

LEGISLATURE OF NEBRASKA
ONE HUNDRED FIFTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 931

FINAL READING

Introduced by Howard, 9; Kuehn, 38; Lindstrom, 18; Halloran, 33.

Read first time January 09, 2018

Committee: Judiciary

- 1 A BILL FOR AN ACT relating to controlled substances; to amend sections
- 2 28-101 and 28-401.01, Revised Statutes Supplement, 2017; to provide
- 3 requirements for prescriptions; to harmonize provisions; to provide
- 4 termination dates; and to repeal the original sections.
- 5 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 28-101, Revised Statutes Supplement, 2017, is
2 amended to read:

3 28-101 Sections 28-101 to 28-1357 and 28-1601 to 28-1603 and
4 sections 3 to 5 of this act shall be known and may be cited as the
5 Nebraska Criminal Code.

6 Sec. 2. Section 28-401.01, Revised Statutes Supplement, 2017, is
7 amended to read:

8 28-401.01 Sections 28-401 to 28-456.01 and 28-458 to 28-472 and
9 sections 3 to 5 of this act shall be known and may be cited as the
10 Uniform Controlled Substances Act.

11 Sec. 3. (1) When prescribing a controlled substance listed in
12 Schedule II of section 28-405 or any other opiate not listed in Schedule
13 II, prior to issuing the practitioner's initial prescription for a course
14 of treatment for acute or chronic pain and again prior to the
15 practitioner's third prescription for such course of treatment, a
16 practitioner shall discuss with the patient, or the patient's parent or
17 guardian if the patient is younger than eighteen years of age and is not
18 emancipated:

19 (a) The risks of addiction and overdose associated with the
20 controlled substance or opiate being prescribed, including, but not
21 limited to:

22 (i) Controlled substances and opiates are highly addictive even when
23 taken as prescribed;

24 (ii) There is a risk of developing a physical or psychological
25 dependence on the controlled substance or opiate; and

26 (iii) Taking more controlled substances or opiates than prescribed,
27 or mixing sedatives, benzodiazepines, or alcohol with controlled
28 substances or opiates, can result in fatal respiratory depression;

29 (b) The reasons why the prescription is necessary; and

30 (c) Alternative treatments that may be available.

31 (2) This section terminates on January 1, 2029.

1 Sec. 4. (1) The Legislature finds that:

2 (a) In most cases, acute pain can be treated effectively with
3 nonopiate or nonpharmacological options;

4 (b) With a more severe or acute injury, short-term use of opiates
5 may be appropriate;

6 (c) Initial opiate prescriptions for children should not exceed
7 seven days for most situations, and two or three days of opiates will
8 often be sufficient;

9 (d) If a patient needs medication beyond three days, the prescriber
10 should reevaluate the patient prior to issuing another prescription for
11 opiates; and

12 (e) Physical dependence on opiates can occur within only a few weeks
13 of continuous use, so great caution needs to be exercised during this
14 critical recovery period.

15 (2) A practitioner who is prescribing an opiate for a patient
16 younger than eighteen years of age for outpatient use for an acute
17 condition shall not prescribe more than a seven-day supply except as
18 otherwise provided in subsection (3) of this section and, if the
19 practitioner has not previously prescribed an opiate for such patient,
20 shall discuss with a parent or guardian of such patient, or with the
21 patient if the patient is an emancipated minor, the risks associated with
22 use of opiates and the reasons why the prescription is necessary.

23 (3) If, in the professional medical judgment of the practitioner,
24 more than a seven-day supply of an opiate is required to treat such
25 patient's medical condition or is necessary for the treatment of pain
26 associated with a cancer diagnosis or for palliative care, the
27 practitioner may issue a prescription for the quantity needed to treat
28 such patient's medical condition or pain. The practitioner shall document
29 the medical condition triggering the prescription of more than a seven-
30 day supply of an opiate in the patient's medical record and shall
31 indicate that a nonopiate alternative was not appropriate to address the

1 medical condition.

2 (4) This section does not apply to controlled substances prescribed
3 pursuant to section 28-412.

4 (5) This section terminates on January 1, 2029.

5 Sec. 5. (1) Unless the individual taking receipt of dispensed
6 opiates listed in Schedule II, III, or IV of section 28-405 is personally
7 and positively known to the pharmacist or dispensing practitioner, the
8 individual shall display a valid driver's or operator's license, a state
9 identification card, a military identification card, an alien
10 registration card, or a passport as proof of identification.

11 (2) This section does not apply to a patient who is a resident of a
12 health care facility licensed pursuant to the Health Care Facility
13 Licensure Act.

14 Sec. 6. Original sections 28-101 and 28-401.01, Revised Statutes
15 Supplement, 2017, are repealed.