



Bill Summary – SB 848 (Enrolled)
Prepared by Oklahoma Hospital Association
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Overview

The opioid bill (**SB 848, Radar/Echols**) modifies SB 1446 from the 2018 legislative session, which established a limited initial prescription of seven days for Schedule II and all opioid drugs. SB 848 applies only to patients who are filling prescriptions outside of a facility setting, it does not apply when a patient is inpatient. During the 2018 interim, OHA worked with OSMA, OOA and other providers to craft an emergency rule at the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD). The OBNDD rule allowed for the prescribing of an opioid via a second seven-day prescription at the same time as the first, with an express “do not fill until” date, only after a major surgical procedure or for a patient with a homebound ailment. In summary, SB 848 codifies in statute the OBNDD emergency rule from October 2018 and cleans up other opioid provisions from 2018.

A large and diverse group of health care providers and stakeholders met in mid-March 2019 with the Oklahoma Attorney General and OBNDD to work on proposed language for SB 848. The collaborative work continued into April by email.

SB 848 dated May 13, 2019

Sections 1-4, 6-15: These sections have two components for all prescribers: (1) defining unprofessional conduct prescribing, dispensing and or administering opioid drugs in excess of the maximum limited authorized; and (2) requiring one hour of education on opioids for all the prescribing authority licensure boards. In 2018, only the allopathic physicians were mandated in SB 1446. The prescribers are found in the following sections:

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| Osteopathic physicians (Sec. 12 & 13) | Podiatrists (Sec. 1 & 2) |
| Dentists (Sec. 3 & 4) | Physician Assistants (Sec. 7) |
| Optometrists (Sec. 10 & 11) | Veterinarians (Sec.14 & 15) |
| Allopathic physicians (Sec. 6) | Advanced Practice Nurses (Sec. 8 & 9) |

Section 5: If the prescription for an opioid is filled by the pharmacist, it must be for the specific dosage, and the pharmacist shall not be permitted to fill a different dosage than prescribed. However, the pharmacist maintains the right to not fill an opioid prescription.

Section 16: Modifies patient provider agreement to apply to chronic pain of an opioid drug (Para, 45). The Controlled Dangerous Substances Act definitions are modified: opiate definition (Para. 27) and practitioner now include advance practice registered nurse (Para 32).

Section 17: OBNDD request language to address the reporting requirements of manufacturers and distributors of opioids be monthly to OBNDD.

Section 18: The sunset date of Oct. 31, 2020 for compliance with Prescription Monitoring Program (PMP) is eliminated. Paragraph G(2)(a). There should not be a sunset date on the PMP any longer. Paragraph G(4) was requested by the state attorney general clarifying that failure of the registrant to check the PMP may, after investigation, be grounds for the appropriate licensure board to take disciplinary action.

Section 19: Clarifies that only drugs used for pain are subject to the 7 + 7-day pill limit. In 2018, SB 1446 used the term Schedule II and opioid drugs interchangeably as applying to the limits on prescribing. The workgroup discussion evolved to the current version of SB 848, which sets limits for opioid drugs that are for the treatment of acute or chronic pain. Example, if Lomotil, a Schedule V drug, is prescribed for gastrointestinal issues, it is not subject to the 7 + 7-day pill limit since it is not being prescribed for pain. The appropriate licensure boards will provide guidance to all practitioners.

Section 19 (B)(5): Still limits an initial prescription for pain after a major surgical procedure or a homebound person to a seven-day prescription upon discharge plus a “do not fill until” second seven-day prescription. This is the language that OBNDD issued in its emergency rules in 2018 and was supported by a health care coalition. The second seven-day prescription expires after five days if it is not filled.

Section 19(F): 2018 law stated patient provider agreements must be entered into upon the third prescription of an opioid. In SB 848, the chronic pain patient will be reviewed at a minimum of three months. After one year of compliance with the patient provider agreement, the practitioner still assesses every six months. This section conforms with HB 1155 (Worthen) that was recently signed by the governor.

Section 19 (G): Prescriptions written by practitioners will designate if the prescription is for “acute pain” or “chronic pain” on the face of the prescription.

Section 20: New law: Insurance Dept to evaluate the effects of opioids on claims paid by health insurers. Same as in 2018 in SB 1446.

Section 21: New law: OBNDD reporting requirements to Legislature.

Section 22: Repeals 2018 version of Section 20 on Insurance Department.

Section 23: Emergency clause for bill to go into effect upon signature, May 21, 2019.