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):


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

Be It Enacted by the Legislature of the State of Florida:
Section 1. Subsection (7) is added to section 456.44, Florida Statutes, to read:

456.44 Controlled substance prescribing.—

(7) VOLUNTARY NON-OPIOID DIRECTIVE FORM.—

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

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

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

(d) A registrant who prescribes, orders, or administers an opioid drug for the treatment of acute pain or chronic
nonmalignant pain must provide a copy of the voluntary non-opioid directive form to any patient to whom an opioid drug may be prescribed, ordered, or administered in the course of treatment before prescribing, ordering, or administering the opioid drug.

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

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

(g) A registrant employed by a hospital emergency department, acting either as the patient's physician or as the emergency medical services director, who exercises reasonable
care is not liable for damages in a civil action, subject to
criminal prosecution, or deemed to have violated the standard of
care for prescribing, ordering, or administering an opioid drug
to a person who has a voluntary non-opioid directive when the
registrant has reasonable cause to believe that an opioid drug
is necessary and the registrant had no knowledge of the
patient's voluntary non-opioid directive at the time of
prescribing, ordering, or administering the opioid drug.

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

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.
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.


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