



HOUSE COMMITTEE ON APPROPRIATIONS

FISCAL NOTE

SENATE BILL NO. 1368

PRINTERS NO. 2190

PRIME SPONSOR: Killion

COST / (SAVINGS)

FUND	FY 2016/17	FY 2017/18
Commonwealth Funds	\$0	\$0

SUMMARY: Amends Title 35 (Health and Safety) to add a new chapter regarding Safe Opioid Prescription and to provide for a voluntary nonopioid directive. This legislation would take effect immediately.

ANALYSIS: This legislation amends Title 35 by adding a new chapter pertaining to a safe opioid prescribing curriculum for medical schools and colleges and to provide for a voluntary nonopioid directive.

Safe Opioid Prescription Education: Chapter 51 will require that the State Boards of Dentistry, Medicine, Nursing, Optometry, Osteopathic Medical and Podiatry create a safe opioid prescribing curriculum to be offered in colleges or by providers approved by the licensing boards by August 1, 2017.

The curriculum must have the following items:

- Current, age-appropriate information on pain management
- Alternative treatments for chronic pain that minimize the use of a controlled substance containing an opioid
- Instruction on safe prescribing methods
- Identification of risk factors for substance use disorders
- Training on managing a substance use disorder as a chronic disease

The curriculum is not to be considered a mandate for graduation, unless the college adds it to their requirements after August 1, 2017.

Temporary Regulations: Each licensing board may issue temporary regulation which shall expire no later than two years after their issuance. These temporary regulations shall not be subject to the Commonwealth Documents Law and the Regulatory Review Act.

Patient Voluntary Nonopioid Directive: The legislation also adds a new chapter requiring the Department of Health (DOH), in consultation with the statewide professional organizations for physicians, nursing homes, professional nurses, emergency medical system and health care facilities to develop and publish a voluntary non-opioid directive form that may be used by a patient to deny or refuse the administration or prescribing of an opioid drug by a practitioner. The voluntary non-opioid directive form must be in a downloadable format on the DOH website.

The patient may file the form with a practitioner authorized by the DOH to accept the form and each practitioner must sign and date the form in the presence of the patient and return the form to the patient. The patient or their designee must also sign and date the form in the presence of the practitioner. A patient may revoke the voluntary non-opioid directive form orally or in writing.

The DOH must publish guidelines in the Pennsylvania Bulletin, including requirements and procedures for a patient to appoint a guardian or health care proxy to override a previously filed voluntary non-opioid directive form and circumstances under which an attending practitioner may override the form based on documented medical judgement which must be recorded in the patient's medical file.

FISCAL IMPACT: The Department of State indicates that this legislation would have no adverse fiscal impact on their restricted receipts accounts which provide the operating funds for their licensing boards. The DOH does not anticipate any adverse fiscal impact from passage of this legislation.

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House Appropriations Committee (R)

DATE: October 24, 2016

Estimates are calculated using the best information available. Actual costs and revenue impact incurred may vary from estimates.