Five Facts about S.B. 1446 – Opioid Prescribing Limits

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1	S.B. 1446 amends, Section 495 and 509 of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act to require medical doctors to receive not less than 1 hour of opioid education each year and to make it a disciplinary offense to prescribe, dispense or administer opioid drugs in excess of the dosage authorized by the Act. **Note: S.B. 1446 does not make similar revisions to the Oklahoma Osteopathic Medicine Act. However, the Executive Director of the OBMLS was quoted in the paper on July 23 indicating that the Board of Osteopathic Examiner and OBMLS are working together on education requirements, so it is anticipated that the omission of osteopaths was an oversight that will be corrected during the next legislative session.**
2	The PMP statute, 63 O.S. 2-309D is amended to provide that the failure of a registration to access and check the PMP is grounds for licensure board disciplinary action. In addition, the OBNDD is authorized to provide unsolicited notices to the applicable licensure boards of practitioners with questionable prescribing patterns. **Note: Make sure you maintain clear documentation when you check the PMP and if you are asked for patient records by any investigatory body that you produce the documentation that you checked the PMP when responding.**
3	S.B. 1446 added a new section of law, 63 O.S. 2-309I establishing a 7 day supply limit for "initial prescription for an opioid drug" for acute pain. The terms "initial prescription" and "acute pain" are defined in the statute. **Note: The 7-day supply limit applies only to "opioid drugs" for acute pain. Other sections apply to prescriptions of "a Schedule II controlled dangerous substance or any opioid drug" prescribed for acute or chronic pain. The category of**

	Schedule II CDS is broader than opioids. Practitioners need to adhere to the requirements of the statute if they are prescribing any Schedule II drugs to treat acute or chronic pain.
4	One 7-day refill for acute pain is permitted if the practitioner consults with the patient and determines the refill is necessary and appropriate and the practitioner must document the rationale for the refill. **Note: For acute pain, a maximum supply 14-day supply for opioids is permitted – an initial prescription plus one refill (if the conditions are met). At the time of the 3rd prescription, a patient with acute pain becomes labeled as a person with chronic pain under the statute. This is because the statute requires the practitioner to enter into a pain-management agreement with the patient at time of the issuance of the third prescription. The statute does not include a definition of "pain-management agreement" but does include a definition of "patient-provider agreement" that "means a written contract or agreement that is executed between a practitioner and a patient, prior to the commencement of treatment for *chronic* pain. . . Presumably, the two terms mean the same thing and this is a typo in the bill.**
5	Before issuing an initial prescription for opioids or Schedule II CDS, a practitioner must take and document a thorough medical history, conduct a physical exam, develop a treatment plan and check the PMP. Before issuing a refill, the practitioner must have a "consultation with the patient." Prior to issuing an initial prescription and again prior to issuing the third prescription, a practitioner "shall discuss with the patient or the parent or guardian" the risks associated with the drugs being prescribed. When a Schedule II CDS is continuously prescribed for 3 months or more for chronic pain, the practitioner must, at a minimum of every 3 months, review the course of treatment and asset the patient prior to every renewal to determine if the patient is experiencing problems with dependence. **Note: A key question that physicians have is whether all of the follow-up assessments and communications must be performed by the prescribing physician or whether they can utilize mid-level practitioners to perform these services. The language in the statute is subject to different interpretations on this issue. It is not clear whether a face-to-face visit is required between the prescribing physician and the patient is required for refills and the periodic assessments required by SB 1446.**