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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Brandi Cannon.

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DIGEST

SB 60 Original

2020 Second Extraordinary Session

Mizell

Present law provides for the use of the prescription monitoring program (PMP), which is a computer data base that allows medical practitioners and pharmacists to have access to a patient's controlled substance prescription history information. Present law provides for automatic enrollment into the PMP upon initial licensure or upon annual renewal of a prescriber's controlled dangerous substance license.

Present law provides that a prescriber must access the PMP when prescribing an opioid and review the patient's record at least every 90 days if the patient's course of treatment continues for more than 90 days. Present law further provides for exceptions that do not require the PMP to be accessed under the following instances:

- (1) The opioid drug is prescribed or administered to a hospice or terminally-ill patient.
- (2) The opioid is prescribed or administered for the treatment of cancer-related chronic or intractable pain.
- (3) The opioid is ordered or administered to a patient being treated in a hospital.
- (4) The PMP is inaccessible or not functioning properly due to an internal or external electronic issue. Present law requires the prescriber or his delegate, however, to check the PMP once electronic accessibility has been restored and note the cause for the delay in the patient's chart.
- (5) No more than a single seven-day supply of an opioid is prescribed or administered to a patient.

Proposed law retains present law but removes the exception which exempts medical practitioners from the requirement to check the PMP when the opioid prescription is written for no more than a single seven-day supply. Proposed law requires a medical practitioner to access the PMP when prescribing an opioid, regardless of whether the opioid will be prescribed for less or more than seven days, except when the PMP is inaccessible or not functioning or the patient has cancer or is terminally ill.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 40:978(F)(1))