

July 2019 Legislative Review by:

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House Bill 451 follows this legislative examination (see pages 2-5).

DOH pamphlet follows this legislative examination (see pages 6-7).

Nonopioid Alternatives Legislation

House Bill 451, Nonopioid Alternatives, was approved by Governor DeSantis and is effective as of July 1, 2019. This newly approved legislation mandates the Florida Department of Health to develop and publish an educational pamphlet regarding the use of nonopioid alternatives for the treatment of pain.

The Florida Department of Health has developed this pamphlet and has published it on its website, and can be found here (or see pages 6-7):

https://flboardofmedicine.gov/pdfs/HB451_pamphlet_6-28-19.pdf

The bill also requires that before providing anesthesia or prescribing, ordering, dispensing, or administering a Schedule II controlled substance to treat pain, the patient must be provided information about available nonopioid alternatives. A healthcare practitioner will discuss the advantages and disadvantages of using nonopioid alternatives, provide the patient with this educational pamphlet, and document that discussion in the patient's medical records. Those healthcare practitioners providing emergency services and care are exempt from these requirements.

1 A bill to be entitled
2 An act relating to non-opioid directives; amending s.
3 456.44, F.S.; providing legislative intent; requiring
4 the Department of Health to establish a voluntary non-
5 opioid directive form; providing requirements for the
6 form; requiring the form to be posted on the
7 department website; requiring certain physicians to
8 document receipt of the form in a patient's medical
9 record; authorizing a patient to appoint a duly
10 authorized guardian or health care proxy who may
11 revoke a voluntary non-opioid directive; requiring
12 certain physicians to provide a copy of the form to
13 certain patients; requiring a pharmacist to presume
14 that an electronically transmitted prescription for an
15 opioid drug is valid; authorizing a pharmacist to
16 dispense an opioid drug in contradiction of a
17 voluntary non-opioid directive; providing that certain
18 persons are not liable for damages or subject to
19 criminal prosecution under certain circumstances;
20 providing that certain persons may be subject to
21 disciplinary action under certain circumstances;
22 providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:
25

26 Section 1. Subsection (7) is added to section 456.44,
27 Florida Statutes, to read:

28 456.44 Controlled substance prescribing.—

29 (7) VOLUNTARY NON-OPIOID DIRECTIVE FORM.—

30 (a) The Legislature finds that every competent adult has
31 the fundamental right of self-determination regarding decisions
32 pertaining to his or her own health, including the right to
33 refuse an opioid drug listed as a Schedule II controlled
34 substance in s. 893.03 or 21 U.S.C. s. 812.

35 (b) The department shall establish a voluntary non-opioid
36 directive form. The form shall inform registrants that a patient
37 may not be prescribed, ordered, or administered an opioid drug.
38 The form shall be posted on the department website. A patient
39 may execute and file the form with a registrant. A registrant
40 shall document receipt of the form in a patient's medical
41 record.

42 (c) A patient may appoint and list on the voluntary non-
43 opioid directive form a duly authorized guardian or health care
44 proxy who may revoke the directive by written or verbal means at
45 any time and for any reason. A person acting in good faith as a
46 duly authorized guardian or health care proxy is not liable for
47 damages in a civil action or subject to criminal prosecution for
48 revoking a voluntary non-opioid directive.

49 (d) A registrant who prescribes, orders, or administers an
50 opioid drug for the treatment of acute pain or chronic

51 nonmalignant pain must provide a copy of the voluntary non-
52 opioid directive form to any patient to whom an opioid drug may
53 be prescribed, ordered, or administered in the course of
54 treatment before prescribing, ordering, or administering the
55 opioid drug.

56 (e) For purposes of this subsection, a pharmacist shall
57 presume that an electronically transmitted prescription for an
58 opioid drug is valid and is authorized to dispense an opioid
59 drug in contradiction of a voluntary non-opioid directive. A
60 pharmacist who exercises reasonable care is not liable for
61 damages in a civil action, subject to criminal prosecution, or
62 deemed to have violated the standard of care for dispensing an
63 opioid drug in contradiction of a voluntary non-opioid
64 directive.

65 (f) A registrant who exercises reasonable care is not
66 liable for damages in a civil action, subject to criminal
67 prosecution, or deemed to have violated the standard of care for
68 refusing to prescribe, order, or administer an opioid drug
69 pursuant to a voluntary non-opioid directive. However, a
70 registrant who fails to comply with a patient's voluntary non-
71 opioid directive or the revocation thereof may be subject to
72 disciplinary action pursuant to s. 456.072.

73 (g) A registrant employed by a hospital emergency
74 department, acting either as the patient's physician or as the
75 emergency medical services director, who exercises reasonable

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76 care is not liable for damages in a civil action, subject to
77 criminal prosecution, or deemed to have violated the standard of
78 care for prescribing, ordering, or administering an opioid drug
79 to a person who has a voluntary non-opioid directive when the
80 registrant has reasonable cause to believe that an opioid drug
81 is necessary and the registrant had no knowledge of the
82 patient's voluntary non-opioid directive at the time of
83 prescribing, ordering, or administering the opioid drug.

