
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2431 Session of
2018

INTRODUCED BY STEPHENS, HAGGERTY, READSHAW, STAATS, HEFFLEY,
DRISCOLL, MURT, MARSICO, LEWIS, MULLERY, PHILLIPS-HILL,
D. COSTA, KAUFER, M. QUINN, CORBIN AND TOPPER, MAY 23, 2018

REFERRED TO COMMITTEE ON HEALTH, MAY 23, 2018

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

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

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

17 "Opioid." Any of the following:

18 (1) A preparation or derivative of opium.

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

21 (3) A group of naturally occurring peptides that bind at
22 or otherwise influence opiate receptors, including an opioid
23 agonist.

24 "Periodic test." A random urine drug test that screens for a
25 random selection of drugs.

26 "Prescriber." An individual who is licensed, registered or
27 otherwise authorized to distribute, dispense or administer a
28 controlled substance or prescription drug or device in the
29 course of professional practice or research in this
30 Commonwealth. The term shall not include a veterinarian.

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

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

8 "Treatment agreement." A document signed by a prescriber and
9 individual that contains a statement to ensure that the
10 individual understands:

11 (1) Treatment responsibilities.

12 (2) The conditions of medication use.

13 (3) The conditions under which the treatment of the
14 individual may be terminated.

15 (4) The responsibilities of the prescriber.

16 § 52B02. Procedure.

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

23 (1) Assess whether the individual has taken or is
24 currently taking a prescription drug for treatment of a
25 substance use disorder.

26 (2) Discuss with the individual:

27 (i) The risks of addiction and overdose associated
28 with the controlled substance containing an opioid.

29 (ii) The increased risk of addiction to a controlled
30 substance, if the individual suffers from a mental

1 disorder or substance use disorder.

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

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

10 (3) Review and sign a treatment agreement form that
11 includes:

12 (i) The goals of the treatment.

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

20 (iii) The prescription drug prescribing policies of
21 the prescriber, which policies include:

22 (A) A requirement that the individual take the
23 medication as prescribed.

24 (B) A prohibition on sharing the prescribed
25 medication with other individuals.

26 (iv) A requirement that the individual inform the
27 prescriber about any other controlled substances
28 prescribed or taken by the individual.

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

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

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

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

9 (1) The brand name or generic name, quantity and initial
10 dose of the controlled substance containing an opioid being
11 prescribed.

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

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

18 (4) The signature of the individual and the date of
19 signing.

20 (c) Drug testing.--

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

26 (2) A baseline test shall be required prior to the
27 issuance of the initial prescription for chronic pain and
28 shall include confirmatory or quantitative testing of
29 presumptive positive drug test results.

30 (3) A prescriber may not issue a prescription opioid

1 drug for the treatment of chronic pain without first
2 obtaining a confirmatory or quantitative testing for
3 presumptive positive drug test results prior to the initial
4 issuance of a prescription under paragraph (1).

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

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

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

20 (1) A medical emergency documented in the medical record
21 of the individual.

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

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

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

26 (e) Documentation of exemption.--If subsection (d) applies,
27 the prescriber shall document in the individual's medical record
28 the factor that the prescriber believes applies under subsection
29 (d) to the individual.

30 § 52B03. Regulations.

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

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

7 (2) Sections 204(b) and 301(10) of the act of October
8 15, 1980 (P.L.950, No.164), known as the Commonwealth
9 Attorneys Act.

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

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

16 § 52B04. Penalties.

17 A violation of this chapter by a prescriber shall be
18 punishable by a sanction authorized by law by the licensing
19 board of the prescriber.

20 Section 2. This act shall take effect immediately.