

1 STATE OF OKLAHOMA

2 2nd Session of the 56th Legislature (2018)

3 COMMITTEE SUBSTITUTE

4 FOR

5 SENATE BILL 1446

6 By: Sykes

7 COMMITTEE SUBSTITUTE

8 An Act relating to regulation of opioid drugs;
9 amending 59 O.S. 2011, Section 495a.1, which relates
10 to license reregistration; directing Board of Medical
11 Licensure and Supervision to require certain
12 continuing medical education; providing certain
13 exception; amending 59 O.S. 2011, Section 509, which
14 relates to unprofessional conduct; expanding
15 definition; 63 O.S. 2011, Section 2-101, as last
16 amended by Section 1, Chapter 43, O.S.L. 2017 (63
17 O.S. Supp. 2017, Section 2-101), which relates to
18 definitions; adding definitions; amending 63 O.S.
19 2011, Section 2-309D, as last amended by Section 35,
20 Chapter 210, O.S.L. 2016 (63 O.S. Supp. 2017, Section
21 2-309D), which relates to central repository;
22 providing that failure to properly utilize central
23 repository is grounds for certain disciplinary
24 action; authorizing Bureau of Narcotics and Dangerous
Drugs to provide unsolicited notification to certain
licensing boards under certain conditions; providing
certain limits on certain prescription drugs; setting
certain requirements related to the procurement of
opioid prescriptions; requiring practitioners to
disclose health risks associated with opioids;
requiring practitioner to include certain note in
patient's medical file; directing applicable
licensing boards to develop certain guidelines and
make them available to practitioners; requiring
practitioner and patient to enter into pain
management agreement under certain circumstances;
requiring the practitioner to take certain actions
under certain circumstances; providing exceptions;
requiring that policies, contracts and plans adjust
certain cost-sharing payment; requiring certain
written policy or policies; providing definition;
directing Insurance Department to do evaluation and

1 submit certain report; directing Bureau of Narcotics
2 and Dangerous Drugs to submit certain report;
3 specifying contents of report; providing for
4 codification; providing for noncodification; and
5 providing an effective date.

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

7 SECTION 1. AMENDATORY 59 O.S. 2011, Section 495a.1, is
8 amended to read as follows:

9 Section 495a.1. A. At regular intervals set by the Board, no
10 less than one time per annum, each licensee licensed by this act
11 shall demonstrate to the Board the licensee's continuing
12 qualification to practice medicine and surgery. The licensee shall
13 apply for license reregistration on a form(s) provided by the Board,
14 which shall be designed to require the licensee to update and/or add
15 to the information in the Board's file relating to the licensee and
16 his or her professional activity. It shall also require the
17 licensee to report to the Board the following information:

18 1. Any action taken against the licensee for acts or conduct
19 similar to acts or conduct described in this act as grounds for
20 disciplinary action by:

- 21 a. any jurisdiction or authority (United States or
22 foreign) that licenses or authorizes the practice of
23 medicine and surgery,
24 b. any peer review body,

- 1 c. any health care institution,
- 2 d. any professional medical society or association,
- 3 e. any law enforcement agency,
- 4 f. any court, or
- 5 g. any governmental agency;

6 2. Any adverse judgment, settlement, or award against the
7 licensee arising from a professional liability claim;

8 3. The licensee's voluntary surrender of or voluntary
9 limitation on any license or authorization to practice medicine and
10 surgery in any jurisdiction, including military, public health and
11 foreign;

12 4. Any denial to the licensee of a license or authorization to
13 practice medicine and surgery by any jurisdiction, including
14 military, public health or foreign;

15 5. The licensee's voluntary resignation from the medical staff
16 of any health care institution or voluntary limitation of the
17 licensee's staff privileges at such an institution if that action
18 occurred while the licensee was under formal or informal
19 investigation by the institution or a committee thereof for any
20 reason related to alleged medical incompetence, unprofessional
21 conduct, or mental or physical impairment;

22 6. The licensee's voluntary resignation or withdrawal from a
23 national, state, or county medical society, association, or
24 organization if that action occurred while the licensee was under

1 formal or informal investigation or review by that body for any
2 reason related to possible medical incompetence, unprofessional or
3 unethical conduct, or mental or physical impairment;

4 7. Whether the licensee has abused or has been addicted to or
5 treated for addiction to alcohol or any chemical substance during
6 the previous registration period, unless such person is in a
7 rehabilitation program approved by the Board;

8 8. Whether the licensee has had any physical injury or disease
9 or mental illness during the previous registration period that
10 affected or interrupted his or her practice of medicine and surgery;
11 and

12 9. The licensee's completion of continuing medical education or
13 other forms of professional maintenance and/or evaluation, including
14 specialty board certification or recertification, during the
15 previous registration period.

16 B. The Board may require continuing medical education for
17 license reregistration and require documentation of that education.

18 C. The Board shall require that the licensee receive not less
19 than one hour of education in pain management and opioid use and
20 addiction each year preceding an application for renewal of a
21 license, unless the licensee has demonstrated to the satisfaction of
22 the Board that the licensee does not currently hold a valid federal
23 Drug Enforcement Administration registration number.

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1 D. The licensee shall sign and attest to the veracity of the
2 application form for license reregistration. Failure to report
3 fully and correctly shall be grounds for disciplinary action by the
4 Board.

5 ~~D.~~ E. The Board shall establish a system for reviewing
6 reregistration forms. The Board may initiate investigations and
7 disciplinary proceedings based on information submitted by licensees
8 for license reregistration.

9 ~~E.~~ F. Upon a finding by the Board that the licensee is fit to
10 continue to practice medicine and surgery in this state, the Board
11 shall issue to the licensee a license to practice medicine and
12 surgery during the next registration period.

