

**TITLE 28. HEALTH AND SAFETY**  
**CHAPTER 26**  
**OPIOID TREATMENT AGREEMENTS**

§ 26.1. Purpose.

§ 26.2. Legal basis.

§ 26.3. Definitions.

§ 26.4. Procedures.

§ 26.5. Penalties.

**§ 26.1. Purpose.**

This chapter provides for the regulation of Opioid Treatment Agreements for those prescribers and individuals who are required to enter into such agreements when opioids are prescribed for the treatment of chronic pain.

**§ 26.2. Legal basis.**

(a) This chapter is promulgated by the Department under the powers granted and the duties mandated by Act of November 27, 2019, P.L. 764, No. 112 (“Act 112”).

(b) The Department has the power to promulgate temporary regulations within 90 days of the effective date of Act 112. The temporary regulations shall not be subject to:

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

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

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

### **§ 26.3. Definitions.**

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

*Acute pain* — Pain that comes on quickly, may be severe, but lasts a relatively short time and is provoked by a specific condition or injury.

*Baseline test* — The initial assessment through a urine drug test to:

- (1) identify the presence of an illegal substance prior to prescribing a controlled substance; or
- (2) assess the presence or absence of a prescribed drug or drug class.

*Chronic pain* — Pain that persists or progresses over a period of time that may be related to another medical condition and is resistant to medical treatment. The term does not include acute pain.

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

*Definitive drug test* — A qualitative or quantitative urine drug test used to identify specific drugs, specific drug concentrations and associated metabolites.

*Department* — The Department of Health of the Commonwealth.

*Individual* — A natural person who is at least 18 years of age.

*Medical emergency* — A situation that, in the good faith professional judgment of the prescriber, creates a time sensitive threat of serious risk to the life or physical health of a person. The term includes treatment received in an emergency department or urgent care center under the act of November 2, 2016 (P.L.976, No.122), known as the Safe Emergency Prescribing Act.

*Opioid* — Any of the following:

- (1) A preparation or derivative of opium.
- (2) A synthetic narcotic that has opiate-like effects but is not derived from opium.
- (3) A group of naturally occurring peptides that bind at or otherwise influence opiate receptors, including an opioid agonist.

*Periodic test* — A urine drug test that screens for a selection of drugs.

*Prescriber* — As defined in the act of October 27, 2014 (P.L.2911, No.191), known as the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act.

*Prescription or prescription order* — A written, oral or electronic order for a controlled substance, other drug or medication, or device for medication which is dispensed to or for an ultimate user but does not include an order for a controlled substance, other drug or medication, or device for medication which is dispensed for immediate administration to the ultimate user.

*Presumptive positive drug test* — A urine drug test that is used to identify suspected possible use or nonuse of drugs or a drug class that may be followed by a definitive test to specifically identify drugs or metabolites.

*Targeted test* — A urine drug test ordered at the discretion of a prescriber, based on observation of the prescriber and related circumstances that enhance clinical decision making.

*Treatment agreement* — A document signed by a prescriber and individual that contains a statement to ensure that the individual understands:

- (1) Treatment responsibilities.
- (2) The conditions of medication use.
- (3) The conditions under which the treatment of the individual may be terminated.
- (4) The responsibilities of the prescriber.

#### **§ 26.4. Procedures.**

(a) Prescriber requirements. Except as specified in § 26.4 (c), before issuing an individual the first prescription in a single course of treatment for chronic pain with a controlled substance containing an opioid, regardless of whether the dosage is modified during that course of treatment, a prescriber shall:

- (1) Assess whether the individual has taken or is currently taking a prescription drug for treatment of a substance use disorder.
- (2) Discuss with the individual:
  - (i) The risks of addiction and overdose associated with the controlled substance containing an opioid.
  - (ii) The increased risk of addiction to a controlled substance if the individual suffers from a mental disorder or substance use disorder.

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

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

(v) The nonopioid treatment options available for treating chronic noncancer pain, if applicable, that are consistent with the best practices per the Pennsylvania Opioid Prescribing Guidelines.

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

(i) The goals of the treatment.

(ii) The consent of the individual to a targeted test in a circumstance where the physician or prescriber determines that a targeted test is medically necessary. The treatment of chronic pain shall be consistent with the Pennsylvania Opioid Prescribing Guidelines.

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

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

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

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

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

(vi) Appropriate disposal methods for opioids that are no longer being used by the individual as specified in a consultation with the prescriber.

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

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

(ix) A statement certifying that the prescriber engaged in the discussion under § 26.4 (a)(2).

(x) The signature of the individual and the date of signing. The prescriber may utilize electronic methods to obtain the signature of the individual and the date of signing.

(4) Obtain written consent for the prescription from the individual. The prescriber may utilize electronic methods to obtain the written consent of the individual.

(5) Record the consent under § 26.4 (a)(4) on the treatment agreement form in § 26.4 (a)(3).

(b) The treatment agreement form under § 26.4 (a)(3) shall be maintained by the prescriber in the medical record of the individual.

(c) Urine drug testing.

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

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

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

(d) Exception. § 26.4 (c) shall not apply if the treatment of an individual with a controlled substance containing an opioid is associated with or incident to:

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

(2) The management of pain associated with cancer.

(3) The use in palliative or hospice care.

(4) The professional judgment of the prescriber under § 26.4 (a)(1) and (2).

(e) Documentation of exception. If § 26.4 (d) applies, the prescriber shall document in the individual's medical record the factor under § 26.4 (d) that the prescriber believes applies to the individual.

(f) A prescriber may terminate the treatment agreement form under § 26.4 (a)(3) if the prescriber has reasonable belief, based on standards of professional practice, that the treatment agreement is no longer necessary.

(g) If a prescriber terminates a treatment agreement under § 26.4 (f), the prescriber shall:

(1) Document the reason for the termination of the treatment agreement in the individual's medical record.

(2) Inform the individual of the termination of the treatment agreement.

(3) If necessary, work with the individual, to the fullest extent possible, to ensure continuity of care as outlined under 49 Pa. Code §16.61(a)(17).

(h) Urine testing exception. If, because of a medical necessity, an individual is unable to produce urine for the urine drug testing required herein, a different type of drug test may be used that is at least equivalent in accuracy to a urine drug test approved by the Food and Drug Administration. Alternative drug tests may not be substituted for urine drug tests under any other circumstances.

### **§ 26.5. Penalties.**

(a) A violation of this chapter by a prescriber shall be subject to sanctions under the prescriber's professional practice act and by the appropriate licensing board.

(b) The department will refer a complaint of a violation of this chapter, if known to the department, to the appropriate licensing board for sanctions under § 26.5 (a).