

Act 112 of 2019 requires prescribers to:

- Establish treatment agreements with their patients before issuing the first prescription in a single course of treatment for chronic pain with a controlled substance containing an opioid. The Pennsylvania Department of Health has created an [Act 112 of 2019 Treatment Agreement Checklist](#).
- Assess whether the patient has taken or is currently taking a controlled substance prescription drug to treat a substance use disorder.
- Counsel the patient on treatment goals, expectations, benefits, and risks.
- Obtain the consent of the patient to a targeted urine test.
- Include the brand name or generic name, quantity and initial dose of the controlled substance containing an opioid being prescribed.
- Ensure the patient understands the prescriber and patient treatment responsibilities and the prescribing policies of the practice.
- Ensure the patient understands that a controlled substance has potential to be abused, the associated risks of addiction and overdose, increased risk factors of addiction, the dangers of taking a controlled substance containing an opioid with benzodiazepines, alcohol or other central nervous system depressants, and other information deemed appropriate by the prescriber under 21 CFR 201.57(c)(18).
- Discuss the efficacy, risks, and benefits of other treatment options, if applicable.

Considerations when establishing treatment agreements:

- Act 112 of 2019 does not require a new treatment agreement for patients whose existing opioid treatment plan was established prior to November 27, 2019.
- Act 112 of 2019 does not require the urine drug testing requirements of an opioid treatment agreement for patients experiencing a medical emergency, pain management associated with cancer, or palliative or hospice care.
- Act 112 of 2019 does not require prescribers to conduct a targeted blood test.
- Act 112 of 2019 does not require limiting patients to receiving prescriptions from a specific pharmacy.
- Language that is mistrustful, accusatory, or confrontational may imply that the patient will misuse or abuse the medications. Framing treatment agreements in terms of safety can minimize miscommunication and unintentional stigmatization.
- Clinical judgement should be utilized when creating a treatment agreement and should consider the impact of practice/facility policies on individual patient needs and abilities.
- Follow-up with the patient to ensure adherence to the treatment plan and adjust as needed.

- The [Prescription Drug Monitoring Program \(PDMP\) system](#) can be used as a tool monitor adherence to the treatment agreement.
- Ensure that the patient understands what to do in the event of an overdose and consider co-prescribing naloxone.
- Ensure that the patient understands the dangers and risks of sharing medication and how to safely store and dispose of medication. The Pennsylvania Department of Health has [patient education materials](#) that can be printed and given to patients.
- Discuss with the patient how they should handle controlled substance prescriptions from other providers and ensure the patient understands additional requirements of the practice/facility.
- If a patient does not follow the treatment agreement, discuss next steps in care with the patient and consider [referral to treatment](#) as necessary. Abrupt tapering or discontinuation can result in opioid withdrawal symptoms and physically dependent patients may feel they have no other option but to turn to other sources to avoid withdrawal. Reference the [Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use](#), published by the U.S. Department of Health and Human Services, for advice on safe and effective tapering practices and discontinuation of opioid therapy.
- The PDMP Office offers free [Continuing Medical Education \(CME\)](#) modules regarding safe and effective opioid prescribing, strategies to identify substance use disorder, and addressing substance use disorder, and referring patients to treatment.