pre-arrest diversion program
141 shall create a steering committee for the program to develop
142 policies and procedures for the program, including, but not
143 limited to, eligibility criteria, program implementation and
144 operation, and the fee to be paid by adults participating in the
145 program. At a minimum, the steering committee must be composed of
146 representatives of the law enforcement agencies participating in
147 the program, a representative of the program services provider, a
148 public defender or his or her designee, a prosecuting attorney or
149 his or her designee, a clerk of the circuit court or his or her
150 designee, and other interested stakeholders.

151 (2) This section does not preempt a county or municipality
152 from enacting noncriminal sanctions for a violation of an
153 ordinance or other violation, and does not preempt a county,
154 municipality or public or private educational institution from



155 creating its own model for a pre-arrest diversion program for
156 adults.

157 **SECTION 6.** Section 9-23-13, Mississippi Code of 1972, is
158 amended as follows:

159 9-23-13. (1) A drug court's alcohol and drug intervention
160 component shall provide for eligible individuals, either directly
161 or through referrals, a range of necessary court intervention
162 services, including, but not limited to, the following:

163 (a) Screening using a valid and reliable assessment
164 tool effective for identifying alcohol and drug dependent persons
165 for eligibility and appropriate services;

166 (b) Clinical assessment;

167 (c) Education;

168 (d) Referral;

169 (e) Service coordination and case management; * * *

170 (f) Counseling and rehabilitative care * * *; and

171 (g) Medication-assisted treatment when supported by
172 evidenced-based practices.

173 (2) Any inpatient treatment or inpatient detoxification
174 program ordered by the court shall be certified by the Department
175 of Mental Health, other appropriate state agency or the equivalent
176 agency of another state.

177 **SECTION 7.** Section 41-29-137, Mississippi Code of 1972, is
178 brought forward as follows:



179 41-29-137. (a) (1) Except when dispensed directly by a
180 practitioner, other than a pharmacy, to an ultimate user, no
181 controlled substance in Schedule II, as set out in Section
182 41-29-115, may be dispensed without the written valid prescription
183 of a practitioner. A practitioner shall keep a record of all
184 controlled substances in Schedule I, II and III administered,
185 dispensed or professionally used by him otherwise than by
186 prescription.

187 (2) In emergency situations, as defined by rule of the
188 State Board of Pharmacy, Schedule II drugs may be dispensed upon
189 the oral valid prescription of a practitioner, reduced promptly to
190 writing and filed by the pharmacy. Prescriptions shall be
191 retained in conformity with the requirements of Section 41-29-133.
192 No prescription for a Schedule II substance may be refilled unless
193 renewed by prescription issued by a licensed medical doctor.

194 (b) Except when dispensed directly by a practitioner, other
195 than a pharmacy, to an ultimate user, a controlled substance
196 included in Schedule III or IV, as set out in Sections 41-29-117
197 and 41-29-119, shall not be dispensed without a written or oral
198 valid prescription of a practitioner. The prescription shall not
199 be filled or refilled more than six (6) months after the date
200 thereof or be refilled more than five (5) times, unless renewed by
201 the practitioner.



202 (c) A controlled substance included in Schedule V, as set
203 out in Section 41-29-121, shall not be distributed or dispensed
204 other than for a medical purpose.

205 (d) An optometrist certified to prescribe and use
206 therapeutic pharmaceutical agents under Sections 73-19-153 through
207 73-19-165 shall be authorized to prescribe oral analgesic
208 controlled substances in Schedule IV or V, as pertains to
209 treatment and management of eye disease by written prescription
210 only.

211 (e) Administration by injection of any pharmaceutical
212 product authorized in this section is expressly prohibited except
213 when dispensed directly by a practitioner other than a pharmacy.

214 (f) (1) For the purposes of this article, Title 73, Chapter
215 21, and Title 73, Chapter 25, Mississippi Code of 1972, as it
216 pertains to prescriptions for controlled substances, a "valid
217 prescription" means a prescription that is issued for a legitimate
218 medical purpose in the usual course of professional practice by:

219 (A) A practitioner who has conducted at least one
220 (1) in-person medical evaluation of the patient; or

221 (B) A covering practitioner.

