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LEGISLATIVE ACTION

Senate

.

House

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Floor: NC/2R

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04/23/2015 10:50 AM

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Senator Bradley moved the following:

**Senate Amendment (with title amendment)**

Between lines 85 and 86

insert:

Section 3. Subsection (3) of section 456.44, Florida Statutes, is amended to read:

456.44 Controlled substance prescribing.—

(3) STANDARDS OF PRACTICE.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.



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12 (a) A complete medical history and a physical examination  
13 must be conducted before beginning any treatment and must be  
14 documented in the medical record. The exact components of the  
15 physical examination shall be left to the judgment of the  
16 clinician who is expected to perform a physical examination  
17 proportionate to the diagnosis that justifies a treatment. The  
18 medical record must, at a minimum, document the nature and  
19 intensity of the pain, current and past treatments for pain,  
20 underlying or coexisting diseases or conditions, the effect of  
21 the pain on physical and psychological function, a review of  
22 previous medical records, previous diagnostic studies, and  
23 history of alcohol and substance abuse. The medical record shall  
24 also document the presence of one or more recognized medical  
25 indications for the use of a controlled substance. Each  
26 registrant must develop a written plan for assessing each  
27 patient's risk of aberrant drug-related behavior, which may  
28 include patient drug testing. Registrants must assess each  
29 patient's risk for aberrant drug-related behavior and monitor  
30 that risk on an ongoing basis in accordance with the plan.

31 (b) Each registrant must develop a written individualized  
32 treatment plan for each patient. The treatment plan shall state  
33 objectives that will be used to determine treatment success,  
34 such as pain relief and improved physical and psychosocial  
35 function, and shall indicate if any further diagnostic  
36 evaluations or other treatments are planned. After treatment  
37 begins, the physician shall adjust drug therapy to the  
38 individual medical needs of each patient. Other treatment  
39 modalities, including a rehabilitation program, shall be  
40 considered depending on the etiology of the pain and the extent



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41 to which the pain is associated with physical and psychosocial  
42 impairment. The interdisciplinary nature of the treatment plan  
43 shall be documented.

44 (c) The physician shall discuss the risks and benefits of  
45 the use of controlled substances, including the risks of abuse  
46 and addiction, as well as physical dependence and its  
47 consequences, with the patient, persons designated by the  
48 patient, or the patient's surrogate or guardian if the patient  
49 is incompetent. The physician shall use a written controlled  
50 substance agreement between the physician and the patient  
51 outlining the patient's responsibilities, including, but not  
52 limited to:

53 1. Number and frequency of controlled substance  
54 prescriptions and refills.

55 2. Patient compliance and reasons for which drug therapy  
56 may be discontinued, such as a violation of the agreement.

57 3. An agreement that controlled substances for the  
58 treatment of chronic nonmalignant pain shall be prescribed by a  
59 single treating physician unless otherwise authorized by the  
60 treating physician and documented in the medical record.

61 (d) The patient shall be seen by the physician at regular  
62 intervals, not to exceed 3 months, to assess the efficacy of  
63 treatment, ensure that controlled substance therapy remains  
64 indicated, evaluate the patient's progress toward treatment  
65 objectives, consider adverse drug effects, and review the  
66 etiology of the pain. Continuation or modification of therapy  
67 shall depend on the physician's evaluation of the patient's  
68 progress. If treatment goals are not being achieved, despite  
69 medication adjustments, the physician shall reevaluate the



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70 appropriateness of continued treatment. The physician shall  
71 monitor patient compliance in medication usage, related  
72 treatment plans, controlled substance agreements, and  
73 indications of substance abuse or diversion at a minimum of 3-  
74 month intervals.

75 (e) The physician shall refer the patient as necessary for  
76 additional evaluation and treatment in order to achieve  
77 treatment objectives. Special attention shall be given to those  
78 patients who are at risk for misusing their medications and  
79 those whose living arrangements pose a risk for medication  
80 misuse or diversion. The management of pain in patients with a  
81 history of substance abuse or with a comorbid psychiatric  
82 disorder requires extra care, monitoring, and documentation and  
83 requires consultation with or referral to an addiction medicine  
84 specialist or psychiatrist.

85 (f) A physician registered under this section must maintain  
86 accurate, current, and complete records that are accessible and  
87 readily available for review and comply with the requirements of  
88 this section, the applicable practice act, and applicable board  
89 rules. The medical records must include, but are not limited to:

- 90 1. The complete medical history and a physical examination,  
91 including history of drug abuse or dependence.
- 92 2. Diagnostic, therapeutic, and laboratory results.
- 93 3. Evaluations and consultations.
- 94 4. Treatment objectives.
- 95 5. Discussion of risks and benefits.
- 96 6. Treatments.
- 97 7. Medications, including date, type, dosage, and quantity  
98 prescribed.



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99           8. Instructions and agreements.  
100           9. Periodic reviews.  
101           10. Results of any drug testing.  
102           11. A photocopy of the patient's government-issued photo  
103 identification.  
104           12. If a written prescription for a controlled substance is  
105 given to the patient, a duplicate of the prescription.  
106           13. The physician's full name presented in a legible  
107 manner.  
108           (g) Patients with signs or symptoms of substance abuse  
109 shall be immediately referred to a board-certified pain  
110 management physician, an addiction medicine specialist, or a  
111 mental health addiction facility as it pertains to drug abuse or  
112 addiction unless the physician is board-certified or board-  
113 eligible in pain management. Throughout the period of time  
114 before receiving the consultant's report, a prescribing  
115 physician shall clearly and completely document medical  
116 justification for continued treatment with controlled substances  
117 and those steps taken to ensure medically appropriate use of  
118 controlled substances by the patient. Upon receipt of the  
119 consultant's written report, the prescribing physician shall  
120 incorporate the consultant's recommendations for continuing,  
121 modifying, or discontinuing controlled substance therapy. The  
122 resulting changes in treatment shall be specifically documented  
123 in the patient's medical record. Evidence or behavioral  
124 indications of diversion shall be followed by discontinuation of  
125 controlled substance therapy, and the patient shall be  
126 discharged, and all results of testing and actions taken by the  
127 physician shall be documented in the patient's medical record.



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129 This subsection does not apply to a board-eligible or board-  
130 certified anesthesiologist, physiatrist, rheumatologist, or  
131 neurologist, or to a board-certified physician who has surgical  
132 privileges at a hospital or ambulatory surgery center and  
133 primarily provides surgical services. This subsection does not  
134 apply to a board-eligible or board-certified medical specialist  
135 who has also completed a fellowship in pain medicine approved by  
136 the Accreditation Council for Graduate Medical Education or the  
137 American Osteopathic Association, or who is board eligible or  
138 board certified in pain medicine by the American Board of Pain  
139 Medicine or a board approved by the American Board of Medical  
140 Specialties or the American Osteopathic Association and performs  
141 interventional pain procedures of the type routinely billed  
142 using surgical codes. This subsection does not apply to a  
143 physician who prescribes medically necessary controlled  
144 substances for a patient during an inpatient stay in a hospital  
145 licensed under chapter 395 or for a resident in a facility  
146 licensed under part II of chapter 400.

147  
148 ===== T I T L E A M E N D M E N T =====

149 And the title is amended as follows:

150 Delete line 15

151 and insert:

152 the review; amending s. 456.44, F.S.; revising the  
153 application of provisions specifying requirements for  
154 standards of practice for certain controlled substance  
155 prescribing; providing an effective date.