

1 STATE OF OKLAHOMA

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

3 SENATE BILL 1446

By: Sykes

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5
6 AS INTRODUCED

7 An Act relating to regulation of opioid drugs;
8 amending 59 O.S. 2011, Section 495a.1, which relates
9 to license reregistration; directing Board of Medical
10 Licensure and Supervision to require certain
11 continuing medical education; 59 O.S. 2011, Section
12 509, which relates to unprofessional conduct;
13 expanding definition; 63 O.S. 2011, Section 2-101, as
14 last amended by Section 1, Chapter 43, O.S.L. 2017
15 (63 O.S. Supp. 2017, Section 2-101), which relates to
16 definitions; adding definitions; amending 63 O.S.
17 2011, Section 2-309D, as last amended by Section 35,
18 Chapter 210, O.S.L. 2016 (63 O.S. Supp. 2017, Section
19 2-309D), which relates to central repository;
20 providing that failure to properly utilize central
21 repository is grounds for certain disciplinary
22 action; authorizing Bureau of Narcotics and Dangerous
23 Drugs to provide unsolicited notification to certain
24 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 Board of Medical
Licensure and Supervision 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
submit certain report; directing Bureau of Narcotics

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

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

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

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

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

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

- d. any professional medical society or association,
- e. any law enforcement agency,
- f. any court, or
- g. any governmental agency;

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

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

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

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

6. The licensee's voluntary resignation or withdrawal from a national, state, or county medical society, association, or organization if that action occurred while the licensee was under formal or informal investigation or review by that body for any

1 reason related to possible medical incompetence, unprofessional or
2 unethical conduct, or mental or physical impairment;

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

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

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

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

17 C. The Board shall require that the licensee receive not less
18 than two (2) hours of education in pain management and opioid use
19 and addiction each year preceding an application for renewal of a
20 license, unless the licensee has demonstrated to the satisfaction of
21 the Board that the licensee does not currently hold a valid federal
22 Drug Enforcement Administration registration number.

23 D. The licensee shall sign and attest to the veracity of the
24 application form for license reregistration. Failure to report

1 fully and correctly shall be grounds for disciplinary action by the
2 Board.

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

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

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

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

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

24

1 5. Conviction of a felony or of any offense involving moral
2 turpitude;

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

6 7. Conviction or confession of a crime involving violation of:
7 a. the antinarcotic or prohibition laws and regulations
8 of the federal government,
9 b. the laws of this state, or
10 c. State Board of Health rules;

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

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

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

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

1 12. Prescribing or administering a drug or treatment without
2 sufficient examination and the establishment of a valid physician-
3 patient relationship;

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

8 14. Aiding or abetting, directly or indirectly, the practice of
9 medicine by any person not duly authorized under the laws of this
10 state;

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

1 entitled to present any testimony and other evidence to show why the
2 physician should not be required to submit to the examination.
3 After a complete hearing, the Board shall issue an order either
4 requiring the physician to submit to the examination or withdrawing
5 the request for examination. The medical license of a physician
6 ordered to submit for examination may be suspended until the results
7 of the examination are received and reviewed by the Board;

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

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

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

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

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

8 SECTION 3. AMENDATORY 63 O.S. 2011, Section 2-101, as
9 last amended by Section 1, Chapter 43, O.S.L. 2017 (63 O.S. Supp.
10 2017, Section 2-101), is amended to read as follows:

11 Section 2-101. As used in the Uniform Controlled Dangerous
12 Substances Act:

13 1. "Administer" means the direct application of a controlled
14 dangerous substance, whether by injection, inhalation, ingestion or
15 any other means, to the body of a patient, animal or research
16 subject by:

17 a. a practitioner (or, in the presence of the
18 practitioner, by the authorized agent of the
19 practitioner), or

20 b. the patient or research subject at the direction and
21 in the presence of the practitioner;

22 2. "Agent" means a peace officer appointed by and who acts on
23 behalf of the Director of the Oklahoma State Bureau of Narcotics and
24 Dangerous Drugs Control or an authorized person who acts on behalf