222 (2) (A) "In-person medical evaluation" means a medical
223 evaluation that is conducted with the patient in the physical
224 presence of the practitioner, without regard to whether portions
225 of the evaluation are conducted by other health professionals.



226 (B) "Covering practitioner" means a practitioner
227 who conducts a medical evaluation other than an in-person medical
228 evaluation at the request of a practitioner who has conducted at
229 least one (1) in-person medical evaluation of the patient or an
230 evaluation of the patient through the practice of telemedicine
231 within the previous twenty-four (24) months and who is temporarily
232 unavailable to conduct the evaluation of the patient.

233 (3) A prescription for a controlled substance based
234 solely on a consumer's completion of an online medical
235 questionnaire is not a valid prescription.

236 (4) Nothing in this subsection (b) shall apply to:

237 (A) A prescription issued by a practitioner
238 engaged in the practice of telemedicine as authorized under state
239 or federal law; or

240 (B) The dispensing or selling of a controlled
241 substance pursuant to practices as determined by the United States
242 Attorney General by regulation.

243 **SECTION 8.** Section 41-29-319, Mississippi Code of 1972, is
244 brought forward as follows:

245 41-29-319. (1) This section shall be known as the
246 "Emergency Response and Overdose Prevention Act."

247 (2) As used in this section, the following terms shall be
248 defined as provided in this subsection:



249 (a) "Practitioner" means a physician licensed to
250 practice medicine in this state or any licensed health care
251 provider who is authorized to prescribe an opioid antagonist.

252 (b) "Opioid antagonist" means any drug that binds to
253 opioid receptors and blocks or inhibits the effects of opioids
254 acting on those receptors and that is approved by the federal Food
255 and Drug Administration for the treatment of an opioid-related
256 overdose.

257 (c) "Opioid-related overdose" means an acute condition,
258 including, but not limited to, extreme physical illness, decreased
259 level of consciousness, respiratory depression, coma, mania or
260 death, resulting from the consumption or use of an opioid or
261 another substance with which an opioid was combined or that a
262 layperson would reasonably believe to be resulting from the
263 consumption or use of an opioid or another substance with which an
264 opioid was combined for which medical assistance is required.

265 (d) "Emergency medical technician" means an individual
266 who possesses a valid emergency medical technician's certificate
267 issued under Section 41-59-33.

268 (3) (a) A practitioner acting in good faith and in
269 compliance with the standard of care applicable to that
270 practitioner may directly or by standing order prescribe an opioid
271 antagonist to a person at risk of experiencing an opioid-related
272 overdose or to a registered pain management clinic, family member,



273 friend or other person in a position to assist such person at risk
274 of experiencing an opioid-related overdose.

275 (b) A practitioner acting in good faith and in
276 compliance with the standard of care applicable to that
277 practitioner may issue a standing order to one or more individual
278 pharmacies that authorizes the pharmacy to dispense an opioid
279 antagonist to a person at risk of experiencing an opioid-related
280 overdose or to a family member, friend or other person in a
281 position to assist such person at risk of experiencing an
282 opioid-related overdose, without the person to whom the opioid
283 antagonist is dispensed needing to have an individual
284 prescription.

285 (4) A pharmacist acting in good faith and in compliance with
286 the standard of care applicable to pharmacists may dispense opioid
287 antagonists under a prescription or a standing order issued in
288 accordance with subsection (3) of this section. However, before a
289 pharmacist may dispense an opioid antagonist under the authority
290 of subsection (3) (b) of this section, the pharmacist must complete
291 a training program approved by the State Board of Pharmacy on
292 opioid antagonists.

293 (5) A person acting in good faith and with reasonable care
294 to another person whom he or she believes to be experiencing an
295 opioid-related overdose may administer an opioid antagonist that
296 was prescribed or authorized by a standing order in accordance
297 with subsection (3) of this section.



298 (6) Emergency medical technicians, firefighters and law
299 enforcement officers acting in good faith shall be authorized and
300 permitted to administer an opioid antagonist as clinically
301 indicated. Failure of an emergency medical technician,
302 firefighter or law enforcement officer to act shall not expose
303 such person to any criminal or civil liability.

