



HOUSE COMMITTEE ON APPROPRIATIONS

FISCAL NOTE

SENATE BILL NO. 572

PRINTERS NO. 1400

PRIME SPONSOR: Aument

COST / (SAVINGS)

FUND	FY 2019/20	FY 2020/21
General Fund	See Fiscal Impact	See Fiscal Impact

SUMMARY: Senate Bill 572, Printer's Number 1400, amends Title 35 (Health and Safety) to add a new chapter relating to the use of Opioid Treatment Agreements. This legislation is effective immediately.

ANALYSIS: SB 572 establishes a procedure for prescribers to enter into treatment agreements with a patient prior to prescribing an opioid treatment course for chronic pain. The bill specifically exempts opioids that are prescribed for the treatment of acute pain or those in a medical emergency, as this is already covered by the Safe Emergency Prescribing Act. Prior to issuing a prescription, the prescriber shall:

- Assess whether the patient has taken or is currently taking a prescription drug for the treatment of a substance use disorder (SUD).
- Discuss with the patient the risks of addiction and overdose associated with an opioid, including the increased risks of addiction for those suffering from a mental health disorder or SUD and the risks of taking the opioid with alcohol or a benzodiazepine.
- Non-opioid treatment options which are available for chronic pain.
- Review and sign a treatment agreement form.

The treatment agreement form, which must be reviewed and signed by both the individual and the prescriber, must include:

- Goals of treatment.
- Consent of individual to a targeted test when medically necessary.
- Agreement to prescription drug prescribing policies, including taking medications as prescribed and prohibition of sharing medication.
- Agreement to inform prescriber of any other controlled substances prescribed or taken.
- Reasons why the opioid therapy may be changed or discontinued.
- Appropriate disposal methods for opioids that are no longer being used.

The treatment agreement form shall be maintained in the patient's medical record and electronic methods may be used to obtain the signature of the individual and date of signing.

Additionally, SB 572 requires the use of a baseline urine drug screen to establish a general assessment for an individual new to treatment for chronic pain and in monitoring adherence to an existing treatment as well as detect the use of nonprescribed drugs. The baseline drug test shall be completed prior to the issuance of the initial prescription for chronic pain. Patients who have been treated for addiction or are deemed to be moderate or high risk of addiction shall be tested at least once annually in order to ensure therapeutic adherence.

There are exceptions for the drug screen requirement in the following situations:

- There is a medical emergency;
- The management of pain is associated with cancer;
- The opioid is being prescribed as part of palliative or hospice care; or
- If in the professional judgement of the prescriber, the opioid is appropriate without receiving the results of the drug screen.

The Department of Health shall promulgate temporary regulations necessary for this chapter within 90 days. The temporary regulations shall not be subject to the Commonwealth Documents Law, the Commonwealth Attorneys Act or the Regulatory Review Act. The temporary regulations shall expire on the promulgation of final-form regulations or two years following the effective date of this legislation, whichever is later.

A prescriber who violates this chapter shall be subject to sanction under the prescriber's professional practices act and the appropriate licensure board.

FISCAL IMPACT: There should be no fiscal impact for the Department of Health, any costs related to promulgation of regulations can be covered with existing available funds.

There could be a cost to the Medical Assistance Program in the Department of Human Services related to increased drug screenings, however, that cost cannot be calculated.

PREPARED BY: Ann Bertolino
House Appropriations Committee (R)

DATE: November 20, 2019

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