

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 714  
AUTHOR: Wood  
BILL DATE: April 4, 2019, Amended  
SUBJECT: Opioid Prescription Drugs: Prescribers  
SPONSOR: Author  
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill clarifies existing law that requires prescribers to offer a prescription for naloxone and provide education to a patient to specify that the requirements only apply when an opioid or benzodiazepine is prescribed and expressly exempts patients in inpatient facilities and hospice care.

BACKGROUND:

According to the Centers for Disease Control and Prevention, drug overdose deaths continue to increase in the United States. Drug overdose deaths continue to increase in the United States. From 1999 to 2017, more than 700,000 people have died from a drug overdose. Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid. In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999. On average, 130 Americans die every day from an opioid overdose.

According to the author, this bill is a “clarifying” bill for AB 2760 (Wood, Chapter 324, Statutes of 2018). AB 2760 requires a prescriber to offer a prescription for naloxone or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of opioid depression, when: the prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day; or an opioid medication is prescribed concurrently with a prescription for a benzodiazepine; or the patient presents with an increased risk for overdose, including a patient history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant. This bill also requires a prescriber, consistent with the existing standard of care, to provide education to a patient, or the patient’s parent or guardian, or designee, on overdose prevention and the use of naloxone or other similar drug approved by the FDA.

Since the passage of AB 2760, the Board has received many calls from stakeholders raising questions regarding when a requirement to offer naloxone is required, specifically around the co-prescribing of a benzodiazepine and the increased risk for

overdose, as the bill did not specify if it was related to opioid overdose. Concerns were also raised regarding inpatient facilities and hospice care, as no exemption was included in AB 2760. The Board put together frequently asked questions and worked with the author's office to alert them of areas of concern in implementing AB 2760.

ANALYSIS:

This bill would define the term "administer" for purposes of this section of law to mean the direct application of a drug or device to the body of a patient by injection, inhalation, ingestion, or other means. This bill would define the term "order" for purposes of this section of law to mean an order entered on the chart or medical record of a patient registered in an inpatient health facility by or on the order of a prescriber.

This bill would clarify the existing requirement for a prescriber to offer naloxone or other FDA approved drug for the complete or partial reversal of opioid-induced respiratory depression is only required when the prescriber is prescribing an opioid or benzodiazepine medication and one or more of the specified at-risk conditions are present. This bill would clarify that a concurrent prescription of an opioid medication and benzodiazepine means that the benzodiazepine medication was dispensed to the patient within the last year. This bill would clarify that the condition related to increased risk for overdose is related to an opioid overdose, not any kind of substance use overdose. This bill would clarify that the requirement to provide education on opioid prevention and the use of naloxone is required when a prescriber is prescribing an opioid or benzodiazepine medication. This bill would provide that a prescriber need not provide the education if the patient declines the education or has received the education within the past 24 months.

This bill would exempt prescribers from the requirements in AB 2760 when ordering medications to be administered to a patient while the patient is in an inpatient or outpatient setting and when prescribing medications to a terminally ill patient as defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

This bill includes an urgency clause and would take effect immediately upon signature.

This bill is needed to clarify the law that was enacted pursuant to AB 2760. The Board received many calls from stakeholders with implementation concerns. This bill addresses those concerns and will provide clarity, which will help the Board enforce these requirements. The Board has taken a support position on this bill.

FISCAL: None

SUPPORT: California Association for Health Services at Home; California Dental Association; California Hospital Association; California Pharmacists Association; and Providence St. Joseph

OPPOSITION: None on file