

1 ENGROSSED HOUSE AMENDMENT
TO
2 ENGROSSED SENATE BILL NO. 57 By: Rader of the Senate
3 and
4 Echols of the House
5
6

7 An Act relating to controlled dangerous substances;
8 amending 63 O.S. 2011, Section 2-309D, as last
9 amended by Section 59, Chapter 161, O.S.L. 2020 (63
10 O.S. Supp. 2020, Section 2-309D), which relates to
11 the central repository; authorizing members of the
12 Opioid Overdose Fatality Review Board to access
13 central repository for certain purpose; requiring
14 physician to disclose certain patient history upon
15 request; amending Section 5, Chapter 175, O.S.L.
16 2018, as last amended by Section 19, Chapter 428,
17 O.S.L. 2019 (63 O.S. Supp. 2020, Section 2-309I),
18 which relates to prescription limits and rules for
19 opioid drugs; modifying applicability of section;
20 defining term; clarifying language; and declaring an
21 emergency.

22 AUTHORS: Add the following House Coauthors: McEntire and Lepak

23 AMENDMENT NO. 1. Delete the title, enacting clause and entire bill
24 and replace with:

25 "An Act relating to controlled dangerous substances;
26 amending 63 O.S. 2011, Section 2-309D, as last
27 amended by Section 59, Chapter 161, O.S.L. 2020 (63
28 O.S. Supp. 2020, Section 2-309D), which relates to
29 the central repository; authorizing members of the
30 Opioid Overdose Fatality Review Board to access
31 central repository for certain purpose; requiring

1 physician to disclose certain patient history upon
2 request; modifying circumstances that require
3 unsolicited notification to certain licensing board;
4 amending Section 5, Chapter 175, O.S.L. 2018, as
5 last amended by Section 19, Chapter 428, O.S.L. 2019
6 (63 O.S. Supp. 2020, Section 2-309I), which relates
7 to prescription limits and rules for opioid drugs;
8 providing reference to certain definition; modifying
9 applicability of section; providing construing
10 provision; stating standard of care for patients;
11 and declaring an emergency.

12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY 63 O.S. 2011, Section 2-309D, as
14 last amended by Section 59, Chapter 161, O.S.L. 2020 (63 O.S. Supp.
15 2020, Section 2-309D), is amended to read as follows:

16 Section 2-309D. A. The information collected at the central
17 repository pursuant to the Anti-Drug Diversion Act shall be
18 confidential and shall not be open to the public. Access to the
19 information shall be limited to:

20 1. Peace officers certified pursuant to Section 3311 of Title
21 70 of the Oklahoma Statutes who are employed as investigative agents
22 of the Oklahoma State Bureau of Narcotics and Dangerous Drugs
23 Control;

24 2. The United States Drug Enforcement Administration Diversion
Group Supervisor;

3. The executive director or chief investigator, as designated
by each board, of the following state boards:

- a. Board of Podiatric Medical Examiners,
- b. Board of Dentistry,
- c. State Board of Pharmacy,
- d. State Board of Medical Licensure and Supervision,
- e. State Board of Osteopathic Examiners,
- f. State Board of Veterinary Medical Examiners,
- g. Oklahoma Health Care Authority,
- h. Department of Mental Health and Substance Abuse Services,
- i. Board of Examiners in Optometry,
- j. Board of Nursing,
- k. Office of the Chief Medical Examiner, and
- l. State Board of Health;

4. A multicounty grand jury properly convened pursuant to the Multicounty Grand Jury Act;

5. Medical practitioners employed by the United States Department of Veterans Affairs, the United States Military, or other federal agencies treating patients in this state; ~~and~~

6. At the discretion of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, medical practitioners and their staff, including those employed by the federal government in this state; and

1 7. The members of the Opioid Overdose Fatality Review Board for
2 the purpose of carrying out the duties prescribed by Section 2-1001
3 of this title.

