

## What laws of the Commonwealth of Pennsylvania affect opioid prescribing?

### ACT 122 of 2016: Safe Emergency Prescribing Act

Effective Jan. 1, 2017

**Explains opioid prescription practices for prescribers in emergency department, urgent care, and hospital observation settings.**

- **Seven-day Supply Limit:** Up to a seven-day supply of opioid drug products can be prescribed to a patient seeking treatment in an emergency department, urgent care facility or in observation status in a hospital.

**Exceptions:** If additional opioid drugs are needed to treat a patient's acute condition, cancer diagnosis or palliative care, they can be prescribed; however, the condition triggering the extension and an indication that a non-opioid treatment is not appropriate must be documented in the patient's medical record.

- **No Refills:** Prescribers in emergency departments, urgent care centers or caring for patients under observation status in hospitals may not refill prescriptions for opioid and opioid-like products.

- **Substance Use Disorder Referrals to Treatment:** Individuals seeking treatment at emergency departments, urgent care centers or during hospital observation who are "at risk" for substance use disorder must be referred to treatment.
- **Prescription Drug Monitoring Program (PDMP)** Checking the PDMP is not required for any medication provided to a patient in the course of treatment while undergoing care in an emergency department. This exception does not apply to patients undergoing care in urgent care centers or when in observation status in a healthcare facility. If a medication prescription is issued during discharge, then the PDMP system must be queried. As part of good clinical practice, the Department of Health recommends that healthcare professionals check the system every time before a controlled substance(s) is prescribed or dispensed in any clinical setting. (*See Act 191 of 2014 (as amended by Act 124 of 2016).*)
- **Penalties:** Noncompliance with this act may result in review and disciplinary action.

## ACT 191 of 2014 (as amended by Act 124 of 2016): Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP)

Effective Jan. 1, 2017

**Act 191 of 2014 (as amended by Act 124 of 2016) is intended to increase the quality of patient care by giving prescribers and dispensers access to a patient's prescription medication history. In general, prescribers and dispensers are required to submit information and query the PDMP system for Schedule II through V controlled substances.**

### Prescriber Query Information

- **Prescriber:** A prescriber is defined as a person who is licensed, registered, or otherwise lawfully authorized to distribute, dispense, or administer a controlled substance, other drug or device in the course of professional practice or research in Pennsylvania. Veterinarians are excluded from this definition.
- **Prescribers are required to query the PDMP:**
  1. Each time a patient is prescribed an opioid or benzodiazepine drug product;
  2. Before the first time a patient is prescribed a controlled substance for the establishment of a baseline and thorough medical record; or
  3. When the prescriber believes that the patient is misusing or diverting drugs.
- **Prescribers must document PDMP results into the patient's medical record when:**
  1. The individual is a new patient; or
  2. The prescriber determines a drug should not be prescribed to a patient based upon the information from the PDMP.

The PDMP system must be queried at least once from the time of admission through discharge when a patient is prescribed a controlled substance, as required by law. Beyond the initial query, additional queries of the system are not required as long as the patient remains admitted to the licensed health care facility or remains in observation status in a licensed health care facility.

Please note that as of 2/22/2018, due to a subsequent amendment to Act 191, prescribers will no longer be required to query the PDMP when prescribing a non-narcotic Schedule V controlled substance for the treatment of epilepsy or a seizure disorder. This exception does not apply to the prescribing of other controlled substances, regardless of treatment purpose.

### Dispenser Query Information

- **Dispenser:** A dispenser is defined as a person who is lawfully authorized to dispense medication in Pennsylvania, including internet and mail-order dispensing.
- **Dispensers are required to query the PDMP system:**
  1. When an individual is a new patient to the pharmacy (i.e., the dispenser has no previous or updated medical record of the patient): a "new patient" does not include an individual going to the same pharmacy or a different physical location of that pharmacy if the patient's record is otherwise available to the dispenser;
  2. When the patient pays cash for his/her prescription when he/she has insurance: "cash" refers to any non-insurance payment, excluding copayments;
  3. If the patient requests refills early: an "early refill" is defined as when the patient requests a refill before the date upon which they are eligible for insurance coverage for the prescription or when more than 15 percent of an earlier-dispensed medication would remain when taken in compliance with the directions and quantity prescribed; or
  4. When the patient is obtaining opioid or benzodiazepine prescriptions from more than one prescriber.

