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Martin
3/25/13

CS FOR HOUSE BILL NO. 53()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-EIGHTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVE KELLER

A BILL
FOR AN ACT ENTITLED

1 **"An Act establishing a consultation requirement with respect to the prescription of**
2 **opiates under certain circumstances; relating to pain management specialists; relating to**
3 **disciplinary sanctions for dentists, prescribers, and persons administering opiates;**
4 **relating to the controlled substance prescription database; relating to the administration**
5 **of opiates for treatment of drug abuse; and providing for an effective date."**

6 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

7 *** Section 1. AS 08.36.315 is amended to read:**

8 **Sec. 08.36.315. Grounds for discipline, suspension, or revocation of license.**

9 The board may revoke or suspend the license of a dentist, or may reprimand, censure,
10 or discipline a dentist, or both, if the board finds after a hearing that the dentist

11 (1) used or knowingly cooperated in deceit, fraud, or intentional
12 misrepresentation to obtain a license;

13 (2) engaged in deceit, fraud, or intentional misrepresentation in the

1 course of providing or billing for professional dental services or engaging in
2 professional activities;

3 (3) advertised professional dental services in a false or misleading
4 manner;

5 (4) received compensation for referring a person to another dentist or
6 dental practice;

7 (5) has been convicted of a felony or other crime that affects the
8 dentist's ability to continue to practice dentistry competently and safely;

9 (6) engaged in the performance of patient care, or permitted the
10 performance of patient care by persons under the dentist's supervision, regardless of
11 whether actual injury to the patient occurred,

12 (A) that did not conform to minimum professional standards of
13 dentistry; or

14 (B) when the dentist, or a person under the supervision of the
15 dentist, did not have the permit, registration, or certificate required under
16 AS 08.32 or this chapter;

17 (7) failed to comply with this chapter, with a regulation adopted under
18 this chapter, or with an order of the board;

19 (8) continued to practice after becoming unfit due to

20 (A) professional incompetence;

21 (B) addiction or dependence on alcohol or other drugs that
22 impair the dentist's ability to practice safely;

23 (C) physical or mental disability;

24 (9) engaged in lewd or immoral conduct in connection with the
25 delivery of professional service to patients;

26 (10) permitted a dental hygienist or dental assistant who is employed
27 by the dentist or working under the dentist's supervision to perform a dental procedure
28 in violation of AS 08.32.110 or AS 08.36.346;

29 (11) failed to report to the board a death that occurred on the premises
30 used for the practice of dentistry within 48 hours;

31 (12) falsified or destroyed patient or facility records or failed to

1 maintain a patient or facility record for at least seven years after the date the record
2 was created;

3 (13) failed to check or have a designated staff member check the
4 controlled substance prescription database created under AS 17.30.200 before
5 prescribing 120 milligrams morphine equivalent dose or more of an opiate in a
6 day.

7 * Sec. 2. AS 08.36 is amended by adding a new section to read:

8 **Sec. 08.36.368. Prescription of opiates; consultation requirement. (a)**

9 Except as provided in (c) of this section, a licensed dentist who prescribes 120
10 milligrams morphine equivalent dose or more of an opiate in a day to a patient shall
11 consult with a pain management specialist if the patient is still taking 120 milligrams
12 morphine equivalent dose or more of an opiate in a day after six weeks.

13 (b) The consultation required under (a) of this section must consist of at least
14 one of the following:

15 (1) an office visit with the patient and the pain management specialist;

16 (2) a telephone or electronic consultation between the pain
17 management specialist and the licensed dentist; or

18 (3) an audio-visual evaluation conducted remotely by the pain
19 management specialist, at which the patient is present with either

20 (A) the licensed dentist; or

21 (B) a licensed health care practitioner designated by the
22 licensed dentist or pain management specialist.