4 B. This section shall not prevent access, at the discretion of
5 the Director of the Oklahoma State Bureau of Narcotics and Dangerous
6 Drugs Control, to investigative information by peace officers and
7 investigative agents of federal, state, tribal, county or municipal
8 law enforcement agencies, district attorneys and the Attorney
9 General in furtherance of criminal, civil or administrative
10 investigations or prosecutions within their respective
11 jurisdictions, designated legal, communications, and analytical
12 employees of the Bureau, and to registrants in furtherance of
13 efforts to guard against the diversion of controlled dangerous
14 substances.

15 C. This section shall not prevent the disclosure, at the
16 discretion of the Director of the Oklahoma State Bureau of Narcotics
17 and Dangerous Drugs Control, of statistical information gathered
18 from the central repository to the general public which shall be
19 limited to types and quantities of controlled substances dispensed
20 and the county where dispensed.

21 D. This section shall not prevent the disclosure, at the
22 discretion of the Director of the Oklahoma State Bureau of Narcotics
23 and Dangerous Drugs Control, of prescription-monitoring-program
24

1 information to prescription-monitoring programs of other states
2 provided a reciprocal data-sharing agreement is in place.

3 E. The Department of Mental Health and Substance Abuse Services
4 and the State Department of Health may utilize the information in
5 the central repository for statistical, research, substance abuse
6 prevention, or educational purposes, provided that consumer
7 confidentiality is not compromised.

8 F. Any unauthorized disclosure of any information collected at
9 the central repository provided by the Anti-Drug Diversion Act shall
10 be a misdemeanor. Violation of the provisions of this section shall
11 be deemed willful neglect of duty and shall be grounds for removal
12 from office.

13 G. 1. Registrants shall have access to the central repository
14 for the purposes of patient treatment and ~~for~~ to aid in the
15 determination in prescribing or screening new patients. The
16 ~~patient's history may be disclosed to the patient for the purposes~~
17 ~~of treatment of information at the discretion of the physician. The~~
18 physician or designee shall provide, upon request by the patient,
19 the history of the patient or the query history of the patient.

20 2. a. Prior to prescribing or authorizing for refill, if one
21 hundred eighty (180) days have elapsed prior to the
22 previous access and check, of opiates, synthetic
23 opiates, semisynthetic opiates, benzodiazepine or
24 carisoprodol to a patient of record, registrants or

1 members of their medical or administrative staff shall
2 be required to access the information in the central
3 repository to assess medical necessity and the
4 possibility that the patient may be unlawfully
5 obtaining prescription drugs in violation of the
6 Uniform Controlled Dangerous Substances Act. The duty
7 to access and check shall not alter or otherwise amend
8 appropriate medical standards of care. The registrant
9 or medical provider shall note in the patient file
10 that the central repository has been checked and may
11 maintain a copy of the information.

12 b. The requirements set forth in subparagraph a of this
13 paragraph shall not apply:

14 (1) to medical practitioners who prescribe the
15 controlled substances set forth in subparagraph a
16 of this paragraph for hospice or end-of-life
17 care, or

18 (2) for a prescription of a controlled substance set
19 forth in subparagraph a of this paragraph that is
20 issued by a practitioner for a patient residing
21 in a nursing facility as defined by Section 1-
22 1902 of this title, provided that the
23 prescription is issued to a resident of such
24 facility.

1 3. Registrants shall not be liable to any person for any claim
2 of damages as a result of accessing or failing to access the
3 information in the central repository and no lawsuit may be
4 predicated thereon.

5 4. The failure of a registrant to access and check the central
6 repository as required under state or federal law or regulation may,
7 after investigation, be grounds for the licensing board of the
8 registrant to take disciplinary action against the registrant.

