

Bill Summary
1st Session of the 57th Legislature

Bill No.:	SB 848
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Author:	Sen. Rader
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Committee Substitute (CS)

The CS for SB 848 directs pharmacists to fill a prescription for a Schedule II opioid prescription to the exact parameters described in the prescription order. Any expert testifying against a licensee shall be a Board-certified physician practicing the specialty of the licensee named in the complaint. The measure strikes language allowing the Board to review a physician's prescription practices with regards to prescribing opioids in excess of the maximum dosage.

The measure also modifies continuing education requirements for licensees of the State Board of Medical Examiners. Continuing education courses shall include at least two hours in pain management or two hours in opioid use and addiction. Dentists are required by the measure to take three hours in pain management or three hours in opioid use and addiction. Physician assistants, orthodontists, osteopaths, and veterinarians are required to take one hour on pain management or one hour on opioid use and addiction. Licensees are exempt from the continuing education requirement created by this measure if they can provide evidence to the licensing board that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number.

The measure requires, rather than permits, the Board to consider the suspension of a licensee who fails to access the central repository. Unless a prescribed opioid or pain treatment is classified as a Schedule II drug, the measure strikes the requirement for the prescription to be capped at a seven day supply and does not require a pain management prescription to be prescribed at the lowest effective dose. The measure outlines acceptable circumstances wherein a Schedule II opioid drug may be prescribed for pain.

The CS also directs the Insurance Department to study the effects of restricting opioid prescriptions on the claims paid by health insurance carriers and the out-of-pocket costs. The Department shall complete and submit the report to the standing health committees in the Senate and House no later than January 1, 2021.

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