

1 **SENATE FLOOR VERSION**

February 25, 2020

2 **AS AMENDED**

3 SENATE BILL NO. 1512

By: Standridge of the Senate

4 and

5 Rosecrants of the House

6  
7  
8 **[ controlled dangerous substances - prescription**  
9 **limits and rules for opioid drugs - emergency ]**

10  
11 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

12 SECTION 1. AMENDATORY Section 5, Chapter 175, O.S.L.  
13 2018, as last amended by Section 19, Chapter 428, O.S.L. 2019 (63  
14 O.S. Supp. 2019, Section 2-309I), is amended to read as follows:

15 Section 2-309I. A. A practitioner shall not issue an initial  
16 prescription for an opioid drug in a quantity exceeding a seven-day  
17 supply for treatment of acute pain. Any opioid prescription for  
18 acute pain shall be for the lowest effective dose of an immediate-  
19 release drug.

20 B. Prior to issuing an initial prescription for an opioid drug  
21 in a course of treatment for acute or chronic pain, a practitioner  
22 shall:

23 1. Take and document the results of a thorough medical history,  
24 including the experience of the patient with nonopioid medication

1 and nonpharmacological pain-management approaches and substance  
2 abuse history;

3 2. Conduct, as appropriate, and document the results of a  
4 physical examination;

5 3. Develop a treatment plan with particular attention focused  
6 on determining the cause of pain of the patient;

7 4. Access relevant prescription monitoring information from the  
8 central repository pursuant to Section 2-309D of this title;

9 5. Limit the supply of any opioid drug prescribed for acute  
10 pain to a duration of no more than seven (7) days as determined by  
11 the directed dosage and frequency of dosage; provided, however, upon  
12 issuing an initial prescription for acute pain pursuant to this  
13 section, the practitioner may issue one (1) subsequent prescription  
14 for an opioid drug in a quantity not to exceed seven (7) days if:

15 a. the subsequent prescription is due to a major surgical  
16 procedure or "confined to home" status as defined in  
17 42 U.S.C., Section 1395n(a),

18 b. the practitioner provides the subsequent prescription  
19 on the same day as the initial prescription,

20 c. the practitioner provides written instructions on the  
21 subsequent prescription indicating the earliest date  
22 on which the prescription may be filled, otherwise  
23 known as a "do not fill until" date, and  
24

1           d.    the subsequent prescription is dispensed no more than  
2                    five (5) days after the "do not fill until" date  
3                    indicated on the prescription;

4           6.    In the case of a patient under the age of eighteen (18)  
5 years old, enter into a patient-provider agreement with a parent or  
6 guardian of the patient; and

7           7.    In the case of a patient who is a pregnant woman, enter into  
8 a patient-provider agreement with the patient.

9           C.    No less than seven (7) days after issuing the initial  
10 prescription pursuant to subsection A of this section, the  
11 practitioner, after consultation with the patient, may issue a  
12 subsequent prescription for the drug to the patient in a quantity  
13 not to exceed seven (7) days, provided that:

14           1.    The subsequent prescription would not be deemed an initial  
15 prescription under this section;

16           2.    The practitioner determines the prescription is necessary  
17 and appropriate to the treatment needs of the patient and documents  
18 the rationale for the issuance of the subsequent prescription; and

19           3.    The practitioner determines that issuance of the subsequent  
20 prescription does not present an undue risk of abuse, addiction or  
21 diversion and documents that determination.

22           D.    Prior to issuing the initial prescription of an opioid drug  
23 in a course of treatment for acute or chronic pain and again prior  
24 to issuing the third prescription of the course of treatment, a

1 practitioner shall discuss with the patient or the parent or  
2 guardian of the patient if the patient is under eighteen (18) years  
3 of age and is not an emancipated minor, the risks associated with  
4 the drugs being prescribed, including, but not limited to:

5 1. The risks of addiction and overdose associated with opioid  
6 drugs and the dangers of taking opioid drugs with alcohol,  
7 benzodiazepines and other central nervous system depressants;

8 2. The reasons why the prescription is necessary;

9 3. Alternative treatments that may be available; and

10 4. Risks associated with the use of the drugs being prescribed,  
11 specifically that opioids are highly addictive, even when taken as  
12 prescribed, that there is a risk of developing a physical or  
13 psychological dependence on the controlled dangerous substance, and  
14 that the risks of taking more opioids than prescribed or mixing  
15 sedatives, benzodiazepines or alcohol with opioids can result in  
16 fatal respiratory depression.

