
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 572 Session of
2019

INTRODUCED BY AUMENT, KILLION, FOLMER, MENSCH, HUTCHINSON AND
MARTIN, APRIL 18, 2019

REFERRED TO HEALTH AND HUMAN SERVICES, APRIL 18, 2019

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, in public safety, providing for opioid
3 treatment agreements.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Title 35 of the Pennsylvania Consolidated
7 Statutes is amended by adding a chapter to read:

8 CHAPTER 52B

9 OPIOID TREATMENT AGREEMENTS

10 Sec.

11 52B01. Definitions.

12 52B02. Procedure.

13 52B03. Regulations.

14 52B04. Penalties.

15 § 52B01. Definitions.

16 The following words and phrases when used in this chapter
17 shall have the meanings given to them in this section unless the
18 context clearly indicates otherwise:

1 "Baseline test." The initial assessment through a urine drug
2 test to:

3 (1) identify the presence of an illegal substance prior
4 to prescribing a controlled substance; or

5 (2) confirm the presence or absence of a prescribed drug
6 or drug class.

7 "Controlled substance." A drug, substance or immediate
8 precursor included in Schedules II through V of section 4 of the
9 act of April 14, 1972 (P.L.233, No.64), known as The Controlled
10 Substance, Drug, Device and Cosmetic Act.

11 "Definitive drug test." A qualitative or
12 quantitative test used to identify specific drugs,
13 specific drug concentrations and associated metabolites.

14 "Department." The Department of Health of the Commonwealth.

15 "Individual." An individual who is at least 18 years of age.

16 "Medical emergency." A situation that, in the good faith
17 professional judgment of the prescriber, creates an immediate
18 threat of serious risk to the life or physical health of a
19 person.

20 "Opioid." Any of the following:

21 (1) A preparation or derivative of opium.

22 (2) A synthetic narcotic that has opiate-like effects
23 but is not derived from opium.

24 (3) A group of naturally occurring peptides that bind at
25 or otherwise influence opiate receptors, including an opioid
26 agonist.

27 "Periodic test." A random urine drug test that screens for a
28 random selection of drugs.

29 "Prescriber." An individual who is licensed, registered or
30 otherwise authorized to distribute, dispense or administer a

1 controlled substance or prescription drug or device in the
2 course of professional practice or research in this
3 Commonwealth. The term shall not include a veterinarian.

4 "Presumptive positive drug test." Procedures that are used
5 to identify suspected possible use or non-use of drugs or a drug
6 class that may be followed by a definitive test to specifically
7 identify drugs or metabolites.

8 "Targeted test." A test ordered at the discretion of a
9 clinician, based on observation of the clinician and related
10 circumstances that enhance clinical decision making.

11 "Treatment agreement." A document signed by a prescriber and
12 individual that contains a statement to ensure that the
13 individual understands:

14 (1) Treatment responsibilities.

15 (2) The conditions of medication use.

16 (3) The conditions under which the treatment of the
17 individual may be terminated.

18 (4) The responsibilities of the prescriber.

19 § 52B02. Procedure.

20 (a) Prescriber requirements.--Except as specified in
21 subsection (d), before issuing an individual the first
22 prescription in a single course of treatment for chronic pain
23 with a controlled substance containing an opioid, regardless of
24 whether the dosage is modified during that course of treatment,
25 a prescriber shall:

26 (1) Assess whether the individual has taken or is
27 currently taking a prescription drug for treatment of a
28 substance use disorder.

29 (2) Discuss with the individual:

30 (i) The risks of addiction and overdose associated

1 with the controlled substance containing an opioid.

2 (ii) The increased risk of addiction to a controlled
3 substance if the individual suffers from a mental
4 disorder or substance use disorder.

5 (iii) The dangers of taking a controlled substance
6 containing an opioid with benzodiazepines, alcohol or
7 other central nervous system depressants.

8 (iv) Other information deemed appropriate by the
9 prescriber under 21 CFR 201.57(c)(18) (relating to
10 specific requirements on content and format of labeling
11 for human prescription drug and biological products
12 described in § 201.56(b)(1)).

13 (3) Review and sign a treatment agreement form that
14 includes:

15 (i) The goals of the treatment.

