

SENATE BILL NO. 17

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR MAY.

0105S.01H

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Section A. Section 195.080, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 195.080, to read as follows: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

19 appropriate renewal, refill, or new prescription in
20 compliance with the general provisions of this chapter and
21 chapter 579. Prior to issuing an initial prescription for
22 an opioid controlled substance, a practitioner shall consult
23 with the patient regarding the quantity of the opioid and
24 the patient's option to fill the prescription in a lesser
25 quantity and shall inform the patient of the risks
26 associated with the opioid prescribed. If, in the
27 professional medical judgment of the practitioner, more than
28 a seven-day supply is required to treat the patient's acute
29 pain, the practitioner may issue a prescription for the
30 quantity needed to treat the patient; provided, that the
31 practitioner shall document in the patient's medical record
32 the condition triggering the necessity for more than a seven-
33 day supply and that a nonopioid alternative was not
34 appropriate to address the patient's condition. The
35 provisions of this subsection shall not apply to
36 prescriptions for opioid controlled substances for a patient
37 who is currently undergoing treatment for cancer or sickle
38 cell disease, is receiving hospice care from a hospice
39 certified under chapter 197 or palliative care, is a
40 resident of a long-term care facility licensed under chapter
41 198, or is receiving treatment for substance abuse or opioid
42 dependence.

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

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

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

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

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

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

74 **6. (1) Prior to issuing an initial prescription for a**
75 **Schedule II controlled substance or any other opioid pain**
76 **reliever in a course of treatment for acute or chronic pain**
77 **and prior to issuing a third prescription of the same in the**
78 **same course of treatment, a practitioner shall discuss with**
79 **the patient, or the patient's parent or guardian if the**
80 **patient is under eighteen years of age and is not**
81 **emancipated, the risks associated with the drugs being**
82 **prescribed, including, but not limited to, the following:**

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

87 (b) The reasons why the prescription is necessary;

88 (c) Alternative treatments that may be available; and

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

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

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

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