13 SECTION 2. AMENDATORY 59 O.S. 2011, Section 509, is
14 amended to read as follows:

15 Section 509. The words "unprofessional conduct" as used in
16 Sections 481 through 514 of this title are hereby declared to
17 include, but shall not be limited to, the following:

- 18 1. Procuring, aiding or abetting a criminal operation;
- 19 2. The obtaining of any fee or offering to accept any fee,
20 present or other form of remuneration whatsoever, on the assurance
21 or promise that a manifestly incurable disease can or will be cured;
- 22 3. Willfully betraying a professional secret to the detriment
23 of the patient;

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1 4. Habitual intemperance or the habitual use of habit-forming
2 drugs;

3 5. Conviction of a felony or of any offense involving moral
4 turpitude;

5 6. All advertising of medical business in which statements are
6 made which are grossly untrue or improbable and calculated to
7 mislead the public;

8 7. Conviction or confession of a crime involving violation of:

9 a. the antinarcotic or prohibition laws and regulations
10 of the federal government,

11 b. the laws of this state, or

12 c. State Board of Health rules;

13 8. Dishonorable or immoral conduct which is likely to deceive,
14 defraud, or harm the public;

15 9. The commission of any act which is a violation of the
16 criminal laws of any state when such act is connected with the
17 physician's practice of medicine. A complaint, indictment or
18 confession of a criminal violation shall not be necessary for the
19 enforcement of this provision. Proof of the commission of the act
20 while in the practice of medicine or under the guise of the practice
21 of medicine shall be unprofessional conduct;

22 10. Failure to keep complete and accurate records of purchase
23 and disposal of controlled drugs or of narcotic drugs;

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1 11. The writing of false or fictitious prescriptions for any
2 drugs or narcotics declared by the laws of this state to be
3 controlled or narcotic drugs;

4 12. Prescribing or administering a drug or treatment without
5 sufficient examination and the establishment of a valid physician-
6 patient relationship;

7 13. The violation, or attempted violation, direct or indirect,
8 of any of the provisions of the Oklahoma Allopathic Medical and
9 Surgical Licensure and Supervision Act, either as a principal,
10 accessory or accomplice;

11 14. Aiding or abetting, directly or indirectly, the practice of
12 medicine by any person not duly authorized under the laws of this
13 state;

14 15. The inability to practice medicine with reasonable skill
15 and safety to patients by reason of age, illness, drunkenness,
16 excessive use of drugs, narcotics, chemicals, or any other type of
17 material or as a result of any mental or physical condition. In
18 enforcing this subsection the State Board of Medical Licensure and
19 Supervision may, upon probable cause, request a physician to submit
20 to a mental or physical examination by physicians designated by it.
21 If the physician refuses to submit to the examination, the Board
22 shall issue an order requiring the physician to show cause why the
23 physician will not submit to the examination and shall schedule a
24 hearing on the order within thirty (30) days after notice is served

1 on the physician. The physician shall be notified by either
2 personal service or by certified mail with return receipt requested.
3 At the hearing, the physician and the physician's attorney are
4 entitled to present any testimony and other evidence to show why the
5 physician should not be required to submit to the examination.
6 After a complete hearing, the Board shall issue an order either
7 requiring the physician to submit to the examination or withdrawing
8 the request for examination. The medical license of a physician
9 ordered to submit for examination may be suspended until the results
10 of the examination are received and reviewed by the Board;

11 16. Prescribing, dispensing or administering of controlled
12 substances or narcotic drugs in excess of the amount considered good
13 medical practice, or prescribing, dispensing or administering
14 controlled substances or narcotic drugs without medical need in
15 accordance with published standards, or prescribing, dispensing or
16 administering opioid drugs in excess of the maximum dosage
17 authorized under Section 5 of this act;

18 17. Engaging in physical conduct with a patient which is sexual
19 in nature, or in any verbal behavior which is seductive or sexually
20 demeaning to a patient;

21 18. Failure to maintain an office record for each patient which
22 accurately reflects the evaluation, treatment, and medical necessity
23 of treatment of the patient;

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1 19. Failure to provide necessary ongoing medical treatment when
2 a doctor-patient relationship has been established, which
3 relationship can be severed by either party providing a reasonable
4 period of time is granted; or

5 20. Failure to provide a proper and safe medical facility
6 setting and qualified assistive personnel for a recognized medical
7 act, including but not limited to an initial in-person patient
8 examination, office surgery, diagnostic service or any other medical
9 procedure or treatment. Adequate medical records to support
10 diagnosis, procedure, treatment or prescribed medications must be
11 produced and maintained.

12 SECTION 3. AMENDATORY 63 O.S. 2011, Section 2-101, as
13 last amended by Section 1, Chapter 43, O.S.L. 2017 (63 O.S. Supp.
14 2017, Section 2-101), is amended to read as follows:

15 Section 2-101. As used in the Uniform Controlled Dangerous
16 Substances Act:

17 1. "Administer" means the direct application of a controlled
18 dangerous substance, whether by injection, inhalation, ingestion or
19 any other means, to the body of a patient, animal or research
20 subject by:

21 a. a practitioner (or, in the presence of the
22 practitioner, by the authorized agent of the
23 practitioner), or
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1 b. the patient or research subject at the direction and
2 in the presence of the practitioner;

3 2. "Agent" means a peace officer appointed by and who acts on
4 behalf of the Director of the Oklahoma State Bureau of Narcotics and
5 Dangerous Drugs Control or an authorized person who acts on behalf
6 of or at the direction of a person who manufactures, distributes,
7 dispenses, prescribes, administers or uses for scientific purposes
8 controlled dangerous substances but does not include a common or
9 contract carrier, public warehouser or employee thereof, or a person
10 required to register under the Uniform Controlled Dangerous
11 Substances Act;

12 3. "Board" means the Advisory Board to the Director of the
13 Oklahoma State Bureau of Narcotics and Dangerous Drugs Control;

14 4. "Bureau" means the Oklahoma State Bureau of Narcotics and
15 Dangerous Drugs Control;

16 5. "Coca leaves" includes cocaine and any compound,
17 manufacture, salt, derivative, mixture or preparation of coca
18 leaves, except derivatives of coca leaves which do not contain
19 cocaine or ecgonine;

20 6. "Commissioner" or "Director" means the Director of the
21 Oklahoma State Bureau of Narcotics and Dangerous Drugs Control;

22 7. "Control" means to add, remove or change the placement of a
23 drug, substance or immediate precursor under the Uniform Controlled
24 Dangerous Substances Act;