23 (c) The consultation requirement under (a) of this section does not apply to

24 (1) the management of acute pain caused by a dental injury or a dental
25 surgical procedure;

26 (2) a patient who is following a tapering schedule;

27 (3) a patient who requires treatment for acute pain that necessitates a
28 temporary escalation in opiate dosage before an expected return to or below the
29 patient's baseline dosage;

30 (4) a situation in which the licensed dentist documents reasonable
31 attempts to obtain a consultation with a pain management specialist, and the

1 circumstances justify prescribing 120 milligrams morphine equivalent dose or more of
2 an opiate in a day without obtaining a consultation; or

3 (5) a patient whose pain and function are stable and who is on a
4 nonescalating dose of an opiate.

5 (d) In this section,

6 (1) "advanced nurse practitioner" has the meaning given in
7 AS 08.68.850;

8 (2) "osteopath" means a person licensed to practice osteopathy under
9 AS 08.64;

10 (3) "nurse anesthetist" has the meaning given in AS 08.68.850;

11 (4) "pain management specialist" means

12 (A) a physician, osteopath, podiatrist, or physician assistant
13 approved as a pain management specialist by the State Medical Board under
14 AS 08.64.314; or

15 (B) an advanced nurse practitioner or nurse anesthetist
16 approved as a pain management specialist by the Board of Nursing under
17 AS 08.68.100(a)(11);

18 (5) "physician" means a person licensed to practice medicine under
19 AS 08.64;

20 (6) "physician assistant" means a person licensed to perform medical
21 services under AS 08.64.107;

22 (7) "podiatrist" means a person licensed to practice podiatry under
23 AS 08.64.

24 * Sec. 3. AS 08.36.370 is amended by adding a new paragraph to read:

25 (10) "opiate" has the meaning given in AS 11.71.900.

26 * Sec. 4. AS 08.64.312 is amended by adding a new subsection to read:

27 (d) The board shall specify by regulation the portion of the total number of the
28 continuing education hours in pain management a physician, osteopath, podiatrist, or
29 physician assistant must complete to maintain approval as a pain management
30 specialist under AS 08.64.314.

31 * Sec. 5. AS 08.64 is amended by adding a new section to read:

1 **Sec. 08.64.314. Pain management specialist.** The board shall adopt
2 regulations that define the procedure for the board to approve a physician, osteopath,
3 podiatrist, or physician assistant as a pain management specialist. The regulations
4 must require the physician, osteopath, podiatrist, or physician assistant to have

5 (1) a certification in pain management care by a credentialing agency
6 or organization acceptable to the board;

7 (2) a minimum of three years of clinical experience acceptable to the
8 board in a pain management care setting;

9 (3) received continuing education by mail, by telephone, by electronic
10 means, or in person in pain management in an amount specified by the board; or

11 (4) a current practice at least 30 percent of which consists of the direct
12 provision of pain management care.

13 * **Sec. 6. AS 08.64.326(a)** is amended to read:

14 (a) The board may impose a sanction if the board finds after a hearing that a
15 licensee

16 (1) secured a license through deceit, fraud, or intentional
17 misrepresentation;

18 (2) engaged in deceit, fraud, or intentional misrepresentation while
19 providing professional services or engaging in professional activities;

20 (3) advertised professional services in a false or misleading manner;

21 (4) has been convicted, including conviction based on a guilty plea or
22 plea of nolo contendere, of

23 (A) a class A or unclassified felony or a crime in another
24 jurisdiction with elements similar to a class A or unclassified felony in this
25 jurisdiction;

26 (B) a class B or class C felony or a crime in another jurisdiction
27 with elements similar to a class B or class C felony in this jurisdiction if the
28 felony or other crime is substantially related to the qualifications, functions, or
29 duties of the licensee; or

30 (C) a crime involving the unlawful procurement, sale,
31 prescription, or dispensing of drugs;

1 (5) has procured, sold, prescribed, or dispensed drugs in violation of a
2 law regardless of whether there has been a criminal action;

3 (6) intentionally or negligently permitted the performance of patient
4 care by persons under the licensee's supervision that does not conform to minimum
5 professional standards even if the patient was not injured;

6 (7) failed to comply with this chapter, a regulation adopted under this
7 chapter, or an order of the board;