1 of or at the direction of a person who manufactures, distributes,
2 dispenses, prescribes, administers or uses for scientific purposes
3 controlled dangerous substances but does not include a common or
4 contract carrier, public warehouse or employee thereof, or a person
5 required to register under the Uniform Controlled Dangerous
6 Substances Act;

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

9 4. "Bureau" means the Oklahoma State Bureau of Narcotics and
10 Dangerous Drugs Control;

11 5. "Coca leaves" includes cocaine and any compound,
12 manufacture, salt, derivative, mixture or preparation of coca
13 leaves, except derivatives of coca leaves which do not contain
14 cocaine or ecgonine;

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

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

20 8. "Controlled dangerous substance" means a drug, substance or
21 immediate precursor in Schedules I through V of the Uniform
22 Controlled Dangerous Substances Act or any drug, substance or
23 immediate precursor listed either temporarily or permanently as a
24 federally controlled substance. Any conflict between state and

1 federal law with regard to the particular schedule in which a
2 substance is listed shall be resolved in favor of state law;

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

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

13 11. "Dispense" means to deliver a controlled dangerous
14 substance to an ultimate user or human research subject by or
15 pursuant to the lawful order of a practitioner, including the
16 prescribing, administering, packaging, labeling or compounding
17 necessary to prepare the substance for such distribution.

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

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

22 13. "Distributor" means a commercial entity engaged in the
23 distribution or reverse distribution of narcotics and dangerous
24 drugs and who complies with all regulations promulgated by the

1 federal Drug Enforcement Administration and the Oklahoma State
2 Bureau of Narcotics and Dangerous Drugs Control;

3 14. "Drug" means articles:

4 a. recognized in the official United States

5 Pharmacopoeia, official Homeopathic Pharmacopoeia of
6 the United States, or official National Formulary, or
7 any supplement to any of them,

8 b. intended for use in the diagnosis, cure, mitigation,
9 treatment or prevention of disease in man or other
10 animals,

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

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

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

17 15. "Drug-dependent person" means a person who is using a
18 controlled dangerous substance and who is in a state of psychic or
19 physical dependence, or both, arising from administration of that
20 controlled dangerous substance on a continuous basis. Drug
21 dependence is characterized by behavioral and other responses which
22 include a strong compulsion to take the substance on a continuous
23 basis in order to experience its psychic effects, or to avoid the
24 discomfort of its absence;

1 16. "Home care agency" means any sole proprietorship,
2 partnership, association, corporation, or other organization which
3 administers, offers, or provides home care services, for a fee or
4 pursuant to a contract for such services, to clients in their place
5 of residence;

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

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

22 19. "Imitation controlled substance" means a substance that is
23 not a controlled dangerous substance, which by dosage unit
24 appearance, color, shape, size, markings or by representations made,

1 would lead a reasonable person to believe that the substance is a
2 controlled dangerous substance. In the event the appearance of the
3 dosage unit is not reasonably sufficient to establish that the
4 substance is an "imitation controlled substance", the court or
5 authority concerned should consider, in addition to all other
6 factors, the following factors as related to "representations made"
7 in determining whether the substance is an "imitation controlled
8 substance":

- 9 a. statements made by an owner or by any other person in
10 control of the substance concerning the nature of the
11 substance, or its use or effect,
- 12 b. statements made to the recipient that the substance
13 may be resold for inordinate profit,
- 14 c. whether the substance is packaged in a manner normally
15 used for illicit controlled substances,
- 16 d. evasive tactics or actions utilized by the owner or
17 person in control of the substance to avoid detection
18 by law enforcement authorities,
- 19 e. prior convictions, if any, of an owner, or any other
20 person in control of the object, under state or
21 federal law related to controlled substances or fraud,
22 and
- 23 f. the proximity of the substances to controlled
24 dangerous substances;

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

7 21. "Laboratory" means a laboratory approved by the Director as
8 proper to be entrusted with the custody of controlled dangerous
9 substances and the use of controlled dangerous substances for
10 scientific and medical purposes and for purposes of instruction;