304 (7) The following individuals are immune from any civil or
305 criminal liability or professional licensing sanctions for the
306 following actions authorized by this section:

307 (a) Any practitioner who prescribes or issues a
308 standing order for an opioid antagonist in accordance with
309 subsection (3) of this section;

310 (b) Any practitioner or pharmacist acting in good faith
311 and in compliance with the standard of care applicable to that
312 practitioner or pharmacist who dispenses an opioid antagonist
313 under a prescription or standing order issued in accordance with
314 subsection (3) of this section;

315 (c) Any person other than a practitioner who
316 administers an opioid antagonist in accordance with subsection (5)
317 of this section; and

318 (d) Any emergency medical technician, firefighters and
319 law enforcement officers who administers an opioid antagonist in
320 accordance with subsection (6) of this section.

321 **SECTION 9.** Section 41-29-321, Mississippi Code of 1972, is
322 brought forward as follows:



323 41-29-321. The Mississippi State Department of Health shall
324 create and offer training for first responders that meets the
325 following criteria:

326 (a) The course content must include:

327 (i) The signs and symptoms of an opioid overdose;

328 (ii) The protocols and procedures for

329 administration of an opioid antagonist;

330 (iii) The signs and symptoms of an adverse

331 reaction to an opioid antagonist;

332 (iv) The protocols and procedures to stabilize the

333 patient if an adverse response occurs;

334 (v) The procedures for storage, transport and

335 security of the opioid antagonist.

336 (b) The method of opioid antagonist administration

337 being taught.

338 (c) Training will be overseen by a physician or

339 pharmacist licensed in this state.

340 (d) Subject to the oversight required in paragraph (c)

341 of this section, training may be provided by the employer of the

342 first responder.

343 (e) First responders trained to possess and administer

344 opioid antagonists must be retrained at least every three (3)

345 years.

346 **SECTION 10.** Section 73-9-13, Mississippi Code of 1972, is

347 brought forward as follows:



348 73-9-13. The State Board of Dental Examiners shall each year
349 elect from their number a president, vice president and
350 secretary-treasurer to serve for the coming year and until their
351 successors are qualified. Only dentist members of the board may
352 hold the offices of president and vice president. The board shall
353 have a seal with appropriate wording to be kept at the offices of
354 the board. The secretary and the executive director of the board
355 shall be required to make bond in such sum and with such surety as
356 the board may determine. It shall be the duty of the executive
357 director to keep a complete record of the acts and proceedings of
358 the board and to preserve all papers, documents and correspondence
359 received by the board relating to its duties and office.

360 The board shall have the following powers and duties:

361 (a) To carry out the purposes and provisions of the
362 state laws pertaining to dentistry and dental hygiene, and the
363 practice thereof and matters related thereto, particularly
364 Sections 73-9-1 through 73-9-117, together with all amendments and
365 additions thereto.

366 (b) To regulate the practice of dentistry and dental
367 hygiene and to promulgate reasonable regulations as are necessary
368 or convenient for the protection of the public; however, the board
369 shall not adopt any rule or regulation or impose any requirement
370 regarding the licensing of dentists that conflicts with the
371 prohibitions in Section 73-49-3.



372 (c) To make rules and regulations by which clinical
373 facilities within institutions, schools, colleges, universities
374 and other agencies may be recognized and approved for the practice
375 of dentistry or of dental hygiene by unlicensed persons therein,
376 as a precondition to their being excepted from the dental practice
377 act and authorized in accordance with Section 73-9-3(g) and (h).

378 (d) To provide for the enforcement of and to enforce
379 the laws of the State of Mississippi and the rules and regulations
380 of the State Board of Dental Examiners.

381 (e) To compile at least once each calendar year and to
382 maintain an adequate list of prospective dentist and dental
383 hygienist appointees for approval by the Governor as provided for
384 elsewhere by law.

385 (f) To issue licenses and permits to applicants when
386 found to be qualified.

387 (g) To provide for reregistration of all licenses and
388 permits duly issued by the board.

389 (h) To maintain an up-to-date list of all licensees and
390 permit holders in the state, together with their addresses.

391 (i) To examine applicants for the practice of dentistry
392 or dental hygiene at least annually.

393 (j) To issue licenses or duplicates and
394 reregistration/renewal certificates, and to collect and account
395 for fees for same.



396 (k) To maintain an office adequately staffed insofar as
397 funds are available for the purposes of carrying out the powers
398 and duties of the board.

