

Side-by-side comparison of HB 159 and SB 79
 Department of Health and Social Services
 Department of Commerce, Community and Economic Development

May 22, 2017

What is the outcome of the legislation?	How does it address the state's goals?	HB 159 – Section	SB 79 - Section	Differences between versions
<p>Adds language stating the intent of the legislature is for the seven-day supply limit not to be considered the minimum appropriate time for an initial prescription.</p> <p>The Center for Disease Control and Prevention suggests a three-day initial prescription limit and practitioners should use professional judgment in determining prescription lengths.</p>	<p>Reinforces provider education on opioid use, options for pain treatment.</p> <p>Establishes of appropriate dosing boundaries within the prescriber's professional judgment.</p>	<p>Sec. 1 Uncodified</p>	<p>n/a</p>	<p>HB 159 has been amended to add intent language</p> <p>SB 79 does not include intent language</p>
<p>Amends the Board of Dental Examiners statutes:</p> <ul style="list-style-type: none"> • Requires dentists to show a minimum of two hours of continuing education in pain management and opioid misuse and addiction in the two years preceding renewal • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number. 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p> <p>Does not add hours to existing continuing education requirements.</p> <p>Good, free, online continuing education courses are available.</p>	<p>Sec. 2</p>	<p>Sec. 1</p>	<p>None</p>
<p>Amends the Board of Dental Examiners statutes:</p> <ul style="list-style-type: none"> • Requires applicants to show education in pain management and opioid misuse and addiction • Exemption if applicant demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	<p>Sec 3.</p>	<p>Sec. 2</p>	<p>None</p>
<p>Amends the Board of Dental Examiners statutes to discipline, revoke, suspend, reprimand or censure a license of a dentist if the Board finds a licensee has:</p> <ul style="list-style-type: none"> • Prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.36.355 • Procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm 		<p>Sec. 4</p>	<p>Sec. 3</p>	<p>None</p>

<p>Adds a new section to the Board of Dental Examiners statutes limiting the dosage for an opioid prescription to a seven-day supply for an adult or minor:</p> <ul style="list-style-type: none"> • The dentist must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use. • A dentist may issue a prescription for greater than a seven-day supply to an adult or minor patient if, in the professional judgement of the dentist, more than a seven day supply is necessary for <ul style="list-style-type: none"> ○ management of condition or chronic pain, or ○ logistical or travel barriers to obtaining a refill. • The dentist must document in the patient’s medical record the condition requiring the excess of a seven-day supply, and indicate a non-opioid alternative was not appropriate to treat the condition. 		Sec. 5	Sec. 4	None
<p>Amends the Board of Dental Examiner statutes by adding and defining “opioid” to include the opium and opiate substances and opium and opiate derivatives listed in criminal statute.</p>		Sec. 6	Sec. 5	<p>HB 159 defines per AS 11.71.140.</p> <p>SB 79 has been amended to define opioids per AS.11.71.140 and AS 11.71.160.</p>
<p>Amends Medical Board statutes on physician assistant and paramedic licensure:</p> <ul style="list-style-type: none"> • Requires the Board to adopt regulations for licensure to include education in pain management and opioid misuse and addiction 	Reinforces provider education on substance use disorder and options for pain treatment.	Sec. 7	Sec. 6	None
<p>Amends Medical Board statutes on physician licensure:</p> <ul style="list-style-type: none"> • Requires the Board to adopt regulations for licensure to include education in pain management and opioid misuse and addiction • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	Reinforces provider education on substance use disorder and options for pain treatment.	Sec. 8	Sec. 7	None