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

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

- 1 a. the mature stalks of such plant or fiber produced from
2 such stalks,
- 3 b. oil or cake made from the seeds of such plant,
4 including cannabidiol derived from the seeds of the
5 marihuana plant,
- 6 c. any other compound, manufacture, salt, derivative,
7 mixture or preparation of such mature stalks (except
8 the resin extracted therefrom), including cannabidiol
9 derived from mature stalks, fiber, oil or cake,
- 10 d. the sterilized seed of such plant which is incapable
11 of germination,
- 12 e. for any person participating in a clinical trial to
13 administer cannabidiol for the treatment of severe
14 forms of epilepsy pursuant to Section 2-802 of this
15 title, a drug or substance approved by the federal
16 Food and Drug Administration for use by those
17 participants,
- 18 f. for any person or the parents, legal guardians or
19 caretakers of the person who have received a written
20 certification from a physician licensed in this state
21 that the person has been diagnosed by a physician as
22 having Lennox-Gastaut Syndrome, Dravet Syndrome, also
23 known as Severe Myoclonic Epilepsy of Infancy, or any
24 other severe form of epilepsy that is not adequately

1 treated by traditional medical therapies, spasticity
2 due to multiple sclerosis or due to paraplegia,
3 intractable nausea and vomiting, appetite stimulation
4 with chronic wasting diseases, the substance
5 cannabidiol, a nonpsychoactive cannabinoid, found in
6 the plant Cannabis sativa L. or any other preparation
7 thereof, that has a tetrahydrocannabinol concentration
8 of not more than three-tenths of one percent (0.3%)
9 and that is delivered to the patient in the form of a
10 liquid,

11 g. any federal Food and Drug Administration-approved
12 cannabidiol drug or substance, or

13 h. industrial hemp, from the plant Cannabis sativa L. and
14 any part of such plant, whether growing or not, with a
15 delta-9 tetrahydrocannabinol concentration of not more
16 than three-tenths of one percent (0.3%) on a dry
17 weight basis which shall not be grown anywhere in the
18 State of Oklahoma but may be shipped to Oklahoma
19 pursuant to the provisions of subparagraph e or f of
20 this paragraph;

21 24. "Medical purpose" means an intention to utilize a
22 controlled dangerous substance for physical or mental treatment, for
23 diagnosis, or for the prevention of a disease condition not in
24

1 violation of any state or federal law and not for the purpose of
2 satisfying physiological or psychological dependence or other abuse;

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

12 26. "Narcotic drug" means any of the following, whether
13 produced directly or indirectly by extraction from substances of
14 vegetable origin, or independently by means of chemical synthesis,
15 or by a combination of extraction and chemical synthesis:

- 16 a. opium, coca leaves and opiates,
17 b. a compound, manufacture, salt, derivative or
18 preparation of opium, coca leaves or opiates,
19 c. cocaine, its salts, optical and geometric isomers, and
20 salts of isomers,
21 d. ecgonine, its derivatives, their salts, isomers and
22 salts of isomers, and
23 e. a substance, and any compound, manufacture, salt,
24 derivative or preparation thereof, which is chemically

1 identical with any of the substances referred to in
2 subparagraphs a through d of this paragraph, except
3 that the words "narcotic drug" as used in Section 2-
4 101 et seq. of this title shall not include
5 decocainized coca leaves or extracts of coca leaves,
6 which extracts do not contain cocaine or ecgonine;

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

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

17 29. "Peace officer" means a police officer, sheriff, deputy
18 sheriff, district attorney's investigator, investigator from the
19 Office of the Attorney General, or any other person elected or
20 appointed by law to enforce any of the criminal laws of this state
21 or of the United States;

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

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

3 32. "Practitioner" means:

4 a. (1) a medical doctor or osteopathic physician,

5 (2) a dentist,

6 (3) a podiatrist,

7 (4) an optometrist,

8 (5) a veterinarian,

9 (6) a physician assistant under the supervision of a
10 licensed medical doctor or osteopathic physician,

