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3 SENATE HEALTH COMMITTEE SUBSTITUTE TO SB48
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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. The term practitioner does
9 not include a veterinarian licensed by the Board of Veterinary
10 Medical Examiners.

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

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

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

23 (3) Alternative treatment that may be available.

24 (4) Information on the risks associated with the use
25 of the drugs being prescribed, specifically that opioids are
26 highly addictive, even when taken as prescribed, that there is
27 a risk of developing a physical or psychological dependence on

1 the controlled substance, and that the risks of taking more
2 opioids than prescribed, or mixing sedatives, benzodiazepines,
3 or alcohol with opioids may result in fatal respiratory
4 depression.

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

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

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

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

20 Section 4. These rules shall not constitute
21 standards of, nor be construed as evidence for, the practice
22 of medicine. Nothing in this act shall modify, amend, repeal,
23 or supersede any provision of Section 6-5-333, Code of Alabama
24 1975, or the "Alabama Medical Liability Act of 1987"
25 commencing with Section 6-5-540, Code of Alabama 1975, or the
26 Alabama Medical Liability Act of 1996, commencing with Section
27 6-5-548, Code of Alabama 1975, or any amendment to any of the

1 foregoing, or any judicial interpretation of any of the
2 foregoing. Evidence of compliance or noncompliance with this
3 act shall not be admissible to prove the negligence of any
4 party in any civil action.

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