

1 STATE OF OKLAHOMA

2 1st Session of the 57th Legislature (2019)

3 SENATE BILL NO. 938

By: Pugh

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5
6 AS INTRODUCED

7 An Act relating to regulation of opioid drugs;
8 amending Section 5, Chapter 175, O.S.L. 2018 (63 O.S.
9 Supp. 2018, Section 2-309I), which relates to
10 prescription limits and rules for opioid drugs;
11 broadening certain requirement under specific
12 conditions; updating statutory reference; and
13 providing an effective date.

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

15 SECTION 1. AMENDATORY Section 5, Chapter 175, O.S.L.
16 2018 (63 O.S. Supp. 2018, Section 2-309I), is amended to read as
17 follows:

18 Section 2-309I. A. A practitioner shall not issue an initial
19 prescription for an opioid drug which is a prescription drug in a
20 quantity exceeding a seven-day supply for treatment of acute pain
21 for an adult patient, or a seven-day supply for treatment of acute
22 pain for a patient under the age of eighteen (18) years old. Any
23 prescription for acute pain pursuant to this subsection shall be for
24 the lowest effective dose of immediate-release opioid drug.

1 B. Prior to issuing an initial prescription of a Schedule II
2 controlled dangerous substance or any opioid drug that is a
3 prescription drug in a course of treatment for acute or chronic
4 pain, a practitioner shall:

5 1. Take and document the results of a thorough medical history,
6 including the experience of the patient with nonopioid medication
7 and nonpharmacological pain-management approaches and substance
8 abuse history;

9 2. Conduct, as appropriate, and document the results of a
10 physical examination;

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

13 4. Access relevant prescription monitoring information from the
14 central repository pursuant to Section 2-309D of Title 63 of the
15 Oklahoma Statutes;

16 5. Limit the supply of any opioid drug prescribed for acute
17 pain to a duration of no more than seven (7) days as determined by
18 the directed dosage and frequency of dosage; provided, however, upon
19 issuing an initial prescription for acute pain pursuant to this
20 section, the practitioner may issue one (1) subsequent prescription
21 for a Schedule II controlled dangerous substance in a quantity not
22 to exceed seven (7) days if:

- a. the subsequent prescription is due to a major procedure or "confined to home" status as defined in 42 U.S.C., Section 1395n(a),
- b. the practitioner provides the subsequent prescription on the same day as the initial prescription,
- c. the practitioner provides written instructions on the subsequent prescription indicating the earliest date on which the prescription may be filled, otherwise known as a "do not fill until" date, and
- d. the subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription;

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

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

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

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

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

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

7 D. Prior to issuing the initial prescription of a Schedule II
8 controlled dangerous substance or any opioid drug that is a
9 prescription drug in a course of treatment for acute or chronic pain
10 and again prior to issuing the third prescription of the course of
11 treatment, a practitioner shall discuss with the patient or the
12 parent or guardian of the patient if the patient is under eighteen
13 (18) years of age and is not an emancipated minor, the risks
14 associated with the drugs being prescribed, including but not
15 limited to:

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

19 2. The reasons why the prescription is necessary;

20 3. Alternative treatments that may be available; and

21 4. Risks associated with the use of the drugs being prescribed,
22 specifically that opioids are highly addictive, even when taken as
23 prescribed, that there is a risk of developing a physical or
24 psychological dependence on the controlled dangerous substance, and

1 that the risks of taking more opioids than prescribed or mixing
2 sedatives, benzodiazepines or alcohol with opioids can result in
3 fatal respiratory depression.

4 The practitioner shall include a note in the medical record of
5 the patient that the patient or the parent or guardian of the
6 patient, as applicable, has discussed with the practitioner the
7 risks of developing a physical or psychological dependence on the
8 controlled dangerous substance and alternative treatments that may
9 be available. The applicable state licensing board of the
10 practitioner shall develop and make available to practitioners
11 guidelines for the discussion required pursuant to this subsection.

12 E. At the time of the issuance of the third prescription for a
13 prescription opioid drug, the practitioner shall enter into a pain-
14 management agreement with the patient.

15 F. When a Schedule II controlled dangerous substance or any
16 prescription opioid drug is continuously prescribed for three (3)
17 months or more for chronic pain, the practitioner shall:

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

22 2. Assess the patient prior to every renewal to determine
23 whether the patient is experiencing problems associated with
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1 physical and psychological dependence and document the results of
2 that assessment;

3 3. Periodically make reasonable efforts, unless clinically
4 contraindicated, to either stop the use of the controlled substance,
5 decrease the dosage, try other drugs or treatment modalities in an
6 effort to reduce the potential for abuse or the development of
7 physical or psychological dependence and document with specificity
8 the efforts undertaken;

9 4. Review the central repository information in accordance with
10 Section 2-309D of Title 63 of the Oklahoma Statutes; and

11 5. Monitor compliance with the pain-management agreement and
12 any recommendations that the patient seek a referral.

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

19 H. Every policy, contract or plan delivered, issued, executed
20 or renewed in this state, or approved for issuance or renewal in
21 this state by the Insurance Commissioner, and every contract
22 purchased by the Employees Group Insurance Division of the Office of
23 Management and Enterprise Services, on or after ~~the effective date~~
24 ~~of this act~~ November 1, 2018, that provides coverage for

1 prescription drugs subject to a copayment, coinsurance or deductible
2 shall charge a copayment, coinsurance or deductible for an initial
3 prescription of an opioid drug prescribed pursuant to this section
4 that is either:

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

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

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

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

19 2. A patient who is prescribed benzodiazepines and opioids
20 together; or

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

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SECTION 2. This act shall become effective November 1, 2019.

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