\* <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/PaPrescriptionDrugMonitoringProgram/Pages/GeneralInfo.aspx#.WZ3J8IqQyuc>

## ACT 191 of 2014 (as amended by Act 124 of 2016): Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP)

Effective Jan.1, 2017

*(continued)*

- A dispenser or pharmacy must submit dispensing information to the PDMP database no later than the close of the next business day after dispensing.

For more information visit the [Pennsylvania Department of Health Prescription Drug Monitoring Program Question & Answer Site](#).\*

### Licensing Board Requirements:

- **Initial licenses:** Effective Jan. 1, 2017, licensing boards for individuals who are applying to be prescribers or dispensers will require documentation of:
  - At least two hours of education in pain management or identification of addiction; and
  - At least two hours of education in the practice of prescribing or dispensing opioids.

The education may be part of a professional degree or continuing education program.

- **License renewals:** Effective Jan. 1, 2017, licensing boards for individuals who are renewing their licenses will require documentation of at least two hours of continuing education in pain management, identification of addiction, or the practices of prescribing or dispensing of opioids.

This requirement does not apply to a prescriber who is exempt under the Drug Enforcement Administration's requirements for a registration number and who do not use the registration number of another person or entity permitted by law to prescribe controlled substances in any manner.

## ACT 125 of 2016: Prescribing Opioids to Minors

Effective Feb. 4, 2017

A minor can be prescribed a controlled substance containing an opioid (for up to seven days) with the written consent of his/her parent or guardian. If consent is given by a minor's authorized adult (i.e., an adult who is a validated health care proxy to consent to the minor's medical treatment), the prescription is limited to a single 72-hour supply. "Minor" does not include an individual under 18 years of age who is emancipated:

- By marriage;
- By entering the United States armed forces;
- By being employed and self-sustaining; or
- By being otherwise independent from the care of a parent, guardian or custodian.

### Before prescribing opioids to a minor, prescribers must:

1. Assess whether the minor has taken or is taking prescription medications for a substance use disorder by checking the PDMP system.
2. Discuss the following topics with the minor and his/her parent, guardian or authorized adult:
  - The risks of addiction and overdose;
  - The increased risk of addiction for individuals suffering from a mental disorder; and
  - The dangers of taking a controlled substance containing an opioid with benzodiazepines, alcohol, or central nervous system depressants.

Obtain written consent from the minor's parent, guardian or authorized adult before a controlled substance containing an opioid is prescribed. A consent form is available [online](#).\*

### Prescribers may NOT:

- Prescribe an opioid-containing substance to a minor unless:
  - The treatment is for an incident or medical emergency, which is clearly documented in the minor's record; or
  - If, in the prescriber's professional judgement, not using opioids would be detrimental to the minor's health or safety.
- Prescribe more than a **seven-day supply** of opioids unless:
  - The individual's treatment is associated with a documented medical emergency; or
  - Therapy is associated with cancer, palliative care or management of chronic pain not associated with cancer.
- Reasons for using opioids instead of another therapy must be documented.

### Other limitations:

If the individual is an authorized adult, prescribers may not prescribe more than a single 72-hour supply, and prescribers should indicate on the prescription the amount that should be dispensed.

### Penalties:

Violations can result in licensing board sanctions.

\* <http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Documents/Act%20125-Consent%20to%20Prescribe%20Opioid%20Medication%20to%20Minor%2020170123.pdf>

## **ACT 126 of 2016: Safe Opioid Prescription, Patient Voluntary Non-Opioid Directive, and Imposing Powers and Duties**

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Effective Aug. 1, 2017.

Practitioners and their patients can execute a voluntary non-opioid directive form developed by the Pennsylvania Department of Health. Before signing, a practitioner can assess the patient's personal and family history of alcohol or drug misuse and evaluate the risks for medication misuse. The practitioner must access the PDMP to see if there is an unusual or suspect pattern for prescribing opioids. The form can be revoked at any time, either in writing or orally.

Sharing data relative to the voluntary non-opioid directive form must comply with all federal and state confidentiality laws.

## **ACT 139 of 2014: David's Law – Opioid Overdose Reversal Act**

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Effective Nov. 28, 2014

Act 139 of 2014 expands access to naloxone to emergency services personnel including law enforcement, firefighter and emergency medical service workers. It also allows medical professionals to dispense and prescribe naloxone, either directly or through a standing order, to individuals who may be at risk of overdose. Pursuant to this authority, Pennsylvania's Physician General, in 2015, issued a standing order to allow access to naloxone to individuals who are in the position to help a person at risk of experiencing an opioid-related overdose.