84 Section 2. This act shall take effect July 1, 2019.

minimal risk of side-effects due to low absorption of the medication into the blood stream. Compounded topicals prepared by a pharmacist can be customized to the patient's specific needs.

Interventional pain management. "Interventional" procedures might include an injection of an anesthetic medicine or steroid around nerves, tendons, joints or muscles; spinal cord stimulation; insertion of a drug delivery system; or a procedure to stop a nerve from working for a long period of time.

Non-opioid anesthesia. Non-opioid anesthesia. Non-opioid anesthesia refers to the anesthetic technique of using medications to provide anesthesia and post-operative pain relief in a way that does not require opioids. Anesthesiologists can replace opioids with other medications selected for their ability to block surgical and post-surgical pain. By replacing opioids and incorporating the variety of anesthetic and analgesic medications that block the process of pain, anesthesia providers can provide a safer anesthetic that avoids the adverse effects of opioids.

Discuss these alternatives with your healthcare practitioner and talk about the advantages and disadvantages of the specific options being considered. Different approaches work better on different types of pain. Some treatments for pain can have undesirable side effects while others may provide benefits beyond pain relief. Depending on your insurance coverage, some options may not be covered, resulting in substantial out-of-pocket costs. Other options may require a significant time commitment due to the number of treatments or the time required for the treatment. Good communication between you and your healthcare practitioner is essential in building the best pain management plan for you.

Helpful Hints and Links

When you are selecting a healthcare practitioner, you can verify their license and find more information at: <https://appsmqa.doh.state.fl.us/MQASearchServices/Home>

You can find more information at these links.

National Institutes of Health: <https://nccih.nih.gov/health/pain/chronic.htm>

Centers for Disease Control and Prevention: https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf



Information on Nonopioid Alternatives for the Treatment of Pain

A guide to working with your healthcare practitioner to manage pain

Prescription opioids are sometimes used to treat moderate-to-severe pain. Because prescription opioids have a number of serious side effects, it is important for you to ask questions and learn more about the benefits and risks of opioids. Make sure you're getting care that is safe, effective, and right for you.



This pamphlet provides information about nonopioid alternative treatments to manage pain. You and your healthcare practitioner can develop a course of treatment that uses multiple methods and modalities, including prescription medications such as opioids, and discuss the advantages and disadvantages of each approach.

Pain management requires attention to biological, psychological, and environmental factors. Before deciding with your healthcare practitioner about how to treat your pain, you should consider options so that your treatment provides the greatest benefit with the lowest risk.

Cold and heat. Cold can be useful soon after an injury to relieve pain, decrease inflammation and muscle spasms, and help speed recovery. Heat raises your pain threshold and relaxes muscles.

Exercise. Staying physically active, despite some pain, can play a helpful role for people with some of the more common pain conditions, including low back pain, arthritis, and fibromyalgia.

Weight loss. Many painful health conditions are worsened by excess weight. It makes sense, then, that losing weight can help to relieve some kinds of pain.

Diet and nutrition. Chronic pain may be the result of chronic inflammation. Some foods can increase inflammation and contribute to pain levels. Reducing or eliminating foods that increase inflammation may provide pain relief.

Yoga and tai chi. These mind-body and exercise practices incorporate breath control, meditation, and movements to stretch and strengthen muscles. They may help with chronic pain conditions such as fibromyalgia, low back pain, arthritis, or headaches.

Transcutaneous electrical nerve stimulation (TENS). This technique employs a very mild electrical current to block pain signals going from the body to the brain.

Over-the-counter medications. Pain relievers that you can buy without a prescription, such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs) like aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve, Naprosyn) can help to relieve mild to moderate pain.



Treatments provided by Licensed Healthcare Providers

Physical therapy (PT) and occupational therapy (OT). PT helps to increase flexibility and range of motion which can provide pain relief. PT can also restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

Massage therapy. Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly impeding pain messages to and from the brain.

Acupuncture. Acupuncture is based on traditional Chinese medical concepts and modern medical techniques and provides pain relief with no side-effects by stimulating the body's pain-relieving endorphins. Techniques may include inserting extremely fine needles into the skin at specific points on the body.

Chiropractic care. Chiropractic physicians treat and rehabilitate pain, diseases and conditions using manual, mechanical, electrical, natural methods, physical therapy, nutrition and acupuncture. Chiropractors practice a hands-on, prescription drug-free approach to health care that includes patient examination, diagnosis and treatment.

Osteopathic Manipulative Treatment (OMT). Osteopathic physicians (DO) are educated, trained, and licensed physicians, but also receive additional training in OMT. OMT is a set of hands-on techniques used by osteopathic physicians to diagnose, treat, and prevent illness or injury. OMT is often used to treat pain but can also be used to promote healing, increase overall mobility, and treat other health problems.

Behavioral interventions. Mental health professionals can offer many avenues for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Behavioral interventions can allow you to better manage your pain by changing behavior patterns.

Topical treatments and medications. Topical Agents, including Anesthetics, NSAIDs, Muscle Relaxers, and Neuropathic Agents, can be applied directly to the affected areas to provide needed pain relief and typically have a