
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1722 Session of
2019

INTRODUCED BY NEILSON, PASHINSKI, READSHAW, McNEILL, YOUNGBLOOD,
HILL-EVANS, ISAACSON, CALTAGIRONE, DRISCOLL, ZABEL, DALEY,
DAVIDSON, RIGBY, HOHENSTEIN AND T. DAVIS, JULY 16, 2019

REFERRED TO COMMITTEE ON HEALTH, JULY 16, 2019

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, in prescribing opioids to minors,
3 further providing for definitions, for prohibition and for
4 procedure and providing for applicability; and making an
5 editorial change.

6 The General Assembly of the Commonwealth of Pennsylvania
7 hereby enacts as follows:

8 Section 1. The heading of Chapter 52A of Title 35 of the
9 Pennsylvania Consolidated Statutes is amended to read:

10 CHAPTER 52A

11 PRESCRIBING OPIOIDS TO [MINORS] INDIVIDUALS

12 Section 2. The definition of "medical emergency" in section
13 52A01 of Title 35 is amended and the section is amended by
14 adding definitions to read:

15 § 52A01. 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:

19 * * *

1 "Conservative care management." An approach to treating back
2 pain, neck pain and related spinal conditions utilizing
3 nonpharmacological and nonsurgical treatment options.

4 "Conservative care management specialist." A medical
5 professional that administers conservative care management
6 treatment that is either licensed by the State Board of Medicine
7 or the State Board of Chiropractic.

8 * * *

9 "Medical emergency." A situation which, in a prescriber's
10 good faith professional judgment, creates an immediate threat of
11 serious risk to the life or physical health of [a minor] an
12 individual.

13 * * *

14 Section 3. Section 52A03 of Title 35 is amended to read:
15 § 52A03. Prohibition.

16 (a) Proscription.--A prescriber may not do any of the
17 following:

18 (1) Prescribe to [a minor] an individual a controlled
19 substance containing an opioid unless the prescriber complies
20 with section 52A04 (relating to procedure).

21 (2) Except as set forth in subsection (b) and subject to
22 section 52A04(c)(1), prescribe to [a minor] an individual
23 more than a seven-day supply of a controlled substance
24 containing an opioid.

25 (b) Exception.--Notwithstanding subsection (a)(1), a
26 prescriber may prescribe to [a minor] an individual more than a
27 seven-day supply of a controlled substance containing an opioid
28 if any of the following apply:

29 (1) In the professional medical judgment of the
30 prescriber, more than a seven-day supply of a controlled

1 substance containing an opioid is required to stabilize the
2 [minor's] individual's acute medical condition. In order for
3 this paragraph to apply, the prescriber must:

4 (i) document the acute medical condition in the
5 [minor's] individual's record with the prescriber; and

6 (ii) indicate the reason why a non-opioid
7 alternative is not appropriate to address the acute
8 medical condition.

9 (2) The prescription is for:

10 (i) management of pain associated with cancer;

11 (ii) use in palliative or hospice care; or

12 (iii) management of chronic pain not associated with
13 cancer.

14 Section 4. Section 52A04 of Title 35, amended October 24,
15 2018 (P.L.650, No.93), is amended to read:

16 § 52A04. Procedure.

17 (a) Requirements.--Except as set forth in subsection (b),
18 before issuing [a minor] an individual the first prescription in
19 a single course of treatment for a controlled substance
20 containing an opioid, regardless of whether the dosage is
21 modified during that course of treatment, a prescriber shall do
22 all of the following:

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

26 (1.1) Assess whether or not the individual has completed
27 a 12-week conservative care management treatment regimen
28 administered by a doctor of chiropractic or other licensed
29 physical medicine and rehabilitation professional. The
30 following shall apply:

1 (i) If it is determined that the individual has not
2 completed a 12-week conservative care management
3 treatment regimen, the prescriber shall refer the
4 individual to a conservative care management treatment
5 specialist to complete a 12-week conservative care
6 management treatment regimen before issuing a
7 prescription.

