

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for House Bill Nos. 90 & 68, Pages 2 and 3, Section
2 195.453, Lines 4 to 36, by deleting all of said lines and inserting in lieu thereof the following:
3 "state.

4 2. Each practitioner prior to the initial prescribing or dispensing of any controlled substance
5 shall:

6 (1) Obtain a medical history and conduct a physical or mental health examination of the
7 patient, as appropriate to the patient's medical complaint, and document the information in the
8 patient's medical record;

9 (2) Make a written plan stating the objectives of the treatment and further diagnostic
10 examinations required;

11 (3) Discuss the risks and benefits of the use of controlled substances with the patient, the
12 patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or
13 health care surrogate, including the risk of tolerance and drug dependence; and

14 (4) Obtain written consent for the treatment.

15 3. A practitioner prescribing or dispensing additional amounts of controlled substances for
16 the same medical complaint and related symptoms shall:

17 (1) Review, at reasonable intervals based on the patient's individual circumstances and
18 course of treatment, the plan of care;

19 (2) Provide to the patient any new information about the treatment; and

20 (3) Modify or terminate the treatment as appropriate.

21 4. If the course of treatment extends beyond three months the practitioner shall keep
22 accurate, readily accessible, and complete medical records which include, as appropriate:

23 (1) Medical history and physical or mental health examination;

24 (2) Diagnostic, therapeutic, and laboratory results;

25 (3) Evaluations and consultations;

26 (4) Treatment objectives;

27 (5) Discussion of risk, benefits, and limitations of treatments;

28 (6) Treatments;

29 (7) Medications, including date, type, dosage, and quantity prescribed or dispensed;

30 (8) Instructions and agreements; and

31 (9) Periodic reviews of the patient's file."; and
32

33 Further amend said bill, Pages 3 and 4, Section 195.456, Lines, 1 to 41, by deleting all of said
34 section and inserting in lieu thereof the following:

35 "195.457 1. A physician shall discuss with the patient the potential risks and benefits of
36 opioid treatment for chronic pain, as well as expectations related to prescription requests and proper

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1 medication use. In doing so, the physician shall:

2 (1) Where alternative modalities to opioids for managing pain exist for a patient, discuss
3 them with the patient.

4 (2) Provide a simple and clear explanation to help patients understand the key elements of
5 their treatment plan.

6 (3) Counsel women between fourteen and fifty-five years of age with child bearing potential
7 about the risks to the fetus when the mother has been taking opioids while pregnant. Such described
8 risks shall include fetal opioid dependency and neonatal abstinence syndrome (NAS).

9 (4) Discuss with the patient risks of dependency and addiction.

10 (5) Discuss with the patient safe storage practices for prescribed opioids.

11 (6) Provide a written warning to the patient disclosing the risks associated with taking
12 extended release medications that are not in an abuse deterrent form, if the physician prescribes for
13 the patient a hydrocodone-only extended release medication that is not in an abuse deterrent form.

14 (7) Together with the patient, review and sign a "Treatment Agreement", which shall include
15 at least the following:

16 (a) The goals of the treatment.

17 (b) The patient's consent to drug monitoring testing in circumstances where the physician
18 determines that drug monitoring testing is medically necessary.

19 (c) The physician's prescribing policies, which must include at least a:

20 (d) requirement that the patient take the medication as prescribed; and

21 (e) prohibition of sharing medication with other individuals.

22 (8) A requirement that the patient inform the physician about any other controlled
23 substances prescribed or taken.

24 (9) The granting of permission to the physician to conduct random pill counts.

25 (10) Reasons the opioid therapy may be changed or discontinued by the physician.

26 2. A copy of the treatment agreement shall be retained in the patient's chart.

27 3. At any time the physician determines that it is medically necessary, whether at the outset
28 of an opioid treatment plan, or any time thereafter, a physician prescribing opioids for a patient shall
29 perform or order a drug monitoring test, which must include a confirmatory test, on the patient.

30 4. In determining whether a drug monitoring test is medically necessary, the
31 physician shall consider the following factors:

32 (1) Whether there is reason to believe a patient is not taking the prescribed opioids or is
33 diverting the opioids.

34 (2) Whether there has been no appreciable impact on the patient's chronic pain despite being
35 prescribed opioids for a period of time that would generally have an impact.

36 (3) Whether there is reason to believe the patient is taking or using controlled substances
37 other than opioids or other drugs or medications including illicit street drugs that might produce
38 significant polypharmacological effects or have other detrimental interaction effects.

39 (4) Whether there is reason to believe the patient is taking or using opioids in addition to the
40 opioids being prescribed by the physician and any other treating physicians.

41 (5) Attempts by the patient to obtain early refills of opioid containing prescriptions.

42 (6) The number of instances in which the patient alleges that their opioid containing
43 prescription has been lost or stolen.

44 (7) When the patient's INSPECT report provides irregular or inconsistent information.

45 (8) When a previous drug monitoring test conducted on the patient raised concerns about
46 the patient's usage of opioids.

47 (9) Necessity of verifying that the patient no longer has substances in the patient's system
48 that are not appropriate under the patient's treatment plan.

1 (10) When the patient engages in apparent aberrant behaviors or shows apparent
2 intoxication.

3 (11) When the patient's opioid usage shows an unauthorized dose escalation.

4 (12) When the patient is reluctant to change medications or is demanding certain
5 medications.

6 (13) When the patient refuses to participate in or cooperate with a full diagnostic workup or
7 examination.

8 (14) Whether a patient has a history of substance abuse."; and
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10 Further amend said bill, Page 4, Section 195.459, Lines 1 to 4, by deleting all of said section; and

11
12 Further amend said bill by amending the title, enacting clause, and intersectional references
13 accordingly.