



OKLAHOMA STATE BOARD OF DENTISTRY

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**Acute vs. Chronic Pain Opioid Prescribing, E-Prescribing and
Continuing Education Changes and Requirements**

This past legislative session there were several bills passed that were requested by the State Opioid Commission headed by the Attorney General's office regarding prescribing and continuing education hours for all medical prescribers. A couple of the bills covered the same statutes but had contradictory language which has caused a great deal of confusion. This information will hopefully clear up the majority of the issues.

Senate Bill 848 and 1446 (2019)
**Both of these legislative bills went into effect on
emergency May 21, 2019**

Seven (7) day and Acute vs. Chronic – New requirements for ALL opioid prescriptions

For any first time prescription of an opioid, you must write "ACUTE PAIN" on the prescription for the pharmacist to be able to fill it and the prescription is to be for the lowest effective dose of immediate-release opioid drug. 63 O.S. § 2-309(I)(A). You may issue one subsequent 7-day prescription but you MUST DOCUMENT the rationale behind the need for the opioid and that it does not cause an undue risk of abuse, addiction or diversion. I have attached the legislation on page 4 of this document.

House Bill 2931 (2018) E-Prescribing

This bill was enacted in 2018 but goes into effect January 1, 2020

This bill was also a request of the opioid commission. The specific statute is on page 6 of this document.

*Pursuant to section 5(f). a practitioner may request a waiver from the Board.

*Pursuant to section 9, any practitioner receiving a waiver may only write prescriptions from prescription pads issued from the Oklahoma Bureau of Narcotics.

There are still a couple of issues being worked out by multiple agencies based on this legislation however be advised of the following:

1. The primary software vendors used in dental offices are averaging about 4 weeks behind to get your office set up for e-prescribing. This will more likely become a longer time period instead of a shorter time period in the upcoming months.
2. Before you call them, please have a copy of your current dental license, OBN registration and DEA registration available.
3. The Board does not have a recommendation for a vendor, however make sure they have a DEA certified program.
4. OBN Will NOT process your prescription pad request until they have received a copy of the WAIVER FROM THE OKLAHOMA DENTAL BOARD.
5. No, there is no plan or ability to postpone the e-prescribing law as the legislative session does not even begin until February and it goes into effect January 1st.
6. The Dental Board Members recognize that due to many circumstances beyond the control of practitioners many of you will need waivers. At the bottom of this information there is a form that you can fill out to request a waiver. ALL WAIVERS WILL EXPIRE DECEMBER 31ST OF 2020. As I said before, there are still many things being worked out and OBN does not have all the answers and we do not have all of the answers and probably won't have until after this legislative session.
7. The Board is required to send a list of dentists with waivers to OBN before they will allow you to order prescription pads.
8. The address and name listed on your OBN registration is what will be printed on the prescription pads so make sure it is up to date and current.

If you are going to request a waiver for e- prescribing, PLEASE FILL OUT THE ATTACHED REQUEST FOR E-PRESCRIBING WAIVER FORM AND EMAIL IT TO: susan.rogers@dentistry.ok.gov. PLEASE DO NOT HAVE YOUR STAFF CALL THE BOARD OFFICE TO ASK QUESTIONS ABOUT E-PRESCRIBING, THEY ARE OVERWHELMED WITH CONTINUING EDUCATION AND RENEWALS. Opioid prescribing is a serious issue and although I am happy to answer any question I can, I do not want any misinformation to be disseminated through your staff or ours. Please email me directly and leave me a cell phone number that I can call if the answer is too long to type. I will try to post a questions and answers information page as questions arise for everyone's convenience.

We appreciate your patience, none of these items were requested by the Board or the Association or OBN and we are all trying to adapt and make a process for the changes as well.

Dental Assistants Infection Control Continuing Education Requirement

Dental assistant infection control requirements will not officially be due until the 2021 reporting period beginning July 1, 2019 and ending June 30th, 2021. The infection control requirement is two-hours per reporting period. Please make sure the class includes and follows the CDC guidelines for infection control in a dental setting. We are working with OMES to add a continuing education section for dental assistants. This is currently anticipated for launch in January 2020.

