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AS AMENDED

By: Ikley-Freeman

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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 explore patient willingness to either stop the
18 use of the controlled substance, decrease the dosage, or try other
19 drugs or treatment modalities in an effort to reduce the potential
20 for abuse or the development of an opioid use disorder as defined by
21 the American Psychiatric Association and document with specificity
22 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 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 charged
5 for any additional prescriptions for the remainder of the thirty-day
6 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 SECTION 2. This act shall become effective November 1, 2020.

20 COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
21 February 24, 2020 - DO PASS AS AMENDED
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