HB1831/SB2257 Amendment 014386 | To place more guidelines for and checkpoints between healthcare practitioners and patients before an individual is put on a chronic regimen of opioids.

A healthcare practitioner may prescribe:

- **RX** Up to 3-day opioid prescription
  - 40 MME daily limit

- **RX** Up to 10-day opioid prescription
  - 400 MME total dosage
  - ICD-10 Code

- **RX** Up to 20-day opioid prescription
  - 40 MME daily limit
  - ICD-10 Code

Requirements before prescribing:
- Check the CSMD
- Conduct a thorough evaluation of the patient
- Document consideration of alternative treatments for pain and why an opioid was used
- Obtain informed consent
- Include the ICD-10 code in the patient’s chart and on the prescription

- **RX** Up to 30-day opioid prescription
  - 40 MME daily limit
  - Medical Necessity

After trial and failure or documenting contraindication of a non-opioid treatment, healthcare practitioner may prescribe for medical necessity.

Initial fill no more than half of the total prescription

The following are individuals exempted if the prescription includes the ICD-10 Code and the word “exempt”:
- Patients receiving active or palliative cancer treatment
- Patients receiving hospice care
- Patients with a diagnosis of sickle cell disease
- Patients in a licensed facility
- Patients seeing a pain management specialist
- Patients who have been treated with an opioid for 90 days or more in the last year or who are subsequently treated for 90 days or more
- Patients being treated with methadone, buprenorphine, or naltrexone
- Patients who have suffered a severe burn or major physical trauma

*Note: If a licensing board finds that the healthcare practitioner engaged in a gross deviation or pattern of deviation from sound medical judgment in using “medical necessity,” the minimum disciplinary action will be a removal of prescribing rights for at least five years.