



Senate Public Health and Welfare Committee

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Summary HB 1699 PN 3587

This bill creates the Safe Emergency Prescribing Act and limits the quantity of opioids which may be prescribed to a patient seeking treatment in a hospital emergency department or urgent care center.

Opioids are drug products which are designated by the United States Food and Drug Administration for the treatment of pain. Examples include oxycodone and hydrocodone.

Health care practitioners may prescribe opioids for no longer than seven days for any patient seeking treatment in an emergency department or urgent care center unless the health care practitioner's professional judgment indicates otherwise. If the health care practitioner prescribes more than seven days of the opioid, the health care practitioner must:

1. Document the condition triggering the larger prescription in the patient's medical record
2. Document that a non-opioid product was not appropriate as a treatment alternative and
3. Provide the patient with a pain management referral.

In addition, no patient presenting in an emergency department or urgent care center may have their prescription for an opioid refilled if lost, stolen, or destroyed.

If the health care practitioner believes the patient may be at risk for substance abuse, the individual shall be referred for treatment. The health care practitioner shall also access the Pennsylvania prescription drug monitoring program to determine if the patient is currently being treated with an opioid by another health care practitioner. This does not apply to patients who are admitted to a hospital or under the care of an emergency department.

If a health care practitioner violates this act, it shall be considered unprofessional conduct and the health care practitioner shall be subject to disciplinary action.

The Department of Health shall promulgate regulations to carry out the provisions of this act.

Effective Date

This act shall take effect in 60 days.

Amendment A10547

Adds a definition of observation status and a new definition of opioid drug product which is more specific. Also clarifies that private physician offices shall not be considered urgent care centers.

Places the limitation of the seven day prescription on patients who are in the hospital under observation status and indicates they may also be referred for treatment if at risk of substance abuse.

Deletes the requirement that a health care practitioner provide a patient with a pain management referral if prescribing an opioid for more than seven days.

Prohibits a health care practitioner in an emergency department, urgent care center or who is caring for a patient in observation status from refilling a prescription regardless of the reason.

Deletes the unprofessional conduct designation for health care practitioners who violate the act and adds a civil immunity clause for those acting in good faith.