SENATE FLOOR VERSION
February 16, 2026

SENATE BILL NO. 1642 By: Frix of the Senate

and

Marti of the House

An Act relating to controlled dangerous substances; amending 63 O.S. 2021, Section 2-309I, as amended by Section 1, Chapter 257, O.S.L. 2022 (63 O.S. Supp. 2025, Section 2-309I), which relates to prescription limits and rules for opioid drugs; authorizing divided quantities for certain acute pain prescriptions; updating statutory language; modifying statutory references; and providing an effective date.

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

SECTION 1. AMENDATORY 63 O.S. 2021, Section 2-309I, as amended by Section 1, Chapter 257, O.S.L. 2022 (63 O.S. Supp. 2025, Section 2-309I), is amended to read as follows:

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

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

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

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

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

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

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

~~a. the subsequent prescription is due to a major surgical 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, enter into a patient-provider agreement with a parent or guardian of the patient; and

~~7.~~ 6. In the case of a patient who is a pregnant woman, enter into a patient-provider agreement with the patient.

B. 1. A practitioner shall not issue an initial prescription for an opioid drug for treatment of acute pain in a quantity exceeding a seven-day supply, as determined by the directed dosage and frequency of dosage.

2. Any initial or subsequent opioid prescription for acute pain shall be for the lowest effective dose of an immediate-release drug.

3. The practitioner may issue the initial seven-day prescription in divided quantities, which shall only count as a single prescription for purposes of the requirements of this section.

C. ~~No~~ Except as provided in subsection D of this section, no less than seven (7) days after issuing the initial acute pain

prescription pursuant to subsection ~~A~~ B of this section, the practitioner, after consultation with the patient, may issue a subsequent acute pain prescription for the opioid 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;

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

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

D. 1. The practitioner may issue the subsequent seven-day acute pain prescription under subsection C of this section in divided quantities, which shall only count as a single prescription for purposes of the requirements of this section.

2. Notwithstanding the timing and quantity restrictions specified in subsection C of this section, upon issuing an initial prescription of an opioid drug for acute pain under subsection B of this section, the practitioner may simultaneously issue one subsequent prescription for an opioid drug in a quantity not to exceed seven (7) days if:

a. the subsequent prescription is due to a major surgical procedure or confined to home status as described 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.

E. Prior to issuing the initial prescription of an opioid drug in a course of treatment for acute or chronic pain and again prior to issuing the third prescription of the course of treatment, a practitioner shall discuss with the patient or the parent or guardian of the patient if the patient is under eighteen (18) years of age and is not an emancipated minor, the risks associated with the drugs being prescribed, including, but not limited to:

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

2. The reasons why the prescription is necessary;

3. Alternative treatments that may be available; and

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

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

~~E.~~ F. At the time of the issuance of the third prescription for an opioid drug, the practitioner shall enter into a patient-provider agreement with the patient.

~~F.~~ G. When an opioid drug is continuously prescribed for three (3) months or more for chronic pain, the practitioner shall:

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

2. In the first year of the patient-provider agreement, assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with an opioid use disorder as defined by the American Psychiatric Association and document the results of that assessment. Following one (1) year of compliance with the patient-provider agreement, the practitioner shall assess the patient at a minimum of every six (6) months;

3. Periodically make reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled substance, decrease the dosage, or try other drugs or treatment modalities in an effort to reduce the potential for abuse or the development of an opioid use disorder as defined by the American Psychiatric Association and document with specificity the efforts undertaken;

4. Review the central repository information in accordance with Section 2-309D of this title; and

5. Monitor compliance with the patient-provider agreement and any recommendations that the patient seek a referral.

~~G.~~ H. 1. Any prescription for acute pain pursuant to this section shall have the words "acute pain" notated on the face of the prescription by the practitioner.

2. Any prescription for chronic pain pursuant to this section shall have the words "chronic pain" notated on the face of the prescription by the practitioner.

~~H.~~ I. This section shall not apply to a prescription for a patient:

1. Who has sickle cell disease;

2. Who is in treatment for cancer or receiving aftercare cancer treatment;

3. Who is receiving hospice care from a licensed hospice;

4. Who is receiving palliative care in conjunction with a serious illness;

5. Who is a resident of a long-term care facility; or

6. For any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

~~I.~~ J. Every policy, contract, or plan delivered, issued, executed, or renewed in this state, or approved for issuance or renewal in this state by the Insurance Commissioner, and every contract purchased by the Employees Group Insurance Division of the Office of Management and Enterprise Services, on or after November 1, 2018, that provides coverage for prescription drugs subject to a copayment, coinsurance or deductible shall charge a copayment, coinsurance, or deductible for an initial prescription of an opioid drug prescribed pursuant to this section that is either:

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

2. Equivalent to the cost sharing for a full thirty-day supply of the drug, provided that no additional cost sharing may be charged

for any additional prescriptions for the remainder of the thirty-day supply.

~~J.~~ K. Any practitioner authorized to prescribe an opioid drug shall adopt and maintain a written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing practitioner and qualifying opioid therapy patient. For the purposes of this section, "qualifying opioid therapy patient" means:

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

2. A patient who is prescribed benzodiazepines and opioids together for more than one twenty-four-hour period; or

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

~~K.~~ L. Nothing in ~~the Anti-Drug Diversion Act~~ this section shall be construed to require a practitioner to limit or forcibly taper a patient on opioid therapy. The standard of care requires effective and individualized treatment for each patient as deemed appropriate by the prescribing practitioner without an administrative or codified limit on dose or quantity that is more restrictive than approved by the Food and Drug Administration (FDA).

SECTION 2. This act shall become effective November 1, 2026.

COMMITTEE REPORT BY: COMMITTEE ON HEALTH AND HUMAN SERVICES
February 16, 2026 - DO PASS