1 8. "Controlled dangerous substance" means a drug, substance or
2 immediate precursor in Schedules I through V of the Uniform
3 Controlled Dangerous Substances Act or any drug, substance or
4 immediate precursor listed either temporarily or permanently as a
5 federally controlled substance. Any conflict between state and
6 federal law with regard to the particular schedule in which a
7 substance is listed shall be resolved in favor of state law;

8 9. "Counterfeit substance" means a controlled substance which,
9 or the container or labeling of which without authorization, bears
10 the trademark, trade name or other identifying marks, imprint,
11 number or device or any likeness thereof of a manufacturer,
12 distributor or dispenser other than the person who in fact
13 manufactured, distributed or dispensed the substance;

14 10. "Deliver" or "delivery" means the actual, constructive or
15 attempted transfer from one person to another of a controlled
16 dangerous substance or drug paraphernalia, whether or not there is
17 an agency relationship;

18 11. "Dispense" means to deliver a controlled dangerous
19 substance to an ultimate user or human research subject by or
20 pursuant to the lawful order of a practitioner, including the
21 prescribing, administering, packaging, labeling or compounding
22 necessary to prepare the substance for such distribution.

23 "Dispenser" is a practitioner who delivers a controlled dangerous
24 substance to an ultimate user or human research subject;

1 12. "Distribute" means to deliver other than by administering
2 or dispensing a controlled dangerous substance;

3 13. "Distributor" means a commercial entity engaged in the
4 distribution or reverse distribution of narcotics and dangerous
5 drugs and who complies with all regulations promulgated by the
6 federal Drug Enforcement Administration and the Oklahoma State
7 Bureau of Narcotics and Dangerous Drugs Control;

8 14. "Drug" means articles:

9 a. recognized in the official United States

10 Pharmacopoeia, official Homeopathic Pharmacopoeia of
11 the United States, or official National Formulary, or
12 any supplement to any of them,

13 b. intended for use in the diagnosis, cure, mitigation,
14 treatment or prevention of disease in man or other
15 animals,

16 c. other than food, intended to affect the structure or
17 any function of the body of man or other animals, and

18 d. intended for use as a component of any article
19 specified in this paragraph;

20 provided, however, the term "drug" does not include devices or their
21 components, parts or accessories;

22 15. "Drug-dependent person" means a person who is using a
23 controlled dangerous substance and who is in a state of psychic or
24 physical dependence, or both, arising from administration of that

1 controlled dangerous substance on a continuous basis. Drug
2 dependence is characterized by behavioral and other responses which
3 include a strong compulsion to take the substance on a continuous
4 basis in order to experience its psychic effects, or to avoid the
5 discomfort of its absence;

6 16. "Home care agency" means any sole proprietorship,
7 partnership, association, corporation, or other organization which
8 administers, offers, or provides home care services, for a fee or
9 pursuant to a contract for such services, to clients in their place
10 of residence;

11 17. "Home care services" means skilled or personal care
12 services provided to clients in their place of residence for a fee;

13 18. "Hospice" means a centrally administered, nonprofit or
14 profit, medically directed, nurse-coordinated program which provides
15 a continuum of home and inpatient care for the terminally ill
16 patient and the patient's family. Such term shall also include a
17 centrally administered, nonprofit or profit, medically directed,
18 nurse-coordinated program if such program is licensed pursuant to
19 the provisions of this act. A hospice program offers palliative and
20 supportive care to meet the special needs arising out of the
21 physical, emotional and spiritual stresses which are experienced
22 during the final stages of illness and during dying and bereavement.
23 This care is available twenty-four (24) hours a day, seven (7) days
24 a week, and is provided on the basis of need, regardless of ability

1 to pay. "Class A" Hospice refers to Medicare certified hospices.
2 "Class B" refers to all other providers of hospice services;

3 19. "Imitation controlled substance" means a substance that is
4 not a controlled dangerous substance, which by dosage unit
5 appearance, color, shape, size, markings or by representations made,
6 would lead a reasonable person to believe that the substance is a
7 controlled dangerous substance. In the event the appearance of the
8 dosage unit is not reasonably sufficient to establish that the
9 substance is an "imitation controlled substance", the court or
10 authority concerned should consider, in addition to all other
11 factors, the following factors as related to "representations made"
12 in determining whether the substance is an "imitation controlled
13 substance":

- 14 a. statements made by an owner or by any other person in
15 control of the substance concerning the nature of the
16 substance, or its use or effect,
- 17 b. statements made to the recipient that the substance
18 may be resold for inordinate profit,
- 19 c. whether the substance is packaged in a manner normally
20 used for illicit controlled substances,
- 21 d. evasive tactics or actions utilized by the owner or
22 person in control of the substance to avoid detection
23 by law enforcement authorities,

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- 1 e. prior convictions, if any, of an owner, or any other
2 person in control of the object, under state or
3 federal law related to controlled substances or fraud,
4 and
5 f. the proximity of the substances to controlled
6 dangerous substances;

7 20. "Immediate precursor" means a substance which the Director
8 has found to be and by regulation designates as being the principal
9 compound commonly used or produced primarily for use, and which is
10 an immediate chemical intermediary used, or likely to be used, in
11 the manufacture of a controlled dangerous substance, the control of
12 which is necessary to prevent, curtail or limit such manufacture;

13 21. "Laboratory" means a laboratory approved by the Director as
14 proper to be entrusted with the custody of controlled dangerous
15 substances and the use of controlled dangerous substances for
16 scientific and medical purposes and for purposes of instruction;

17 22. "Manufacture" means the production, preparation,
18 propagation, compounding or processing of a controlled dangerous
19 substance, either directly or indirectly by extraction from
20 substances of natural or synthetic origin, or independently by means
21 of chemical synthesis or by a combination of extraction and chemical
22 synthesis. "Manufacturer" includes any person who packages,
23 repackages or labels any container of any controlled dangerous
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1 substance, except practitioners who dispense or compound
2 prescription orders for delivery to the ultimate consumer;

3 23. "Marihuana" means all parts of the plant *Cannabis sativa*
4 L., whether growing or not; the seeds thereof; the resin extracted
5 from any part of such plant; and every compound, manufacture, salt,
6 derivative, mixture or preparation of such plant, its seeds or
7 resin, but shall not include:

