

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas  
90th General Assembly  
Regular Session, 2015

As Engrossed: H3/17/15  
**A Bill**

HOUSE BILL 1604

By: Representative Magie

### **For An Act To Be Entitled**

AN ACT TO CREATE THE COMBATING PRESCRIPTION DRUG ABUSE ACT; TO AMEND THE LAWS CONCERNING THE PRESCRIPTION DRUG MONITORING PROGRAM; AND FOR OTHER PURPOSES.

### **Subtitle**

TO CREATE THE COMBATING PRESCRIPTION DRUG ABUSE ACT; AND TO AMEND THE LAWS CONCERNING THE PRESCRIPTION DRUG MONITORING PROGRAM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

*SECTION 1. Arkansas Code § 20-7-603, concerning the definitions of the Prescription Drug Monitoring Act, is amended to add an additional subdivision to read as follows:*

*(17) "Opioid" means a drug or medication that relieves pain, including without limitation:*

*(A) Hydrocodone;*

*(B) Oxycodone;*

*(C) Morphine;*

*(D) Codeine;*

*(E) Heroin; and*

*(F) Fentanyl.*

*SECTION 2. Arkansas Code § 20-7-604(g), concerning the requirements for the Prescription Drug Monitoring Program, is amended to read as follows:*



*(g)(1) The department shall create a process for patients to address errors, inconsistencies, and other matters in their record as maintained under this section, including cases of breach of privacy and security.*

*(2) The department shall develop algorithms within the controlled substance database that would alert a practitioner if his or her patient is being prescribed opioids by more than three (3) physicians within any thirty-day period, if funding is available.*

*SECTION 3. Arkansas Code § 20-7-604(h), concerning the requirements for the Prescription Drug Monitoring Program, is amended to read as follows:*

*(h)(1) The department shall limit access to only those employees whose access is reasonably necessary to carry out this section.*

*(2) However, a prescriber may delegate access to the controlled substance database to persons under his or her supervision or employment.*

*SECTION 4. Arkansas Code Title 20, Chapter 7, Subchapter 6, is amended to add an additional section to read as follows:*

*20-7-615. Prescriber with a prescription drug violation.*

*(a) A prescriber who has been found by his or her licensing board to be in violation of a rule or law involving prescription drugs shall be required by the appropriate licensing board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid.*

*(b) The licensing board, in its discretion, may remove this requirement after a period of time if the board deems removal of the requirement appropriate.*

*SECTION 5. Arkansas Code Title 20, Chapter 7, is amended to add an additional subchapter to read as follows:*

*Subchapter 7 – Combating Prescription Drug Abuse Act*

*20-7-701. Title.*

*This act shall be known and may be cited as the "Combating Prescription Drug Abuse Act".*

*20-7-702. Definitions.*

As used in this subchapter:

(1) "Hospital" means a healthcare facility licensed as a hospital by the Division of Health Facilities Services under § 20-9-213;

(2) "Nonmalignant pain" means pain requiring more than three (3) consecutive months of prescriptions for:

(A) An opioid that is written for more than the equivalent of ninety (90) tablets, each containing five milligrams (5mg) of hydrocodone;

(B) A morphine equivalent dose of more than fifteen milligrams (15mg) per day; or

(C) In the specific case of tramadol, a dose of fifty milligrams (50mg) or one hundred twenty (120) tablets;

(3) "Opioid" means a drug or medication that relieves pain, including without limitation:

(A) Hydrocodone;

(B) Oxycodone;

(C) Morphine;

(D) Codeine;

(E) Heroin; and

(F) Fentanyl; and

(4) "Prescriber" means a practitioner or other authorized person who prescribes a Schedule II, III, IV, or V controlled substance.

20-7-703. Opioid prescribing guidelines for emergency department.

(a) A hospital with an emergency department shall adopt guidelines concerning opioid prescribing in the emergency department.

(b) The guidelines shall be drafted jointly by the emergency department physicians and medical staff and approved by the governing body of the hospital.

(c) The guidelines shall address, at a minimum:

(1) Treatment of chronic pain, nonmalignant pain, and acute pain;

(2) Limits on amounts or duration of opioid prescriptions; and

(3) Identification of situations where opioid prescriptions should be discouraged or prohibited.

(d) The guidelines shall not be construed as establishing a standard of care.

20-7-704. Prescriber education.

(a)(1) Within the first two (2) years of being granted a license in the state, a prescriber shall obtain a minimum of two (2) hours of prescribing education approved by the appropriate licensing board.

(2) The education approved by the appropriate licensing board under subdivision (a)(1) of this section shall include:

(A) Options for online and in-person programs; and

(B) Information on prescribing rules, regulations, and laws that apply to individuals who are licensed in the state.

(b) This section shall apply to all prescribers licensed after December 31, 2015.

20-7-705. Licensing board rules.

(a) A licensing board that licenses individuals with prescriptive authority shall adopt rules that are at least as stringent as the rules of the Arkansas State Medical Board concerning use of narcotics for the treatment of pain not associated with malignant or terminal illness.

(b) A licensing board that licenses individuals who are authorized to prescribe opioids for treatment of chronic, nonmalignant pain shall promulgate rules that contain, at a minimum, the requirements of § 20-7-707.

20-7-706. Patient evaluation.

A patient who is being treated with controlled substances for chronic, nonmalignant pain shall be evaluated at least one (1) time every six (6) months by a physician who is licensed by the Arkansas State Medical Board.

20-7-707. Prescriber requirements.

(a) For a patient with chronic, nonmalignant pain, a prescriber, at a minimum and in addition to any additional requirements of the appropriate licensing board, shall:

(1) Check the prescriptive history of the patient on the Prescription Drug Monitoring Program at least every six (6) months;

(2) Have a signed pain contract with the patient that states, at a minimum, the expectations of the prescriber for the behavior of the patient which may include:

(A) A requirement for random urine drug screenings to help ensure that the patient is abiding by the requirements of the contract; and

(B) A requirement for random pill counts to ensure compliance with the prescription.

(b) The requirements of this section shall not apply to a patient:

(1) Whose pain medications are being prescribed for a malignant condition;

(2) With a terminal condition;

(3) Who is a resident of a licensed healthcare facility;

(4) Who is enrolled in a hospice program; or

(5) Who is in an inpatient or outpatient palliative care program.

20-7-708. Immunity.

A prescriber who in good faith reports a suspected drug diversion is immune from civil or criminal liability and disciplinary action by the appropriate licensing board.

/s/Magie