11 (7) a scientific investigator, or

12 (8) any other person,

13 licensed, registered or otherwise permitted to
14 prescribe, distribute, dispense, conduct research with
15 respect to, use for scientific purposes or administer
16 a controlled dangerous substance in the course of
17 professional practice or research in this state, or

18 b. a pharmacy, hospital, laboratory or other institution
19 licensed, registered or otherwise permitted to
20 distribute, dispense, conduct research with respect
21 to, use for scientific purposes or administer a
22 controlled dangerous substance in the course of
23 professional practice or research in this state;

24

1 33. "Production" includes the manufacture, planting,
2 cultivation, growing or harvesting of a controlled dangerous
3 substance;

4 34. "State" means the State of Oklahoma or any other state of
5 the United States;

6 35. "Ultimate user" means a person who lawfully possesses a
7 controlled dangerous substance for the person's own use or for the
8 use of a member of the person's household or for administration to
9 an animal owned by the person or by a member of the person's
10 household;

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

20 a. kits used, intended for use, or fashioned specifically
21 for use in planting, propagating, cultivating, growing
22 or harvesting of any species of plant which is a
23 controlled dangerous substance or from which a
24 controlled dangerous substance can be derived,

- 1 b. kits used, intended for use, or fashioned specifically
2 for use in manufacturing, compounding, converting,
3 producing, processing or preparing controlled
4 dangerous substances,
- 5 c. isomerization devices used, intended for use, or
6 fashioned specifically for use in increasing the
7 potency of any species of plant which is a controlled
8 dangerous substance,
- 9 d. testing equipment used, intended for use, or fashioned
10 specifically for use in identifying, or in analyzing
11 the strength, effectiveness or purity of controlled
12 dangerous substances,
- 13 e. scales and balances used, intended for use, or
14 fashioned specifically for use in weighing or
15 measuring controlled dangerous substances,
- 16 f. diluents and adulterants, such as quinine
17 hydrochloride, mannitol, mannite, dextrose and
18 lactose, used, intended for use, or fashioned
19 specifically for use in cutting controlled dangerous
20 substances,
- 21 g. separation gins and sifters used, intended for use, or
22 fashioned specifically for use in removing twigs and
23 seeds from, or in otherwise cleaning or refining,
24 marihuana,

- 1 h. blenders, bowls, containers, spoons and mixing devices
2 used, intended for use, or fashioned specifically for
3 use in compounding controlled dangerous substances,
- 4 i. capsules, balloons, envelopes and other containers
5 used, intended for use, or fashioned specifically for
6 use in packaging small quantities of controlled
7 dangerous substances,
- 8 j. containers and other objects used, intended for use,
9 or fashioned specifically for use in parenterally
10 injecting controlled dangerous substances into the
11 human body,
- 12 k. hypodermic syringes, needles and other objects used,
13 intended for use, or fashioned specifically for use in
14 parenterally injecting controlled dangerous substances
15 into the human body,
- 16 l. objects used, intended for use, or fashioned
17 specifically for use in ingesting, inhaling or
18 otherwise introducing marihuana, cocaine, hashish or
19 hashish oil into the human body, such as:
- 20 (1) metal, wooden, acrylic, glass, stone, plastic or
21 ceramic pipes with or without screens, permanent
22 screens, hashish heads or punctured metal bowls,
- 23 (2) water pipes,
- 24 (3) carburetion tubes and devices,

1 (4) smoking and carburetion masks,
2 (5) roach clips, meaning objects used to hold burning
3 material, such as a marihuana cigarette, that has
4 become too small or too short to be held in the
5 hand,
6 (6) miniature cocaine spoons and cocaine vials,
7 (7) chamber pipes,
8 (8) carburetor pipes,
9 (9) electric pipes,
10 (10) air-driven pipes,
11 (11) chillums,
12 (12) bonges, or
13 (13) ice pipes or chillers,
14 m. all hidden or novelty pipes, and
15 n. any pipe that has a tobacco bowl or chamber of less
16 than one-half (1/2) inch in diameter in which there is
17 any detectable residue of any controlled dangerous
18 substance as defined in this section or any other
19 substances not legal for possession or use;
20 provided, however, the term "drug paraphernalia" shall not include
21 separation gins intended for use in preparing tea or spice, clamps
22 used for constructing electrical equipment, water pipes designed for
23 ornamentation in which no detectable amount of an illegal substance
24 is found or pipes designed and used solely for smoking tobacco,

