SB86

197387-3

By Senator Jones

RFD: Healthcare

First Read: 04-FEB-20

PFD: 02/03/2020
SYNOPSIS: This bill would require each controlled substances certifying board to adopt strategies for mitigating abuse and diversion of controlled substances that include opiate risk education of the patient by the practitioner.

A BILL TO BE ENTITLED
AN ACT

To require each controlled substances certifying board to adopt strategies for mitigating abuse and diversion of controlled substances that include opiate risk education of the patient by the practitioner.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. This act shall be known and may be cited as the Patient Opiate Risk Education Act.

Section 2. (a) For the purposes of this act, the following words have the following meanings:
(1) CONTROLLED SUBSTANCE. As defined in Section 20-2-2, Code of Alabama 1975.

(2) CONTROLLED SUBSTANCES CERTIFYING BOARD. Any board of this state that certifies a practitioner to prescribe controlled substances.

(3) PRACTITIONER. A health care professional certified to prescribe controlled substances in the course of his or her professional practice. The term practitioner does not include a veterinarian licensed by the Board of Veterinary Medical Examiners.

Section 3. (a) Each controlled substances certifying board shall adopt rules regarding practitioner strategies for mitigating abuse and diversion of controlled substances. The rules shall include opiate risk education of the patient by the practitioner. Opiate risk education includes, but is not limited to all of the following:

(1) Information on the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs and alcohol, benzodiazepines, and other central nervous system depressants.

(2) The reasons why the prescription given is necessary.

(3) Alternative treatment that may be available.

(4) Information on the risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on
the controlled substance, and that the risks of taking more
opioids than prescribed, or mixing sedatives, benzodiazepines,
or alcohol with opioids may result in fatal respiratory
depression.

(b) The practitioner may require a written
acknowledgement or agreement from the patient, or the parent
or guardian of the patient if the patient is under 18 years of
age and is not an emancipated minor, that the patient
understands the risks of developing a physical or
psychological dependence on the controlled substance
prescribed.

c) Each controlled substances certifying board
shall develop and make available to practitioners on its
website a sample patient acknowledgement form.

d) Nothing in this act shall require a practitioner
to maintain any written record of any opiate risk education.

e) A controlled substances certifying board may
develop opiate risk education protocols for the purposes of
this act.

Section 4. These rules shall not constitute
standards of, nor be construed as evidence for, the practice
of medicine. Nothing in this act shall modify, amend, repeal,
or supersede any provision of Section 6-5-333, Code of Alabama
1975, or the "Alabama Medical Liability Act of 1987"
commencing with Section 6-5-540, Code of Alabama 1975, or the
Alabama Medical Liability Act of 1996, commencing with Section
6-5-548, Code of Alabama 1975, or any amendment to any of the
foregoing, or any judicial interpretation of any of the
foregoing. Evidence of compliance or noncompliance with this
act shall not be admissible to prove the negligence of any
party in any civil action.

Section 5. This act shall become effective on the
first day of the third month following its passage, or its
otherwise becoming law.