- 8 a. the mature stalks of such plant or fiber produced from
9 such stalks,
- 10 b. oil or cake made from the seeds of such plant,
11 including cannabidiol derived from the seeds of the
12 marihuana plant,
- 13 c. any other compound, manufacture, salt, derivative,
14 mixture or preparation of such mature stalks (except
15 the resin extracted therefrom), including cannabidiol
16 derived from mature stalks, fiber, oil or cake,
- 17 d. the sterilized seed of such plant which is incapable
18 of germination,
- 19 e. for any person participating in a clinical trial to
20 administer cannabidiol for the treatment of severe
21 forms of epilepsy pursuant to Section 2-802 of this
22 title, a drug or substance approved by the federal
23 Food and Drug Administration for use by those
24 participants,

- 1 f. for any person or the parents, legal guardians or
2 caretakers of the person who have received a written
3 certification from a physician licensed in this state
4 that the person has been diagnosed by a physician as
5 having Lennox-Gastaut Syndrome, Dravet Syndrome, also
6 known as Severe Myoclonic Epilepsy of Infancy, or any
7 other severe form of epilepsy that is not adequately
8 treated by traditional medical therapies, spasticity
9 due to multiple sclerosis or due to paraplegia,
10 intractable nausea and vomiting, appetite stimulation
11 with chronic wasting diseases, the substance
12 cannabidiol, a nonpsychoactive cannabinoid, found in
13 the plant Cannabis sativa L. or any other preparation
14 thereof, that has a tetrahydrocannabinol concentration
15 of not more than three-tenths of one percent (0.3%)
16 and that is delivered to the patient in the form of a
17 liquid,
- 18 g. any federal Food and Drug Administration-approved
19 cannabidiol drug or substance, or
- 20 h. industrial hemp, from the plant Cannabis sativa L. and
21 any part of such plant, whether growing or not, with a
22 delta-9 tetrahydrocannabinol concentration of not more
23 than three-tenths of one percent (0.3%) on a dry
24 weight basis which shall not be grown anywhere in the

1 State of Oklahoma but may be shipped to Oklahoma
2 pursuant to the provisions of subparagraph e or f of
3 this paragraph;

4 24. "Medical purpose" means an intention to utilize a
5 controlled dangerous substance for physical or mental treatment, for
6 diagnosis, or for the prevention of a disease condition not in
7 violation of any state or federal law and not for the purpose of
8 satisfying physiological or psychological dependence or other abuse;

9 25. "Mid-level practitioner" means an advanced practice nurse
10 as defined and within parameters specified in Section 567.3a of
11 Title 59 of the Oklahoma Statutes, or a certified animal euthanasia
12 technician as defined in Section 698.2 of Title 59 of the Oklahoma
13 Statutes, or an animal control officer registered by the Oklahoma
14 State Bureau of Narcotics and Dangerous Drugs Control under
15 subsection B of Section 2-301 of this title within the parameters of
16 such officer's duty under Sections 501 through 508 of Title 4 of the
17 Oklahoma Statutes;

18 26. "Narcotic drug" means any of the following, whether
19 produced directly or indirectly by extraction from substances of
20 vegetable origin, or independently by means of chemical synthesis,
21 or by a combination of extraction and chemical synthesis:

- 22 a. opium, coca leaves and opiates,
- 23 b. a compound, manufacture, salt, derivative or
24 preparation of opium, coca leaves or opiates,

- 1 c. cocaine, its salts, optical and geometric isomers, and
2 salts of isomers,
3 d. ecgonine, its derivatives, their salts, isomers and
4 salts of isomers, and
5 e. a substance, and any compound, manufacture, salt,
6 derivative or preparation thereof, which is chemically
7 identical with any of the substances referred to in
8 subparagraphs a through d of this paragraph, except
9 that the words "narcotic drug" as used in Section 2-
10 101 et seq. of this title shall not include
11 decocainized coca leaves or extracts of coca leaves,
12 which extracts do not contain cocaine or ecgonine;

13 27. "Opiate" means any substance having an addiction-forming or
14 addiction-sustaining liability similar to morphine or being capable
15 of conversion into a drug having such addiction-forming or
16 addiction-sustaining liability. It does not include, unless
17 specifically designated as controlled under the Uniform Controlled
18 Dangerous Substances Act, the dextrorotatory isomer of 3-methoxy-n-
19 methyl-morphinan and its salts (dextromethorphan). It does include
20 its racemic and levorotatory forms;

21 28. "Opium poppy" means the plant of the species *Papaver*
22 *somniferum* L., except the seeds thereof;

23 29. "Peace officer" means a police officer, sheriff, deputy
24 sheriff, district attorney's investigator, investigator from the

1 Office of the Attorney General, or any other person elected or
2 appointed by law to enforce any of the criminal laws of this state
3 or of the United States;

4 30. "Person" means an individual, corporation, government or
5 governmental subdivision or agency, business trust, estate, trust,
6 partnership or association, or any other legal entity;

7 31. "Poppy straw" means all parts, except the seeds, of the
8 opium poppy, after mowing;

9 32. "Practitioner" means:

- 10 a. (1) a medical doctor or osteopathic physician,
11 (2) a dentist,
12 (3) a podiatrist,
13 (4) an optometrist,
14 (5) a veterinarian,
15 (6) a physician assistant under the supervision of a
16 licensed medical doctor or osteopathic physician,
17 (7) a scientific investigator, or
18 (8) any other person,
19 licensed, registered or otherwise permitted to
20 prescribe, distribute, dispense, conduct research with
21 respect to, use for scientific purposes or administer
22 a controlled dangerous substance in the course of
23 professional practice or research in this state, or
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1 b. a pharmacy, hospital, laboratory or other institution
2 licensed, registered or otherwise permitted to
3 distribute, dispense, conduct research with respect
4 to, use for scientific purposes or administer a
5 controlled dangerous substance in the course of
6 professional practice or research in this state;

7 33. "Production" includes the manufacture, planting,
8 cultivation, growing or harvesting of a controlled dangerous
9 substance;

10 34. "State" means the State of Oklahoma or any other state of
11 the United States;

