By Senator Bean

	4-00631-18 2018458
1	A bill to be entitled
2	An act relating to controlled substance prescribing;
3	amending s. 456.44, F.S.; limiting an initial
4	prescription for a controlled substance that is an
5	opioid to a 7-day supply; limiting a refill or
6	subsequent prescription for a controlled substance
7	that is an opioid to a 30-day supply; providing
8	exceptions to supply limits for certain patients;
9	requiring a prescriber of certain controlled
10	substances to access a patient's drug history in the
11	prescription drug monitoring program's database before
12	prescribing the drug and at least every 90 days
13	thereafter if the prescriber continues to treat that
14	condition with any such controlled substances;
15	requiring a health care practitioner who is authorized
16	to prescribe controlled substances to complete a
17	continuing education course as a condition of initial
18	licensure and biennial licensure renewal; providing an
19	effective date.
20	
21	Be It Enacted by the Legislature of the State of Florida:
22	
23	Section 1. Subsection (3) of section 456.44, Florida
24	Statutes, is amended, and subsections (4), (5), and (6) are
25	added to that section, to read:
26	456.44 Controlled substance prescribing
27	(3) STANDARDS OF PRACTICE FOR THE TREATMENT OF CHRONIC
28	NONMALIGNANT PAIN.—The standards of practice in this section do
29	not supersede the level of care, skill, and treatment recognized
•	

Page 1 of 7

4-00631-18

2018458

30 in general law related to health care licensure.

31 (a) A complete medical history and a physical examination 32 must be conducted before beginning any treatment and must be 33 documented in the medical record. The exact components of the 34 physical examination shall be left to the judgment of the registrant who is expected to perform a physical examination 35 36 proportionate to the diagnosis that justifies a treatment. The 37 medical record must, at a minimum, document the nature and 38 intensity of the pain, current and past treatments for pain, 39 underlying or coexisting diseases or conditions, the effect of 40 the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and 41 42 history of alcohol and substance abuse. The medical record shall 43 also document the presence of one or more recognized medical indications for the use of a controlled substance. Each 44 45 registrant must develop a written plan for assessing each 46 patient's risk of aberrant drug-related behavior, which may 47 include patient drug testing. Registrants must assess each 48 patient's risk for aberrant drug-related behavior and monitor 49 that risk on an ongoing basis in accordance with the plan.

50 (b) Each registrant must develop a written individualized 51 treatment plan for each patient. The treatment plan shall state 52 objectives that will be used to determine treatment success, 53 such as pain relief and improved physical and psychosocial 54 function, and shall indicate if any further diagnostic 55 evaluations or other treatments are planned. After treatment 56 begins, the registrant shall adjust drug therapy to the 57 individual medical needs of each patient. Other treatment 58 modalities, including a rehabilitation program, shall be

Page 2 of 7

4-00631-18 2018458 59 considered depending on the etiology of the pain and the extent 60 to which the pain is associated with physical and psychosocial 61 impairment. The interdisciplinary nature of the treatment plan 62 shall be documented. 63 (c) The registrant shall discuss the risks and benefits of 64 the use of controlled substances, including the risks of abuse 65 and addiction, as well as physical dependence and its 66 consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient 67 68 is incompetent. The registrant shall use a written controlled 69 substance agreement between the registrant and the patient 70 outlining the patient's responsibilities, including, but not limited to: 71 1. Number and frequency of controlled substance 72 73 prescriptions and refills. 74 2. Patient compliance and reasons for which drug therapy 75 may be discontinued, such as a violation of the agreement. 76 3. An agreement that controlled substances for the 77 treatment of chronic nonmalignant pain shall be prescribed by a 78 single treating registrant unless otherwise authorized by the 79 treating registrant and documented in the medical record. 80 (d) The patient shall be seen by the registrant at regular 81 intervals, not to exceed 3 months, to assess the efficacy of 82 treatment, ensure that controlled substance therapy remains 83 indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the 84 85 etiology of the pain. Continuation or modification of therapy 86 shall depend on the registrant's evaluation of the patient's 87 progress. If treatment goals are not being achieved, despite

Page 3 of 7

CODING: Words stricken are deletions; words underlined are additions.