1 traditional pipes of an American Indian tribal religious ceremony,
2 or antique pipes that are thirty (30) years of age or older;

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

4 (1) the chemical structure of which is substantially
5 similar to the chemical structure of a controlled
6 dangerous substance in Schedule I or II,

7 (2) which has a stimulant, depressant, or
8 hallucinogenic effect on the central nervous
9 system that is substantially similar to or
10 greater than the stimulant, depressant or
11 hallucinogenic effect on the central nervous
12 system of a controlled dangerous substance in
13 Schedule I or II, or

14 (3) with respect to a particular person, which such
15 person represents or intends to have a stimulant,
16 depressant, or hallucinogenic effect on the
17 central nervous system that is substantially
18 similar to or greater than the stimulant,
19 depressant, or hallucinogenic effect on the
20 central nervous system of a controlled dangerous
21 substance in Schedule I or II.

22 b. The designation of gamma butyrolactone or any other
23 chemical as a precursor, pursuant to Section 2-322 of
24 this title, does not preclude a finding pursuant to

1 subparagraph a of this paragraph that the chemical is
2 a synthetic controlled substance.

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

4 (1) a controlled dangerous substance,

5 (2) any substance for which there is an approved new
6 drug application,

7 (3) with respect to a particular person any
8 substance, if an exemption is in effect for
9 investigational use, for that person under the
10 provisions of Section 505 of the Federal Food,
11 Drug and Cosmetic Act, Title 21 of the United
12 States Code, Section 355, to the extent conduct
13 with respect to such substance is pursuant to
14 such exemption, or

15 (4) any substance to the extent not intended for
16 human consumption before such an exemption takes
17 effect with respect to that substance.

18 d. Prima facie evidence that a substance containing
19 salvia divinorum has been enhanced, concentrated or
20 chemically or physically altered shall give rise to a
21 rebuttable presumption that the substance is a
22 synthetic controlled substance;

1 38. "Tetrahydrocannabinols" means all substances that have been
2 chemically synthesized to emulate the tetrahydrocannabinols of
3 marihuana;

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

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

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

17 42. "Acute pain" means pain, whether resulting from disease,
18 accidental or intentional trauma, or other cause, that the
19 practitioner reasonably expects to last only a short period of time.
20 "Acute pain" does not include chronic pain, pain being treated as
21 part of cancer care, hospice or other end-of-life care, or pain
22 being treated as part of palliative care;

23 43. "Chronic pain" means pain that persists beyond the usual
24 course of an acute disease or healing of an injury. "Chronic pain"

1 may or may not be associated with an acute or chronic pathologic
2 process that causes continuous or intermittent pain over months or
3 years;

4 44. "Initial prescription" means a prescription issued to a
5 patient who:

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

8 b. was previously issued a prescription for the drug or
9 its pharmaceutical equivalent, but the date on which
10 the current prescription is being issued is more than
11 one year after the date the patient last used or was
12 administered the drug or its equivalent;

13 When determining whether a patient was previously issued a
14 prescription for a drug or its pharmaceutical equivalent, the
15 practitioner shall consult with the patient and review the patient's
16 medical record and prescription monitoring information;

17 45. "Pain management agreement" means a written contract or
18 agreement that is executed between a practitioner and a patient,
19 prior to the commencement of treatment for chronic pain using a
20 Schedule II controlled substance or any opioid drug which is a
21 prescription drug, as a means to:

22 a. prevent the possible development of physical or
23 psychological dependence in the patient,

