

PAIN MANAGEMENT 2018
PROPER PRESCRIBING
S.B. 1446

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Disclosures:

- ▶ I am on the speakers bureau for:
 - ▶ Jazz Pharmaceuticals
 - ▶ Former: Purdue
 - ▶ Medtronic

- ▶ Senate Bill 1446:
- ▶ Authors: Sykes, Griffin and Yen of the Senate
- ▶ Derby and Faught of the House
- ▶ An Act relating to regulation of opioid drugs
- ▶ Passed the Senate on 4/25/2018
- ▶ Passed the House on 4/18/2018
- ▶ Signed by Mary Fallin on 5/18/2018
- ▶ Effective 11/1/2018

▶ Senate Bill 1446 amends, Section 495 and 509 of the Oklahoma Allopathic Medical and Surgical Licensure Supervision Act

▶ Currently it does not amend The Oklahoma Osteopathic Medicine Act, Oklahoma Statute 59, sections 620-645.

▶ Directs the Board of Medical Licensure:

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

▶ Section 509. The words "unprofessional conduct" as used in sections 481 through 518.1 of this title are hereby declared to include, but shall not be limited by the following:

- ▶ a. Prescribing, dispensing or administering of controlled substances or narcotic drugs in excess of the amount considered good medical practice,
- ▶ b. ...without medical need in accordance with pertinent licensing board standards, or
- ▶ c. ...in excess of the maximum dosage authorized under section 5 of this act;

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

- ▶ 25. "Mid-level practitioner" means an advanced practice nurse as defined and within parameters specified in Section 567.3a of Title 59 of the Oklahoma Statutes.
- ▶ 32. "Practitioner" means:
 - ▶ 1) a medical doctor of osteopathic physician,
 - ▶ 2) a dentist,
 - ▶ 3) a podiatrist,
 - ▶ 4) an optometrist,
 - ▶ 5) a veterinarian,
 - ▶ 6) a PA under the supervision of an MD or DO
 - ▶ 7) a scientific investigator, or
 - ▶ 8) any other person

Licensed, registered or otherwise permitted to prescribe a dangerous controlled substance...in the course of professional practice...

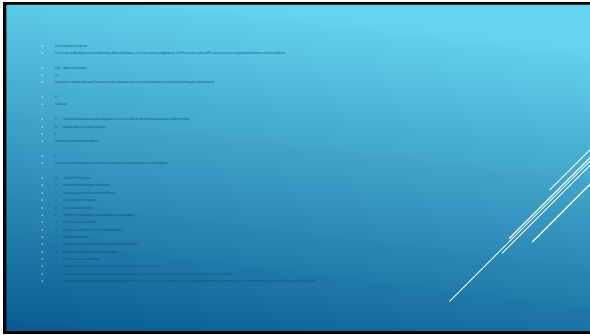
▶ 42. "Acute pain" means pain, whether resulting from disease, accidental or intentional trauma or other cause, that the practitioner reasonably expects to last only a short period of time. "Acute pain" does not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life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

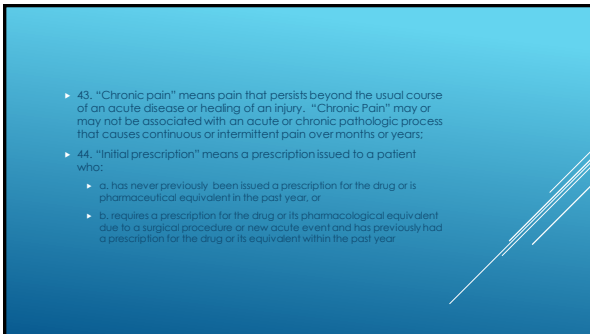
▶ **What Is Palliative Care?**

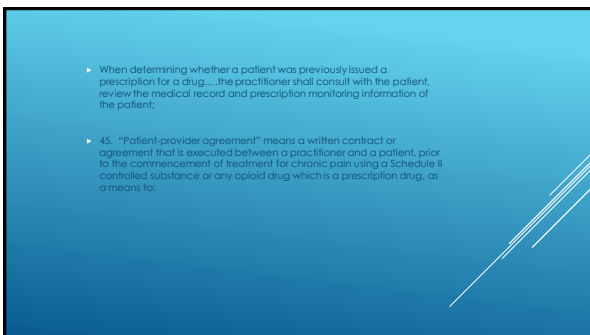
▶ **Definition**

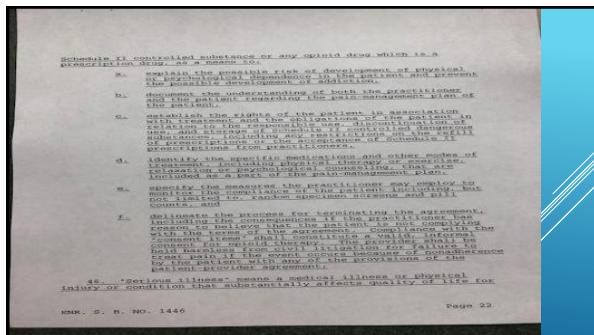
▶ Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

▶ Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

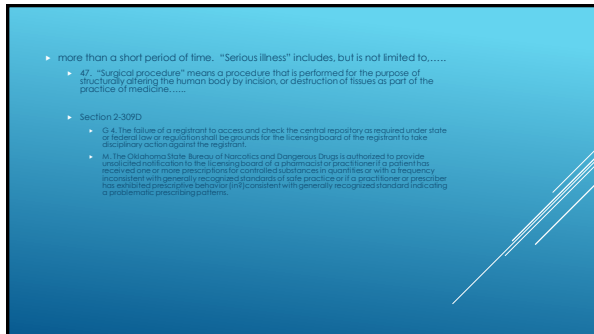




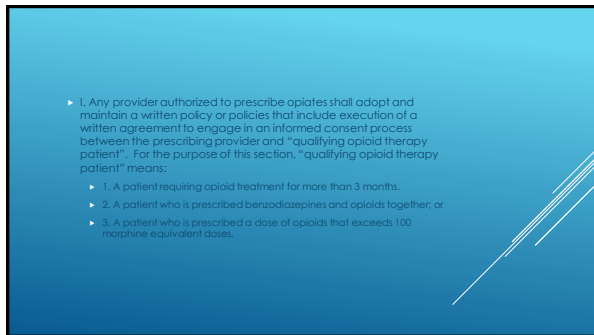




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▶ House Bill 2795

▶ C. Every person who owns in whole or in part a public or private medical facility for which a majority of patients are issued on a recurring basis a prescription for opioids, benzodiazepine or carisoprodol, but not including Suboxone or buprenorphine shall obtain a registration issued by the Director of the Oklahoma State Bureau of Narcotics and Dangerous drugs Control.

▶ 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.

▶ 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.

▶ Take and document a thorough history and physical examination

▶ Evaluate diagnostic studies and document

▶ Check and document the PMP

▶ Develop a treatment plan

▶ Set functional goals and measurements, not just pain scores

▶ Discuss the risks associated with the drugs being prescribed

▶ If prescribing a Schedule II CDS for chronic pain for 3 months you must, at a minimum, review the course of treatment and assess the patient every 3 months prior to every refill.

▶ Question#

- Can mid level perform these services?
- Place to face visit?

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