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Legislative Counsel’s Digest

AP 13: LABELING OF PRESCRIPTION DRUGS.

EXISTING LAW, THE PHARMACY LAW, PROVIDES FOR THE LICENSURE AND REGULATION OF PHARMACISTS BY THE CALIFORNIA STATE BOARD OF PHARMACY. EXISTING LAW REQUIRES EVERY PRESCRIPTION TO INCLUDE A LEGIBLE, CLEAR NOTICE OF THE CONDITION OR PURPOSE FOR WHICH THE DRUG IS PRESCRIBED, IF REQUESTED BY THE PATIENT. EXISTING LAW PROHIBITS A PHARMACIST FROM DISPENSING ANY PRESCRIPTION UNLESS IT IS IN A SPECIFIED CONTAINER THAT IS CORRECTLY LABELED TO INCLUDE, AMONG OTHER INFORMATION, THE CONDITION OR PURPOSE FOR WHICH THE DRUG WAS PRESCRIBED IF THE CONDITION OR PURPOSE IS INDICATED ON THE PRESCRIPTION. EXISTING LAW, THE MEDICAL PRACTICE ACT, PROVIDES FOR THE LICENSURE AND REGULATION OF PHYSICIANS AND SURGEONS BY THE MEDICAL BOARD OF CALIFORNIA.

THIS MEASURE WOULD MEMORIALIZE THE LEGISLATURE AND THE GOVERNOR TO ENACT LEGISLATION THAT WOULD REQUIRE PHYSICIANS AND SURGEONS TO INCLUDE THE PURPOSE FOR WHICH THE MEDICATION IS PRESCRIBED ON ALL PRESCRIPTIONS, SO THAT THE INFORMATION WOULD BE INCLUDED ON THE PRESCRIPTION LABEL, UNLESS THE PATIENT OR THE PRESCRIBING PHYSICIAN AND SURGEON REQUESTS THAT THIS INFORMATION BE OMITTED.

VOTE MAJORITY.

AP 13: RELATING TO LABELING OF PRESCRIPTION DRUGS.

WHEREAS, OVER-THE-COUNTER MEDICATION LABELS ARE REQUIRED TO LIST THE PURPOSE OF THE MEDICATION, AND ALL LABELS FOR PRESCRIPTION MEDICATIONS SHOULD ADHERE TO THIS SAME SAFETY PRECAUTION; AND

WHEREAS, THE NATIONAL COORDINATING COUNCIL FOR MEDICATION ERROR REPORTING AND PREVENTION DEFINES “MEDICATION ERROR” AS “ANY PREVENTABLE EVENT THAT MAY CAUSE OR LEAD TO INAPPROPRIATE MEDICATION USE OR PATIENT HARM WHILE THE MEDICATION IS IN THE CONTROL OF THE HEALTH CARE PROFESSIONAL, PATIENT, OR CONSUMER”; AND

WHEREAS, CALIFORNIA STATE BOARD OF PHARMACY REGULATIONS STATE THAT ALL PRESCRIPTION LABELS SHALL BE “PATIENT-CENTERED”; AND

WHEREAS, IN 2001, THE CALIFORNIA HEALTH CARE FOUNDATION FOUND THAT MEDICATION ERRORS REPRESENT THE LARGEST SINGLE CAUSE OF ERRORS IN THE HOSPITAL SETTING, ACCOUNTING FOR MORE THAN 7,000 DEATHS ANNUALLY, WHICH IS MORE THAN THE NUMBER OF DEATHS RESULTING FROM WORKPLACE INJURIES; AND

WHEREAS, THE NUMBER OF PEOPLE TREATED IN HOSPITALS IN THE UNITED STATES FOR PROBLEMS RELATED TO MEDICATION ERRORS HAS SURGED MORE THAN 50 PERCENT IN RECENT YEARS; AND

WHEREAS, ACCORDING TO THE FORMER INSTITUTE OF MEDICINE, NOW THE NATIONAL ACADEMY OF MEDICINE, TAKING INTO ACCOUNT ALL OF THE ADVERSE DRUG EFFECTS FROM HOSPITALS, LONG-TERM CARE FACILITIES, AND OUTPATIENT MEDICARE PATIENTS, THERE ARE AT LEAST 1.5 MILLION PREVENTABLE ADVERSE DRUG EFFECTS THAT OCCUR EACH YEAR IN THE UNITED STATES, AND THIS NUMBER DOES NOT INCLUDE EFFECTS FROM ERRORS OF HOME CAREGIVERS OR OF PATIENTS THEMSELVES. REQUIRING PHYSICIANS AND SURGEONS TO SPECIFY THE PURPOSE OF THE MEDICATION ON THE PRESCRIPTION MAY PREVENT SOME OF THESE ADVERSE DRUG EFFECTS; AND