<https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>

Dentists Continuing Education and Required Opioid Hours

This session there were a couple of legislative bills that were enacted on top of each other. Senate Bill 848 was one of the primary opioid bills that went into effect on emergency May 21, 2019 and mandated continuing education for opioid prescribing or pain management hours. Two years ago, the Board requested that the legislature change our continuing education time period from three (3) years to two (2) years, the same as approximately 40 other State Dental Boards and based on CPR certifications two (2) year validity. When Senate Bill 848 was written by the legislative staff members, they used an old bill with our old outdated continuing education language of a three-year reporting period that was changed two years ago. This incorrect language went into effect May 21st, 2019. However Senate Bill 603 had the updated correct language previously passed two years ago and should revert the continuing education time period back to two years beginning November 1st when it goes into effect. Senate Bill 848 adds 1 hour of mandated opioid continuing education hours per year for each of the medical boards that have prescribing powers. Some of the other Boards report Continuing Education each year when they do their renewal and others have a two-year reporting cycle. Because the staff used the old incorrect statute, the Dental Board portion said three-years based on a three-year renewal. The intent of the legislation is 1-hour per year and this section of the statutes is enforced by the Board pursuant to Senate Bill 848. DENTISTS ARE REQUIRED TO DO 1 HOUR OF OPIOID PRESCRIBING OR PAIN MANAGEMENT CONTINUING EDUCATION PER YEAR FOR A TOTAL OF 2 HOURS PER 2 YEAR REPORTING PERIOD. NEWLY LICENSED DENTISTS ARE REQUIRED TO DO 2 HOURS WITHIN THE FIRST YEAR OF RECEIVING THEIR INITIAL LICENSE.

The Board Staff will provide a one-hour prescribing class and/or a 1-hour ethics class FOR FREE if requested. If you would like to have a class presented in your area, please email Deputy Chief of Investigations Jeff Puckett at: jeff.puckett@dentistry.ok.gov. We will try to post the upcoming classes on the website for anyone to attend.

Again, thank you for your patience during all of these changes.

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NEW STATE STATUTES

Seven (7) day maximum prescriptions for opioids – Acute and Chronic

This statute went into effect May 21, 2019

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 2 - Uniform Controlled Dangerous Substances Act

Article Article 3 - Regulation of Manufacture, Distribution, Dispensing, Prescribing, Administering, and Using for Scientific Purposes of Controlled Dangerous Substances

Section 2-309I - Prescription Requirements for Opioids and Benzodiazepines - Copayment, Co-Insurance, and Deductible - Provider Policy

Cite as: 63 O.S. § 2-309I (OSCN 2019)

A. A practitioner shall not issue an initial prescription for an opioid drug in a quantity exceeding a seven-day supply for treatment of acute pain. Any opioid prescription for acute pain shall be for the lowest effective dose of an immediate-release drug.

B. Prior to issuing an initial prescription for an opioid drug in a course of treatment for acute or chronic pain, a practitioner shall:

1. Take and document the results of a thorough medical history, including the experience of the patient with nonopioid medication and nonpharmacological pain-management approaches and substance abuse history;
2. Conduct, as appropriate, and document the results of a physical examination;
3. Develop a treatment plan with particular attention focused on determining the cause of pain of the patient;
4. Access relevant prescription monitoring information from the central repository pursuant to [Section 2-309D](#) of this title;
5. Limit the supply of any opioid drug prescribed for acute pain to a duration of no more than seven (7) days as determined by the directed dosage and frequency of dosage; provided, however, upon issuing an initial prescription for acute pain pursuant to this section, the practitioner may issue one (1) subsequent prescription for an opioid drug in a quantity not to exceed seven (7) days if:
 - a. the subsequent prescription is due to a major surgical procedure or "confined to home" status as defined in 42 U.S.C., Section 1395n(a),
 - b. the practitioner provides the subsequent prescription on the same day as the initial prescription,
 - c. the practitioner provides written instructions on the subsequent prescription indicating the earliest date on which the prescription may be filled, otherwise known as a "do not fill until" date, and
 - d. the subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription;
6. In the case of a patient under the age of eighteen (18) years old, enter into a patient-provider agreement with a parent or guardian of the patient; and
7. In the case of a patient who is a pregnant woman, enter into a patient-provider agreement with the patient.