12 35. "Ultimate user" means a person who lawfully possesses a
13 controlled dangerous substance for the person's own use or for the
14 use of a member of the person's household or for administration to
15 an animal owned by the person or by a member of the person's
16 household;

17 36. "Drug paraphernalia" means all equipment, products and
18 materials of any kind which are used, intended for use, or fashioned
19 specifically for use in planting, propagating, cultivating, growing,
20 harvesting, manufacturing, compounding, converting, producing,
21 processing, preparing, testing, analyzing, packaging, repackaging,
22 storing, containing, concealing, injecting, ingesting, inhaling or
23 otherwise introducing into the human body, a controlled dangerous
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1 substance in violation of the Uniform Controlled Dangerous
2 Substances Act including, but not limited to:

- 3 a. kits used, intended for use, or fashioned specifically
4 for use in planting, propagating, cultivating, growing
5 or harvesting of any species of plant which is a
6 controlled dangerous substance or from which a
7 controlled dangerous substance can be derived,
- 8 b. kits used, intended for use, or fashioned specifically
9 for use in manufacturing, compounding, converting,
10 producing, processing or preparing controlled
11 dangerous substances,
- 12 c. isomerization devices used, intended for use, or
13 fashioned specifically for use in increasing the
14 potency of any species of plant which is a controlled
15 dangerous substance,
- 16 d. testing equipment used, intended for use, or fashioned
17 specifically for use in identifying, or in analyzing
18 the strength, effectiveness or purity of controlled
19 dangerous substances,
- 20 e. scales and balances used, intended for use, or
21 fashioned specifically for use in weighing or
22 measuring controlled dangerous substances,
- 23 f. diluents and adulterants, such as quinine
24 hydrochloride, mannitol, mannite, dextrose and

1 lactose, used, intended for use, or fashioned
2 specifically for use in cutting controlled dangerous
3 substances,

4 g. separation gins and sifters used, intended for use, or
5 fashioned specifically for use in removing twigs and
6 seeds from, or in otherwise cleaning or refining,
7 marihuana,

8 h. blenders, bowls, containers, spoons and mixing devices
9 used, intended for use, or fashioned specifically for
10 use in compounding controlled dangerous substances,

11 i. capsules, balloons, envelopes and other containers
12 used, intended for use, or fashioned specifically for
13 use in packaging small quantities of controlled
14 dangerous substances,

15 j. containers and other objects used, intended for use,
16 or fashioned specifically for use in parenterally
17 injecting controlled dangerous substances into the
18 human body,

19 k. hypodermic syringes, needles and other objects used,
20 intended for use, or fashioned specifically for use in
21 parenterally injecting controlled dangerous substances
22 into the human body,

23 l. objects used, intended for use, or fashioned
24 specifically for use in ingesting, inhaling or

1 otherwise introducing marihuana, cocaine, hashish or
2 hashish oil into the human body, such as:

3 (1) metal, wooden, acrylic, glass, stone, plastic or
4 ceramic pipes with or without screens, permanent
5 screens, hashish heads or punctured metal bowls,

6 (2) water pipes,

7 (3) carburetion tubes and devices,

8 (4) smoking and carburetion masks,

9 (5) roach clips, meaning objects used to hold burning
10 material, such as a marihuana cigarette, that has
11 become too small or too short to be held in the
12 hand,

13 (6) miniature cocaine spoons and cocaine vials,

14 (7) chamber pipes,

15 (8) carburetor pipes,

16 (9) electric pipes,

17 (10) air-driven pipes,

18 (11) chillums,

19 (12) bonges, or

20 (13) ice pipes or chillers,

21 m. all hidden or novelty pipes, and

22 n. any pipe that has a tobacco bowl or chamber of less
23 than one-half (1/2) inch in diameter in which there is
24 any detectable residue of any controlled dangerous

1 substance as defined in this section or any other
2 substances not legal for possession or use;
3 provided, however, the term "drug paraphernalia" shall not include
4 separation gins intended for use in preparing tea or spice, clamps
5 used for constructing electrical equipment, water pipes designed for
6 ornamentation in which no detectable amount of an illegal substance
7 is found or pipes designed and used solely for smoking tobacco,
8 traditional pipes of an American Indian tribal religious ceremony,
9 or antique pipes that are thirty (30) years of age or older;

10 37. a. "Synthetic controlled substance" means a substance:

- 11 (1) the chemical structure of which is substantially
12 similar to the chemical structure of a controlled
13 dangerous substance in Schedule I or II,
14 (2) which has a stimulant, depressant, or
15 hallucinogenic effect on the central nervous
16 system that is substantially similar to or
17 greater than the stimulant, depressant or
18 hallucinogenic effect on the central nervous
19 system of a controlled dangerous substance in
20 Schedule I or II, or
21 (3) with respect to a particular person, which such
22 person represents or intends to have a stimulant,
23 depressant, or hallucinogenic effect on the
24 central nervous system that is substantially

1 similar to or greater than the stimulant,
2 depressant, or hallucinogenic effect on the
3 central nervous system of a controlled dangerous
4 substance in Schedule I or II.

5 b. The designation of gamma butyrolactone or any other
6 chemical as a precursor, pursuant to Section 2-322 of
7 this title, does not preclude a finding pursuant to
8 subparagraph a of this paragraph that the chemical is
9 a synthetic controlled substance.

10 c. "Synthetic controlled substance" does not include:

11 (1) a controlled dangerous substance,

12 (2) any substance for which there is an approved new
13 drug application,

14 (3) with respect to a particular person any
15 substance, if an exemption is in effect for
16 investigational use, for that person under the
17 provisions of Section 505 of the Federal Food,
18 Drug and Cosmetic Act, Title 21 of the United
19 States Code, Section 355, to the extent conduct
20 with respect to such substance is pursuant to
21 such exemption, or

22 (4) any substance to the extent not intended for
23 human consumption before such an exemption takes
24 effect with respect to that substance.

