

1 ENGROSSED SENATE
2 BILL NO. 605

By: Standridge of the Senate

3 and

4 Echols of the House

5
6 [controlled dangerous substances - prescription
7 limits and rules for opioid drugs - effective date]
8

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

10 SECTION 1. AMENDATORY Section 5, Chapter 175, O.S.L.
11 2018, as last amended by Section 19, Chapter 428, O.S.L. 2019 (63
12 O.S. Supp. 2020, Section 2-309I), is amended to read as follows:

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

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

21 1. Take and document the results of a thorough medical history,
22 including the experience of the patient with nonopioid medication
23 and nonpharmacological pain-management approaches and substance
24 abuse history;

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

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

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

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

13 a. the subsequent prescription is due to a major surgical
14 procedure or "confined to home" status as defined in
15 42 U.S.C., Section 1395n(a),

16 b. the practitioner provides the subsequent prescription
17 on the same day as the initial prescription,

18 c. the practitioner provides written instructions on the
19 subsequent prescription indicating the earliest date
20 on which the prescription may be filled, otherwise
21 known as a "do not fill until" date, and

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

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

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

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

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

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

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

19 D. Prior to issuing the initial prescription of an opioid drug
20 in a course of treatment for acute or chronic pain and again prior
21 to issuing the third prescription of the course of treatment, a
22 practitioner shall discuss with the patient or the parent or
23 guardian of the patient if the patient is under eighteen (18) years
24

1 of age and is not an emancipated minor, the risks associated with
2 the drugs being prescribed, including but not limited to:

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

6 2. The reasons why the prescription is necessary;

7 3. Alternative treatments that may be available; and

8 4. Risks associated with the use of the drugs being prescribed,
9 specifically that opioids are highly addictive, even when taken as
10 prescribed, that there is a risk of developing a physical or
11 psychological dependence on the controlled dangerous substance, and
12 that the risks of taking more opioids than prescribed or mixing
13 sedatives, benzodiazepines or alcohol with opioids can result in
14 fatal respiratory depression.

15 The practitioner shall include a note in the medical record of
16 the patient that the patient or the parent or guardian of the
17 patient, as applicable, has discussed with the practitioner the
18 risks of developing a physical or psychological dependence on the
19 controlled dangerous substance and alternative treatments that may
20 be available. The applicable state licensing board of the
21 practitioner shall develop and make available to practitioners
22 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 either stop the use of the controlled substance,
18 decrease the dosage, try other drugs or treatment modalities in an
19 effort to reduce the potential for abuse or the development of an
20 opioid use disorder as defined by the American Psychiatric
21 Association and document with specificity the efforts undertaken;

22 4. Review the central repository information in accordance with
23 Section 2-309D of this title; and
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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:
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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 K. 1. A licensed practitioner with appropriate prescriptive
20 authority shall not be criminally or civilly liable solely for
21 prescribing an opioid drug if:

22 a. the prescribed dosage does not exceed the maximum
23 daily dosage amounts in the package insert provided by
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1 the drug manufacturer and approved by the Food and
2 Drug Administration (FDA), and

3 b. the practitioner obtains a signed statement from the
4 patient notifying the practitioner of any other opioid
5 drug or controlled dangerous substance the patient is
6 taking, if any, and the practitioner confirms that any
7 resulting total amount of opioid drugs prescribed do
8 not exceed the maximum daily dosage amounts in the
9 package insert provided by the drug manufacturer and
10 approved by FDA.

11 2. A licensed pharmacist or licensed pharmacy shall not be
12 criminally or civilly liable solely for dispensing an opioid drug
13 if:

14 a. the dispensed dosage does not exceed the maximum daily
15 dosage amounts in the package insert provided by the
16 drug manufacturer and approved by the FDA, and
17 b. the licensed pharmacist or pharmacy responsible for
18 dispensing the drug pursuant to a prescription
19 confirms verbally with the prescriber or the
20 prescriber's representative that a patient
21 notification as provided by subparagraph b of
22 paragraph 1 of this subsection has been received and
23 the pharmacist notes this in the record for the
24 prescription.

SECTION 2. This act shall become effective November 1, 2021.

Passed the Senate the 11th day of March, 2021.

Presiding Officer of the Senate

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

Presiding Officer of the House
of Representatives