399 (l) To provide by appropriate rules and regulations,
400 within the provisions of the state laws, for revoking or
401 suspending licenses and permits and a system of fines for lesser
402 penalties.

403 (m) To prosecute, investigate or initiate prosecution
404 for violations of the laws of the state pertaining to practice of
405 dentistry or dental hygiene, or matters affecting the rights and
406 duties, or related thereto.

407 (n) To provide by rules for the conduct of as much
408 board business as practicable by mail, which, when so done, shall
409 be and have the same force and effect as if done in a regular
410 meeting duly organized.

411 (o) To adopt rules and regulations providing for the
412 reasonable regulation of advertising by dentists and dental
413 hygienists.

414 (p) To employ, in its discretion, a duly licensed
415 attorney to represent the board in individual cases.

416 (q) To employ, in its discretion, technical and
417 professional personnel to conduct dental office sedation site
418 visits, administer and monitor state board examinations and carry
419 out the powers and duties of the board.



420 **SECTION 11**. Section 73-21-127, Mississippi Code of 1972, is
421 brought forward as follows:

422 73-21-127. The Board of Pharmacy shall develop and implement
423 a computerized program to track prescriptions for controlled
424 substances and to report suspected abuse and misuse of controlled
425 substances in compliance with the federal regulations promulgated
426 under authority of the National All Schedules Prescription
427 Electronic Reporting Act of 2005 and in compliance with the
428 federal HIPAA law, under the following conditions:

429 (a) Submission or reporting of dispensing information
430 shall be mandatory and required by the State Board of Pharmacy for
431 any entity dispensing controlled substances in or into the State
432 of Mississippi, except for the dispensing of controlled substance
433 drugs by a veterinarian residing in the State of Mississippi.

434 (b) The prescriptions tracked shall be prescriptions
435 for controlled substances listed in Schedule II, III, IV or V and
436 specified noncontrolled substances identified by the State Board
437 of Pharmacy that are dispensed to residents in the State of
438 Mississippi by licensed pharmacies, nonresident pharmacies,
439 institutions and dispensing practitioners, regardless of dispenser
440 location.

441 (c) The Board of Pharmacy shall report any activity it
442 reasonably suspects may be fraudulent or illegal to the
443 appropriate law enforcement agency or occupational licensing board



444 and provide them with the relevant information obtained for
445 further investigation.

446 (d) The program shall provide information regarding the
447 potential inappropriate use of controlled substances and the
448 specified noncontrolled substances to practitioners,
449 pharmacists-in-charge and appropriate state agencies in order to
450 prevent the inappropriate or illegal use of these controlled
451 substances. The specific purposes of the program shall be to: be
452 proactive in safeguarding public health and safety; support the
453 legitimate use of controlled substances; facilitate and encourage
454 the identification, intervention with and treatment of individuals
455 addicted to controlled substances and specified noncontrolled
456 drugs; identify and prevent drug diversion; provide assistance to
457 those state and federal law enforcement and regulatory agencies
458 investigating cases of drug diversion or other misuse; and inform
459 the public and health care professionals of the use and abuse
460 trends related to controlled substance and specified noncontrolled
461 drugs.

462 (e) (i) Access to collected data shall be confidential
463 and not subject to the provisions of the federal Freedom of
464 Information Act or the Mississippi Public Records Act. Upon
465 request, the State Board of Pharmacy shall provide collected
466 information to: pharmacists or practitioners who are properly
467 registered with the State Board of Pharmacy and are authorized to
468 prescribe or dispense controlled substances for the purpose of



469 providing medical and pharmaceutical care for their patients;
470 local, state and federal law enforcement officials engaged in the
471 administration, investigation or enforcement of the laws governing
472 illicit drug use; regulatory and licensing boards in this state;
473 Division of Medicaid regarding Medicaid and Medicare Program
474 recipients; judicial authorities under grand jury subpoena; an
475 individual who requests the individual's own prescription
476 monitoring information; and prescription monitoring programs in
477 other states through mutual agreement adhering to State Board of
478 Pharmacy policies.

479 (ii) The Director of the Mississippi Bureau of
480 Narcotics, or his designee, shall have access to the Prescription
481 Monitoring Program (PMP) database for the purpose of investigating
482 the potential illegal acquisition, distribution, dispensing,
483 prescribing or administering of the controlled and noncontrolled
484 substances monitored by the program, subject to all legal
485 restrictions on further dissemination of the information obtained.

