Frequently Asked Questions

Act 125 - Prescribing Opioids to Minors

1. What is Act 125 of 2016?

Act 125 of 2016 sets forth requirements for prescribing opioids to minors including:

(1) an assessment of whether the minor has taken or is currently taking prescription drugs, including long-acting naltrexone, for treatment of a substance use disorder;
(2) discussing the potential risks associated with the medication with minor and the minor’s parent, guardian, or an authorized adult; and
(3) obtaining the parent, guardian, or authorized adult’s consent to provide the prescription.

2. When did this law become effective?


3. What is an opioid?

An opioid is medication most commonly used for pain management. It can be any of the following:

(1) A preparation or derivative of opium.
(2) A synthetic narcotic that has opiate-like effects but is not derived from opium.
(3) A group of naturally occurring peptides that bind at or otherwise influence opiate receptors, including opioid agonists.

4. Who is considered a minor?

Under Act 125, a minor is considered any individual under the age of 18 who is not legally emancipated from their parent or guardian. Emancipation for purposes of this act includes a person who is under the age of 18, and who is either:

(1) married;
(2) serving in the U.S. Armed Forces;
(3) employed and self-sustained; or
(4) otherwise independent of their parent or guardian’s care, as defined by the Minors Consent Act or including patients who have been pregnant.

The Minors Consent Act (P.L. 19, No. 10) (35 P.S. §§10101-10105) provides that a minor may consent to his or her own dental, medical or health services treatment for conditions relating to drug and alcohol use, pregnancy and venereal (or other reportable) diseases.

5. **Who is required to obtain consent under this law?**

A prescriber is anyone legally authorized to distribute, dispense or administer a controlled substance. This would include physicians, dentists, podiatrists, certified registered nurse practitioners, and optometrists. Veterinarians are NOT considered prescribers under this law.

6. **How can a prescriber lawfully obtain consent under the law?**

Before issuing any opioid to a minor, a prescriber should do the following:

1) Assess whether the minor has or is currently taking prescription drugs for treatment of a substance use disorder.

2) Discuss with the minor and the minor’s parent/guardian, or authorized adult, all the following:
   a. The risks of addition and overdose associated with the controlled substance containing an opioid.
   b. The increased risk of addiction to controlled substances to individuals suffering from mental or substance use disorders.
   c. The dangers of taking a controlled substance containing an opioid with benzodiazepines, alcohol or other central nervous system depressants.
   d. Any other information specifically related to the use of controlled substances containing an opioid that is required by product labeling and/or Federal law.

3) The prescriber must obtain written consent from the minor’s parent, guardian, or authorized adult (an adult who has a valid health care proxy to consent to the minor’s medical treatment) for the prescriber’s records. The Department of State has a sample form on its website - [here](#).

4) A prescriber may choose to personalize the written form, however, it must contain all the following:
   a. The brand name or generic name and quantity of the opioid medication being prescribed and initial dosage.
b. A statement indicating that a controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse.

c. A statement certifying that the prescriber engaged in the discussion about the risks and dangers associated with opioid medications.

d. The number of refills authorized by the prescription.

e. The signature of the minor’s parent, guardian, or an authorized adult, and the date of signing.

5) The prescriber shall record the consent form under section 52A02(b)(1), and the form shall be maintained in the minor’s record with the prescriber.

7. What if a prescriber cannot lawfully obtain consent?

There are extremely limited circumstances under which an opioid may be administered, or a minor treated with opioid medication without first obtaining consent:

1) A documented medical emergency – that is, “a situation which, in the prescriber’s good faith professional judgment, creates an immediate threat of a serious risk to the life or physical health of a minor

2) An incident within the course of the minor’s treatment in which the prescriber feels that obtaining consent would be detrimental to their health or safety.

In either event, the prescriber MUST document those factors or events that constituted cause for not obtaining parental or guardian consent.

8. Is there a limit on how much of an opioid medication can be prescribed to a minor under Act 125?

Yes. A prescriber may not prescribe more than a 7-day supply upon obtaining written consent from a parent or guardian. A prescriber may not prescribe more than a single, 72-hour supply if the individual who signs the consent form is not a parent or guardian, but an authorized adult. [This 7-day limit does not apply to prescriptions for chronic pain, pain management associated with cancer, palliative or hospice care.]

9. What if a prescriber must prescribe more than a 7-day supply?

If a prescriber, in their professional judgment, believes more than a 7-day supply is required to stabilize a minor’s acute medical condition, then they must document the acute medical
condition, and indicate their reasoning why a non-opioid alternative is not appropriate to address that condition.

10. **Can a prescriber be subject to administrative sanctions for violating Act 125?**

    Yes. A violation of this Act may subject a prescriber to administrative sanctions by the licensing board under the applicable statute.

11. **Can a parent or guardian waive consent to a minor’s treatment with the use of opioid medications?**

    No. A prescriber is required to obtain this written consent from a parent or guardian prior to *initially prescribing* the first dosage in *every single course of treatment*, regardless of whether the dosage is modified during that course of treatment.