FIRST REGULAR SESSION

SENATE BILL NO. 673

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR MAY.

2613S.01I KRISTINA MARTIN, Secretary

AN ACT

To repeal section 195.080, RSMo, and to enact in lieu thereof one new section relating to opioid prescriptions.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 195.080, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 195.080, to read as follows:

195.080. 1. Except as otherwise provided in this chapter and chapter 579, this chapter and chapter 579 shall not apply to the following cases: prescribing, administering, dispensing or selling at retail of liniments, ointments, and other preparations that are susceptible of external use only and that contain controlled substances in such combinations of drugs as to prevent the drugs from being readily extracted from such liniments, ointments, or preparations, except that this chapter and chapter 579 shall apply to all liniments, ointments, and other preparations that contain coca leaves in any quantity or combination.

2. Unless otherwise provided in sections 334.037, 334.104, and 334.747, a practitioner, other than a veterinarian, shall not issue an initial prescription for more than a seven-day supply of any opioid controlled substance upon the initial consultation and treatment of a patient for acute pain. Upon any subsequent consultation for the same pain, the practitioner may issue any

appropriate renewal, refill, or new prescription in compliance with the general provisions of this chapter and chapter 579. Prior to issuing an initial prescription for an opioid controlled substance, a practitioner shall consult with the patient regarding the quantity of the opioid and the patient's option to fill the prescription in a lesser quantity and shall inform the patient of the risks associated with the opioid prescribed. If, in the professional medical judgment of the practitioner, more than a seven-day supply is required to treat the patient's acute pain, the practitioner may issue a prescription for the quantity needed to treat the patient; provided, that the practitioner shall document in the patient's medical record the condition triggering the necessity for more than a seven-day supply and that a nonopioid alternative was not appropriate to address the patient's condition. The provisions of this subsection shall not apply to prescriptions for opioid controlled substances for a patient who is currently undergoing treatment for cancer or sickle cell disease, is receiving hospice care from a hospice certified under chapter 197 or palliative care, is a resident of a long-term care facility licensed under chapter 198, or is receiving treatment for substance abuse or opioid dependence.

3. A pharmacist or pharmacy shall not be subject to disciplinary action or other civil or criminal liability for dispensing or refusing to dispense medication in good faith pursuant to an otherwise valid prescription that exceeds the prescribing limits established by subsection 2 of this section.

4. Unless otherwise provided in this section, the quantity of Schedule II controlled substances prescribed or

dispensed at any one time shall be limited to a thirty-day supply. The quantity of Schedule III, IV or V controlled substances prescribed or dispensed at any one time shall be limited to a ninety-day supply and shall be prescribed and dispensed in compliance with the general provisions of this chapter and chapter 579. The supply limitations provided in this subsection may be increased up to three months if the physician describes on the prescription form or indicates via telephone, fax, or electronic communication to the pharmacy to be entered on or attached to the prescription form the medical reason for requiring the larger supply. The supply limitations provided in this subsection shall not apply if:

(1) The prescription is issued by a practitioner located in another state according to and in compliance with the applicable laws of that state and the United States and dispensed to a patient located in another state; or

(2) The prescription is dispensed directly to a member of the United States Armed Forces serving outside the United States.

5. The partial filling of a prescription for a Schedule II substance is permissible as defined by regulation by the department of health and senior services.

6. (1) Prior to issuing an initial prescription for a Schedule II controlled substance or any other opioid pain reliever in a course of treatment for acute or chronic pain and prior to issuing a third prescription of the same in the same course of treatment, a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is under eighteen years of age and is not emancipated, the risks associated with the drugs being prescribed, including, but not limited to, the following:

(a) The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants;

(b) The reasons why the prescription is necessary;

(c) Alternative treatments that may be available; and

(d) The risks associated with the use of the drugs prescribed, specifically that opioids are highly addictive, even when taken as prescribed; that there is a risk of developing a physical or psychological dependence on the controlled substance; and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiazepines, or alcohol with opioids, may result in fatal respiratory depression.

(2) The practitioner shall include a note in the patient's medical record that the patient or the patient's parent or guardian has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled substance and alternative treatments that may be available. The consultation described in this subsection shall satisfy the consultation requirements of subsection 2 of this section for initial prescriptions for more than a seven-day supply of any opioid controlled substance.

(3) The provisions of this subsection shall not apply to a prescription for a patient who is in active treatment for cancer, receiving hospice care from a hospice certified under chapter 197 or palliative care, is a resident of a long-term care facility licensed under chapter 198, or is receiving treatment for substance abuse or opioid dependence.

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