8 (8) has demonstrated

9 (A) professional incompetence, gross negligence, or repeated
10 negligent conduct; the board may not base a finding of professional
11 incompetence solely on the basis that a licensee's practice is unconventional or
12 experimental in the absence of demonstrable physical harm to a patient;

13 (B) addiction to, severe dependency on, or habitual overuse of
14 alcohol or other drugs that impairs the licensee's ability to practice safely;

15 (C) unfitness because of physical or mental disability;

16 (9) engaged in unprofessional conduct, in sexual misconduct, or in
17 lewd or immoral conduct in connection with the delivery of professional services to
18 patients; in this paragraph, "sexual misconduct" includes sexual contact, as defined by
19 the board in regulations adopted under this chapter, or attempted sexual contact with a
20 patient outside the scope of generally accepted methods of examination or treatment of
21 the patient, regardless of the patient's consent or lack of consent, during the term of the
22 physician-patient relationship, as defined by the board in regulations adopted under
23 this chapter, unless the patient was the licensee's spouse at the time of the contact or,
24 immediately preceding the physician-patient relationship, was in a dating, courtship,
25 or engagement relationship with the licensee;

26 (10) has violated AS 18.16.010;

27 (11) has violated any code of ethics adopted by regulation by the
28 board;

29 (12) has denied care or treatment to a patient or person seeking
30 assistance from the physician if the only reason for the denial is the failure or refusal
31 of the patient to agree to arbitrate as provided in AS 09.55.535(a); [OR]

1 (13) has had a license or certificate to practice medicine in another
2 state or territory of the United States, or a province or territory of Canada, denied,
3 suspended, revoked, surrendered while under investigation for an alleged violation,
4 restricted, limited, conditioned, or placed on probation unless the denial, suspension,
5 revocation, or other action was caused by the failure of the licensee to pay fees to that
6 state, territory, or province; or

7 (14) failed to check, or have a designated staff member check, the
8 controlled substance prescription database created under AS 17.30.200 before
9 prescribing 120 milligrams morphine equivalent dose or more of an opiate in a
10 day.

11 * Sec. 7. AS 08.64 is amended by adding a new section to article 3 to read:

12 **Sec. 08.64.364. Prescription of opiates; consultation requirement.** (a)
13 Except as provided in (c) of this section, a physician, osteopath, podiatrist, or
14 physician assistant who prescribes 120 milligrams morphine equivalent dose or more
15 of an opiate in a day to a patient shall consult with a pain management specialist if the
16 patient is still taking 120 milligrams morphine equivalent dose or more of an opiate in
17 a day after six weeks.

18 (b) The consultation required under (a) of this section must consist of at least
19 one of the following:

20 (1) an office visit with the patient and the pain management specialist;

21 (2) a telephone or electronic consultation between the pain
22 management specialist and the prescribing physician, osteopath, podiatrist, or
23 physician assistant; or

24 (3) an audio-visual evaluation conducted remotely by the pain
25 management specialist, at which the patient is present with either

26 (A) the physician, osteopath, podiatrist, or physician assistant;

27 or

28 (B) a licensed health care practitioner designated by the
29 physician, osteopath, podiatrist, physician assistant, or pain management
30 specialist.

31 (c) The consultation requirement under (a) of this section does not apply to

- 1 (1) the provision of palliative, hospice, or other end-of-life care;
- 2 (2) the management of acute pain caused by an injury, a surgical
- 3 procedure, or life-threatening disease;
- 4 (3) a patient who is following a tapering schedule;
- 5 (4) a patient who requires treatment for acute pain that necessitates a
- 6 temporary escalation in opiate dosage before an expected return to or below the
- 7 patient's baseline dosage;
- 8 (5) a situation in which the physician, osteopath, podiatrist, or
- 9 physician assistant documents reasonable attempts to obtain a consultation with a pain
- 10 management specialist, and the circumstances justify prescribing 120 milligrams
- 11 morphine equivalent dose or more of an opiate in a day without obtaining a
- 12 consultation;
- 13 (6) a patient whose pain and function are stable and who is on a
- 14 nonescalating dose of an opiate; or
- 15 (7) the practice of a physician, osteopath, podiatrist, or physician
- 16 assistant who is a pain management specialist.