<p>Amends the Medical Board statutes for qualifications for osteopaths:</p> <ul style="list-style-type: none"> • Requires the Board to adopt regulations for licensure to include education in pain management and opioid misuse and addiction • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number • Adds language allowing the National Board of Osteopathic Medical Examiners to certify osteopaths for part of their licensure qualification. 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	<p>Sec. 9</p>	<p>Sec. 8</p>	<p>HB 159 Amends AS 08.64.205 adding the National Board of Osteopathic Medical Examiners to be able to certify individuals for part of their licensure requirements</p> <p>SB 79 does not make this amendment</p>
<p>Amends the Medical Board statutes for qualifications for podiatrists:</p> <ul style="list-style-type: none"> • Requires the Board to adopt regulations for licensure to include education in pain management and opioid misuse and addiction • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	<p>Sec. 10</p>	<p>Sec. 9</p>	<p>None</p>
<p>Amends the Medical Board statutes for qualifications for physician applicants who are foreign graduates:</p> <ul style="list-style-type: none"> • Requires the Board to adopt regulations for licensure to include education in pain management and opioid misuse and addiction • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	<p>Sec. 11</p>	<p>Sec. 10</p>	<p>None</p>
<p>Amends the Medical Board statutes for physician and podiatry applicants by credential to include osteopaths.</p>	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	<p>Sec. 12</p>	<p>Sec. 11</p>	<p>None</p>
<p>Amends the Medical Board statutes for physician, osteopath, and podiatry applicants by credential to include education in pain management and opioid misuse and addiction.</p>	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	<p>Sec. 13</p>	<p>Sec. 12</p>	<p>None</p>

<p>Amends the Medical Board statutes for continuing education requirements for renewal of a license.</p> <ul style="list-style-type: none"> • A licensee of medicine, osteopathy, and podiatry must receive no less than two hours of education in pain management and opioid misuse and addiction prior to renewal • Exemption if the licensee demonstrates to the satisfaction of the Board that the licensee’s practice does not include pain management and opioid treatment or prescribing. • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p> <p>Does not add hours to existing continuing education requirements.</p> <p>Good, free, online continuing education courses are available.</p>	Sec. 14	Sec. 13	<p>HB 159 has been amended to require new CE within the two years preceding application for renewal. (This is logistically preferable to physicians.)</p> <p>SB 79 requires new CE for every 40 hours of CE obtained.</p>
<p>Amends Medical Board statutes to discipline, revoke, suspend, reprimand or censure a license of a licensee if the Board finds a licensee has:</p> <ul style="list-style-type: none"> • Prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.64.363 • Procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm 		Sec. 15	Sec. 14	None
<p>Adds a new section to Medical Board statutes limiting the dosage for an opioid prescription to a seven-day supply for an adult or minor:</p> <ul style="list-style-type: none"> • The licensee must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use. • A licensee may issue a prescription for greater than a seven-day supply to an adult or minor patient if, in the professional judgement of the dentist, more than a seven day supply is necessary for <ul style="list-style-type: none"> ○ management of chronic pain or condition, ○ pain associated with cancer or palliative care, or ○ logistical or travel barriers to obtaining a refill. • The licensee must document in the patient’s medical record the condition requiring the excess of a seven-day supply, and indicate a non-opioid alternative was not appropriate to treat the condition. 		Sec. 16	Sec. 15	None

Amends Medical Board statute for prescription of drugs without a physical examination (telemedicine) prohibiting the Board from imposing disciplinary sanctions on a physician for prescribing, dispensing, or administering a controlled substance if the requirements in the new section AS 08.64.363 are met.		Sec. 17	Sec. 16	None
Amends Medical Board statute by adding and defining “opioid” to include the opium and opiate substances and opium and opiate derivatives listed in criminal statute.		Sec. 18	Sec. 17	<p>HB 159 defines per AS 11.71.140.</p> <p>SB 79 has been amended to define opioids per AS.11.71.140 and AS 11.71.160.</p>
<p>Amends Board of Nursing statutes on advanced practice registered nurse licensure:</p> <ul style="list-style-type: none"> • Requires the Board to adopt regulations for licensure to include education in pain management and opioid misuse and addiction • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number <p>Amends title of “advanced practice registered nurse.”</p>	Reinforces provider education on substance use disorder and options for pain treatment.	Sec. 19	Sec. 18	None
<p>Amends Board of Nursing statutes to discipline, revoke, suspend, reprimand or censure a license of a licensee if the Board finds a licensee has:</p> <ul style="list-style-type: none"> • Prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.68.705 • Procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm 		Sec. 20	Sec.19	None
<p>Amends the Board of Nursing statutes for continuing education requirements for renewal of a license.</p> <ul style="list-style-type: none"> • An advanced practice registered nurse must receive no less than two hours of education in pain management and opioid misuse and addiction in the two years preceding application for renewal • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p> <p>Does not add hours to existing continuing education requirements.</p> <p>Good, free, online continuing education courses are available.</p>	Sec. 21	Sec. 20	None

