

AMENDMENTS TO LB931

Introduced by Judiciary.

1 1. Strike the original sections and insert the following new
2 sections:

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

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

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

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

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

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

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

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

27 (iii) Taking more controlled substances or opiates than prescribed,

1 or mixing sedatives, benzodiazepines, or alcohol with controlled
2 substances or opiates, can result in fatal respiratory depression;

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

4 (c) Alternative treatments that may be available.

5 (2) The practitioner shall include a note in the patient's medical
6 record that the patient or the patient's parent or guardian, as
7 applicable, has discussed with the practitioner the risks of developing a
8 physical or psychological dependence on the controlled substance or
9 opiate and alternative treatments that may be available.

10 (3) This section terminates on January 1, 2029.

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

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

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

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

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

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

25 (2) A practitioner who is prescribing an opiate for a patient
26 younger than eighteen years of age for outpatient use for an acute
27 condition shall not prescribe more than a seven-day supply except as
28 otherwise provided in subsection (3) of this section and, if the
29 practitioner has not previously prescribed an opiate for such patient,
30 shall discuss with a parent or guardian of such patient the risks
31 associated with use of opiates and the reasons why the prescription is

1 necessary.

2 (3) If, in the professional medical judgment of the practitioner,
3 more than a seven-day supply of an opiate is required to treat such
4 patient's medical condition or is necessary for the treatment of pain
5 associated with a cancer diagnosis or for palliative care, the
6 practitioner may issue a prescription for the quantity needed to treat
7 such patient's medical condition or pain. The practitioner shall document
8 the medical condition triggering the prescription of more than a seven-
9 day supply of an opiate in the patient's medical record and shall
10 indicate that a nonopiate alternative was not appropriate to address the
11 medical condition.

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

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

15 Sec. 5. (1) In order to take receipt of dispensed opiates listed in
16 Schedule II, III, or IV of section 28-405, an individual shall display a
17 valid driver's or operator's license, a Nebraska state identification
18 card, a military identification card, an alien registration card, or a
19 passport as proof of identification.

20 (2) This section does not apply to a patient, resident, or employee
21 of a health care facility licensed pursuant to the Health Care Facility
22 Licensure Act if there are identification procedures in place for the
23 receipt and administration of controlled substances at the facility.

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