SB 458

	4-00631-18 2018458
88	medication adjustments, the registrant shall reevaluate the
89	appropriateness of continued treatment. The registrant shall
90	monitor patient compliance in medication usage, related
91	treatment plans, controlled substance agreements, and
92	indications of substance abuse or diversion at a minimum of 3-
93	month intervals.
94	(e) The registrant shall refer the patient as necessary for
95	additional evaluation and treatment in order to achieve
96	treatment objectives. Special attention shall be given to those
97	patients who are at risk for misusing their medications and
98	those whose living arrangements pose a risk for medication
99	misuse or diversion. The management of pain in patients with a
100	history of substance abuse or with a comorbid psychiatric
101	disorder requires extra care, monitoring, and documentation and
102	requires consultation with or referral to an addiction medicine
103	specialist or a psychiatrist.
104	(f) A registrant must maintain accurate, current, and
105	complete records that are accessible and readily available for
106	review and comply with the requirements of this section, the
107	applicable practice act, and applicable board rules. The medical
108	records must include, but are not limited to:
109	1. The complete medical history and a physical examination,
110	including history of drug abuse or dependence.
111	2. Diagnostic, therapeutic, and laboratory results.
112	3. Evaluations and consultations.
113	4. Treatment objectives.
114	5. Discussion of risks and benefits.
115	6. Treatments.
116	7. Medications, including date, type, dosage, and quantity
	Page 4 of 7

Page 4 of 7

4-00631-18 2018458 117 prescribed. 118 8. Instructions and agreements. 9. Periodic reviews. 119 10. Results of any drug testing. 120 121 11. A photocopy of the patient's government-issued photo identification. 122 123 12. If a written prescription for a controlled substance is 124 given to the patient, a duplicate of the prescription. 13. The registrant's full name presented in a legible 125 126 manner. 127 (g) A registrant shall immediately refer patients with 128 signs or symptoms of substance abuse to a board-certified pain 129 management physician, an addiction medicine specialist, or a 130 mental health addiction facility as it pertains to drug abuse or 131 addiction unless the registrant is a physician who is board-132 certified or board-eligible in pain management. Throughout the 133 period of time before receiving the consultant's report, a 134 prescribing registrant shall clearly and completely document 135 medical justification for continued treatment with controlled 136 substances and those steps taken to ensure medically appropriate 137 use of controlled substances by the patient. Upon receipt of the 138 consultant's written report, the prescribing registrant shall incorporate the consultant's recommendations for continuing, 139 140 modifying, or discontinuing controlled substance therapy. The 141 resulting changes in treatment shall be specifically documented 142 in the patient's medical record. Evidence or behavioral 143 indications of diversion shall be followed by discontinuation of 144 controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the 145

Page 5 of 7

	4-00631-18 2018458_
146	registrant shall be documented in the patient's medical record.
147	
148	This subsection does not apply to a board-eligible or board-
149	certified anesthesiologist, physiatrist, rheumatologist, or
150	neurologist, or to a board-certified physician who has surgical
151	privileges at a hospital or ambulatory surgery center and
152	primarily provides surgical services. This subsection does not
153	apply to a board-eligible or board-certified medical specialist
154	who has also completed a fellowship in pain medicine approved by
155	the Accreditation Council for Graduate Medical Education or the
156	American Osteopathic Association, or who is board eligible or
157	board certified in pain medicine by the American Board of Pain
158	Medicine, the American Board of Interventional Pain Physicians,
159	the American Association of Physician Specialists, or a board
160	approved by the American Board of Medical Specialties or the
161	American Osteopathic Association and performs interventional
162	pain procedures of the type routinely billed using surgical
163	codes. This subsection does not apply to a registrant who
164	prescribes medically necessary controlled substances for a
165	patient during an inpatient stay in a hospital licensed under
166	chapter 395.
167	(4) LIMITATIONS ON OPIOID PRESCRIPTIONSAn initial
168	prescription for a controlled substance that is an opioid
169	prescribed to treat acute pain is limited to a 7-day supply. A
170	refill or a subsequent prescription for a controlled substance
171	that is an opioid to treat the same condition is limited to a
172	30-day supply, unless the patient is in hospice care, is being
173	treated for cancer, or is being treated for chronic nonmalignant
174	pain pursuant to subsection (3).
•	

Page 6 of 7

	4-00631-18 2018458
175	
176	DATABASEBefore prescribing a controlled substance listed in
177	Schedule II, Schedule III, or Schedule IV in s. 893.03, to a
178	patient 16 years or older, a prescriber as defined in s. 893.055
179	or his or her designee must access the patient's prescription
180	drug history in the prescription drug monitoring program's
181	database. At a minimum, this inquiry is required before an
182	initial prescription for a patient's condition and at least
183	every 90 days thereafter if the prescriber continues to treat
184	that condition with a controlled substance listed in one of
185	these schedules.
186	(6) CONTINUING MEDICAL EDUCATIONA health care
187	practitioner who is authorized under federal and state law to
188	prescribe controlled substances must complete a 2-hour
189	continuing education course on the current standards for
190	prescribing controlled substances and the risks associated with
191	prescribing controlled substances for chronic and acute pain.
192	Beginning on January 1, 2019, completion of this course is
193	required as a condition of initial licensure and biennial
194	licensure renewal. The course may be offered in a distance
195	learning format and must be included within the number of
196	continuing education hours required by law for the licensee's
197	profession.
198	Section 2. This act shall take effect July 1, 2018.

Page 7 of 7