<p>Adds a new section to Board of Nursing statutes limiting the dosage for an opioid prescription to a seven-day supply for an adult or minor:</p> <ul style="list-style-type: none"> • The licensee must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use. • A licensee may issue a prescription for greater than a seven-day supply to an adult or minor patient if, in the professional judgement of the dentist, more than a seven day supply is necessary for <ul style="list-style-type: none"> ○ management of chronic pain or condition, ○ pain associated with cancer or palliative care, or ○ logistical or travel barriers to obtaining a refill. • The licensee must document in the patient’s medical record the condition requiring the excess of a seven-day supply, and indicate a non-opioid alternative was not appropriate to treat the condition. 		Sec. 22	Sec. 21	None
<p>Amends Nursing Board statute by adding and defining “opioid” to include opium and opiate substances and opium and opiate derivatives listed in criminal statute.</p>		Sec. 23	Sec. 22	<p>HB 159 defines per AS 11.71.140.</p> <p>SB 79 has been amended to define opioids per AS.11.71.140 and AS 11.71.160.</p>
<p>Amends Board of Examiners in Optometry statutes on optometrist licensure:</p> <ul style="list-style-type: none"> • Requires the Board to adopt regulations for licensure to include education in pain management and opioid misuse and addiction • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	Sec. 24	Sec. 23	None
<p>Amends Board of Examiners in Optometry statutes for applicants by credential to include education in pain management and opioid misuse and addiction.</p>	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	Sec. 25	Sec. 24	None

<p>Amends Board of Examiners in Optometry statutes for continuing education requirements for renewal of a license.</p> <ul style="list-style-type: none"> • A licensee must receive no less than two hours of education in pain management and opioid misuse and addiction in the two years preceding application for renewal • Exemption if licensee demonstrates to the satisfaction of the Board that the licensee does not currently hold a valid federal Drug Enforcement Agency (DEA) registration number 	<p>Reinforces provider education on substance use disorder and options for pain treatment.</p> <p>Does not add hours to existing continuing education requirements.</p> <p>Good, free, online continuing education courses are available.</p>	Sec. 26	Sec. 25	<p>HB 159 does not make this change</p> <p>SB 79 amends outdated statute for the Board of Optometry to require CME's in the two years preceding renewal vs. four years currently in statute</p>
<p>Amends Board of Examiners in Optometry statutes to discipline, revoke, suspend, reprimand or censure a license of a licensee if the Board finds a licensee has:</p> <ul style="list-style-type: none"> • Procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or patient harm 	<p>Optometrists are currently limited to four-day prescriptions of controlled substances under AS 08.72.272.</p>	Sec. 27	Sec. 26	None
<p>Amends powers and duties of the Board of Pharmacy, 08.80.030(b)(13):</p> <ul style="list-style-type: none"> • The current law that takes effect July 17, 2017, will require pharmacists with a DEA Registration number, to register with the controlled substance prescription database (also known as the PDMP). • Pharmacists do not obtain DEA registration numbers, only pharmacies. Therefore, this section removes the DEA Registration number requirement. 	<p>This is a technical fix.</p>	Sec. 28	Sec. 27	None

