2021 Changes to Oklahoma Title 63, Section 2-309

Political Action P3 Alliance
Dedicated to *BALANCED* Public Policy

Senate Bill 57 included an emergency clauses which required this bill to go into effect upon Governor Stitt's signature. It was signed, and therefore enacted on May 3, 2021.

***63 O.S. 2011, Section 2-309D* Subsection A is amended to add:**

7. The members of the Opioid Overdose Fatality Review Board for the purpose of carrying out the duties prescribed by Section 2-1001 of this title.

Implications:

- Gives Opioid Overdose Fatality Review Board access to the PDMP with reference to a very broad mandate, with the terms used in Section 2-1001 few actions could be limited

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***63 O.S. 2011, Section 2-309D Subsection G* is amended to read:**

G. 1. Registrants shall have access to the central repository for the purposes of patient treatment and **to aid in** the determination in prescribing or screening new patients. **The physician or designee shall provide, upon request by the patient, the history of the patient or the query history of the patient.**

Replacing:

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

Implications:

- Removes requirement to use PDMP as sole determinant of prescribing decisions
- Gives patients, upon request,access to their PDMP even when prescribers deny access
- Gives patients access to specific queries in PDMP, and the system that logs who has accessed their PDMP report
- Brings transparency to how PDMP is used and by whom

***63 O.S. 2011, Section 2-309D Subsection H & I* amends title of a State Board:**

H. The State Board of Podiatric **Medical** Examiners, the State Board of Dentistry, the State...

I. The Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, or a designee thereof, shall provide a monthly list to the Directors of the State Board of Podiatric **Medical** Examiners, the State Board of Dentistry, the State Board of Medical Licensure and...

Implications:

- Updates language reflecting current name of Podiatry Medical Board of Examiners

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***63 O.S. 2011, Section 2-309D Subsection M* is amended to read:**

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

Replacing:

M. The Oklahoma State Bureau of Narcotics and Dangerous Drugs **Control** is authorized to provide unsolicited notification to the licensing board of a pharmacist or practitioner if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice ***or if a practitioner or prescriber has exhibited prescriptive behavior consistent with generally recognized standards indicating potentially problematic prescribing patterns***. An unsolicited notification to the licensing board of the practitioner pursuant to this section:

Implications:

- Updates language reflecting current name of OBNDD
- Removes potentially confusing and problematic language specifying when OBNDD may send unsolicited notifications to prescribing practitioners

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***63 O.S. Supp. 2020, Section 2-309I Subsection B* is amended to read:**

6. In the case of a patient under the age of eighteen (18) years, enter into a patient-provider…

Replacing:

6. In the case of a patient under the age of eighteen (18) years ***old***, enter into a…

Implications:

- Updates language to reflect current preferences

***63 O.S. Supp. 2020, Section 2-309I Subsection F* is amended to read:**

2. In the first year of the patient-provider agreement, assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with an opioid use disorder **as defined by the American Psychiatric Association** and document…

Replacing:

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

Implications:

- Standardizes the definition of Opioid Use Disorder to current industry accepted definition

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Underlined and Bolded = language added ***Bolded and Italicized*** = language removed

***63 O.S. Supp. 2020, Section 2-309I Subsection H* is amended to read:**

H. This section shall not apply to a prescription for a patient who is in treatment for cancer **or receiving aftercare cancer treatment**, receiving hospice care from a licensed hospice**,** or palliative care **in conjunction with a serious illness**, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

Replacing:

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

Implications:

- Expands exemption from requirements of this section to patients whos cancer is cured or in remission
- Formally acknowledges Palliative Care as a separate sub-specialty from Hospice with separate requirements to qualify
- Excludes palliative care professionals from being required to be board certified in Hospice or Palliative care due to recent moves within the board certification industry that would limit the pool of eligible palliative care providers in Oklahoma to less than 30 for an aging population of approximately 4 million

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***63 O.S. Supp. 2020, Section 2-309I* is amended to add a *Subsection K*:**

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

Implications:

- Uses clear language reassuring prescribers and patients that Oklahoma Opioid Prescribing laws do not require reductions or limitations in dose or quantity for existing long term opioid therapy patients - as this is left to the discretion of the prescribing practitioner with each individual patient
- Codifies the Standard of Care for the management of pain to be individualized as well as effective, with decisions for care strictly between the patient and prescribing practitioner without the state or others creating limits outside of the universally accepted original drug approval limitations
- Recognizes Federal Drug Administration, FDA, drug approvals as the source relied upon regarding opioid dose and quantity safety information
- Rejects 2016 (and all subsequent) Centers for Disease Control, CDC, opioid prescribing guidelines as Standard of Care, ensure limits implied within are not used as a basis for investigations or disciplinary action on Oklahoma prescribing practitioners

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