9 H. The State Board of Podiatric Medical Examiners, the State
10 Board of Dentistry, the State Board of Medical Licensure and
11 Supervision, the State Board of Examiners in Optometry, the State
12 Board of Nursing, the State Board of Osteopathic Examiners and the
13 State Board of Veterinary Medical Examiners shall have the sole
14 responsibility for enforcement of the provisions of subsection G of
15 this section. Nothing in this section shall be construed so as to
16 permit the Director of the State Bureau of Narcotics and Dangerous
17 Drugs Control to assess administrative fines provided for in Section
18 2-304 of this title.

19 I. The Director of the Oklahoma State Bureau of Narcotics and
20 Dangerous Drugs Control, or a designee thereof, shall provide a
21 monthly list to the Directors of the State Board of Podiatric
22 Medical Examiners, the State Board of Dentistry, the State Board of
23 Medical Licensure and Supervision, the State Board of Examiners in
24 Optometry, the State Board of Nursing, the State Board of

1 Osteopathic Examiners and the State Board of Veterinary Medical
2 Examiners of the top twenty prescribers of controlled dangerous
3 substances within their respective areas of jurisdiction. Upon
4 discovering that a registrant is prescribing outside the limitations
5 of his or her licensure or outside of drug registration rules or
6 applicable state laws, the respective licensing board shall be
7 notified by the Bureau in writing. Such notifications may be
8 considered complaints for the purpose of investigations or other
9 actions by the respective licensing board. Licensing boards shall
10 have exclusive jurisdiction to take action against a licensee for a
11 violation of subsection G of this section.

12 J. Information regarding fatal and nonfatal overdoses, other
13 than statistical information as required by Section 2-106 of this
14 title, shall be completely confidential. Access to this information
15 shall be strictly limited to the Director of the Oklahoma State
16 Bureau of Narcotics and Dangerous Drugs Control or designee, the
17 Chief Medical Examiner, state agencies and boards provided in
18 subsection A of this section, and the registrant that enters the
19 information. Registrants shall not be liable to any person for a
20 claim of damages for information reported pursuant to the provisions
21 of Section 2-105 of this title.

22 K. The Director of the Oklahoma State Bureau of Narcotics and
23 Dangerous Drugs Control shall provide adequate means and procedures
24

1 allowing access to central repository information for registrants
2 lacking direct computer access.

3 L. Upon completion of an investigation in which it is
4 determined that a death was caused by an overdose, either
5 intentionally or unintentionally, of a controlled dangerous
6 substance, the medical examiner shall be required to report the
7 decedent's name and date of birth to the Oklahoma State Bureau of
8 Narcotics and Dangerous Drugs Control. The Oklahoma State Bureau of
9 Narcotics and Dangerous Drugs Control shall be required to maintain
10 a database containing the classification of medical practitioners
11 who prescribed or authorized controlled dangerous substances
12 pursuant to this subsection.

13 M. The Oklahoma State Bureau of Narcotics and Dangerous Drugs
14 Control is authorized to provide unsolicited notification to the
15 licensing board of a pharmacist or practitioner if a patient has
16 received one or more prescriptions for controlled substances in
17 quantities or with a frequency inconsistent with generally
18 recognized standards of safe practice ~~or if a practitioner or~~
19 ~~prescriber has exhibited prescriptive behavior consistent with~~
20 ~~generally recognized standards indicating potentially problematic~~
21 ~~prescribing patterns.~~ An unsolicited notification to the licensing
22 board of the practitioner pursuant to this section:

23 1. Is confidential;
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1 2. May not disclose information that is confidential pursuant
2 to this section; and

3 3. May be in a summary form sufficient to provide notice of the
4 basis for the unsolicited notification.

5 SECTION 2. AMENDATORY Section 5, Chapter 175, O.S.L.
6 2018, as last amended by Section 19, Chapter 428, O.S.L. 2019 (63
7 O.S. Supp. 2020, Section 2-309I), is amended to read as follows:

8 Section 2-309I. A. A practitioner shall not issue an initial
9 prescription for an opioid drug in a quantity exceeding a seven-day
10 supply for treatment of acute pain. Any opioid prescription for
11 acute pain shall be for the lowest effective dose of an immediate-
12 release drug.

