HB364

I373N66-1

By Representative Barnes

RFD: Health

First Read: 29-Jan-26

SYNOPSIS:

This bill would require health care professionals with prescription authority to discuss addiction, use, and other information regarding opioid drug use before prescribing an initial and third prescription for a Schedule II controlled substance or an opioid pain relief drug, with certain exceptions.

This bill would also require these health care professionals to make a note of the discussion of opioid drug use in the patient's medical records.

A BILL

TO BE ENTITLED

AN ACT

Relating to opioids; to require health care professionals to discuss certain information regarding opioid drug use with patients before prescribing an initial and third prescription for a Schedule II controlled substance or an opioid pain relief drug; and to provide exceptions.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. (a) For the purposes of this section, the term "physician" means a doctor of medicine or a doctor of osteopathy licensed under Chapter 24 of Title 34, Code of

Alabama 1975, and "nurse practitioner" means a certified registered nurse practitioner engaged in collaborative practice with physicians under Section 34-21-86, Code of Alabama 1975.

(b) Before prescribing an initial, and again before prescribing a third, prescription for a Schedule II controlled substance or any other opioid pain relief drug in the course of treatment for acute or chronic pain, a physician or nurse practitioner shall discuss with the patient the risks associated with the drugs being prescribed, including all of the following information:

(1) The physician's or nurse practitioner's specific reasoning why prescribing the drug is necessary.

(2) The possible alternative treatments that may be available to the patient.

(3) The risks of addiction and overdose when using opioid pain relief drugs, even when using the drugs as prescribed.

(4) The risks of taking opioid pain relief drugs with alcohol, benzodiazepines, or other central nervous system depressants, including the risk of fatal respiratory depression which comes from mixing these substances with opioid pain relief drugs.

(5) The risks of developing a physical or psychological dependence on opioid pain relief drugs.

(6) The risks of taking more opioid pain relief drugs than prescribed.

(c) The physician or nurse practitioner, after the

discussion with the patient, shall create a record of the conversation in the patient's file or medical records and state in the record the specific reason for prescribing the drug under subdivision (a)(1).

(d) If the patient being prescribed the Schedule II controlled substance or other opioid pain relief drug is 18 years of age or younger, the physician or nurse practitioner shall discuss the information required under subsection (a) with the patient's parent or legal guardian instead of the patient.

(e) This section shall not apply to the following types of patients:

(1) A patient who is in active treatment for a cancer diagnosis.

(2) A patient receiving hospice care or palliative care.

(3) A patient who is a resident of a long-term care facility.

(4) A patient who is being prescribed the Schedule II controlled substance or other opioid pain relief drug for treatment of substance abuse or opioid dependence.

Section 2. This act shall become effective on October 1, 2026.