

1 SB425
2 201442-3
3 By Senators Stutts, McClendon and Reed
4 RFD: Finance and Taxation General Fund
5 First Read: 22-MAY-19

1 SB425

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4 ENROLLED, An Act,

5 Relating to health care; to establish guidelines for
6 the use of buprenorphine in nonresidential treatment programs;
7 and to provide for the adoption of rules to further implement
8 and enforce the provisions of the act.

9 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

10 Section 1. This act shall be known and may be cited
11 as the MAT Act of 2019.

12 Section 2. (a) (1) For all patients receiving
13 medication assisted treatment, adequate billing records shall
14 be maintained, in any format, for all patient visits. Billing
15 records shall be maintained for a period of three years from
16 the date of the patient's last treatment. Billing records
17 shall be made for all methods of payment. Billing records
18 shall include, but not be limited to, information detailing
19 all of the following:

- 20 a. The amount paid for services.
21 b. Method of payment.
22 c. Date of the delivery of services.
23 d. Date of payment.
24 e. Description of services.

1 (2) Records of all bank deposits of cash payments
2 for medication assisted treatment shall be maintained, in any
3 format, for a period of three years.

4 (b) By January 1, 2020, the Alabama Board of Medical
5 Examiners, in consultation with the Public Health Officer of
6 the Department of Public Health and the Alabama Department of
7 Mental Health shall adopt rules under the Alabama
8 Administrative Procedure Act for the prescribing of
9 medications containing buprenorphine for the treatment of
10 opioid use in non-residential settings.

11 (1) The rules, at a minimum, shall address all of
12 the following:

13 a. Appropriate doses of buprenorphine-containing
14 medications for the treatment of opioid use disorder.

15 b. Co-prescribing of benzodiazepines and medications
16 containing buprenorphine or co-prescribing of barbiturates and
17 medications containing buprenorphine.

18 c. Co-prescribing of stimulants and medications
19 containing buprenorphine.

20 d. Co-prescribing of medications containing
21 gabapentin with medications containing buprenorphine.

22 e. Minimum requirements for counseling, behavioral
23 therapy, and case management.

24 f. Appropriate drug screening.

1 g. Education to patients regarding neonatal
2 abstinence syndrome or neonatal opioid withdrawal syndrome.

3 h. Pain management.

4 i. Co-occurring disorders.

5 j. Informed consent by the patient.

6 k. Use of the state Prescription Drug Monitoring
7 Program (PDMP).

8 l. Use of appropriate screening tools.

9 m. Appropriate number of visits and addressing of
10 relapse.

11 n. A diversion control plan.

12 o. Use of mono-product buprenorphine formulations,
13 not to include injectable and implantable forms of
14 buprenorphine.

15 p. Creation of an appropriate registry of providers
16 of medication assisted treatment.

17 q. Appropriate record keeping requirements for any
18 direct compensation arrangements involving medication assisted
19 treatment.

20 (2) Nationally recognized guidelines from the
21 American Society of Addiction Medicine (ASAM), the American
22 Board of Addiction Medicine (ABAM), the American Board of
23 Preventative Medicine (ABPM), and the Substance Abuse and
24 Mental Health Services Administration (SAMHSA) shall serve as
25 a guide for the development of the rules.

1 (3) The rules shall be consistent with federal and
2 state law.

3 (c) The Alabama Board of Medical Examiners shall
4 convene a standing working group consisting of 17 individuals,
5 who are addiction medicine specialists board certified by the
6 American Board of Addiction Medicine or the American Board of
7 Preventative Medicine with a subspecialty in addiction
8 medicine, or by the American Board of Addiction Psychiatry, or
9 fellowship trained in addiction medicine, as well as
10 counselors and social workers, to consult and assist in the
11 drafting of the rules, including the following:

12 (1) Two members from the Alabama Department of
13 Mental Health.

14 (2) Two members from the Alabama Board of Medical
15 Examiners.

16 (3) One member from the Attorney General's Office.

17 (4) Other experts from the Alabama Society of
18 Addiction Medicine, the Medical Association of the State of
19 Alabama, and other recognized organizations.

20 (d) The rules shall be reviewed and updated by
21 September 1, 2020, and each year thereafter by September 1.

22 Section 3. Because the intent of the Legislature in
23 this act is to educate physicians and to mitigate patient
24 abuse and diversion of buprenorphine, nothing in this act
25 shall modify, amend, repeal, or supersede any provision of

1 Section 6-5-333, Code of Alabama 1975, or the Alabama Medical
2 Liability Act of 1987, commencing with Section 6-5-540, Code
3 of Alabama 1975, or the Alabama Medical Liability Act of 1996,
4 commencing with Section 6-5-548, Code of Alabama 1975, or any
5 amendment to any of the foregoing, or any judicial
6 interpretation of any of the foregoing, nor shall anything in
7 this act modify, amend, repeal, or supersede the law of or
8 pertaining to the standard of care and admissibility of
9 evidence regarding the standard of care.

10 Section 4. This act shall become effective
11 immediately following its passage and approval by the
12 Governor, or its otherwise becoming law.

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President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB425

Senate 28-MAY-19

I hereby certify that the within Act originated in and passed the Senate.

Patrick Harris,
Secretary.

House of Representatives
Passed: 31-MAY-19

By: Senator Stutts