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

16 1. Take and document the results of a thorough medical history,
17 including the experience of the patient with nonopioid medication
18 and nonpharmacological pain-management approaches and substance
19 abuse history;

20 2. Conduct, as appropriate, and document the results of a
21 physical examination;

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

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

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

9 a. the subsequent prescription is due to a major surgical
10 procedure or "confined to home" status as defined in
11 42 U.S.C., Section 1395n(a),

12 b. the practitioner provides the subsequent prescription
13 on the same day as the initial prescription,

14 c. the practitioner provides written instructions on the
15 subsequent prescription indicating the earliest date
16 on which the prescription may be filled, otherwise
17 known as a "do not fill until" date, and

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

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

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

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

8 1. The subsequent prescription would not be deemed an initial
9 prescription under this section;

10 2. The practitioner determines the prescription is necessary
11 and appropriate to the treatment needs of the patient and documents
12 the rationale for the issuance of the subsequent prescription; and

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

16 D. Prior to issuing the initial prescription of an opioid drug
17 in a course of treatment for acute or chronic pain and again prior
18 to issuing the third prescription of the course of treatment, a
19 practitioner shall discuss with the patient or the parent or
20 guardian of the patient if the patient is under eighteen (18) years
21 of age and is not an emancipated minor, the risks associated with
22 the drugs being prescribed, including but not limited to:

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- 1 1. The risks of addiction and overdose associated with opioid
- 2 drugs and the dangers of taking opioid drugs with alcohol,
- 3 benzodiazepines and other central nervous system depressants;
- 4 2. The reasons why the prescription is necessary;
- 5 3. Alternative treatments that may be available; and
- 6 4. Risks associated with the use of the drugs being prescribed,
- 7 specifically that opioids are highly addictive, even when taken as
- 8 prescribed, that there is a risk of developing a physical or
- 9 psychological dependence on the controlled dangerous substance, and
- 10 that the risks of taking more opioids than prescribed or mixing
- 11 sedatives, benzodiazepines or alcohol with opioids can result in
- 12 fatal respiratory depression.

13 The practitioner shall include a note in the medical record of

14 the patient that the patient or the parent or guardian of the

15 patient, as applicable, has discussed with the practitioner the

16 risks of developing a physical or psychological dependence on the

17 controlled dangerous substance and alternative treatments that may

18 be available. The applicable state licensing board of the

19 practitioner shall develop and make available to practitioners

20 guidelines for the discussion required pursuant to this subsection.

21 E. At the time of the issuance of the third prescription for an

22 opioid drug, the practitioner shall enter into a patient-provider

23 agreement with the patient.

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

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

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

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

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

22 5. Monitor compliance with the patient-provider agreement and
23 any recommendations that the patient seek a referral.
24

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

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

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

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

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

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

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

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

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

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

17 K. Nothing in the Anti-Drug Diversion Act shall be construed to
18 require a practitioner to limit or forcibly taper a patient on
19 opioid therapy. The standard of care requires effective and
20 individualized treatment for each patient as deemed appropriate by
21 the prescribing practitioner without an administrative or codified
22 limit on dose or quantity that is more restrictive than approved by
23 the Food and Drug Administration (FDA).

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1 SECTION 3. 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 Passed the House of Representatives the 15th day of April, 2021.

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Presiding Officer of the House of
9 Representatives

10 Passed the Senate the ____ day of _____, 2021.

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Presiding Officer of the Senate

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1 ENGROSSED SENATE
2 BILL NO. 57

By: Rader of the Senate

3 and

4 Echols of the House

5
6 An Act relating to controlled dangerous substances;
7 amending 63 O.S. 2011, Section 2-309D, as last
8 amended by Section 59, Chapter 161, O.S.L. 2020 (63
9 O.S. Supp. 2020, Section 2-309D), which relates to
10 the central repository; authorizing members of the
11 Opioid Overdose Fatality Review Board to access
12 central repository for certain purpose; requiring
13 physician to disclose certain patient history upon
14 request; amending Section 5, Chapter 175, O.S.L.
15 2018, as last amended by Section 19, Chapter 428,
16 O.S.L. 2019 (63 O.S. Supp. 2020, Section 2-309I),
17 which relates to prescription limits and rules for
18 opioid drugs; modifying applicability of section;
19 defining term; clarifying language; and declaring an
20 emergency.

