



AB 2760 (Wood, Chapter 324, Statutes of 2018) – Frequently Asked Questions

1. What does this new law require?

This law requires prescribers to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when one or more of the following conditions are present:

- The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.
- An opioid medication is prescribed concurrently with a prescription for benzodiazepine.
- The patient presents with an increased risk for overdose, including a patient with a 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 law also requires prescribers, consistent with the existing standard of care, to provide education to patients, persons designated by the patient, or for minor patients, to their parents or guardian, if they fall under one of the above conditions, regarding overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression.

2. This bill says prescribers must “offer” a prescription for naloxone (or other approved drug) to a patient when the specified conditions are present. Does this mean the prescriber can offer the prescription and the patient can decline, or does this mean the prescriber has to give the patient the prescription?

The law only requires the prescriber to offer the prescription, there is no requirement for the prescriber to issue a prescription if the patient declines.

3. Does this law apply to a prescriber who is seeing a patient who is being prescribed opioids by another physician, even if they are seeing the patient for an unrelated manner?

If any of the specified conditions are present, the prescriber seeing that patient must offer a prescription for naloxone (or other approved drug). The law does not limit its requirements to the physician who prescribed the opioid to the patient.

4. If a prescriber has a patient who is routinely receiving prescriptions of opioids greater than 90 morphine milligram equivalents per day, how often are they required to offer a prescription for naloxone (or other approved drug)?

Anytime the specified conditions are present, the prescriber seeing that patient must offer a prescription for naloxone (or other approved drug). This law does not limit its requirements to a one-time offer, and must be complied with each time the specified conditions are present.

5. Does this law exclude patients in an inpatient facility or receiving hospice care?

This law does not exempt inpatient facilities or patients receiving hospice care from its requirements.

6. Does the requirement to offer a prescription for naloxone apply to medications being administered in hospitals?

The requirements in this law do not apply to medications being administered in hospitals because the language in this law uses the word “prescribing,” which is different than a doctor giving an order for medication to be administered in an inpatient facility.

7. Is this law limited to the prescriber at the time of prescription?

The requirements in this law are not limited to the prescriber at the time of a prescription. The requirement to offer a prescription for naloxone or other similar opioid reversal drug would apply anytime the conditions specified in the law are present.

8. Does this law apply only to patients who are currently on opioids, or does it apply to any patient who has a history of opioid overdose?

This law applies to all patients with an increased risk for overdose, including a patient with a 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.

9. This law allows a patient to designate an individual(s) to receive the education required by this law. If a patient designates an individual that is not at the appointment what is the prescribers’ responsibility to contact that designee?

This law specifies that the education must be provided consistent with the standard of care. The prescriber will need to make the determination on the appropriate method to provide that education to the appropriate individual(s).