WHEREAS, THE FORMER INSTITUTE OF MEDICINE, NOW THE NATIONAL ACADEMY OF MEDICINE, ALSO FOUND THAT MEDICATION MISTAKES ARE THE MOST COMMON MEDICAL ERRORS, RESULTING IN AN ESTIMATED $3.5 BILLION IN ADDED COSTS DUE TO LOST WAGES, REDUCED PRODUCTIVITY, AND ADDITIONAL HEALTH CARE EXPENSES, AND THAT PEOPLE OLDER THAN 65 YEARS OF AGE ARE MOST LIKELY TO BE HOSPITALIZED FOR SIDE EFFECTS OR MEDICATION-RELATED INJURIES; AND

WHEREAS, THE FREQUENCY OF INJURIES CAUSED BY MEDICATION ERRORS MAY DECREASE IF PHYSICIANS AND SURGEONS ARE REQUIRED TO SPECIFY THE PURPOSE OF MEDICATIONS ON THE PRESCRIPTIONS; AND

WHEREAS, THESE STATISTICS ILLUSTRATE THAT THE COST SAVINGS FOR MEDI-CAL COULD BE DRAMATIC WHEN A NO-COST CHANGE, SUCH AS REQUIRING THAT THE MEDICATION’S PURPOSE BE INCLUDED ON EACH PRESCRIPTION, IS IMPLEMENTED; AND

WHEREAS, IT IS REQUIRED PROCEDURE FOR PHYSICIANS AND SURGEONS OF THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS TO INCLUDE THE PURPOSE OF MEDICATIONS ON ALL PRESCRIPTIONS; AND

WHEREAS, MANY PEOPLE, ESPECIALLY SENIORS, HAVE UNEXPIRED MEDICATIONS IN THEIR MEDICINE CABINETS BUT DO NOT REMEMBER THE INTENDED USE BECAUSE THE PURPOSE IS NOT INCLUDED ON THE LABEL. PATIENTS SOMETIMES CALL THEIR PHYSICIANS AND SURGEONS AND PHARMACISTS TO BE REMINDED OF THE INTENDED USE, THUS COSTING THESE PRACTITIONERS TIME; AND

WHEREAS, INCLUDING THE PURPOSE OF THE MEDICATION ON THE PRESCRIPTION PROVIDES A CHECK AND BALANCE BETWEEN THE PHYSICIAN AND SURGEON WRITING THE PRESCRIPTION AND THE PHARMACIST FILLING IT, WHICH IS IMPORTANT DUE TO SIMILAR SPELLINGS IN MANY DRUG NAMES; AND

WHEREAS, EXISTING LAW REQUIRES A PHARMACIST TO INCLUDE ALL INSTRUCTIONS WRITTEN ON A PHYSICIAN AND SURGEON’S PRESCRIPTION, AND THUS, IF THE PURPOSE IS INCLUDED IN THE PRESCRIPTION, THE PHARMACIST WOULD BE REQUIRED TO ALSO INCLUDE THE PURPOSE ON THE LABEL; AND

WHEREAS, BECAUSE MEDICAL INFORMATION IS CONFIDENTIAL AND PRIVATE BETWEEN PHYSICIAN AND SURGEON, PATIENT, AND PHARMACIST, IT CANNOT BE SOLD TO ANY PERSON OR BUSINESS FOR ANY REASON, AND THEREFORE, THERE IS NO PRIVACY ISSUE RAISED BY THE INCLUSION OF THIS INFORMATION ON PRESCRIPTION LABELS; NOW, THEREFORE, BE IT

RESOLVED, BY THE SENIOR ASSEMBLY AND THE SENIOR SENATE, JOINTLY, THAT THE SENIOR LEGISLATURE OF THE STATE OF CALIFORNIA AT ITS 2017 REGULAR SESSION, A MAJORITY OF THE MEMBERS VOTING THEREFOR, HEREBY PROPOSES THAT ALL PHYSICIANS AND SURGEONS BE REQUIRED TO INCLUDE THE PURPOSE FOR WHICH THE MEDICATION IS PRESCRIBED ON ALL PRESCRIPTIONS, SO THAT THE INFORMATION WOULD BE INCLUDED ON THE PRESCRIPTION LABEL, UNLESS THE PATIENT OR THE PRESCRIBING PHYSICIAN AND SURGEON REQUESTS THAT THIS INFORMATION BE OMITTED; AND BE IT FURTHER

RESOLVED, THAT THE SENIOR LEGISLATURE OF THE STATE OF CALIFORNIA RESPECTFULLY MEMORIALIZES THE LEGISLATURE AND THE GOVERNOR OF THE STATE OF CALIFORNIA TO ENACT APPROPRIATE LEGISLATION THAT WOULD ADDRESS THE CONCERNS SET FORTH IN THIS MEASURE; AND BE IT FURTHER

RESOLVED, THAT A COPY OF THIS MEASURE BE TRANSMITTED TO THE SPEAKER OF THE ASSEMBLY, THE PRESIDENT PRO TEMPORE OF THE SENATE, AND THE GOVERNOR OF THE STATE OF CALIFORNIA.