21 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

22 SECTION 4. AMENDATORY 63 O.S. 2011, Section 2-309D, as
23 last amended by Section 59, Chapter 161, O.S.L. 2020 (63 O.S. Supp.
24 2020, Section 2-309D), is amended to read as follows:

Section 2-309D. A. The information collected at the central
repository pursuant to the Anti-Drug Diversion Act shall be
confidential and shall not be open to the public. Access to the
information shall be limited to:

1 1. Peace officers certified pursuant to Section 3311 of Title
2 70 of the Oklahoma Statutes who are employed as investigative agents
3 of the Oklahoma State Bureau of Narcotics and Dangerous Drugs
4 Control;

5 2. The United States Drug Enforcement Administration Diversion
6 Group Supervisor;

7 3. The executive director or chief investigator, as designated
8 by each board, of the following state boards:

- 9 a. Board of Podiatric Medical Examiners,
- 10 b. Board of Dentistry,
- 11 c. State Board of Pharmacy,
- 12 d. State Board of Medical Licensure and Supervision,
- 13 e. State Board of Osteopathic Examiners,
- 14 f. State Board of Veterinary Medical Examiners,
- 15 g. Oklahoma Health Care Authority,
- 16 h. Department of Mental Health and Substance Abuse
17 Services,
- 18 i. Board of Examiners in Optometry,
- 19 j. Board of Nursing,
- 20 k. Office of the Chief Medical Examiner, and
- 21 l. State Board of Health;

22 4. A multicounty grand jury properly convened pursuant to the
23 Multicounty Grand Jury Act;

24

1 5. Medical practitioners employed by the United States
2 Department of Veterans Affairs, the United States Military, or other
3 federal agencies treating patients in this state; ~~and~~

4 6. At the discretion of the Director of the Oklahoma State
5 Bureau of Narcotics and Dangerous Drugs Control, medical
6 practitioners and their staff, including those employed by the
7 federal government in this state; and

8 7. The members of the Opioid Overdose Fatality Review Board for
9 the purpose of carrying out the duties prescribed by Section 2-1001
10 of this title.

11 B. This section shall not prevent access, at the discretion of
12 the Director of the Oklahoma State Bureau of Narcotics and Dangerous
13 Drugs Control, to investigative information by peace officers and
14 investigative agents of federal, state, tribal, county or municipal
15 law enforcement agencies, district attorneys and the Attorney
16 General in furtherance of criminal, civil or administrative
17 investigations or prosecutions within their respective
18 jurisdictions, designated legal, communications, and analytical
19 employees of the Bureau, and to registrants in furtherance of
20 efforts to guard against the diversion of controlled dangerous
21 substances.

22 C. This section shall not prevent the disclosure, at the
23 discretion of the Director of the Oklahoma State Bureau of Narcotics
24 and Dangerous Drugs Control, of statistical information gathered

1 from the central repository to the general public which shall be
2 limited to types and quantities of controlled substances dispensed
3 and the county where dispensed.

4 D. This section shall not prevent the disclosure, at the
5 discretion of the Director of the Oklahoma State Bureau of Narcotics
6 and Dangerous Drugs Control, of prescription-monitoring-program
7 information to prescription-monitoring programs of other states
8 provided a reciprocal data-sharing agreement is in place.

9 E. The Department of Mental Health and Substance Abuse Services
10 and the State Department of Health may utilize the information in
11 the central repository for statistical, research, substance abuse
12 prevention, or educational purposes, provided that consumer
13 confidentiality is not compromised.