C. No less than seven (7) days after issuing the initial prescription pursuant to subsection A of this section, the practitioner, after consultation with the patient, may issue a subsequent prescription for the drug to the patient in a quantity not to exceed seven (7) days, provided that:

1. The subsequent prescription would not be deemed an initial prescription under this section;
2. The practitioner determines the prescription is necessary and appropriate to the treatment needs of the patient and documents the rationale for the issuance of the subsequent prescription; and
3. The practitioner determines that issuance of the subsequent prescription does not present an undue risk of abuse, addiction or diversion and documents that determination.

D. Prior to issuing the initial prescription of an opioid drug in a course of treatment for acute or chronic pain and again prior to issuing the third prescription of the course of treatment, a practitioner shall discuss with the patient or the parent or guardian of the patient 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 dangerous 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 medical record of the patient that the patient or the parent or guardian of the patient, as applicable, has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available. The applicable state licensing board of the practitioner shall develop and make available to practitioners guidelines for the discussion required pursuant to this subsection.

E. At the time of the issuance of the third prescription for an opioid drug, the practitioner shall enter into a patient-provider agreement with the patient.

F. When an opioid drug is continuously prescribed for three (3) months or more for chronic pain, the practitioner shall:

1. Review, at a minimum of every three (3) months, the course of treatment, any new information about the etiology of the pain, and the progress of the patient toward treatment objectives and document the results of that review;
2. In the first year of the patient-provider agreement, assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with an opioid use disorder and document the results of that assessment. Following one (1) year of compliance with the patient-provider agreement, the practitioner shall assess the patient at a minimum of every six (6) months;
3. Periodically make reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled substance, decrease the dosage, try other drugs or treatment modalities in an effort to reduce the potential for abuse or the development of an opioid use disorder as defined by the American Psychiatric Association and document with specificity the efforts undertaken;
4. Review the central repository information in accordance with [Section 2-309D](#) of this title; and
5. Monitor compliance with the patient-provider agreement and any recommendations that the patient seek a referral.

G. 1. Any prescription for acute pain pursuant to this section shall have the words "acute pain" notated on the face of the prescription by the practitioner.

2. Any prescription for chronic pain pursuant to this section shall have the words "chronic pain" notated on the face of the prescription by the practitioner.

H. This section shall not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice or palliative care, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

I. Every policy, contract or plan delivered, issued, executed or renewed in this state, or approved for issuance or renewal in this state by the Insurance Commissioner, and every contract purchased by the Employees Group Insurance Division of the Office of Management and Enterprise Services, on or after November 1, 2018, that provides coverage for prescription drugs subject to a copayment, coinsurance or deductible shall charge a copayment, coinsurance or deductible for an initial prescription of an opioid drug prescribed pursuant to this section that is either:

1. Proportional between the cost sharing for a thirty-day supply and the amount of drugs the patient was prescribed; or
2. Equivalent to the cost sharing for a full thirty-day supply of the drug, provided that no additional cost sharing may be charged for any additional prescriptions for the remainder of the thirty-day supply.

J. Any practitioner authorized to prescribe an opioid drug shall adopt and maintain a written policy or policies that include execution of a written agreement to engage in an informed consent process between the prescribing practitioner and qualifying opioid therapy patient. For the purposes of this section, "qualifying opioid therapy patient" means:

1. A patient requiring opioid treatment for more than three (3) months;
2. A patient who is prescribed benzodiazepines and opioids together for more than one twenty-four-hour period; or
3. A patient who is prescribed a dose of opioids that exceeds one hundred (100) morphine equivalent doses.

