

**ONE HUNDRED FIFTH LEGISLATURE - SECOND SESSION - 2018**  
**COMMITTEE STATEMENT**  
**LB931**

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**Hearing Date:** Friday January 26, 2018  
**Committee On:** Judiciary  
**Introducer:** Howard  
**One Liner:** Provide requirements for opiate prescriptions

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**

**Aye:** 8 Senators Baker, Chambers, Ebke, Halloran, Hansen, Krist, Morfeld,  
Pansing Brooks

**Nay:**

**Absent:**

**Present Not Voting:**

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**Verbal Testimony:**

**Proponents:**

Senator Sarah Howard  
Andrew Macfadyen  
Julia Tse  
Kim Robak  
Andy Hale

**Representing:**

Introducer  
Children's Hospital & Medical Center  
Voices for Children in Nebraska  
Nebraska Dental Association  
Nebraska Hospital Association

**Opponents:**

John Massey

**Representing:**

Nebraska Medical Association

**Neutral:**

Edward Truemper

**Representing:**

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**Summary of purpose and/or changes:**

This bill would generally prohibit medical practitioners prescribing opioid pain relievers for a patient younger than nineteen from prescribing more than a "seven-day supply" for such patients. A practitioner desiring to prescribe opioids to such a patient for the first time would also be required to discuss with reason for the prescription and the risks associated with opioid use to the patient's parent or guardian.

The bill includes an exception from the seven-day supply limitation for patients suffering from chronic pain, a cancer diagnosis, or palliative care. In order to prescribe more than a seven-day supply, the practitioner would be required to document the patient's condition and record his or her professional finding that a non-opiate alternative was not appropriate to address the medical condition.

The bill includes another exception for controlled substances administered to a narcotic-dependent person under the provisions of Neb. Rev. Stat. Sec. 28-412.

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**Explanation of amendments:**

AM 1849 incorporates the original provisions of LB 931, but removes a reference to opiates being appropriate for

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treatment of "chronic pain management." The amendment language adds a sunset date of January 1, 2029. The amendment also adds legislative findings relating to opiate abuse and best practices in prescribing opiate drugs.

AM 1849 also inserts provisions of LB 933 (Lindstrom) and LB 934 (Kuehn) as amended by AM 1841 into LB 931.

Provisions from LB 933 would place restrictions on healthcare practitioners desiring to prescribe a controlled substance listed on Schedule II of the Controlled Substances Act or any other opiate not listed in Schedule II. In order to lawfully prescribe such drug, the practitioner must first discuss certain information with the patient, or with the patient's parent or guardian if the patient is younger than eighteen years old and is not emancipated. The healthcare practitioner would be required to discuss the following topics: risks of addiction and overdose, reasons why the practitioner deems the prescription necessary, and alternative treatments that may be available. Such discussions would be required prior to the first prescription and again prior to issuing a third prescription to the patient. The practitioner would be required to include a note in the patient's medical record confirming that the mandated discussion occurred.

Provisions from LB 934 as amended by AM 1841 would require that persons receiving dispensed opiates provide photographic identification. An exception is provided for patients, residents, and employees of licensed healthcare facilities so long as there are related identification procedures in place at the facility.

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Laura Ebke, Chairperson