1 d. Prima facie evidence that a substance containing
2 salvia divinorum has been enhanced, concentrated or
3 chemically or physically altered shall give rise to a
4 rebuttable presumption that the substance is a
5 synthetic controlled substance;

6 38. "Tetrahydrocannabinols" means all substances that have been
7 chemically synthesized to emulate the tetrahydrocannabinols of
8 marihuana;

9 39. "Isomer" means the optical isomer, except as used in
10 subsections C and F of Section 2-204 of this title and paragraph 4
11 of subsection A of Section 2-206 of this title. As used in
12 subsections C and F of Section 2-204 of this title, "isomer" means
13 the optical, positional or geometric isomer. As used in paragraph 4
14 of subsection A of Section 2-206 of this title, the term "isomer"
15 means the optical or geometric isomer;

16 40. "Hazardous materials" means materials, whether solid,
17 liquid or gas, which are toxic to human, animal, aquatic or plant
18 life, and the disposal of which materials is controlled by state or
19 federal guidelines; ~~and~~

20 41. "Anhydrous ammonia" means any substance that exhibits
21 cryogenic evaporative behavior and tests positive for ammonia;

22 42. "Acute pain" means pain, whether resulting from disease,
23 accidental or intentional trauma, or other cause, that the
24 practitioner reasonably expects to last only a short period of time.

1 "Acute pain" does not include chronic pain, pain being treated as
2 part of cancer care, hospice or other end-of-life care, or pain
3 being treated as part of palliative care;

4 43. "Chronic pain" means pain that persists beyond the usual
5 course of an acute disease or healing of an injury. "Chronic pain"
6 may or may not be associated with an acute or chronic pathologic
7 process that causes continuous or intermittent pain over months or
8 years;

9 44. "Initial prescription" means a prescription issued to a
10 patient who:

11 a. has never previously been issued a prescription for
12 the drug or its pharmaceutical equivalent, or

13 b. was previously issued a prescription for the drug or
14 its pharmaceutical equivalent, but the date on which
15 the current prescription is being issued is more than
16 one year after the date the patient last used or was
17 administered the drug or its equivalent;

18 When determining whether a patient was previously issued a
19 prescription for a drug or its pharmaceutical equivalent, the
20 practitioner shall consult with the patient and review the patient's
21 medical record and prescription monitoring information;

22 45. "Pain management agreement" means a written contract or
23 agreement that is executed between a practitioner and a patient,
24 prior to the commencement of treatment for chronic pain using a

1 Schedule II controlled substance or any opioid drug which is a
2 prescription drug, as a means to:

- 3 a. prevent the possible development of physical or
4 psychological dependence in the patient,
- 5 b. document the understanding of both the practitioner
6 and the patient regarding the patient's pain
7 management plan,
- 8 c. establish the patient's rights in association with
9 treatment, and the patient's obligations in relation
10 to the responsible use, discontinuation of use, and
11 storage of Schedule II controlled dangerous substances,
12 including any restrictions on the refill of
13 prescriptions or the acceptance of Schedule II
14 prescriptions from practitioners,
- 15 d. identify the specific medications and other modes of
16 treatment, including physical therapy or exercise,
17 relaxation, or psychological counseling, that are
18 included as a part of the pain management plan,
- 19 e. specify the measures the practitioner may employ to
20 monitor the patient's compliance, including but not
21 limited to random specimen screens and pill counts, and
- 22 f. delineate the process for terminating the agreement,
23 including the consequences if the practitioner has

1 reason to believe that the patient is not complying with
2 the terms of the agreement;

3 46. "Serious illness" means a medical illness or physical
4 injury or condition that substantially affects quality of life for
5 more than a short period of time. "Serious illness" includes, but
6 is not limited to, Alzheimer's disease or related dementias, lung
7 disease, cancer, heart failure, renal failure, liver failure or
8 chronic, unremitting or intractable pain such as neuropathic pain;
9 and

10 47. "Surgical procedure" means a procedure that is performed
11 for the purpose of structurally altering the human body by incision
12 or destruction of tissues as part of the practice of medicine. This
13 term includes the diagnostic or therapeutic treatment of conditions
14 or disease processes by use of instruments such as lasers,
15 ultrasound, ionizing, radiation, scalpels, probes or needles that
16 cause localized alteration or transportation of live human tissue by
17 cutting, burning, vaporizing, freezing, suturing, probing or
18 manipulating by closed reduction for major dislocations or
19 fractures, or otherwise altering by any mechanical, thermal, light-
20 based, electromagnetic or chemical means.

21 SECTION 4. AMENDATORY 63 O.S. 2011, Section 2-309D, as
22 last amended by Section 35, Chapter 210, O.S.L. 2016 (63 O.S. Supp.
23 2017, Section 2-309D), is amended to read as follows:
24

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

5 1. Peace officers certified pursuant to Section 3311 of Title
6 70 of the Oklahoma Statutes who are employed as investigative agents
7 of the Oklahoma State Bureau of Narcotics and Dangerous Drugs
8 Control;

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

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

- 13 a. Board of Podiatric Medical Examiners,
- 14 b. Board of Dentistry,
- 15 c. State Board of Pharmacy,
- 16 d. State Board of Medical Licensure and Supervision,
- 17 e. State Board of Osteopathic Examiners,
- 18 f. State Board of Veterinary Medical Examiners,
- 19 g. Oklahoma Health Care Authority,
- 20 h. Department of Mental Health and Substance Abuse
21 Services,
- 22 i. Board of Examiners in Optometry,
- 23 j. Board of Nursing,
- 24 k. Office of the Chief Medical Examiner, and

1 1. State Board of Health;

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

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

7 6. At the discretion of the Director of the Oklahoma State
8 Bureau of Narcotics and Dangerous Drugs Control, medical
9 practitioners and their staff, including those employed by the
10 federal government in this state.

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

21 C. This section shall not prevent the disclosure, at the
22 discretion of the Director of the Oklahoma State Bureau of Narcotics
23 and Dangerous Drugs Control, of statistical information gathered
24 from the central repository to the general public which shall be

1 limited to types and quantities of controlled substances dispensed
2 and the county where dispensed.

3 D. This section shall not prevent the disclosure, at the
4 discretion of the Director of the Oklahoma State Bureau of Narcotics
5 and Dangerous Drugs Control, of prescription-monitoring-program
6 information to prescription-monitoring programs of other states
7 provided a reciprocal data-sharing agreement is in place.