16 (ii) The consent of the individual to a targeted
17 test in a circumstance where the physician determines
18 that a targeted test is medically necessary. The
19 treatment of chronic pain shall be consistent with the
20 Centers for Disease Control and Prevention guidelines, as
21 they relate to a baseline test and periodic test as
22 warranted for treatment.

23 (iii) The prescription drug prescribing policies of
24 the prescriber, which policies include:

25 (A) A requirement that the individual take the
26 medication as prescribed.

27 (B) A prohibition on sharing the prescribed
28 medication with other individuals.

29 (iv) A requirement that the individual inform the
30 prescriber about any other controlled substances

1 prescribed or taken by the individual.

2 (v) Any reason why the opioid therapy may be changed
3 or discontinued by the prescriber.

4 (4) Obtain written consent for the prescription from the
5 individual.

6 (5) Record the consent under paragraph (4) on the
7 treatment agreement form under paragraph (3).

8 (b) Treatment agreement form requirements.--The treatment
9 agreement form under subsection (a) (3) shall be maintained by
10 the prescriber in the medical record of the individual and
11 include:

12 (1) The brand name or generic name, quantity and initial
13 dose of the controlled substance containing an opioid being
14 prescribed.

15 (2) A statement indicating that a controlled substance
16 is a drug or other substance that the United States Drug
17 Enforcement Administration has identified as having a
18 potential for abuse.

19 (3) A statement certifying that the prescriber engaged
20 in the discussion under subsection (a) (2).

21 (4) The signature of the individual and the date of
22 signing.

23 (c) Drug testing.--

24 (1) A baseline test, periodic test or targeted test
25 shall be used to establish a general assessment for an
26 individual new to treatment for chronic pain and in
27 monitoring adherence to an existing individual treatment
28 plan, as well as to detect the use of a nonprescribed drug.

29 (2) A baseline test shall be required prior to the
30 issuance of the initial prescription for chronic pain and

1 shall include confirmatory or quantitative testing of
2 presumptive positive drug test results.

3 (3) A prescriber may not issue a prescription opioid
4 drug for the treatment of chronic pain without first
5 obtaining a confirmatory or quantitative testing for
6 presumptive positive drug test results prior to the initial
7 issuance of a prescription under paragraph (1).

8 (4) An individual who is treated for addiction or an
9 individual who is considered moderate or high risk by the
10 prescriber shall be tested at least once annually or as
11 frequently as necessary to ensure therapeutic adherence.

12 (5) The department shall ensure that presumptive and
13 definitive urine drug testing methodologies are subject to
14 reimbursement for prescribers and clinical laboratories under
15 the Clinical Laboratories Improvement Act of 1967 (Public Law
16 90-174, 81 Stat. 533). For the purposes of this paragraph,
17 definitive drug testing includes confirmatory drug testing
18 and instances where definitive drug testing is the only
19 method available.

20 (d) Exception.--Subsection (c) shall not apply if the
21 treatment of an individual with a controlled substance
22 containing an opioid is associated with or incident to:

23 (1) A medical emergency documented in the medical record
24 of the individual.

25 (2) The management of pain associated with cancer.

26 (3) The use in palliative or hospice care.

27 (4) The professional judgment of the prescriber under
28 subsection (a) (1) and (2).

29 (e) Documentation of exemption.--If subsection (d) applies,
30 the prescriber shall document in the individual's medical record

1 the factor under subsection (d) that the prescriber believes
2 applies to the individual.

3 § 52B03. Regulations.

4 (a) Promulgation.--The department shall promulgate temporary
5 regulations within 30 days of the effective date of this
6 subsection. The temporary regulations shall not be subject to:

7 (1) Sections 201, 202, 203, 204 and 205 of the act of
8 July 31, 1968 (P.L.769, No.240), referred to as the
9 Commonwealth Documents Law.

10 (2) Sections 204(b) and 301(10) of the act of October
11 15, 1980 (P.L.950, No.164), known as the Commonwealth
12 Attorneys Act.

13 (3) The act of June 25, 1982 (P.L.633, No.181), known as
14 the Regulatory Review Act.

15 (b) Expiration.--The temporary regulations under subsection
16 (a) shall expire on the promulgation of final-form regulations,
17 or two years following the effective date of this section,
18 whichever is later.

19 § 52B04. Penalties.

20 A violation of this chapter by a prescriber shall be
21 punishable by a sanction authorized by law by the licensing
22 board of the prescriber.

23 Section 2. This act shall take effect immediately.