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

22 46. "Serious illness" means a medical illness or physical
23 injury or condition that substantially affects quality of life for
24 more than a short period of time. "Serious illness" includes, but

1 is not limited to, Alzheimer's disease or related dementias, lung
2 disease, cancer, heart failure, renal failure, liver failure or
3 chronic, unremitting or intractable pain such as neuropathic pain;
4 and

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

16 SECTION 4. AMENDATORY 63 O.S. 2011, Section 2-309D, as
17 last amended by Section 35, Chapter 210, O.S.L. 2016 (63 O.S. Supp.
18 2017, Section 2-309D), is amended to read as follows:

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

23 1. Peace officers certified pursuant to Section 3311 of Title
24 70 of the Oklahoma Statutes who are employed as investigative agents

1 of the Oklahoma State Bureau of Narcotics and Dangerous Drugs
2 Control;

3 2. The United States Drug Enforcement Administration Diversion
4 Group Supervisor;

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

7 a. Board of Podiatric Medical Examiners,

8 b. Board of Dentistry,

9 c. State Board of Pharmacy,

10 d. State Board of Medical Licensure and Supervision,

11 e. State Board of Osteopathic Examiners,

12 f. State Board of Veterinary Medical Examiners,

13 g. Oklahoma Health Care Authority,

14 h. Department of Mental Health and Substance Abuse
15 Services,

16 i. Board of Examiners in Optometry,

17 j. Board of Nursing,

18 k. Office of the Chief Medical Examiner, and

19 l. State Board of Health;

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

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

1 6. At the discretion of the Director of the Oklahoma State
2 Bureau of Narcotics and Dangerous Drugs Control, medical
3 practitioners and their staff, including those employed by the
4 federal government in this state.

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

15 C. This section shall not prevent the disclosure, at the
16 discretion of the Director of the Oklahoma State Bureau of Narcotics
17 and Dangerous Drugs Control, of statistical information gathered
18 from the central repository to the general public which shall be
19 limited to types and quantities of controlled substances dispensed
20 and the county where dispensed.

21 D. 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 prescription-monitoring-program
24

1 information to prescription-monitoring programs of other states
2 provided a reciprocal data-sharing agreement is in place.

3 E. The Department of Mental Health and Substance Abuse Services
4 and the State Department of Health may utilize the information in
5 the central repository for statistical, research, substance abuse
6 prevention, or educational purposes, provided that consumer
7 confidentiality is not compromised.

8 F. Any unauthorized disclosure of any information collected at
9 the central repository provided by the Anti-Drug Diversion Act shall
10 be a misdemeanor. Violation of the provisions of this section shall
11 be deemed willful neglect of duty and shall be grounds for removal
12 from office.

13 G. 1. Registrants shall have access to the central repository
14 for the purposes of patient treatment and for determination in
15 prescribing or screening new patients. The patient's history may be
16 disclosed to the patient for the purposes of treatment of
17 information at the discretion of the physician.

18 2. a. Prior to prescribing or authorizing for refill, if one
19 hundred eighty (180) days have elapsed prior to the
20 previous access and check, of opiates, synthetic
21 opiates, semisynthetic opiates, benzodiazepine or
22 carisoprodol to a patient of record, registrants or
23 members of their medical or administrative staff shall
24 be required until October 31, 2020, to access the

1 information in the central repository to assess
2 medical necessity and the possibility that the patient
3 may be unlawfully obtaining prescription drugs in
4 violation of the Uniform Controlled Dangerous
5 Substances Act. The duty to access and check shall
6 not alter or otherwise amend appropriate medical
7 standards of care. The registrant or medical provider
8 shall note in the patient file that the central
9 repository has been checked and may maintain a copy of
10 the information.

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

13 (1) to medical practitioners who prescribe the
14 controlled substances set forth in subparagraph a
15 of this paragraph for hospice or end-of-life
16 care, or

17 (2) for a prescription of a controlled substance set
18 forth in subparagraph a of this paragraph that is
19 issued by a practitioner for a patient residing
20 in a nursing facility as defined by Section 1-
21 1902 of this title, provided that the
22 prescription is issued to a resident of such
23 facility.