<p>Amends the Board of Pharmacy statutes allow the pharmacist filling a prescription for a schedule II or III controlled substance to dispense a lesser quantity than prescribed at the request of the individual for whom the prescription is written.</p>	<p>Referred to as “partial fill,” this allows the patient to determine whether to initially fill the entire prescription if pain can be managed with a smaller number of pills.</p> <p>The patient can fill the remainder of the prescription, if needed.</p> <p>Consistent with federal CARA guidelines.</p> <p>Reduces the release of controlled substances into the public that may be overused or illegally used.</p>	Sec. 29	Sec. 28	None
<p>Amends the Board of Veterinary Examiners statute:</p> <ul style="list-style-type: none"> • Requires a licensee who has a federal DEA registration number to register with the controlled substance prescription database under AS 17.30.200(o). • Requires the Board to identify resources and develop educational materials to assist licensees in identifying an animal owner who may be at risk for abusing or misusing an opioid. 	<p>Registration is a technical fix since SB 74 (ch. 25, SLA 2016) requires veterinarian registration with the PDMP.</p> <p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	Sec. 30	Sec. 29	None
<p>Amends Board of Veterinary Examiners statutes to discipline, revoke, suspend, reprimand or censure a license of a licensee if the Board finds a licensee has:</p> <ul style="list-style-type: none"> • Procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action 		Sec. 31	Sec. 30	None
<p>Adds “advanced practice registered nurse” to practitioner definition in AS 11.71.900(19).</p>		n/a	Sec. 31	<p>HB 159 does not include this amendment</p> <p>SB 79 is amended to add advanced practice registered nurse to the definition of practitioner</p>

<p>Allows an individual to execute a voluntary non-opioid directive:</p> <ul style="list-style-type: none"> Licensed healthcare providers, hospitals, and employees, and pharmacists are exempt from licensing board discipline, civil and criminal liability for failure to administer, prescribe, or dispense an opioid to an individual who has executed a voluntary non-opioid directive. The directive does not limit a healthcare provider or pharmacist from prescribing, dispensing, or administering an opioid overdose drug or an opioid for the treatment of substance abuse or opioid dependence. 	<p>Improves communication between the patient and prescriber.</p> <p>Is a tool to prevent relapse for patients in recovery.</p> <p>Reinforces provider education on substance use disorder and options for pain treatment.</p>	Sec. 32	Sec. 32	None
<p>Amends AS 17.300.200(a) to exclude certain facilities from the requirements of the controlled substance prescription database:</p> <ul style="list-style-type: none"> Correctional facilities are exempt from the PDMP except when prescribing opioids to an inmate at the time of the inmate's release. In-patient pharmacies and emergency rooms are exempt if they are only prescribing less than a 24-hour supply of opioids. 	<p>Exempts instances of low-risk administration from PDMP requirements.</p>	Sec. 33	Sec. 33	None
<p>Amends AS 17.300.200(b) to exclude certain facilities from the requirements of the controlled substance prescription database:</p> <ul style="list-style-type: none"> Correctional facilities are exempt from the PDMP except when prescribing opioids to an inmate at the time of the inmate's release. In-patient pharmacies and emergency rooms are exempt if they are only prescribing less than a 24-hour supply of opioids. 	<p>Exempts instances of low-risk administration from PDMP requirements.</p>	Sec. 34	Sec. 34	None
<p>Amends AS 17.30.200(b) by substituting "weekly" with "daily."</p> <ul style="list-style-type: none"> Requires the pharmacist-in-charge of a pharmacy, and each practitioner who dispenses a schedule II, III, or IV controlled substance, to submit the information to the controlled substance prescription database daily instead of weekly. 	<p>Increases frequency of access to data to reduce "doctor shopping" and identify prescribing trends. Effective date is delayed to 2018 to allow pharmacies time to adjust.</p>	Sec. 35	Sec. 35	None