14 F. Any unauthorized disclosure of any information collected at
15 the central repository provided by the Anti-Drug Diversion Act shall
16 be a misdemeanor. Violation of the provisions of this section shall
17 be deemed willful neglect of duty and shall be grounds for removal
18 from office.

19 G. 1. Registrants shall have access to the central repository
20 for the purposes of patient treatment and for determination in
21 prescribing or screening new patients. The patient's history may be
22 disclosed to the patient for the purposes of ~~treatment of~~
23 ~~information~~ providing information regarding treatment at the
24 discretion of the physician. Upon the request of a patient who

1 requests the patient's history for any reason, the physician or
2 designee shall disclose such history to the patient.

3 2. a. Prior to prescribing or authorizing for refill, if one
4 hundred eighty (180) days have elapsed prior to the
5 previous access and check, of opiates, synthetic
6 opiates, semisynthetic opiates, benzodiazepine or
7 carisoprodol to a patient of record, registrants or
8 members of their medical or administrative staff shall
9 be required to access the information in the central
10 repository to assess medical necessity and the
11 possibility that the patient may be unlawfully
12 obtaining prescription drugs in violation of the
13 Uniform Controlled Dangerous Substances Act. The duty
14 to access and check shall not alter or otherwise amend
15 appropriate medical standards of care. The registrant
16 or medical provider shall note in the patient file
17 that the central repository has been checked and may
18 maintain a copy of the information.

19 b. The requirements set forth in subparagraph a of this
20 paragraph shall not apply:

21 (1) to medical practitioners who prescribe the
22 controlled substances set forth in subparagraph a
23 of this paragraph for hospice or end-of-life
24 care, or

1 (2) for a prescription of a controlled substance set
2 forth in subparagraph a of this paragraph that is
3 issued by a practitioner for a patient residing
4 in a nursing facility as defined by Section 1-
5 1902 of this title, provided that the
6 prescription is issued to a resident of such
7 facility.

8 3. Registrants shall not be liable to any person for any claim
9 of damages as a result of accessing or failing to access the
10 information in the central repository and no lawsuit may be
11 predicated thereon.

12 4. The failure of a registrant to access and check the central
13 repository as required under state or federal law or regulation may,
14 after investigation, be grounds for the licensing board of the
15 registrant to take disciplinary action against the registrant.

16 H. The State Board of Podiatric Examiners, the State Board of
17 Dentistry, the State Board of Medical Licensure and Supervision, the
18 State Board of Examiners in Optometry, the State Board of Nursing,
19 the State Board of Osteopathic Examiners and the State Board of
20 Veterinary Medical Examiners shall have the sole responsibility for
21 enforcement of the provisions of subsection G of this section.
22 Nothing in this section shall be construed so as to permit the
23 Director of the State Bureau of Narcotics and Dangerous Drugs
24

1 Control to assess administrative fines provided for in Section 2-304
2 of this title.

3 I. The Director of the Oklahoma State Bureau of Narcotics and
4 Dangerous Drugs Control, or a designee thereof, shall provide a
5 monthly list to the Directors of the State Board of Podiatric
6 Examiners, the State Board of Dentistry, the State Board of Medical
7 Licensure and Supervision, the State Board of Examiners in
8 Optometry, the State Board of Nursing, the State Board of
9 Osteopathic Examiners and the State Board of Veterinary Medical
10 Examiners of the top twenty prescribers of controlled dangerous
11 substances within their respective areas of jurisdiction. Upon
12 discovering that a registrant is prescribing outside the limitations
13 of his or her licensure or outside of drug registration rules or
14 applicable state laws, the respective licensing board shall be
15 notified by the Bureau in writing. Such notifications may be
16 considered complaints for the purpose of investigations or other
17 actions by the respective licensing board. Licensing boards shall
18 have exclusive jurisdiction to take action against a licensee for a
19 violation of subsection G of this section.