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

5 4. The failure of a registrant to access and check the central
6 repository as required under this subsection is grounds for the
7 registrant's licensing board to take disciplinary action against the
8 registrant.

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

19 I. The Director of the Oklahoma State Bureau of Narcotics and
20 Dangerous Drugs Control, or a designee thereof, shall provide a
21 monthly list to the Directors of the State Board of Podiatric
22 Examiners, the State Board of Dentistry, the State Board of Medical
23 Licensure and Supervision, the State Board of Examiners in
24 Optometry, the State Board of Nursing, the State Board of

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

12 J. Information regarding fatal and nonfatal overdoses, other
13 than statistical information as required by Section 2-106 of this
14 title, shall be completely confidential. Access to this information
15 shall be strictly limited to the Director of the Oklahoma State
16 Bureau of Narcotics and Dangerous Drugs Control or designee, the
17 Chief Medical Examiner, state agencies and boards provided in
18 subsection A of this section, and the registrant that enters the
19 information. Registrants shall not be liable to any person for a
20 claim of damages for information reported pursuant to the provisions
21 of Section 2-105 of this title.

22 K. The Director of the Oklahoma State Bureau of Narcotics and
23 Dangerous Drugs Control shall provide adequate means and procedures
24

1 allowing access to central repository information for registrants
2 lacking direct computer access.

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

13 M. The Oklahoma State Bureau of Narcotics and Dangerous Drugs is
14 authorized to provide unsolicited notification to the licensing board
15 of a pharmacist or practitioner if a patient has received one or more
16 prescriptions for controlled substances in quantities or with a
17 frequency inconsistent with generally recognized standards of safe
18 practice. An unsolicited notification to a practitioner's licensing
19 board pursuant to this section:

- 20 1. Must be provided to the practitioner;
21 2. Is confidential;
22 3. May not disclose information that is confidential
23 pursuant to this section; and
24

1 4. May be in a summary form sufficient to provide notice of
2 the basis for the unsolicited notification.

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

6 A. A practitioner shall not issue an initial prescription for
7 an opioid drug which is a prescription drug in a quantity exceeding a
8 seven (7) day supply for treatment of acute pain for an adult
9 patient, or a seven (7) day supply for treatment of acute pain for a
10 patient under the age of eighteen (18). Any prescription for acute
11 pain pursuant to this subsection shall be for the lowest effective
12 dose of immediate-release opioid drug.

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

17 1. Take and document the results of a thorough medical history,
18 including the patient's experience with non-opioid medication and
19 non-pharmacological pain management approaches and substance abuse
20 history;

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

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

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

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

7 6. In the case of a patient under the age of eighteen (18), enter
8 into a pain management agreement with a parent or guardian of the
9 patient.

10 C. No less than seven (7) days after issuing the initial
11 prescription pursuant to subsection A of this section, the
12 practitioner, after consultation with the patient, may issue a
13 subsequent prescription for the drug to the patient in any quantity
14 that complies with applicable State and federal laws, provided that:

15 1. The subsequent prescription would not be deemed an initial
16 prescription under this section;

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

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

23 D. Prior to issuing the initial prescription of a Schedule II
24 controlled dangerous substance or any opioid drug which is a

1 prescription drug in a course of treatment for acute or chronic pain
2 and again prior to issuing the third prescription of the course of
3 treatment, a practitioner shall discuss with the patient, or the
4 patient's parent or guardian if the patient is under eighteen (18)
5 years of age and is not an emancipated minor, the risks associated
6 with the drugs being prescribed, including but not limited to:

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

10 2. The reasons why the prescription is necessary;

11 3. Alternative treatments that may be available; and

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

19 The practitioner shall include a note in the patient's medical
20 record that the patient or the patient's parent or guardian, as
21 applicable, has discussed with the practitioner the risks of
22 developing a physical or psychological dependence on the controlled
23 dangerous substance and alternative treatments that may be
24 available. The Board of Medical Licensure and Supervision shall

1 develop and make available to practitioners guidelines for the
2 discussion required pursuant to this subsection.