Amends AS 17.30.200(d) to clarify that information contained in the PDMP can be shared with federal, state and local law enforcement that have a valid search warrant or court order.	Complies with overriding judicial law.	Sec. 36	Sec. 36	HB 159 is amended, page 30, line 15, removes the word “and”, and removes the deletion of “[AND MAY NOT BE SHARED WITH THE FEDERAL GOVERNMENT]” SB 79 does not include this amendment
Amends AS 17.30.200(e) to clarify roles: <ul style="list-style-type: none"> • A pharmacist, the individual filling a prescription, is required to submit information into the database. • It is the responsibility of the practitioner, the individual writing the prescription, to review the database. 	Clarification requested by pharmacists.	Sec. 37	Sec. 37	None
Amends AS 17.30.200(p) to require the Board of Pharmacy to notify the Board of Veterinary Examiners when a practitioner registers with the database under (o) of the section.	This is a technical fix.	Sec. 38	Sec. 38	None
Amends AS 17.30.200(q) to allow the Board of Pharmacy to: <ul style="list-style-type: none"> • Provide confidential, unsolicited notification to the practitioner’s licensing board if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice. 	Expands PDMP functionality to improve communication and awareness of patient/prescriber activity. This type of report currently exists to notify pharmacists when “red flag” thresholds are met by a patient. These thresholds are set in policy by the Board of Pharmacy.	Sec. 39	Sec. 39	None
Amends AS 17.30.200(r) to require the Board of Pharmacy to update the PDMP database on a daily basis rather than a weekly basis.	Improves usability of data submitted by pharmacists by publishing “near-real-time” data.	Sec. 40	Sec. 40	None
Amends AS 17.30.200(n) to update the definition of opioid to include the opium and opiate substances and opium and opiate derivatives listed in criminal statute.		Sec. 41	Sec. 41	HB 159 defines per AS 11.71.140. SB 79 has been amended to define opioids per AS.11.71.140 and AS 11.71.160.

<p>Adds a new section (t) to AS 17.30.200:</p> <ul style="list-style-type: none"> • Gives the Board of Pharmacy the authority to issue to the prescriber periodic confidential “report cards” comparing the practitioner’s opioid prescribing practices with others in the same occupation. • Confidential and cannot be released to others. <p>Also adds a new section (u) to AS 47.17.200, exempting in-patient pharmacies and emergency rooms from the review and submission requirement of the PDMP when they are dispensing no more than a 24-hour supply of opioids upon discharge.</p>	<p>Report cards provide the prescriber with heightened awareness of prescribing habits, prompting self-evaluation against recommended guidelines for that occupation.</p> <p>Exemption conforms to other sections in this bill.</p>	Sec. 42	Sec. 42	None
<p>Provides authority for the Commissioner of Health & Social Services shall adopt regulations consistent with existing law for implementation of AS 13.55, Voluntary Nonopioid Directive Act.</p>	<p>This is a technical requirement.</p>	Sec. 43	Sec. 43	None
<p>Repeals various sections from ch. 25, SLA 2016 related to the July 2018 effective dates for the PDMP in SB 74.</p>		Sec. 44	Sec. 44	None
<p>Provides transitional authority for the Department of Health and Social Services, Department of Commerce and Economic Development, and all relevant licensing boards to draft regulations to implement regulations prior to the effective date of certain sections.</p>	<p>This is a technical requirement.</p>	Sec. 45	Sec. 45	None
<p>Relate to the various changes to the PDMP related to the effective dates under SB 74.</p>	<p>This is necessary because the changes to the PDMP under SB 74 are not in effect until July 18, 2017.</p>	Sec. 46-52	Sec. 46-52	None
<p>“Weekly” to “daily” PDMP reporting requirement takes effect on July 1, 2018.</p>		Sec. 53	Sec. 53	None
<p>Advance directive sections of the bill (sections 32 and 43) take effect on July 1, 2019.</p>		Sec. 54	Sec. 54	None
<p>All other provisions of the bill take effect immediately.</p>		Sec. 55	Sec. 55	None