
DIGEST

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HB 192 Original

2017 Regular Session

Moreno

Abstract: Provides for a 7-day limit on certain opioid prescriptions.

Proposed law prohibits a medical practitioner from prescribing more than a 7-day supply when issuing a first time opioid prescription for outpatient use to an adult patient with an acute condition. Further prohibits a medical practitioner from issuing a prescription for more than a 7-day supply of an opioid to a minor at any time and requires the practitioner to discuss with a parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary.

Proposed law exempts prescriptions for more than a 7-day supply which, in the professional medical judgment of the medical practitioner, are necessary to treat the adult or minor patient's acute medical condition or are necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis, or for palliative care.

Proposed law requires a medical practitioner to do both of the following prior to issuing a prescription for an opioid:

- (1) Consult with the patient regarding the quantity of the opioid and the patient's option to fill the prescription in a lesser quantity.
- (2) Inform the patient of the risks associated with the opioid prescribed.

Proposed law authorizes a pharmacist filling a prescription for an opioid to dispense the prescribed substance in an amount less than the recommended full quantity indicated on the prescription if requested by the patient. Further authorizes the patient to request that the pharmacist fill an additional amount not to exceed the remaining prescribed quantity at any time prior to the expiration of the prescription.

Proposed law requires, if the dispensed amount is less than the recommended full quantity, the pharmacist or a designee to ensure that the actual dispensed amount is accurately recorded in the prescription monitoring program. Further requires the pharmacist or a designee to also, within seven days, make a notation in the interoperable electronic health record of the patient if the pharmacist has access to the record.

(Adds R.S. 40:978(G) and (H))