

House File 181 - Introduced

HOUSE FILE 181

BY HEATON

A BILL FOR

1 An Act relating to the adoption of guidelines relating to the
2 use and prescribing of opiates by emergency departments.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 135.39D Opiate prescribing and use
2 in emergency departments.

3 The department shall adopt by rule in accordance with
4 chapter 17A guidelines for the prescribing of opiates in the
5 emergency departments of hospitals in order to assist emergency
6 departments in reducing the inappropriate use of opiates
7 while preserving the vital role of the emergency department
8 in treating patients with emergent medical conditions. At a
9 minimum, the guidelines shall provide for all of the following:

10 1. Designating one medical provider for the prescribing
11 of all opiates to treat a patient's chronic pain and limiting
12 the prescribing of opiates to treat chronic pain to only the
13 immediate treatment of acute exacerbations of pain associated
14 with objective findings of uncontrolled pain.

15 2. Limiting the administration of intravenous and
16 intramuscular opiates in the emergency department for the
17 relief of acute exacerbations of chronic pain.

18 3. Limiting the replacement of prescriptions by emergency
19 departments of opiates that have been lost, destroyed, or
20 stolen.

21 4. Limiting the replacement by emergency departments of
22 doses of methadone for patients in a methadone treatment
23 program.

24 5. Prohibiting or discouraging the prescribing of
25 long-acting, controlled-release, or other opiates such as
26 oxycontin, fentanyl patches, methadone, and demerol by the
27 emergency department.

28 6. Utilizing an emergency department information exchange
29 to encourage the sharing of patient histories between emergency
30 departments.

31 7. Facilitating the sharing of patient pain histories
32 between a patient's family physician and the emergency
33 department.

34 8. Requiring a patient to provide government-issued
35 identification when filling a prescription for an opiate

1 prescribed in the emergency department.

2 9. Providing for the photographing of patients prescribed
3 opiates in the emergency department by the emergency department
4 if the patient does not have government-issued identification.

5 10. Requiring the use of a care coordination program by
6 emergency departments for patients who frequently use the
7 emergency department and are prescribed opiates.

8 11. Requiring emergency departments to encourage use of
9 primary care providers by patients who frequently use the
10 emergency department and are prescribed opiates.

11 12. Requiring emergency departments to perform screening,
12 brief interventions, and treatment referrals for patients with
13 suspected opiate use disorders.

14 13. Requiring follow-up care with the patient's primary
15 opiate prescriber following the emergency department visit and
16 limiting the amount of opiates prescribed to only the amount
17 necessary until the follow-up visit.

18 14. Limiting the amount of opiate pain medication
19 prescribed by the emergency department for acute injuries.

20 15. Requiring screening for substance use disorders prior
21 to prescribing opiates in the emergency department for acute
22 pain.

23 16. In accordance with the federal Emergency Medical
24 Treatment and Active Labor Act, using the clinical judgment of
25 the health care provider in determining whether to prescribe
26 opiates for pain.

27

EXPLANATION

28 This bill relates to the adoption of opiate use and
29 prescribing guidelines for emergency departments (ED) of
30 hospitals.

31 The bill directs the department of public health to adopt
32 by rule pursuant to Code chapter 17A guidelines for the use
33 and prescribing of opiates in the emergency departments of
34 hospitals. The intent of the guidelines is to assist emergency
35 departments in reducing the inappropriate use of opiates while

1 preserving the vital role of the emergency department in
2 treating patients with emergent medical conditions.

3 The guidelines, at a minimum, are to address: the
4 designation of one medical provider for the prescribing of
5 all opiates to treat a patient's chronic pain and limiting
6 the prescribing of opiates to treat chronic pain to only the
7 immediate treatment of acute exacerbations of pain associated
8 with objective findings of uncontrolled pain; limiting the
9 administration of intravenous and intramuscular opiates in
10 the ED; limiting the replacement of opiate prescriptions by
11 EDs that have been lost, destroyed, or stolen; limiting the
12 replacement by EDs of doses of methadone for patients in a
13 methadone treatment program; prohibiting or discouraging the
14 prescribing of long-acting, controlled-release, or other
15 opiates by the ED; utilizing an ED information exchange
16 to encourage the sharing of patient histories between EDs;
17 facilitating the sharing of patient pain histories between a
18 patient's family physician and the ED; requiring a patient
19 to provide government-issued identification when filling a
20 prescription for an opiate prescribed in the ED; providing for
21 the photographing of patients prescribed opiates in the ED if
22 the patient does not have government-issued identification;
23 requiring the use of a care coordination program by EDs for
24 patients who frequently use the ED and are prescribed opiates;
25 requiring EDs to encourage use of primary care providers by
26 patients who frequently use the ED and are prescribed opiates;
27 requiring EDs to perform screening, brief interventions, and
28 treatment referrals for patients with suspected opiate use
29 disorders; requiring follow-up care with the patient's primary
30 opiate prescriber following the ED visit in order to limit
31 the amount of opiates prescribed in the ED to only the amount
32 necessary until the follow-up visit; limiting the amount of
33 opiates prescribed by the ED for acute injuries; requiring
34 screening for substance use disorders prior to prescribing
35 opiates in the ED for acute pain; and in accordance with the

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1 federal Emergency Medical Treatment and Active Labor Act,
2 using the clinical judgment of the health care provider in
3 determining whether to prescribe opiates for pain.