

Senate File 2208 - Introduced

SENATE FILE 2208

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A BILL FOR

1 An Act relating to the standards of practice relating to the
2 prescribing of certain pain medications.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. BOARD OF MEDICINE — STANDARDS OF PRACTICE FOR
2 PRESCRIBING CERTAIN PAIN MEDICATIONS.

3 1. The board of medicine shall amend the standards of
4 practice for appropriate pain management as established by rule
5 in 653 IAC 13.2, to specifically require all of the following:

6 a. That prior to issuing an initial prescription for a
7 controlled substance in schedule I or any opioid pain reliever
8 that is a prescription drug in a course of treatment for acute
9 or chronic pain, and prior to issuing a third prescription in
10 the same course of treatment, a physician shall discuss with
11 the patient, or the patient's parent or guardian if the patient
12 has not reached majority as described in section 599.1, all of
13 the following:

14 (1) The risks of addiction and overdose associated with
15 opioid drugs and the dangers of taking opioid drugs with
16 alcohol, benzodiazepines, and other central nervous system
17 depressants.

18 (2) The reasons the prescription is necessary.

19 (3) Alternative treatments that may be available.

20 (4) The risks associated with the use of the drugs
21 being prescribed, specifically that opioids are highly
22 addictive, even when taken as prescribed, that there is a
23 risk of developing a physical or psychological dependence
24 on the prescription drug, and that taking more opioids than
25 prescribed, or mixing sedatives, benzodiazepines, or alcohol
26 with opioids, may result in fatal respiratory depression.

27 b. That the physician include a note in the patient's
28 medical record, confirming that the physician has discussed
29 with the patient, or the patient's parent or guardian, as
30 applicable, the information specified under subsection 1.

31 2. This section shall not apply to a prescription for a
32 patient who is at the stage in the progression of cancer or
33 other terminal illness when the goal of pain management is
34 comfort care including when the patient is receiving hospice
35 care from a licensed hospice or palliative care, or to any

1 medications prescribed for use in the treatment of substance
2 use disorder or opioid dependence.

3 EXPLANATION

4 The inclusion of this explanation does not constitute agreement with
5 the explanation's substance by the members of the general assembly.

6 This bill relates to the standards of practice for a
7 physician relating to the prescribing of certain pain
8 medications.

9 The bill requires the board of medicine to amend the
10 standards of practice for appropriate pain management as
11 established by rule in 653 IAC 13.2, to include specific
12 requirements. The requirements include both of the following:

13 1. That prior to issuing an initial prescription for a
14 controlled substance in schedule I or any opioid pain reliever
15 that is a prescription drug in a course of treatment for acute
16 or chronic pain, and prior to issuing a third prescription in
17 the same course of treatment, a physician shall discuss with
18 the patient, or the patient's parent or guardian if the patient
19 has not reached majority, the risks of addiction and overdose
20 associated with opioid drugs and the dangers of taking opioid
21 drugs with alcohol, benzodiazepines, and other central nervous
22 system depressants; the reasons the prescription is necessary;
23 alternative treatments that may be available; and the risks
24 associated with the use of the drugs being prescribed,
25 specifically that opioids are highly addictive, even when taken
26 as prescribed, that there is a risk of developing a physical
27 or psychological dependence on the prescription drug, and that
28 taking more opioids than prescribed, or mixing sedatives,
29 benzodiazepines, or alcohol with opioids, may result in fatal
30 respiratory depression.

31 2. That the physician include a note in the patient's
32 medical record, confirming that the physician has discussed
33 with the patient, or the patient's parent or guardian, as
34 applicable, the information specified in the bill.

35 The provisions of the bill do not apply to a prescription

1 for a patient who is at the stage in the progression of cancer
2 or other terminal illness when the goal of pain management is
3 comfort care including when the patient is receiving hospice
4 care from a licensed hospice or palliative care, or to any
5 medications prescribed for use in the treatment of substance
6 use disorder or opioid dependence.