Historical Data

Laws 2018, SB 1446, c. 175, § 5, eff. November 1, 2018; Amended by Laws 2019, HB 1155, c. 139, § 1, eff. November 1, 2019; Amended by Laws 2019, SB 848, c. 428, § 19, emerg. eff. May 21, 2019 ([superseded document available](#)).

Oklahoma Statutes Citationized

Title 63. Public Health and Safety

Chapter 2 - Uniform Controlled Dangerous Substances Act

Article Article 3 - Regulation of Manufacture, Distribution, Dispensing, Prescribing, Administering, and Using for Scientific Purposes of Controlled Dangerous Substances

Section 2-309 - Electronic Prescriptions - Exceptions - Practitioners Shall Register - Prescription Forms

This Statute Will Go Into Effect

On: 01/01/2020

See Historical Data for Current Version

Cite as: 63 O.S. § 2-309 (OSCN 2019)

A. 1. Except for dosages medically required for a period not to exceed forty-eight (48) hours which are administered by or on direction of a practitioner, other than a pharmacist, or medication dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled dangerous substance included in Schedule II, which is a prescription drug as determined under regulation promulgated by the Board of Pharmacy, shall be dispensed without an **electronic** prescription of a practitioner; provided, that in emergency situations, as prescribed by the Board of Pharmacy by regulation, such drug may be dispensed upon oral prescription reduced promptly to writing and filed by the pharmacist in a manner to be prescribed by rules and regulations of the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control.

2. **Electronic** prescribing shall be utilized for Schedules II, III, IV, and V, subject to the requirements set forth in 21 CFR, Section 1311 et seq.

3. An **electronic** prescription with **electronic** signature may serve as an original prescription, subject to the requirements set forth in 21 CFR, Section 1311 et seq.

4. Prescriptions shall be retained in conformity with the requirements of this section and [Section 2-307](#) of this title. No prescription for a Schedule II substance may be refilled.

5. The **electronic** prescription requirement provided for in this section shall not apply to prescriptions for controlled dangerous substances issued by any of the following:

- a. a person licensed to practice veterinary medicine,
- b. a practitioner who experiences temporary technological or electrical failure or other extenuating circumstance that prevents the prescription from being transmitted electronically; provided, however, that the practitioner documents the reason for this exception in the medical record of the patient,
- c. a practitioner, other than a pharmacist, who dispenses directly to an ultimate user,
- d. a practitioner who orders a controlled dangerous substance to be administered through an on-site pharmacy in:
 - (1) a hospital as defined in [Section 1-701](#) of this title,
 - (2) a nursing facility as defined in [Section 1-1902](#) of this title,
 - (3) a hospice inpatient facility as defined in [Section 1-860.2](#) of this title,
 - (4) an outpatient dialysis facility,
 - (5) a continuum of care facility as defined in [Section 1-890.2](#) of this title, or
 - (6) a penal institution listed in [Section 509 of Title 57](#) of the Oklahoma Statutes,
- e. a practitioner who writes a prescription to be dispensed by a pharmacy located on federal property, provided the practitioner documents the reason for this exception in the medical record of the patient, or
- f. a practitioner that has received a waiver or extension from his or her licensing board.

6. **Electronic** prescriptions shall not be utilized under the following circumstances:

- a. compound prescriptions containing two or more commercially available products or two or more active pharmaceutical ingredients,
- b. compounded infusion prescriptions containing two or more commercially available products or two or more active pharmaceutical ingredients,
- c. prescriptions issued under approved research protocols, or
- d. if the practitioner determines that an **electronic** prescription cannot be issued in a timely manner and the condition of the patient is at risk.

7. A pharmacist who receives a written, oral or facsimile prescription shall not be required to verify that the prescription falls under one of the exceptions provided for in paragraph 6 of this subsection. Pharmacists may continue to dispense medications from otherwise valid written, oral or facsimile prescriptions that are consistent with the provisions of this act.