8 (ii) If the individual has completed a 12-week
9 conservative care management treatment regimen, the
10 prescriber shall consult with the individual's
11 conservative care management treatment specialist as soon
12 as practicable to determine if a prescription should be
13 issued. The reasons provided by the conservative care
14 management treatment specialist as to why a prescription
15 should be issued shall be documented by the prescriber.

16 (2) Discuss with the [minor and] individual or, if the
17 individual is a minor, with the minor's parent or guardian or
18 with an authorized adult, all of the following:

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

21 (ii) The increased risk of addiction to controlled
22 substances to individuals suffering from mental or
23 substance use disorders.

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

27 (iv) Other information in the patient counseling
28 information section of the labeling for controlled
29 substances containing an opioid required under 21 C.F.R.
30 201.57(c)(18) (relating to specific requirements on

1 content and format of labeling for human prescription
2 drug and biological products described in § 201.56(b)(1))
3 deemed necessary by the prescriber.

4 (3) Obtain written consent for the prescription from the
5 [minor's] individual or, if the individual is a minor, from
6 the minor's parent or guardian or from an authorized adult.
7 The prescriber shall record the consent on the form under
8 section 52A02(b)(1) (relating to administration). The
9 following apply:

10 (i) The form must contain all of the following:

11 (A) The brand name or generic name and quantity
12 of the controlled substance containing an opioid
13 being prescribed and the amount of the initial dose.

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

18 (C) A statement certifying that the prescriber
19 engaged in the discussion under paragraph (2).

20 (D) The number of refills authorized by the
21 prescription under section 52A03(b) (relating to
22 prohibition).

23 (E) The signature of the [minor's] individual
24 or, if the individual is a minor, the signature of
25 the parent or guardian or of an authorized adult, and
26 the date of signing.

27 (ii) The form shall be maintained in the [minor's]
28 individual's record with the prescriber.

29 (b) Exception.--Subsection (a) does not apply if the
30 [minor's] individual's treatment with a controlled substance

1 containing an opioid meets any of the following criteria:

2 (1) The treatment is associated with or incident to a
3 medical emergency as documented in the [minor's] individual's
4 medical record.

5 (2) In the prescriber's professional judgment, complying
6 with subsection (a) with respect to the [minor's]
7 individual's treatment would be detrimental to the [minor's]
8 individual's health or safety. The prescriber shall document
9 in the [minor's] individual's medical record the factor or
10 factors which the prescriber believed constituted cause for
11 not fulfilling the requirements of subsection (a).

12 (3) The medical treatment is rendered while the [minor]
13 individual remains admitted to a licensed health care
14 facility or remains in observation status in a licensed
15 health care facility.

16 (4) The prescriber is continuing a treatment initiated
17 by another member of the prescriber's practice, the
18 prescriber who initiated the treatment followed the
19 procedures outlined in subsection (a) and the prescriber who
20 is continuing the treatment is not changing the therapy in
21 any way other than dosage.

22 (5) A conservative care management specialist recommends
23 to the prescriber the issuance of a prescription for an
24 individual under subsection (a)(1.1)(ii).

25 (c) Limited prescription.--If the individual who signs the
26 consent form under subsection (a)(3) is an authorized adult, the
27 prescriber:

28 (1) may prescribe not more than a single, 72-hour
29 supply; and

30 (2) shall indicate on the prescription the quantity that

1 is to be dispensed pursuant to the prescription.

2 Section 5. Title 35 is amended by adding a section to read:

3 § 52A06. Applicability.

4 This chapter shall not apply to a prescriber who may
5 prescribe a controlled substance containing an opioid to an
6 individual seeking treatment in an emergency department or
7 urgent care center under the act of November 2, 2016 (P.L.976,
8 No.122), known as the Safe Emergency Prescribing Act.

9 Section 6. This act shall take effect in 180 days.