JAN 1 7 2020

### A BILL FOR AN ACT

RELATING TO OPIOIDS.

### BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1	SECTION 1. Chapter 329, Hawaii Revised Statutes, is
2	amended by adding a new section to be appropriately designated
3	and to read as follows:
4	" <u>§329-</u> Opioids; initial prescriptions; acute pain;
5	verbal discussion. (a) Prior to issuing the initial
6	prescription of a controlled substance that is an opioid in a
7	course of treatment for acute pain, and again prior to issuing
8	the third prescription of the course of treatment for the same
9	acute pain symptom, a provider authorized to prescribe opioids
10	shall discuss with the patient, or the patient's parent or
11	guardian if the patient is under eighteen years of age and is
12	not an emancipated minor, the risks associated with the opioid
13	being prescribed, including but not limited to:
14	(1) The risks of addiction and overdose associated with
15	opioids and the dangers of taking opioids with
16	alcohol, benzodiazepines, and other central nervous

17 system depressants;



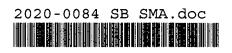
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1	(2)	The	reasons why the prescription is necessary;
2	(3)	Alte	rnative treatments that may be available; and
3	(4)	Risk	s associated with the use of the opioids being
4		pres	cribed, specifically that:
5		(A)	Opioids are highly addictive, even when taken as
6			prescribed;
7		<u>(B)</u>	There is a risk of developing a physical or
8			psychological dependence on the controlled
9			dangerous substance; and
10		<u>(C)</u>	The risks of taking more opioids than prescribed,
11			or mixing sedatives, benzodiazepines, or alcohol
12			with opioids, can result in fatal respiratory
13			depression.
14	(b)	The	provider shall include a note in the patient's
15	medical re	ecord	that the patient or the patient's parent or
16	guardian,	as a	pplicable, has discussed with the provider the
17	risks of a	devel	oping a physical or psychological dependence on
18	the opioid	d and	alternative treatments that may be available.
19	(c)	The	department of health may develop and make
20	available	guid	elines for the discussion required pursuant to
21	this sect:	ion.	

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1	(d) As used in this section:			
2	"Acute pain" means pain, whether resulting from a disease,			
3	accidental or intentional trauma, or other cause, that the			
4	provider reasonably believes expects to last only a short period			
5	of time. "Acute pain" does not include chronic pain, pain			
6	originating from cancer, pain experienced while the patient is			
7	in palliative care or hospice care, or pain experienced by a			
8	qualified patient under chapter 327L.			
9	"Initial prescription" means a prescription issued to a			
10	patient who:			
11	(1) Has never previously been issued a prescription for			
12	the opioid; or			
13	(2) Was previously issued a prescription for the opioid,			
14	but the date on which the current prescription is			
15	being issued is more than one year after the date the			
16	patient last used or was administered the opioid.			
17	When determining whether a patient was previously issued a			
18	prescription for an opioid, the provider shall consult with the			
19	patient and review the patient's medical record and the State			
20	prescription accountability system."			
21	SECTION 2. New statutory material is underscored.			



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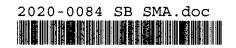
1 SECTION 3. This Act shall take effect upon its approval.

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#### Report Title:

Opioids; Initial Prescription; Acute Pain; Providers; Verbal Discussion; Risks

### Description:

Requires providers authorized to prescribe opioids to discuss with patients certain risks associated with controlled substances that are opioids prior to issuing initial opioid prescriptions for the treatment of acute pain. Requires providers to include a note acknowledging the discussion of the risks associated with opioids in the patient's medical record.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

