

LEGISLATIVE BILL 931

Approved by the Governor April 04, 2018

Introduced by Howard, 9; Kuehn, 38; Lindstrom, 18; Halloran, 33.

A BILL FOR AN ACT relating to controlled substances; to amend sections 28-101 and 28-401.01, Revised Statutes Supplement, 2017; to provide requirements for prescriptions; to harmonize provisions; to provide termination dates; and to repeal the original sections.

Be it enacted by the people of the State of Nebraska,

Section 1. Section 28-101, Revised Statutes Supplement, 2017, is amended to read:

28-101 Sections 28-101 to 28-1357 and 28-1601 to 28-1603 and sections 3 to 5 of this act shall be known and may be cited as the Nebraska Criminal Code.

Sec. 2. Section 28-401.01, Revised Statutes Supplement, 2017, is amended to read:

28-401.01 Sections 28-401 to 28-456.01 and 28-458 to 28-472 and sections 3 to 5 of this act shall be known and may be cited as the Uniform Controlled Substances Act.

Sec. 3. (1) When prescribing a controlled substance listed in Schedule II of section 28-405 or any other opiate not listed in Schedule II, prior to issuing the practitioner's initial prescription for a course of treatment for acute or chronic pain and again prior to the practitioner's third prescription for such course of treatment, a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is younger than eighteen years of age and is not emancipated:

(a) The risks of addiction and overdose associated with the controlled substance or opiate being prescribed, including, but not limited to:

(i) Controlled substances and opiates are highly addictive even when taken as prescribed;

(ii) There is a risk of developing a physical or psychological dependence on the controlled substance or opiate; and

(iii) Taking more controlled substances or opiates than prescribed, or mixing sedatives, benzodiazepines, or alcohol with controlled substances or opiates, can result in fatal respiratory depression;

(b) The reasons why the prescription is necessary; and

(c) Alternative treatments that may be available.

(2) This section terminates on January 1, 2029.

Sec. 4. (1) The Legislature finds that:

(a) In most cases, acute pain can be treated effectively with nonopiate or nonpharmacological options;

(b) With a more severe or acute injury, short-term use of opiates may be appropriate;

(c) Initial opiate prescriptions for children should not exceed seven days for most situations, and two or three days of opiates will often be sufficient;

(d) If a patient needs medication beyond three days, the prescriber should reevaluate the patient prior to issuing another prescription for opiates; and

(e) Physical dependence on opiates can occur within only a few weeks of continuous use, so great caution needs to be exercised during this critical recovery period.

(2) A practitioner who is prescribing an opiate for a patient younger than eighteen years of age for outpatient use for an acute condition shall not prescribe more than a seven-day supply except as otherwise provided in subsection (3) of this section and, if the practitioner has not previously prescribed an opiate for such patient, shall discuss with a parent or guardian of such patient, or with the patient if the patient is an emancipated minor, the risks associated with use of opiates and the reasons why the prescription is necessary.

(3) If, in the professional medical judgment of the practitioner, more than a seven-day supply of an opiate is required to treat such patient's medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care, the practitioner may issue a prescription for the quantity needed to treat such patient's medical condition or pain. The practitioner shall document the medical condition triggering the prescription of more than a seven-day supply of an opiate in the patient's medical record and shall indicate that a nonopiate alternative was not appropriate to address the medical condition.

(4) This section does not apply to controlled substances prescribed pursuant to section 28-412.

(5) This section terminates on January 1, 2029.

Sec. 5. (1) Unless the individual taking receipt of dispensed opiates listed in Schedule II, III, or IV of section 28-405 is personally and positively known to the pharmacist or dispensing practitioner, the individual shall display a valid driver's or operator's license, a state identification card, a military identification card, an alien registration card, or a passport as proof of identification.

(2) This section does not apply to a patient who is a resident of a health

care facility licensed pursuant to the Health Care Facility Licensure Act.

Sec. 6. Original sections 28-101 and 28-401.01, Revised Statutes Supplement, 2017, are repealed.