8. Practitioners shall indicate in the health record of a patient that an exception to the **electronic** prescription requirement was utilized.

9. All prescriptions issued pursuant to paragraphs 5 and 6 of this subsection shall be issued on an official prescription form provided by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control.

10. a. Effective January 1, 2020, practitioners shall register with the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control in order to be issued official prescription forms. Such registration shall include, but not be limited to, the primary address and the address of each place of business to be imprinted on official prescription forms. Any change to a registered practitioner's registered address shall be promptly reported to the practitioner's licensing board and the Bureau by the practitioner in a manner approved by the Bureau.

b. A practitioner's registration shall be without fee and subject to approval by the Bureau. Such registration shall be valid for a period of two (2) years and may be denied, suspended or revoked by the Bureau upon a finding by the Bureau or licensing board that the registered practitioner has had any license to practice a medical profession revoked or suspended by any state or federal agency.

c. Where the Bureau has revoked the registration of a registered practitioner, the Bureau may revoke or cancel any official prescription forms in the possession of the registered practitioner. Any revocation or any suspension shall require the registered practitioner to return all unused official prescription forms to the Bureau within fifteen (15) calendar days after the date of the written notification.

d. A practitioner that has had any license to practice terminated, revoked or suspended by a state or federal agency may, upon restoration of such license or certificate, register to be issued official prescription forms.

11. a. Except as provided in subparagraph f of this paragraph, the Bureau shall issue official prescription forms free of charge only to registered practitioners in this state. Such forms shall not be transferable. The number of official prescription forms issued to a registered practitioner at any time shall be at the discretion of the Bureau.

b. Official prescription forms issued to a registered practitioner shall be imprinted only with the primary address and other addresses listed on the registration of the practitioner. Such prescriptions shall be sent only to the primary address of the registered practitioner.

c. Official prescription forms issued to a registered practitioner shall be used only by the practitioner to whom they are issued.

d. The Bureau may revoke or cancel official prescription forms in possession of registered practitioners when the license of such practitioner is suspended, terminated or revoked.

e. Official prescription forms of registered practitioners who are deceased or who no longer prescribe shall be returned to the Bureau at a designated address. If the registered practitioner is deceased, it is the responsibility of the registered practitioner's estate or lawful designee to return such forms.

f. The Bureau may issue official prescription forms to employees or agents of the Bureau and other government agencies for the purpose of preventing, identifying, investigating and prosecuting unacceptable or illegal practices by providers and other persons and assisting in the recovery of overpayments under any program operated by the state or paid for with state funds. Such prescription forms shall be issued for this purpose only to individuals who are authorized to conduct investigations on behalf of the Bureau or other government agencies as part of their official duties. Individuals and agencies receiving such prescription forms for this purpose shall provide appropriate assurances to the Bureau that adequate safeguards and security measures are in place to prevent the use of such prescription forms for anything other than official government purposes.

12. a. Adequate safeguards and security measures shall be undertaken by registered practitioners holding official prescription forms to assure against the loss, destruction, theft or unauthorized use of the forms. Registered practitioners shall maintain a sufficient but not excessive supply of such forms in reserve.

b. Registered practitioners shall immediately notify the Bureau, in a manner designated by the Bureau, upon their knowledge of the loss, destruction, theft or unauthorized use of any official prescription forms issued to them, as well as the failure to receive official prescription forms within a reasonable time after ordering them from the Bureau.

c. Registered practitioners shall immediately notify the Bureau upon their knowledge of any diversion or suspected diversion of drugs pursuant to the loss, theft or unauthorized use of prescriptions.

B. 1. Except for dosages medically required for a period not to exceed seventy-two (72) hours which are administered by or on direction of a practitioner, other than a pharmacist, or medication dispensed directly by a practitioner, other than a pharmacist, to an ultimate user, no controlled dangerous substance included in Schedule III or IV, which is a prescription drug as determined under regulation promulgated by the Board of Pharmacy, shall be dispensed without an **electronic** prescription.

