Chairman Phil Mendelson

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the Uniform Controlled Substances Act of 1981 to limit initial prescription of opiates for acute conditions to seven days or less, create additional requirements for subsequent prescription of opiates for acute conditions, limit the strength of opiates for other than acute conditions, and require the Mayor to issue rules to limit dispensing of opiates prescribed out-of-State and track the number of prescriptions prescribed by practitioners.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Opioid Abuse Prevention Amendment Act of 2017".

Sec. 2. The Uniform Controlled Substances Act of 1981, effective August 5, 1981 (D.C. Law 4-29; D.C. Official Code § 48-901.01 *et seq.*), is amended as follows:

(a) Section 102 (D.C. Official Code § 48-901.02) is amended as follows:

(1) A new paragraph 1A is added to read as follows:

"(1A) "Acute pain" means pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time, but does not include chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or pain being treated as part of palliative care.

(2) A new paragraph 12A is added to read as follows:

"(12A) "Initial prescription" means a prescription issued to a patient who, as determined by the practitioner after consultation with the patient:

"(A) Has never previously been issued a prescription for the drug or its pharmaceutical equivalent; or

"(B) Was previously issued a prescription for the drug or its pharmaceutical equivalent, but the date on which the current prescription is being issued is more than one year after the date the patient last used or was administered the drug or its equivalent.

(b) Section 308 (D.C. Official Code § 48-903.08) is amended by adding a new paragraph (f) to read as follows:

"(f)(1) A practitioner shall not issue an initial prescription for an opiate in a quantity exceeding a seven-day supply, with no refill, for treatment of acute pain.

"(2) No less than six days after issuing the initial prescription pursuant to paragraph (1) of this subsection, the practitioner, after consultation with the patient, may issue a subsequent prescription for the drug to the patient in any quantity that complies with applicable laws, provided that:

"(A) The subsequent prescription would not be deemed an initial prescription under this section;

"(B) The practitioner determines the prescription is necessary and appropriate to the patient's treatment needs and documents the rationale for the issuance of the subsequent prescription; and

"(C) The practitioner determines that issuance of the subsequent prescription does not present an undue risk of abuse, addiction, or diversion and documents that determination.

"(3) Prior to issuing a second prescription of a Schedule II opiate in a course of treatment for acute pain, a practitioner shall:

"(A) Take and document the results of a thorough medical history, including the patient's experience with non-opioid medication and non-pharmacological pain management approaches and substance abuse history;

"(B) Conduct, as appropriate, and document the results of a physical examination; and

"(C) Develop a treatment plan, with particular attention focused on determining the cause of the patient's pain.

"(4) At the time of the issuance of a prescription after the second prescription for an opiate for acute pain, or when a Schedule II opiate is continuously prescribed for three months or more for chronic pain, the practitioner shall:

"(A) Review, at a minimum of every three months, the course of treatment, any new information about the etiology of the pain, and the patient's progress toward treatment objectives and document the results of that review;

"(B) Assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with physical and psychological dependence and document the results of that assessment;

"(C) 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 physical or psychological dependence and document with specificity the efforts undertaken;

"(5) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no opiate in Schedule II may be dispensed with a strength in excess of 90 morphine milligram equivalents per day for treatment of acute pain.

"(7) This subsection 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.

Sec. 4. Rulemaking.

(a) The Mayor shall promulgate regulations to limit the amount and strength of opiate prescription drugs dispensed by a pharmacy in the District of Columbia as a result of a prescription prescribed by an individual licensed to prescribe opiates in a jurisdiction not in the District of Columbia who is not subject to the requirements of this subsection. Such regulations, at a minimum, shall:

(1) Limit to seven days an initial prescription opiate dispensed by a pharmacy for an acute condition;

(2) Limit the number of prescription opiates that may be dispensed by a pharmacy after an initial prescription for an acute condition;

(3) Limit the strength of any prescription opiate dispensed by a pharmacy for an acute condition.

(b) The Mayor shall promulgate regulations to require practitioners to disclose annually to the Department of Health the number of opiate prescription doses prescribed in a manner that does not disclose any identifying information patients.

Sec. 5. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 6. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973, (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.