17 (d) In this section,

18 (1) "advanced nurse practitioner" has the meaning given in

19 AS 08.68.850;

20 (2) "nurse anesthetist" has the meaning given in AS 08.68.850;

21 (3) "pain management specialist" means

22 (A) a physician, osteopath, podiatrist, or physician assistant

23 approved by the board as a pain management specialist under AS 08.64.314; or

24 (B) an advanced nurse practitioner or nurse anesthetist

25 approved as a pain management specialist by the Board of Nursing under

26 AS 08.68.100(a)(11).

27 * Sec. 8. AS 08.64.380 is amended by adding a new paragraph to read:

28 (7) "opiate" has the meaning given in AS 11.71.900.

29 * Sec. 9. AS 08.68.100(a) is amended to read:

30 (a) The board shall

31 (1) adopt regulations necessary to implement this chapter, including

1 regulations pertaining to practice as an advanced nurse practitioner and a nurse
2 anesthetist, and regulations necessary to implement AS 08.68.331 - 08.68.336 relating
3 to certified nurse aides in order to protect the health, safety, and welfare of clients
4 served by nurse aides;

5 (2) approve curricula and adopt standards for basic education programs
6 that prepare persons for licensing under AS 08.68.190;

7 (3) provide for surveys of the basic nursing education programs in the
8 state at the times it considers necessary;

9 (4) approve education programs that meet the requirements of this
10 chapter and of the board, and deny, revoke, or suspend approval of education
11 programs for failure to meet the requirements;

12 (5) examine, license, and renew the licenses of qualified applicants;

13 (6) prescribe requirements for competence before a former nurse may
14 resume the practice of nursing under this chapter;

15 (7) define by regulation the qualifications and duties of the executive
16 secretary and delegate authority to the executive secretary that is necessary to conduct
17 board business;

18 (8) develop reasonable and uniform standards for nursing practice;

19 (9) publish advisory opinions regarding whether nursing practice
20 procedures or policies comply with acceptable standards of nursing practice as defined
21 under this chapter;

22 (10) require applicants under this chapter to submit fingerprints and the
23 fees required by the Department of Public Safety under AS 12.62.160 for criminal
24 justice information and a national criminal history record check; the department shall
25 submit the fingerprints and fees to the Department of Public Safety for a report of
26 criminal justice information under AS 12.62 and a national criminal history record
27 check under AS 12.62.400;

28 **(11) adopt regulations that define the procedure for the board to**
29 **approve an advanced nurse practitioner or a nurse anesthetist as a pain**
30 **management specialist; the regulations must require the advanced nurse**
31 **practitioner or nurse anesthetist to have**

1 (A) a certification in pain management care by a
2 credentialing agency or organization acceptable to the board;

3 (B) a minimum of three years of clinical experience
4 acceptable to the board in a pain management care setting;

5 (C) received continuing education by mail, by telephone, by
6 electronic means, or in person in pain management in an amount specified
7 by the board; or

8 (D) a current practice at least 30 percent of which consists
9 of the direct provision of pain management care.

10 * Sec. 10. AS 08.68.270 is amended to read:

11 **Sec. 08.68.270. Grounds for denial, suspension, or revocation.** The board
12 may deny, suspend, or revoke the license of a person who

13 (1) has obtained or attempted to obtain a license to practice nursing by
14 fraud or deceit;

15 (2) has been convicted of a felony or other crime if the felony or other
16 crime is substantially related to the qualifications, functions, or duties of the licensee;

17 (3) habitually abuses alcoholic beverages, or illegally uses controlled
18 substances;

19 (4) has impersonated a registered or practical nurse;

20 (5) has intentionally or negligently engaged in conduct that has
21 resulted in a significant risk to the health or safety of a client or in injury to a client;

22 (6) practices or attempts to practice nursing while afflicted with
23 physical or mental illness, deterioration, or disability that interferes with the
24 individual's performance of nursing functions;

25 (7) is guilty of unprofessional conduct as defined by regulations
26 adopted by the board;