2. Any prescription for a controlled dangerous substance in Schedule III, IV or V may not be filled or refilled more than six (6) months after the date thereof or be refilled more than five times after the date of the prescription, unless renewed by the practitioner.

C. Whenever it appears to the Director of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control that a drug not considered to be a prescription drug under existing state law or regulation of the Board of Pharmacy should be so considered because of its abuse potential, the Director shall so advise the Board of Pharmacy and furnish to the Board all available data relevant thereto.

D. 1. "Prescription", as used in this section, means a written, oral or **electronic** order by a practitioner to a pharmacist for a controlled dangerous substance for a particular patient, which specifies the date of its issue, and the full name and address of the patient and, if the controlled dangerous substance is prescribed for an animal, the species of the animal, the name and quantity of the controlled dangerous substance prescribed, the directions for use, the name and address of the owner of the animal and, if written, the signature of the practitioner.

2. "Registered practitioner", as used in this section, means a licensed practitioner duly registered with the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control to be issued official prescription forms.

E. No person shall solicit, dispense, receive or deliver any controlled dangerous substance through the mail, unless the ultimate user is personally known to the practitioner and circumstances clearly indicate such method of delivery is in the best interest of the health and welfare of the ultimate user.

Historical Data

Laws 1971, HB 1100, c. 119, § 2-309; Amended by Laws 1972, HB 1546, c. 229, § 4, emerg. eff. April 7, 1972; Amended by Laws 1982, SB 646, c. 120, § 4, emerg. eff. April 6, 1982; Amended by Laws 1990, HB 1963, c. 210, § 9, eff. September 1, 1990; Amended by Laws 1996, SB 1123, c. 306, § 7, emerg. eff. June 10, 1996; Amended by Laws 2008, HB 2460, c. 273, § 2, eff. November 1, 2008 ([superseded document available](#)); Amended by Laws 2011, SB 919, c. 239, § 7, eff. November 1, 2011 ([superseded document available](#)); Amended by Laws 2012, HB 2942, c. 80, § 5, eff. November 1, 2012; Amended by Laws 2012, SB 1179, c. 83, § 1, eff. November 1, 2012 ([superseded document available](#)); Laws 2012, HB 2942, c. 80, § 5, eff. November 1, 2012 (repealed by Laws 2013, SB 977, c. 15, § 72, emerg. eff. April 8, 2013) ([superseded document available](#)); Amended by Laws 2013, HB 1783, c. 323, § 1, eff. November 1, 2013 ([superseded document available](#)); Amended by Laws 2018, HB 2931, c. 255, § 1, eff. January 1, 2020 ([superseded document available](#)).



OKLAHOMA STATE BOARD OF DENTISTRY

2920 N. Lincoln Blvd., Suite B
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Phone 405/522-4844 Fax 405/522-4614

**REQUEST FORM FOR E-PRESCRIBING WAIVER FROM
THE OKLAHOMA BOARD OF DENTISTRY**
This waiver will automatically expire on December 31st 2020

1. _____
Dentists Name as listed on license

2. _____
Dentist's Address as listed on Dental license

3. _____
Dental License Number and Expiration Date

4. _____
Oklahoma Bureau of Narcotics Registration Number and Expiration Date
*Make sure your address is current and correct on your OBN registration this is the address that will be put on your prescription pads.

5. _____
United States Drug Enforcement Agency's Number and Expiration Date

6. I certify that I have read the attached statutes and information regarding e-prescribing and opioid required continuing education. Signature of Dentist

7. Please state your basis for the request of the waiver below:

PLEASE FILL OUT THE ATTACHED FORM AND EMAIL IT TO: susan.rogers@dentistry.ok.gov. As stated in the information below I am required to send a list of waiver dentists to OBN. If you have any additional questions, PLEASE leave me a cell phone number that I can call and talk to you directly with a good time to call up until 10 p.m. Thank you for your patience and cooperation as we all work through these changes.