# Bill Text: MS HB1434 | 2019 | Regular Session | Introduced
# Mississippi House Bill 1434

**Bill Title:** Opioid drugs; prescriber shall discuss with patient before prescribing, the risks of the drugs and available alternatives.

**Spectrum:** Partisan Bill (Democrat 1-0)

**Status:** *(Failed)* 2019-02-05 - Died In Committee [HB1434 Detail]

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MISSISSIPPI LEGISLATURE
2019 Regular Session
To: Public Health and Human Services
By: Representative Holland

# House Bill 1434

AN ACT TO AMEND SECTION 41-29-137, MISSISSIPPI CODE OF 1972, TO REQUIRE THE PRESCRIBER OF A SCHEDULE II CONTROLLED SUBSTANCE OR ANY OTHER OPIOID DRUG, BEFORE ISSUING THE INITIAL PRESCRIPTION IN A COURSE OF TREATMENT FOR ACUTE OR CHRONIC PAIN AND AGAIN BEFORE ISSUING THE THIRD PRESCRIPTION OF THE COURSE OF TREATMENT, TO DISCUSS WITH THE PATIENT THE RISKS ASSOCIATED WITH THE DRUG BEING PRESCRIBED AND ALTERNATIVE TREATMENTS THAT MAY BE AVAILABLE; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

**SECTION 1.** Section 41-29-137, Mississippi Code of 1972, is amended as follows:

41-29-137. (a) (1) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance in Schedule II, as set out in Section 41-29-115, may be dispensed without the written valid prescription of a practitioner. A practitioner shall keep a record of all controlled substances in Schedule I, II and III administered, dispensed or professionally used by him otherwise than by prescription.

(2) In emergency situations, as defined by rule of the State Board of Pharmacy, Schedule II drugs may be dispensed upon the oral valid prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of Section 41-29-133. No prescription for a Schedule II substance may be refilled unless renewed by prescription issued by a licensed medical doctor.

(b) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a controlled substance included in Schedule III or IV, as set out in Sections 41-29-117 and 41-29-119, shall not be dispensed without a written or oral valid prescription of a practitioner. The prescription shall not be filled or refilled more than six (6) months after the date thereof or be refilled more than five (5) times, unless renewed by the practitioner.

(c) A controlled substance included in Schedule V, as set out in Section 41-29-121, shall not be distributed or dispensed other than for a medical purpose.

(d) An optometrist certified to prescribe and use therapeutic pharmaceutical agents under

Sections 73-19-153 through 73-19-165 shall be authorized to prescribe oral analgesic controlled substances in Schedule IV or V, as pertains to treatment and management of eye disease by written prescription only.

(e) Administration by injection of any pharmaceutical product authorized in this section is expressly prohibited except when dispensed directly by a practitioner other than a pharmacy.

(f) (1) For the purposes of this article, Title 73, Chapter 21, and Title 73, Chapter 25, Mississippi Code of 1972, as it pertains to prescriptions for controlled substances, a "valid prescription" means a prescription that is issued for a legitimate medical purpose in the usual course of professional practice by:

(A) A practitioner who has conducted at least one (1) in-person medical evaluation of the patient; or

(B) A covering practitioner.

(2) (A) "In-person medical evaluation" means a medical evaluation that is conducted with the patient in the physical presence of the practitioner, without regard to whether portions of the evaluation are conducted by other health professionals.

(B) "Covering practitioner" means a practitioner who conducts a medical evaluation other than an in-person medical evaluation at the request of a practitioner who has conducted at least one (1) in-person medical evaluation of the patient or an evaluation of the patient through the practice of telemedicine within the previous twenty-four (24) months and who is temporarily unavailable to conduct the evaluation of the patient.

(3) A prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire is not a valid prescription.

(4) Nothing in this subsection ( * * *f) shall apply to:

(A) A prescription issued by a practitioner engaged in the practice of telemedicine as authorized under state or federal law; or

(B) The dispensing or selling of a controlled substance pursuant to practices as determined by the United States Attorney General by regulation.

(g) Before issuing the initial prescription of a Schedule II controlled substance or any other opioid drug that is a prescription drug in a course of treatment for acute or chronic pain and again before issuing the third prescription of the course of treatment, a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is under eighteen (18) years of age and is not an emancipated minor, the risks associated with the drugs being prescribed, including but not limited to:

(1) 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;

(2) The reasons why the prescription is necessary;

(3) Alternative treatments that may be available; and (4) Risks associated with the use of the drugs being 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, can result in fatal respiratory depression.

The practitioner shall include a note in the patient's medical record that the patient or the patient's parent or guardian, as applicable, 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.

**SECTION 2.** This act shall take effect and be in force from and after July 1, 2019.