

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 57th Legislature (2019)

4 HOUSE BILL 1155

By: Worthen

7 AS INTRODUCED

8 An Act relating to public health and safety; amending
9 Section 5, Chapter 175, O.S.L. 2018 (63 O.S. Supp.
10 2018, Section 2-309I), which relates to the Anti-Drug
11 Diversion Act; authorizing practitioners to modify
12 treatment plan review requirement for certain
13 patients; and 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~~ this title;

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;

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

22 7. In the case of a patient who is a pregnant woman, enter into
23 a patient-provider agreement with the patient.
24

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

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

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

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

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

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 a
22 prescription opioid drug, the practitioner shall enter into a pain-
23 management agreement with the patient.

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

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

8 2. Assess the patient prior to every renewal to determine
9 whether the patient is experiencing problems associated with
10 physical and psychological dependence and document the results of
11 that assessment;

12 3. Periodically make reasonable efforts, unless clinically
13 contraindicated, to either stop the use of the controlled substance,
14 decrease the dosage, try other drugs or treatment modalities in an
15 effort to reduce the potential for abuse or the development of
16 physical or psychological dependence and document with specificity
17 the efforts undertaken;

18 4. Review the central repository information in accordance with
19 Section 2-309D of ~~Title 63 of the Oklahoma Statutes~~ this title; and

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

22 If the practitioner believes after one (1) year of continuous
23 treatment that the patient is in compliance with the pain-management
24 agreement and it is in the best interests of the patient, the

1 practitioner shall be authorized to set the review of the treatment
2 plan at four- or six-month intervals and issue prescriptions for the
3 patient as necessary.

4 G. This section shall not apply to a prescription for a patient
5 who is currently in active treatment for cancer, receiving hospice
6 care from a licensed hospice or palliative care, or is a resident of
7 a long-term care facility, or to any medications that are being
8 prescribed for use in the treatment of substance abuse or opioid
9 dependence.

10 H. Every policy, contract or plan delivered, issued, executed
11 or renewed in this state, or approved for issuance or renewal in
12 this state by the Insurance Commissioner, and every contract
13 purchased by the Employees Group Insurance Division of the Office of
14 Management and Enterprise Services, on or after the effective date
15 of this act, that provides coverage for prescription drugs subject
16 to a copayment, coinsurance or deductible shall charge a copayment,
17 coinsurance or deductible for an initial prescription of an opioid
18 drug prescribed pursuant to this section that is either:

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

21 2. Equivalent to the cost sharing for a full thirty-day supply
22 of the opioid drug, provided that no additional cost sharing may be
23 charged for any additional prescriptions for the remainder of the
24 thirty-day supply.

1 I. Any provider authorized to prescribe opioids shall adopt and
2 maintain a written policy or policies that include execution of a
3 written agreement to engage in an informed consent process between
4 the prescribing provider and qualifying opioid therapy patient. For
5 the purposes of this section, "qualifying opioid therapy patient"
6 means:

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

9 2. A patient who is prescribed benzodiazepines and opioids
10 together; or

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

13 SECTION 2. This act shall become effective November 1, 2019.
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15 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 02/20/2019 -
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