27 (8) has wilfully or repeatedly violated a provision of this chapter or
28 regulations adopted under it;

29 (9) is professionally incompetent;

30 (10) denies care or treatment to a patient or person seeking assistance
31 if the sole reason for the denial is the failure or refusal of the patient or person seeking

1 assistance to agree to arbitrate as provided in AS 09.55.535(a);

2 **(11) has failed to check, or have a designated staff member check,**
3 **the controlled substance prescription database created under AS 17.30.200**
4 **before prescribing 120 milligrams morphine equivalent dose or more of an opiate**
5 **in a day.**

6 * Sec. 11. AS 08.68.276 is amended by adding a new subsection to read:

7 (b) The board shall specify by regulation the portion of the total number of the
8 continuing competence hours in pain management an advanced nurse practitioner or
9 nurse anesthetist must complete to maintain approval as a pain management specialist
10 under AS 08.64.314.

11 * Sec. 12. AS 08.68 is amended by adding a new section to article 6 to read:

12 **Sec. 08.68.701. Prescription of opiates; consultation requirement.** (a)

13 Except as provided in (c) of this section, an advanced nurse practitioner or nurse
14 anesthetist who prescribes 120 milligrams morphine equivalent dose or more of an
15 opiate in a day to a patient shall consult with a pain management specialist if the
16 patient is still taking 120 milligrams morphine equivalent dose or more of an opiate in
17 a day after six weeks.

18 (b) The consultation required under (a) of this section must consist of at least
19 one of the following:

- 20 (1) an office visit with the patient and the pain management specialist;
21 (2) a telephone or electronic consultation between the pain
22 management specialist and the advanced nurse practitioner or nurse anesthetist; or
23 (3) an audio-visual evaluation conducted remotely by the pain
24 management specialist, at which the patient is present with either

25 (A) the advanced nurse practitioner or nurse anesthetist; or

26 (B) a licensed health care practitioner designated by the
27 advanced nurse practitioner, nurse anesthetist, or pain management specialist.

28 (c) The consultation requirement under (a) of this section does not apply to

- 29 (1) the provision of palliative, hospice, or other end-of-life care;
30 (2) the management of acute pain caused by an injury, surgical
31 procedure, or life-threatening disease;

1 (3) a patient who is following a tapering schedule;

2 (4) a patient who requires treatment for acute pain that necessitates a
3 temporary escalation in opiate dosage before an expected return to or below the
4 patient's baseline dosage;

5 (5) a situation in which the advanced nurse practitioner or nurse
6 anesthetist documents reasonable attempts to obtain a consultation with a pain
7 management specialist, and the circumstances justify prescribing 120 milligrams
8 morphine equivalent dose or more of an opiate in a day without obtaining a
9 consultation;

10 (6) a patient whose pain and function are stable and who is on a
11 nonescalating dose of an opiate; or

12 (7) the practice of an advanced nurse practitioner or nurse anesthetist
13 who is a pain management specialist.

14 (d) In this section,

15 (1) "osteopath" means a person licensed to practice osteopathy under
16 AS 08.64;

17 (2) "pain management specialist" means

18 (A) a physician, osteopath, podiatrist, or physician assistant
19 approved as a pain management specialist by the State Medical Board under
20 AS 08.64.314; or

21 (B) an advanced nurse practitioner or nurse anesthetist
22 approved by the board as a pain management specialist under
23 AS 08.68.100(a)(11);

24 (3) "physician" means a person licensed to practice medicine under
25 AS 08.64;

26 (4) "physician assistant" means a person licensed to perform medical
27 services under AS 08.64.107;

28 (5) "podiatrist" means a person licensed to practice podiatry under
29 AS 08.64.

30 * **Sec. 13.** AS 08.68.850 is amended by adding a new paragraph to read:

31 (11) "opiate" has the meaning given in AS 11.71.900.

