

1 STATE OF OKLAHOMA

2 2nd Session of the 57th Legislature (2020)

3 SENATE BILL 1763

By: Newhouse

4
5
6 AS INTRODUCED

7 An Act relating to controlled dangerous substances;
8 amending 63 O.S. 2011, Section 2-309D, as last
9 amended by Section 18, Chapter 428, O.S.L. 2019 (63
10 O.S. Supp. 2019, Section 2-309D), which relates to
11 the central repository; modifying accessibility of
12 central repository for specified purpose; and
13 providing an effective date.

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

15 SECTION 1. AMENDATORY 63 O.S. 2011, Section 2-309D, as
16 last amended by Section 18, Chapter 428, O.S.L. 2019 (63 O.S. Supp.
17 2019, Section 2-309D), is amended to read as follows:

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

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

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

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

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

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

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

23 6. At the discretion of the Director of the Oklahoma State
24 Bureau of Narcotics and Dangerous Drugs Control, medical
25

1 practitioners and their staff, including those employed by the
2 federal government in this state; and

3 7. To the extent allowed under state or federal law including,
4 but not limited to, the Health Insurance Portability and
5 Accountability Act, the statewide health information exchange for
6 the purposes of the Oklahoma Health Information Exchange Act.

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

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

23 D. This section shall not prevent the disclosure, at the
24 discretion of the Director of the Oklahoma State Bureau of Narcotics

1 and Dangerous Drugs Control, of prescription-monitoring-program
2 information to prescription-monitoring programs of other states
3 provided a reciprocal data-sharing agreement is in place.

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

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

14 G. 1. Registrants shall have access to the central repository
15 for the purposes of patient treatment and for determination in
16 prescribing or screening new patients. The patient's history may be
17 disclosed to the patient for the purposes of treatment of
18 information at the discretion of the physician.

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

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

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

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

17 (2) for a prescription of a controlled substance set
18 forth in subparagraph a of this paragraph that is
19 issued by a practitioner for a patient residing
20 in a nursing facility as defined by Section 1-
21 1902 of this title, provided that the
22 prescription is issued to a resident of such
23 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 Examiners, the State Board of
10 Dentistry, the State Board of Medical Licensure and Supervision, the
11 State Board of Examiners in Optometry, the State Board of Nursing,
12 the State Board of Osteopathic Examiners and the State Board of
13 Veterinary Medical Examiners shall have the sole responsibility for
14 enforcement of the provisions of subsection G of this section.

15 Nothing in this section shall be construed so as to permit the
16 Director of the State Bureau of Narcotics and Dangerous Drugs
17 Control to assess administrative fines provided for in Section 2-304
18 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 Examiners, the State Board of Dentistry, the State Board of Medical
23 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 is authorized to provide unsolicited notification to the licensing
15 board of a pharmacist or practitioner if a patient has received one
16 or more prescriptions for controlled substances in quantities or
17 with a frequency inconsistent with generally recognized standards of
18 safe practice or if a practitioner or prescriber has exhibited
19 prescriptive behavior consistent with generally recognized standards
20 indicating potentially problematic prescribing patterns. An
21 unsolicited notification to the licensing board of the practitioner
22 pursuant to this section:

- 23 1. Is confidential;

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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

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

SECTION 2. This act shall become effective November 1, 2020.

57-2-3695 DC 1/16/2020 5:08:30 PM