486 (iii) The State Board of Pharmacy may also provide
487 statistical data for research or educational purposes if the board
488 determines the use of the data to be of significant benefit to
489 public health and safety. The board maintains the right to refuse
490 any request for PMP data.

491 (iv) A pharmacist licensed by the Mississippi
492 Board of Pharmacy must be a registered user of the PMP. Failure
493 of a pharmacist licensed by the Mississippi Board of Pharmacy to



494 register as a user of the PMP is grounds for disciplinary action
495 by the board.

496 (v) All licensed practitioners as defined under
497 Section 73-21-73(cc) holding an active DEA number shall register
498 as users of the PMP.

499 (f) The Prescription Monitoring Program through the
500 Board of Pharmacy may:

501 (i) Establish the cost of administration,
502 maintenance, and operation of the program and charge to like
503 agencies a fee based on a formula to be determined by the board
504 with collaboration and input from participating agencies; and

505 (ii) Assess charges for information and/or
506 statistical data provided to agencies, institutions and
507 individuals. The amounts of those fees shall be set by the
508 Executive Director of the Board of Pharmacy based on the
509 recommendation of the Director of the PMP.

510 All such fees collected shall be deposited into the special
511 fund of the State Board of Pharmacy and used to support the
512 operations of the PMP.

513 (g) A dispenser pharmacist or practitioner licensed to
514 dispense controlled substances and specified noncontrolled
515 substance drugs who knowingly fails to submit drug monitoring
516 information or knowingly submits incorrect dispensing information
517 shall be subject to actions against the pharmacist's or
518 practitioner's license, registrations or permit and/or an



519 administrative penalty as provided in Sections 73-21-97 and
520 73-21-103. Any misuse of the PMP is subject to penalties as
521 provided in Sections 73-21-97 and 73-21-103.

522 (h) The Board of Pharmacy and the Prescription
523 Monitoring Program shall be immune from civil liability arising
524 from inaccuracy of any of the information submitted to the
525 program.

526 (i) "Practitioner," as used in this section, shall
527 include any person licensed, registered or otherwise permitted to
528 distribute, dispense, prescribe or administer a controlled
529 substance, as defined under Section 41-29-105(y), and any person
530 defined as a "practitioner" under Section 73-21-73(cc).

531 (j) In addition to any funds appropriated by the
532 Legislature, the State Board of Pharmacy may apply for any
533 available grants and accept any gifts, grants or donations to
534 assist in future development or in maintaining the program.

535 **SECTION 12.** Section 73-43-11, Mississippi Code of 1972, is
536 brought forward as follows:

537 73-43-11. The State Board of Medical Licensure shall have
538 the following powers and responsibilities:

539 (a) Setting policies and professional standards
540 regarding the medical practice of physicians, osteopaths,
541 podiatrists and physician assistants practicing with physician
542 supervision;

543 (b) Considering applications for licensure;



544 (c) Conducting examinations for licensure;
545 (d) Investigating alleged violations of the medical
546 practice act;
547 (e) Conducting hearings on disciplinary matters
548 involving violations of state and federal law, probation,
549 suspension and revocation of licenses;
550 (f) Considering petitions for termination of
551 probationary and suspension periods, and restoration of revoked
552 licenses;
553 (g) To promulgate and publish reasonable rules and
554 regulations necessary to enable it to discharge its functions and
555 to enforce the provisions of law regulating the practice of
556 medicine; however, the board shall not adopt any rule or
557 regulation or impose any requirement regarding the licensing of
558 physicians or osteopaths that conflicts with the prohibitions in
559 Section 73-49-3;
560 (h) To enter into contracts with any other state or
561 federal agency, or with any private person, organization or group
562 capable of contracting, if it finds such action to be in the
563 public interest and in the furtherance of its responsibilities;
564 (i) Perform the duties prescribed by Sections 73-26-1
565 through 73-26-5; and
566 (j) Perform the duties prescribed by the Interstate
567 Medical Licensure Compact, Section 73-25-101.



568 **SECTION 13**. This act shall take effect and be in force from
569 and after July 1, 2018, and shall stand repealed on June 30, 2017.

