

1 SB425
2 201442-2
3 By Senators Stutts, McClendon and Reed
4 RFD: Finance and Taxation General Fund
5 First Read: 22-MAY-19

SYNOPSIS: This bill would establish guidelines for the use of buprenorphine in nonresidential treatment programs.

This bill would also provide for the adoption of rules to further implement and enforce the provisions of the act.

A BILL
TO BE ENTITLED
AN ACT

Relating to health care; to establish guidelines for the use of buprenorphine in nonresidential treatment programs; and to provide for the adoption of rules to further implement and enforce the provisions of the act.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. This act shall be known and may be cited as the MAT Act of 2019.

Section 2. (a) (1) For all patients receiving medication assisted treatment, adequate billing records shall

1 be maintained, in any format, for all patient visits. Billing
2 records shall be maintained for a period of three years from
3 the date of the patient's last treatment. Billing records
4 shall be made for all methods of payment. Billing records
5 shall include, but not be limited to, information detailing
6 all of the following:

- 7 a. The amount paid for services.
- 8 b. Method of payment.
- 9 c. Date of the delivery of services.
- 10 d. Date of payment.
- 11 e. Description of services.

12 (2) Records of all bank deposits of cash payments
13 for medication assisted treatment shall be maintained, in any
14 format, for a period of three years.

15 (b) By January 1, 2020, the Alabama Board of Medical
16 Examiners, in consultation with the Public Health Officer of
17 the Department of Public Health and the Alabama Department of
18 Mental Health shall adopt rules under the Alabama
19 Administrative Procedure Act for the prescribing of
20 medications containing buprenorphine for the treatment of
21 opioid use in non-residential settings.

22 (1) The rules, at a minimum, shall address all of
23 the following:

- 24 a. Appropriate doses of buprenorphine-containing
25 medications for the treatment of opioid use disorder.

1 b. Co-prescribing of benzodiazepines and medications
2 containing buprenorphine or co-prescribing of barbiturates and
3 medications containing buprenorphine.

4 c. Co-prescribing of stimulants and medications
5 containing buprenorphine.

6 d. Co-prescribing of medications containing
7 gabapentin with medications containing buprenorphine.

8 e. Minimum requirements for counseling, behavioral
9 therapy, and case management.

10 f. Appropriate drug screening.

11 g. Education to patients regarding neonatal
12 abstinence syndrome or neonatal opioid withdrawal syndrome.

13 h. Pain management.

14 i. Co-occurring disorders.

15 j. Informed consent by the patient.

16 k. Use of the state Prescription Drug Monitoring
17 Program (PDMP).

18 l. Use of appropriate screening tools.

19 m. Appropriate number of visits and addressing of
20 relapse.

21 n. A diversion control plan.

22 o. Use of mono-product buprenorphine formulations,
23 not to include injectable and implantable forms of
24 buprenorphine.

25 p. Creation of an appropriate registry of providers
26 of medication assisted treatment.

1 q. Appropriate record keeping requirements for any
2 direct compensation arrangements involving medication assisted
3 treatment.

4 (2) Nationally recognized guidelines from the
5 American Society of Addiction Medicine (ASAM), the American
6 Board of Addiction Medicine (ABAM), the American Board of
7 Preventative Medicine (ABPM), and the Substance Abuse and
8 Mental Health Services Administration (SAMHSA) shall serve as
9 a guide for the development of the rules.

10 (3) The rules shall be consistent with federal and
11 state law.

12 (c) The Alabama Board of Medical Examiners shall
13 convene a standing working group consisting of 17 individuals,
14 who are addiction medicine specialists board certified by the
15 American Board of Addiction Medicine or the American Board of
16 Preventative Medicine with a subspecialty in addiction
17 medicine, or by the American Board of Addiction Psychiatry, or
18 fellowship trained in addiction medicine, as well as
19 counselors and social workers, to consult and assist in the
20 drafting of the rules, including the following:

21 (1) Two members from the Alabama Department of
22 Mental Health.

23 (2) Two members from the Alabama Board of Medical
24 Examiners.

25 (3) One member from the Attorney General's Office.

1 (4) Other experts from the Alabama Society of
2 Addiction Medicine, the Medical Association of the State of
3 Alabama, and other recognized organizations.

4 (d) The rules shall be reviewed and updated by
5 September 1, 2020, and each year thereafter by September 1.

6 Section 3. Because the intent of the Legislature in
7 this act is to educate physicians and to mitigate patient
8 abuse and diversion of buprenorphine, nothing in this act
9 shall modify, amend, repeal, or supersede any provision of
10 Section 6-5-333, Code of Alabama 1975, or the Alabama Medical
11 Liability Act of 1987, commencing with Section 6-5-540, Code
12 of Alabama 1975, or the Alabama Medical Liability Act of 1996,
13 commencing with Section 6-5-548, Code of Alabama 1975, or any
14 amendment to any of the foregoing, or any judicial
15 interpretation of any of the foregoing, nor shall anything in
16 this act modify, amend, repeal, or supersede the law of or
17 pertaining to the standard of care and admissibility of
18 evidence regarding the standard of care.

19 Section 4. This act shall become effective
20 immediately following its passage and approval by the
21 Governor, or its otherwise becoming law.