17 The practitioner shall include a note in the medical record of  
18 the patient that the patient or the parent or guardian of the  
19 patient, as applicable, has discussed with the practitioner the  
20 risks of developing a physical or psychological dependence on the  
21 controlled dangerous substance and alternative treatments that may  
22 be available. The applicable state licensing board of the  
23 practitioner shall develop and make available to practitioners  
24 guidelines for the discussion required pursuant to this subsection.

1 E. At the time of the issuance of the third prescription for an  
2 opioid drug, the practitioner shall enter into a patient-provider  
3 agreement with the patient.

4 F. When an opioid drug is continuously prescribed for three (3)  
5 months or more for chronic pain, the practitioner shall:

6 1. Review, at a minimum of every three (3) months, the course  
7 of treatment, any new information about the etiology of the pain,  
8 and the progress of the patient toward treatment objectives and  
9 document the results of that review;

10 2. In the first year of the patient-provider agreement, assess  
11 the patient prior to every renewal to determine whether the patient  
12 is experiencing problems associated with an opioid use disorder and  
13 document the results of that assessment. Following one (1) year of  
14 compliance with the patient-provider agreement, the practitioner  
15 shall assess the patient at a minimum of every six (6) months;

16 3. Periodically make reasonable efforts, unless clinically  
17 contraindicated, to either stop the use of the controlled substance,  
18 decrease the dosage, try other drugs or treatment modalities in an  
19 effort to reduce the potential for abuse or the development of an  
20 opioid use disorder as defined by the American Psychiatric  
21 Association and document with specificity the efforts undertaken;

22 4. Review the central repository information in accordance with  
23 Section 2-309D of this title; and

24

1 5. Monitor compliance with the patient-provider agreement and  
2 any recommendations that the patient seek a referral.

3 G. 1. Any prescription for acute pain pursuant to this section  
4 shall have the words "acute pain" notated on the face of the  
5 prescription by the practitioner.

6 2. Any prescription for chronic pain pursuant to this section  
7 shall have the words "chronic pain" notated on the face of the  
8 prescription by the practitioner.

9 H. This section shall not apply to a prescription for a patient  
10 who is currently in active treatment for cancer, receiving hospice  
11 care from a licensed hospice or palliative care, or is a resident of  
12 a long-term care facility, or to any medications that are being  
13 prescribed for use in the treatment of substance abuse or opioid  
14 dependence.

15 I. Every policy, contract or plan delivered, issued, executed  
16 or renewed in this state, or approved for issuance or renewal in  
17 this state by the Insurance Commissioner, and every contract  
18 purchased by the Employees Group Insurance Division of the Office of  
19 Management and Enterprise Services, on or after November 1, 2018,  
20 that provides coverage for prescription drugs subject to a  
21 copayment, coinsurance or deductible shall charge a copayment,  
22 coinsurance or deductible for an initial prescription of an opioid  
23 drug prescribed pursuant to this section that is either:

24

1 1. Proportional between the cost sharing for a thirty-day  
2 supply and the amount of drugs the patient was prescribed; or

3 2. Equivalent to the cost sharing for a full thirty-day supply  
4 of the drug; provided that no additional cost sharing may be  
5 charged for any additional prescriptions for the remainder of the  
6 thirty-day supply.

7 J. Any practitioner authorized to prescribe an opioid drug  
8 shall adopt and maintain a written policy or policies that include  
9 execution of a written agreement to engage in an informed consent  
10 process between the prescribing practitioner and qualifying opioid  
11 therapy patient. For the purposes of this section, "qualifying  
12 opioid therapy patient" means:

13 1. A patient requiring opioid treatment for more than three (3)  
14 months;

15 2. A patient who is prescribed benzodiazepines and opioids  
16 together for more than one twenty-four-hour period; or

17 3. A patient who is prescribed a dose of opioids that exceeds  
18 one hundred (100) morphine equivalent doses.

19 K. No licensed practitioner shall be subject to criminal  
20 prosecution or disciplinary action by the applicable licensing board  
21 for prescribing an opioid drug in accordance with the provisions of  
22 this section and rules promulgated pursuant thereto.

23 L. Nothing in this section shall be construed to supersede the  
24 provisions of Section 2-551 of this title.

1        ~~SECTION 2. It being immediately necessary for the preservation~~  
2 ~~of the public peace, health or safety, an emergency is hereby~~  
3 ~~declared to exist, by reason whereof this act shall take effect and~~  
4 ~~be in full force from and after its passage and approval.~~

5 COMMITTEE REPORT BY: COMMITTEE ON JUDICIARY  
6 February 25, 2020 - DO PASS AS AMENDED  
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