

1 ENGROSSED SENATE
2 BILL NO. 1642

By: Frix of the Senate

and

Marti of the House

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6 An Act relating to controlled dangerous substances;
7 amending 63 O.S. 2021, Section 2-309I, as amended by
8 Section 1, Chapter 257, O.S.L. 2022 (63 O.S. Supp.
9 2025, Section 2-309I), which relates to prescription
10 limits and rules for opioid drugs; authorizing
11 divided quantities for certain acute pain
12 prescriptions; updating statutory language; modifying
13 statutory references; and providing an effective
14 date.

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

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

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

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

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

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

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

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

17 ~~a. the subsequent prescription is due to a major surgical~~
18 ~~procedure or "confined to home" status as defined in~~
19 ~~42 U.S.C., Section 1395n(a),~~

20 ~~b. the practitioner provides the subsequent prescription~~
21 ~~on the same day as the initial prescription,~~

22 ~~c. the practitioner provides written instructions on the~~
23 ~~subsequent prescription indicating the earliest date~~

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1 ~~on which the prescription may be filled, otherwise~~
2 ~~known as a "do not fill until" date, and~~
3 ~~d. the subsequent prescription is dispensed no more than~~
4 ~~five (5) days after the "do not fill until" date~~
5 ~~indicated on the prescription;~~

6 ~~6.~~ In the case of a patient under the age of eighteen (18)
7 years, enter into a patient-provider agreement with a parent or
8 guardian of the patient; and

9 ~~7.~~ 6. In the case of a patient who is a pregnant woman, enter
10 into a patient-provider agreement with the patient.

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

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

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

21 C. ~~No~~ Except as provided in subsection D of this section, no
22 less than seven (7) days after issuing the initial acute pain
23 prescription pursuant to subsection A B of this section, the
24 practitioner, after consultation with the patient, may issue a

1 subsequent acute pain prescription for the opioid drug to the
2 patient in a quantity not to exceed seven (7) days, provided that:

3 1. The subsequent prescription would not be deemed an initial
4 prescription under this section;

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

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

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

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

21 a. the subsequent prescription is due to a major surgical
22 procedure or confined to home status as described in
23 42 U.S.C., Section 1395n(a),

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- 1 b. the practitioner provides the subsequent prescription
2 on the same day as the initial prescription,
3 c. the practitioner provides written instructions on the
4 subsequent prescription indicating the earliest date
5 on which the prescription may be filled, otherwise
6 known as a "do not fill until" date, and
7 d. the subsequent prescription is dispensed no more than
8 five (5) days after the "do not fill until" date
9 indicated on the prescription.

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

- 17 1. The risks of addiction and overdose associated with opioid
18 drugs and the dangers of taking opioid drugs with alcohol,
19 benzodiazepines and other central nervous system depressants;
20 2. The reasons why the prescription is necessary;
21 3. Alternative treatments that may be available; and
22 4. Risks associated with the use of the drugs being prescribed,
23 specifically that opioids are highly addictive, even when taken as
24 prescribed, that there is a risk of developing a physical or

1 psychological dependence on the controlled dangerous substance, and
2 that the risks of taking more opioids than prescribed or mixing
3 sedatives, benzodiazepines or alcohol with opioids can result in
4 fatal respiratory depression.

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

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

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

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

22 2. In the first year of the patient-provider agreement, assess
23 the patient prior to every renewal to determine whether the patient
24 is experiencing problems associated with an opioid use disorder as

1 defined by the American Psychiatric Association and document the
2 results of that assessment. Following one (1) year of compliance
3 with the patient-provider agreement, the practitioner shall assess
4 the patient at a minimum of every six (6) months;

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

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

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

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

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

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

23 1. Who has sickle cell disease;

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

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

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

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

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

9 ~~I.~~ J. Every policy, contract, or plan delivered, issued,
10 executed, or renewed in this state, or approved for issuance or
11 renewal in this state by the Insurance Commissioner, and every
12 contract purchased by the Employees Group Insurance Division of the
13 Office of Management and Enterprise Services, on or after November
14 1, 2018, that provides coverage for prescription drugs subject to a
15 copayment, coinsurance or deductible shall charge a copayment,
16 coinsurance, or deductible for an initial prescription of an opioid
17 drug prescribed pursuant to this section that is either:

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

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

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1 ~~J.~~ K. Any practitioner authorized to prescribe an opioid drug
2 shall adopt and maintain a written policy or policies that include
3 execution of a written agreement to engage in an informed consent
4 process between the prescribing practitioner and qualifying opioid
5 therapy patient. For the purposes of this section, "qualifying
6 opioid therapy patient" 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 for more than one twenty-four-hour period; or
- 11 3. A patient who is prescribed a dose of opioids that exceeds
12 one hundred (100) morphine equivalent doses.

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

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

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