



# Non-Opioid Alternatives: What Florida's New Law Requires

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As part of the continued effort to address the opioid epidemic, Florida Gov. Ron DeSantis signed HB 451 into law on June 25, 2019. As originally filed, this bill would have required the state Department of Health to establish a voluntary non-opioid directive form that physicians would have been required to provide to patients prior to prescribing, ordering or administering an opioid drug. Patients who so desired could have signed the form indicating their desire not to be prescribed or administered an opioid and filed it with the physician who provided

the form. Any physician treating the patient after the directive was executed would have been subject to disciplinary action if he or she failed to comply with the non-opioid directive.

After numerous meetings and discussions with Rep. Scott Plakon, the House bill sponsor, the FMA succeeded in having HB 451 amended to remove the directive form and the disciplinary language. After ensuring that there were no objections to the new language from any medical specialty, the FMA dropped its opposition to the bill.

## Information on Nonopioid Alternatives for the Treatment of Pain

A guide to working with your healthcare practitioner to manage pain

*Prescription opioids are sometimes used to treat moderate-to-severe pain. Because prescription opioids have a number of serious side effects, it is important for you to ask questions and learn more about the benefits and risks of opioids. Make sure you're getting care that is safe, effective, and right for you.*



This pamphlet provides information about nonopioid alternative treatments to manage pain. You and your healthcare practitioner can develop a course of treatment that uses multiple methods and modalities, including prescription medications such as opioids, and discuss the advantages and disadvantages of each approach.

*Pain management requires attention to biological, psychological, and environmental factors. Before deciding with your healthcare practitioner about how to treat your pain, you should consider options so that your treatment provides the greatest benefit with the lowest risk.*

As passed during the 2019 Legislative Session, the bill requires that before any healthcare provider (except a pharmacist) can provide anesthesia or prescribe, order, dispense or administer a Schedule II opioid drug for the treatment of pain, the healthcare provider must first:

- Inform the patient of the available non-opioid alternatives for the treatment of pain as determined by the healthcare provider. These alternatives may include non-opioid medicinal drugs or drug products, interventional procedures or treatments, acupuncture, chiropractic treatments, massage therapy, physical therapy, occupational therapy, or any other appropriate therapy. The key here is that the prescribing/ordering/dispensing/administering provider determines what alternative therapy is appropriate. If there are NO appropriate alternatives to opioids, then the provider does not have to discuss alternatives.
- Discuss the advantages and disadvantages of the use of non-opioid alternatives. If there are no available alternatives, there will be nothing to discuss. If there are alternatives, the provider will have to discuss the patient's risk for and history of controlled substance abuse as well as the patient's personal preferences.
- Provide the patient with the **educational pamphlet developed by the Department of Health**.
- Document the non-opioid alternatives considered (if any) in the patient's record.

It is important to note the following:

- If you are prescribing, ordering, administering or dispensing a Schedule II opioid for reasons other than the treatment of pain, the requirements above do not apply.
- If you are prescribing, ordering, administering or dispensing a Schedule III-V opioid, even for the treatment of pain, the above requirements do not apply.
- If you are prescribing, ordering, administering or dispensing a non-opioid controlled substance, regardless of the schedule, the above requirements do not apply.

An obvious question is whether the alternatives have to be discussed and the pamphlet provided once per hospitalization/course of treatment or for every prescription/order/administration. For example, if a patient is admitted to a hospital room after surgery and a Schedule II opioid is ordered for pain, to be given every six hours, obviously, prior to the first order, alternatives would have to be discussed and the pamphlet provided. But would this have to be repeated every time the opioid is administered? HB 451 does not provide specific guidance for this example. Common sense, however, strongly indicates that repeatedly providing the same information and handing out multiple copies of the same pamphlet would be a waste of time and money – clearly not the intent of this legislation.

The FMA firmly believes that if the ordering physician informs the patient of the alternatives to ordering a Schedule II opioid, discusses the advantages and disadvantages of the non-opioid alternatives, hands the patient the pamphlet and lets the patient know that the opioid will be administered every six hours or as needed, then the bill's requirements have been met throughout this particular course of treatment. The individuals administering the opioid will not need to repeat this information every time the opioid is administered. The FMA has requested guidance from the Florida Board of Medicine on this issue and will issue a follow-up to this article once the Board responds.

The provisions of HB 451 took effect on July 1, 2019. [Click here for access to the Department of Health's finalized pamphlet](#). If you have any problems downloading the pamphlet, contact the FMA at [legal@FLmedical.org](mailto:legal@FLmedical.org) for assistance. FMA members who have questions about HB 451 can also contact our [Legal Department via email](#) or by calling (800) 762-0233.