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

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

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

23 2. a. Prior to prescribing or authorizing for refill, if one
24 hundred eighty (180) days have elapsed prior to the

1 previous access and check, of opiates, synthetic
2 opiates, semisynthetic opiates, benzodiazepine or
3 carisoprodol to a patient of record, registrants or
4 members of their medical or administrative staff shall
5 be required until October 31, 2020, to access the
6 information in the central repository to assess
7 medical necessity and the possibility that the patient
8 may be unlawfully obtaining prescription drugs in
9 violation of the Uniform Controlled Dangerous
10 Substances Act. The duty to access and check shall
11 not alter or otherwise amend appropriate medical
12 standards of care. The registrant or medical provider
13 shall note in the patient file that the central
14 repository has been checked and may maintain a copy of
15 the information.

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

18 (1) to medical practitioners who prescribe the
19 controlled substances set forth in subparagraph a
20 of this paragraph for hospice or end-of-life
21 care, or

22 (2) for a prescription of a controlled substance set
23 forth in subparagraph a of this paragraph that is
24 issued by a practitioner for a patient residing

1 in a nursing facility as defined by Section 1-
2 1902 of this title, provided that the
3 prescription is issued to a resident of such
4 facility.

5 3. Registrants shall not be liable to any person for any claim
6 of damages as a result of accessing or failing to access the
7 information in the central repository and no lawsuit may be
8 predicated thereon.

9 4. The failure of a registrant to access and check the central
10 repository as required under state or federal law or regulation is
11 grounds for the registrant's licensing board to take disciplinary
12 action against the registrant.

13 H. The State Board of Podiatric Examiners, the State Board of
14 Dentistry, the State Board of Medical Licensure and Supervision, the
15 State Board of Examiners in Optometry, the State Board of Nursing,
16 the State Board of Osteopathic Examiners and the State Board of
17 Veterinary Medical Examiners shall have the sole responsibility for
18 enforcement of the provisions of subsection G of this section.
19 Nothing in this section shall be construed so as to permit the
20 Director of the State Bureau of Narcotics and Dangerous Drugs
21 Control to assess administrative fines provided for in Section 2-304
22 of this title.

23 I. The Director of the Oklahoma State Bureau of Narcotics and
24 Dangerous Drugs Control, or a designee thereof, shall provide a

1 monthly list to the Directors of the State Board of Podiatric
2 Examiners, the State Board of Dentistry, the State Board of Medical
3 Licensure and Supervision, the State Board of Examiners in
4 Optometry, the State Board of Nursing, the State Board of
5 Osteopathic Examiners and the State Board of Veterinary Medical
6 Examiners of the top twenty prescribers of controlled dangerous
7 substances within their respective areas of jurisdiction. Upon
8 discovering that a registrant is prescribing outside the limitations
9 of his or her licensure or outside of drug registration rules or
10 applicable state laws, the respective licensing board shall be
11 notified by the Bureau in writing. Such notifications may be
12 considered complaints for the purpose of investigations or other
13 actions by the respective licensing board. Licensing boards shall
14 have exclusive jurisdiction to take action against a licensee for a
15 violation of subsection G of this section.

16 J. Information regarding fatal and nonfatal overdoses, other
17 than statistical information as required by Section 2-106 of this
18 title, shall be completely confidential. Access to this information
19 shall be strictly limited to the Director of the Oklahoma State
20 Bureau of Narcotics and Dangerous Drugs Control or designee, the
21 Chief Medical Examiner, state agencies and boards provided in
22 subsection A of this section, and the registrant that enters the
23 information. Registrants shall not be liable to any person for a
24

1 claim of damages for information reported pursuant to the provisions
2 of Section 2-105 of this title.

3 K. The Director of the Oklahoma State Bureau of Narcotics and
4 Dangerous Drugs Control shall provide adequate means and procedures
5 allowing access to central repository information for registrants
6 lacking direct computer access.

7 L. Upon completion of an investigation in which it is
8 determined that a death was caused by an overdose, either
9 intentionally or unintentionally, of a controlled dangerous
10 substance, the medical examiner shall be required to report the
11 decedent's name and date of birth to the Oklahoma State Bureau of
12 Narcotics and Dangerous Drugs Control. The Oklahoma State Bureau of
13 Narcotics and Dangerous Drugs Control shall be required to maintain
14 a database containing the classification of medical practitioners
15 who prescribed or authorized controlled dangerous substances
16 pursuant to this subsection.

17 M. The Oklahoma State Bureau of Narcotics and Dangerous Drugs is
18 authorized to provide unsolicited notification to the licensing board
19 of a pharmacist or practitioner if a patient has received one or more
20 prescriptions for controlled substances in quantities or with a
21 frequency inconsistent with generally recognized standards of safe
22 practice, or if a practitioner or prescriber has exhibited
23 prescriptive behavior consistent with generally recognized standards
24 indicating potentially problematic prescribing patterns. An

1 unsolicited notification to a practitioner's licensing board
2 pursuant to this section:

3 1. Is confidential;

4 2. May not disclose information that is confidential

5 pursuant to this section; and

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

8 SECTION 5. NEW LAW A new section of law to be codified
9 in the Oklahoma Statutes as Section 2-309I of Title 63, unless there
10 is created a duplication in numbering, reads as follows:

11 A. A practitioner shall not issue an initial prescription for
12 an opioid drug which is a prescription drug in a quantity exceeding a
13 seven-day supply for treatment of acute pain for an adult patient, or
14 a seven-day supply for treatment of acute pain for a patient under
15 the age of eighteen (18). Any prescription for acute pain pursuant to
16 this subsection shall be for the lowest effective dose of immediate-
17 release opioid drug.

18 B. Prior to issuing an initial prescription of a Schedule II
19 controlled dangerous substance or any opioid drug which is a
20 prescription drug in a course of treatment for acute or chronic
21 pain, a practitioner shall:

22 1. Take and document the results of a thorough medical history,
23 including the patient's experience with non-opioid medication and
24

1 non-pharmacological pain management approaches and substance abuse
2 history;

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

5 3. Develop a treatment plan, with particular attention focused on
6 determining the cause of the patient's pain;

7 4. Access relevant prescription monitoring information from
8 the central repository pursuant to Section 2-309D of Title 63 of the
9 Oklahoma Statutes;

10 5. Limit the supply of any opioid drug prescribed for acute
11 pain to a duration of no more than seven (7) days as determined by
12 the directed dosage and frequency of dosage; and

13 6. In the case of a patient under the age of eighteen (18) or a
14 patient who is a pregnant woman, enter into a pain management
15 agreement with a parent or guardian of the patient.