20 J. Information regarding fatal and nonfatal overdoses, other
21 than statistical information as required by Section 2-106 of this
22 title, shall be completely confidential. Access to this information
23 shall be strictly limited to the Director of the Oklahoma State
24 Bureau of Narcotics and Dangerous Drugs Control or designee, the

1 Chief Medical Examiner, state agencies and boards provided in
2 subsection A of this section, and the registrant that enters the
3 information. Registrants shall not be liable to any person for a
4 claim of damages for information reported pursuant to the provisions
5 of Section 2-105 of this title.

6 K. The Director of the Oklahoma State Bureau of Narcotics and
7 Dangerous Drugs Control shall provide adequate means and procedures
8 allowing access to central repository information for registrants
9 lacking direct computer access.

10 L. Upon completion of an investigation in which it is
11 determined that a death was caused by an overdose, either
12 intentionally or unintentionally, of a controlled dangerous
13 substance, the medical examiner shall be required to report the
14 decedent's name and date of birth to the Oklahoma State Bureau of
15 Narcotics and Dangerous Drugs Control. The Oklahoma State Bureau of
16 Narcotics and Dangerous Drugs Control shall be required to maintain
17 a database containing the classification of medical practitioners
18 who prescribed or authorized controlled dangerous substances
19 pursuant to this subsection.

20 M. The Oklahoma State Bureau of Narcotics and Dangerous Drugs
21 is authorized to provide unsolicited notification to the licensing
22 board of a pharmacist or practitioner if a patient has received one
23 or more prescriptions for controlled substances in quantities or
24 with a frequency inconsistent with generally recognized standards of

1 safe practice or if a practitioner or prescriber has exhibited
2 prescriptive behavior consistent with generally recognized standards
3 indicating potentially problematic prescribing patterns. An
4 unsolicited notification to the licensing board of the practitioner
5 pursuant to this section:

6 1. Is confidential;

7 2. May not disclose information that is confidential pursuant
8 to this section; and

9 3. May be in a summary form sufficient to provide notice of the
10 basis for the unsolicited notification.

11 SECTION 5. AMENDATORY Section 5, Chapter 175, O.S.L.
12 2018, as last amended by Section 19, Chapter 428, O.S.L. 2019 (63
13 O.S. Supp. 2020, Section 2-309I), is amended to read as follows:

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

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

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

24

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 as
13 defined by the American Psychiatric Association and document the
14 results of that assessment. Following one (1) year of compliance
15 with the patient-provider agreement, the practitioner shall assess
16 the patient at a minimum of every six (6) months;

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

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

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 provider or palliative care from a
12 licensed hospice provider or licensed medical doctor or doctor of
13 osteopathy who is board certified in hospice or palliative medicine,
14 or is a resident of a long-term care facility, or to any medications
15 that are being prescribed for use in the treatment of substance
16 abuse or opioid dependence.

17 I. Every policy, contract or plan delivered, issued, executed
18 or renewed in this state, or approved for issuance or renewal in
19 this state by the Insurance Commissioner, and every contract
20 purchased by the Employees Group Insurance Division of the Office of
21 Management and Enterprise Services, on or after November 1, 2018,
22 that provides coverage for prescription drugs subject to a
23 copayment, coinsurance or deductible shall charge a copayment,
24

1 coinsurance or deductible for an initial prescription of an opioid
2 drug prescribed pursuant to this section that is either:

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

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

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

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

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

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

21 SECTION 6. It being immediately necessary for the preservation
22 of the public peace, health or safety, an emergency is hereby
23 declared to exist, by reason whereof this act shall take effect and
24 be in full force from and after its passage and approval.

1 Passed the Senate the 10th day of February, 2021.

2
3 _____
4 Presiding Officer of the Senate

5 Passed the House of Representatives the ____ day of _____,
6 2021.

7
8 _____
9 Presiding Officer of the House
10 of Representatives