3 E. At the time of the issuance of the third prescription for a
4 prescription opioid drug, the practitioner shall enter into a pain
5 management agreement with the patient.

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

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

13 2. Assess the patient prior to every renewal to determine
14 whether the patient is experiencing problems associated with physical
15 and psychological dependence and document the results of that
16 assessment;

17 3. Periodically make reasonable efforts, unless clinically
18 contraindicated, to either stop the use of the controlled substance,
19 decrease the dosage, try other drugs or treatment modalities in an
20 effort to reduce the potential for abuse or the development of
21 physical or psychological dependence and document with specificity
22 the efforts undertaken;

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

1 5. Monitor compliance with the pain management
2 agreement and any recommendations that the patient seek a
3 referral.

4 G. This section shall not apply to a prescription for a
5 patient who is currently in active treatment for cancer, receiving
6 hospice care from a licensed hospice or palliative care, or is a
7 resident of a long term care facility, or to any medications that are
8 being prescribed for use in the treatment of substance abuse or
9 opioid dependence.

10 H. Every policy, contract or plan delivered, issued, executed
11 or renewed in this state, or approved for issuance or renewal in
12 this State by the Insurance Commissioner, and every contract purchased
13 by the Employees Group Insurance Division of the Office of Management
14 and Enterprise Services, on or after the effective date of this act,
15 that provides coverage for prescription drugs subject to a co-
16 payment, coinsurance or deductible shall charge a co-payment,
17 coinsurance or deductible for an initial prescription of an opioid
18 drug prescribed pursuant to this section that is either:

19 1. Proportional between the cost sharing for a thirty (30) day
20 supply and the amount of drugs the patient was prescribed; or

21 2. Equivalent to the cost sharing for a full thirty (30) day
22 supply of the opioid drug, provided that no additional cost sharing
23 may be charged for any additional prescriptions for the remainder of
24 the thirty (30) day supply.

1 I. Any provider authorized to prescribe opioids shall adopt and
2 maintain a written policy or policies that include execution of a
3 written agreement to engage in an informed consent process between
4 the prescribing provider and qualifying opioid therapy patient. For
5 the purposes of this section, "qualifying opioid therapy patient"
6 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; or

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

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

15 A. The Insurance Department shall evaluate the effect of the
16 limits on prescriptions for opioid medication established by this act
17 on the claims paid by health insurance carriers and the out-of-pocket
18 costs, including copayments, coinsurance and deductibles, paid by
19 individual and group health insurance policyholders. On or before
20 January 1, 2020, the Insurance Department shall submit a report on
21 the evaluation, along with any recommended policy and regulatory
22 options that will ensure costs for patients are not increased as a
23 result of new prescribing limitations on the amounts of opioid
24 medications, to the standing committees of the Legislature having

1 jurisdiction over health and human services matters and over
2 insurance and financial services matters. The standing committees of
3 the Legislature having jurisdiction over health and human services
4 matters and the standing committees of the Legislature having
5 jurisdiction over insurance and financial services matters may report
6 out legislation related to the evaluation to the Second Regular
7 Session of the 57th Oklahoma Legislature.

8 B. The Oklahoma State Bureau of Narcotics and Dangerous Drugs
9 shall report to the standing committees of the Legislature having
10 jurisdiction over health and human services matters and over
11 occupational and professional regulation matters, no later than
12 January 31, 2020, with progress on implementing the provisions of
13 this act. The report shall contain, at a minimum, the following
14 information:

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

18 2. Data regarding the checking and using of the central
19 repository by data requesters;

20 3. Data from professional boards regarding the implementation
21 of continuing education requirements for prescribers of opioid
22 medication;

23 4. Effects on the prescriber workforce;

24

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

4 6. Data regarding the total number of opioid medication pills
5 prescribed;

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

7 8. Improvements to the central repository through the request
8 for proposals process including feedback from prescribers and
9 dispensers on those improvements.

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

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