1 * **Sec. 14.** AS 08.80.261(a) is amended to read:

2 (a) The board may deny a license to an applicant or, after a hearing, impose a
3 disciplinary sanction authorized under AS 08.01.075 on a person licensed under this
4 chapter when the board finds that the applicant or licensee, as applicable,

5 (1) secured or attempted to secure a license through deceit, fraud, or
6 intentional misrepresentation;

7 (2) engaged in deceit, fraud, or intentional misrepresentation in the
8 course of providing professional services or engaging in professional activities;

9 (3) advertised professional services in a false or misleading manner;

10 (4) has been convicted of a felony or has been convicted of another
11 crime that affects the applicant's or licensee's ability to practice competently and
12 safely;

13 (5) intentionally or negligently engaged in or permitted the
14 performance of patient care by persons under the applicant's or licensee's supervision
15 that does not conform to minimum professional standards regardless of whether actual
16 injury to the patient occurred;

17 (6) failed to comply with this chapter, with a regulation adopted under
18 this chapter, or with an order of the board;

19 (7) is incapable of engaging in the practice of pharmacy with
20 reasonable skill, competence, and safety for the public because of

21 (A) professional incompetence;

22 (B) failure to keep informed of or use current professional
23 theories or practices;

24 (C) addiction or severe dependency on alcohol or a drug that
25 impairs the applicant's or licensee's ability to practice safely;

26 (D) physical or mental disability; or

27 (E) other factors determined by the board;

28 (8) engaged in conduct involving moral turpitude or gross immorality;

29 (9) made a controlled substance available to a person except upon
30 prescription issued by a person licensed to prescribe controlled substances;

31 (10) was convicted of selling federal legend drugs without the

1 prescription of a person licensed to prescribe federal legend drugs;

2 (11) violated state or federal laws or regulations pertaining to drugs or
3 pharmacies;

4 (12) failed to report relevant information to the board about a
5 pharmacist or pharmacy intern that the applicant or licensee knew or suspected was
6 incapable of engaging in the practice of pharmacy with reasonable skill, competence,
7 and safety to the public;

8 (13) aided another person to engage in the practice of pharmacy or to
9 use the title of "pharmacist" or "pharmacy intern" without a license; [OR]

10 (14) engaged in unprofessional conduct, as defined in regulations of
11 the board; or

12 (15) failed to check, or have a designated staff member check, the
13 controlled substance prescription database created under AS 17.30.200 before
14 dispensing 120 milligrams morphine equivalent dose or more of an opiate in a
15 day.

16 * Sec. 15. AS 17.30.200(e) is amended to read:

17 (e) The failure of a pharmacist-in-charge, pharmacist, or practitioner to submit
18 information to the database or check, or have a designated staff member check, the
19 database before dispensing, prescribing, or administering 120 milligrams
20 morphine equivalent dose or more of an opiate in a day, as required under this
21 section is grounds for the board to take disciplinary action against the license or
22 registration of the pharmacy or pharmacist or for another licensing board to take
23 disciplinary action against a practitioner.

24 * Sec. 16. AS 17.30.200(d) is amended to read:

25 (d) The database and the information contained within the database are
26 confidential, are not public records, and are not subject to public disclosure. The board
27 shall undertake to ensure the security and confidentiality of the database and the
28 information contained within the database. The board may allow access to the
29 database only to the following persons, and in accordance with the limitations
30 provided and regulations of the board:

31 (1) personnel of the board regarding inquiries concerning licensees or

1 registrants of the board or personnel of another board or agency concerning a
2 practitioner under a search warrant, subpoena, or order issued by an administrative law
3 judge or a court;

4 (2) authorized board personnel or contractors as required for
5 operational and review purposes;

6 (3) a licensed practitioner, or a designated staff member of the
7 practitioner, having authority to prescribe controlled substances, to the extent the
8 information relates specifically to a current patient of the practitioner to whom the
9 practitioner is prescribing or considering prescribing a controlled substance;

10 (4) a licensed or registered pharmacist, or a designated staff member
11 of the pharmacist, having authority to dispense controlled substances, to the extent
12 the information relates specifically to a current patient to whom the pharmacist is
13 dispensing or considering dispensing a controlled substance;

14 (5) federal, state, and local law enforcement authorities may receive
15 printouts of information contained in the database under a search warrant, subpoena,
16 or order issued by a court establishing probable cause for the access and use of the
17 information; and

18 (6) an individual who is the recipient of a controlled substance
19 prescription entered into the database may receive information contained in the
20 database concerning the individual on providing evidence satisfactory to the board that
21 the individual requesting the information is in fact the person about whom the data
22 entry was made and on payment of a fee set by the board under AS 37.10.050 that
23 does not exceed \$10.