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

21 1. The subsequent prescription would not be deemed an initial
22 prescription under this section;

23

24

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

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

7 D. Prior to issuing the initial prescription of a Schedule II
8 controlled dangerous substance or any opioid drug which is a
9 prescription drug in a course of treatment for acute or chronic pain
10 and again prior to issuing the third prescription of the course of
11 treatment, a practitioner shall discuss with the patient, or the
12 patient's parent or guardian if the patient is under eighteen (18)
13 years of age and is not an emancipated minor, the risks associated
14 with the drugs being prescribed, including but not limited to:

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

18 2. The reasons why the prescription is necessary;

19 3. Alternative treatments that may be available; and

20 4. Risks associated with the use of the drugs being prescribed,
21 specifically that opioids are highly addictive, even when taken as
22 prescribed, that there is a risk of developing a physical or
23 psychological dependence on the controlled dangerous substance, and
24 that the risks of taking more opioids than prescribed, or mixing

1 sedatives, benzodiazepines or alcohol with opioids, can result in
2 fatal respiratory depression.

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

11 E. At the time of the issuance of the third prescription for a
12 prescription opioid drug, the practitioner shall enter into a pain
13 management agreement with the patient.

14 F. When a Schedule II controlled dangerous substance or any
15 prescription opioid drug is continuously prescribed for three (3)
16 months or more for chronic pain, the practitioner shall:

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

21 2. Assess the patient prior to every renewal to determine
22 whether the patient is experiencing problems associated with physical
23 and psychological dependence and document the results of that
24 assessment;

1 3. Periodically make reasonable efforts, unless clinically
2 contraindicated, to either stop the use of the controlled substance,
3 decrease the dosage, try other drugs or treatment modalities in an
4 effort to reduce the potential for abuse or the development of
5 physical or psychological dependence and document with specificity
6 the efforts undertaken;

7 4. Review the central repository information in accordance with
8 Section 2-309D of Title 63 of the Oklahoma Statutes; and

9 5. Monitor compliance with the pain management
10 agreement and any recommendations that the patient seek a
11 referral.

12 G. This section shall not apply to a prescription for a
13 patient who is currently in active treatment for cancer, receiving
14 hospice care from a licensed hospice or palliative care, or is a
15 resident of a long term care facility, or to any medications that are
16 being prescribed for use in the treatment of substance abuse or
17 opioid dependence.

18 H. Every policy, contract or plan delivered, issued, executed
19 or renewed in this state, or approved for issuance or renewal in
20 this State by the Insurance Commissioner, and every contract purchased
21 by the Employees Group Insurance Division of the Office of Management
22 and Enterprise Services, on or after the effective date of this act,
23 that provides coverage for prescription drugs subject to a co-
24 payment, coinsurance or deductible shall charge a co-payment,

1 coinsurance or deductible for an initial prescription of an opioid
2 drug prescribed pursuant to this section that is either:

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

5 2. Equivalent to the cost sharing for a full thirty-day supply
6 of the opioid drug, provided that no additional cost sharing may be
7 charged for any additional prescriptions for the remainder of the
8 thirty-day supply.

9 I. Any provider authorized to prescribe opioids shall adopt and
10 maintain a written policy or policies that include execution of a
11 written agreement to engage in an informed consent process between
12 the prescribing provider and qualifying opioid therapy patient. For
13 the purposes of this section, "qualifying opioid therapy patient"
14 means:

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

17 2. A patient who is prescribed benzodiazepines and opioids
18 together; or

19 3. A patient who is prescribed a dose of opioids that exceeds
20 ninety (90) morphine equivalent doses.

21 SECTION 6. NEW LAW A new section of law not to be
22 codified in the Oklahoma Statutes reads as follows:

23 A. The Insurance Department shall evaluate the effect of the
24 limits on prescriptions for opioid medication established by this act

1 on the claims paid by health insurance carriers and the out-of-pocket
2 costs, including copayments, coinsurance and deductibles, paid by
3 individual and group health insurance policyholders. On or before
4 January 1, 2020, the Insurance Department shall submit a report on
5 the evaluation, along with any recommended policy and regulatory
6 options that will ensure costs for patients are not increased as a
7 result of new prescribing limitations on the amounts of opioid
8 medications, to the standing committees of the Legislature having
9 jurisdiction over health and human services matters and over
10 insurance and financial services matters. The standing committees of
11 the Legislature having jurisdiction over health and human services
12 matters and the standing committees of the Legislature having
13 jurisdiction over insurance and financial services matters may report
14 out legislation related to the evaluation to the Second Regular
15 Session of the 57th Oklahoma Legislature.

16 B. The Oklahoma State Bureau of Narcotics and Dangerous Drugs
17 shall report to the standing committees of the Legislature having
18 jurisdiction over health and human services matters and over
19 occupational and professional regulation matters, no later than
20 January 31, 2020, with progress on implementing the provisions of
21 this act. The report shall contain, at a minimum, the following
22 information:
23
24

1 1. Registration of prescribers and dispensers in the central
2 repository pursuant to Section 2-309A et seq. of Title 63 of the
3 Oklahoma Statutes;

4 2. Data regarding the checking and using of the central
5 repository by data requesters;

6 3. Data from professional boards regarding the implementation
7 of continuing education requirements for prescribers of opioid
8 medication;

9 4. Effects on the prescriber workforce;

10 5. Changes in the numbers of patients taking more than one
11 hundred (100) morphine milligram equivalents of opioid medication
12 per day;

13 6. Data regarding the total quantity of opioid medications
14 prescribed in morphine milligram equivalents;

15 7. Progress on electronic prescribing of opioid medication; and

16 8. Improvements to the central repository through the request
17 for proposals process including feedback from prescribers,
18 dispensers and applicable state licensing boards on those
19 improvements.

20 SECTION 7. This act shall become effective November 1, 2018.

21

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