

1 SB48  
2 197387-2  
3 By Senator Jones  
4 RFD: Healthcare  
5 First Read: 05-MAR-19  
6 PFD: 03/04/2019

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8 SYNOPSIS: This bill would require each controlled  
9 substances certifying board to adopt strategies for  
10 mitigating abuse and diversion of controlled  
11 substances that include opiate risk education of  
12 the patient by the practitioner.

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14 A BILL  
15 TO BE ENTITLED  
16 AN ACT

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

22 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

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

25 Section 2. (a) For the purposes of this act, the  
26 following words have the following meanings:

1 (1) CONTROLLED SUBSTANCE. As defined in Section  
2 20-2-2, Code of Alabama 1975.

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

6 (3) PRACTITIONER. A health care professional  
7 certified to prescribe controlled substances in the course of  
8 his or her professional practice.

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

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

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

21 (3) Alternative treatment that may be available.

22 (4) Information on the risks associated with the use  
23 of the drugs being prescribed, specifically that opioids are  
24 highly addictive, even when taken as prescribed, that there is  
25 a risk of developing a physical or psychological dependence on  
26 the controlled substance, and that the risks of taking more  
27 opioids than prescribed, or mixing sedatives, benzodiazepines,

1 or alcohol with opioids may result in fatal respiratory  
2 depression.

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

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

13 Section 4. These rules shall not constitute  
14 standards of, nor be construed as evidence for, the practice  
15 of medicine. Nothing in this act shall modify, amend, repeal,  
16 or supersede any provision of Section 6-5-333, Code of Alabama  
17 1975, or the "Alabama Medical Liability Act of 1987"  
18 commencing with Section 6-5-540, Code of Alabama 1975, or the  
19 Alabama Medical Liability Act of 1996, commencing with Section  
20 6-5-548, Code of Alabama 1975, or any amendment to any of the  
21 foregoing, or any judicial interpretation of any of the  
22 foregoing.

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