24 * Sec. 17. AS 17.30.200(h) is amended to read:

25 (h) An individual who has submitted information to the database in
26 accordance with this section may not be held civilly liable for having submitted the
27 information. [NOTHING IN THIS SECTION REQUIRES OR OBLIGATES A
28 DISPENSER OR PRACTITIONER TO ACCESS OR CHECK THE DATABASE
29 BEFORE DISPENSING, PRESCRIBING, OR ADMINISTERING A
30 MEDICATION, OR PROVIDING MEDICAL CARE TO A PERSON.] Dispensers,
31 [OR] practitioners, or designated staff members of practitioners, may not be held

1 civilly liable for damages for accessing or failing to access the information in the
2 database.

3 * **Sec. 18.** AS 17.30.200 is amended by adding new subsections to read:

4 (o) A dispenser, practitioner, or a designated staff member of a practitioner
5 shall access or check the database before dispensing, prescribing, or administering an
6 opiate.

7 (p) In this section, "opiate" has the meaning given in AS 11.71.900.

8 * **Sec. 19.** AS 47.37 is amended by adding a new section to read:

9 **Sec. 47.37.175. Administration of opiates; consultation requirement.** (a) A
10 health care professional who oversees the administration of an opiate for treatment of
11 drug abuse shall hold a telephonic or electronic consultation with the patient's primary
12 care provider to establish a baseline dosage of the opiate before treatment begins.

13 (b) The patient's primary care provider shall screen the patient and clear the
14 patient for treatment before the administration of an opiate for treatment of drug
15 abuse.

16 (c) The patient's primary care provider or health care professional who
17 oversees the administration of an opiate for treatment of drug abuse shall monitor the
18 patient's cardiac stability when the opiate dosage is increased by 30 milligram
19 morphine equivalent or more from the patient's baseline dosage.

20 (d) If the health care professional who oversees the administration of an opiate
21 for treatment of drug abuse prescribes more than 120 milligrams morphine equivalent
22 dose of an opiate in a day, the health care professional shall monitor the patient's
23 cardiac and pulmonary stability and consult with the patient's primary care provider.

24 (e) A health care professional who oversees the treatment of drug abuse shall
25 refer a patient who demonstrates intolerance to an escalating dose of an opiate to the
26 patient's primary care provider for screening.

27 (f) A health care professional who oversees the administration of an opiate to
28 a patient for treatment of drug abuse shall conduct an in-person consultation with the
29 patient's primary care provider six months after the start of treatment with the opiate
30 and every six months thereafter until the patient's treatment with an opiate is
31 discontinued.

1 (g) A health care professional who oversees the administration of an opiate to
2 a patient for treatment of drug abuse and the patient's primary care provider shall
3 determine a reasonable tapering schedule for the patient.

4 (h) If a patient does not have a primary care provider, the health care
5 professional who oversees the administration of an opiate for treatment of drug abuse
6 shall screen the patient as required in (b) and (d) of this section.

7 (i) A health care professional who oversees the administration of opiates for
8 treatment of drug abuse shall submit the prescription information in the controlled
9 substance prescription database created under AS 17.30.200.

10 (j) In this section,

11 (1) "health care professional" means a physician, nurse, and physician
12 assistant, but does not include a practitioner of religious healing;

13 (2) "opiate" has the meaning given in AS 11.71.900;

14 (3) "primary care provider" has the meaning given in AS 21.07.250.

15 * **Sec. 20.** Sections 5 and 9 of this Act take effect immediately under AS 01.10.070(c).

16 * **Sec. 21.** Except as provided in sec. 20 of this Act, this Act takes effect 180 days after the
17 effective date in sec. 20 of this Act.