

2017 Regular Session

HOUSE BILL NO. 192

BY REPRESENTATIVES MORENO, BAGLEY, HORTON, JOHNSON, RICHARD,  
STAGNI, AND TALBOT

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

DRUGS/CONTROLLED: Provides for limitations on the prescribing of opioids

1 AN ACT

2 To enact R.S. 40:978(G) and (H), relative to opioid prescriptions; to provide for a seven-day  
3 limit on prescriptions; to provide for exceptions to the limitation; to authorize a  
4 prescription to be filled for a lesser quantity than the maximum prescribed amount;  
5 and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 40:978(G) and (H) are hereby enacted to read as follows:

8 §978. Prescriptions

9 \* \* \*

10 G.(1)(a) Except as provided in Paragraph (2) of this Subsection, when  
11 issuing a first-time opioid prescription for outpatient use to an adult patient with an  
12 acute condition, a medical practitioner shall not issue a prescription for more than  
13 a seven-day supply.

14 (b) Except as provided in Paragraph (2) of this Subsection, a medical  
15 practitioner shall not issue a prescription for an opioid to a minor for more than a  
16 seven-day supply at any time and shall discuss with a parent or guardian of the minor  
17 the risks associated with opioid use and the reasons why the prescription is  
18 necessary.

19 (2) If, in the professional medical judgment of a medical practitioner, more  
20 than a seven-day supply of an opioid is required to treat the adult or minor patient's

1 acute medical condition or is necessary for the treatment of chronic pain  
2 management, pain associated with a cancer diagnosis, or for palliative care, the  
3 practitioner may issue a prescription for the quantity needed to treat the patient's  
4 acute medical condition or pain. The condition triggering the prescription of an  
5 opioid for more than a seven-day supply shall be documented in the patient's medical  
6 record and the practitioner shall indicate that a nonopioid alternative was not  
7 appropriate to address the medical condition.

8 (3) This Subsection shall not apply to medications designed for the treatment  
9 of substance abuse or opioid dependence.

10 H.(1) Prior to issuing a prescription for an opioid, a medical practitioner  
11 shall do both of the following:

12 (a) Consult with the patient regarding the quantity of the opioid and the  
13 patient's option to fill the prescription in a lesser quantity.

14 (b) Inform the patient of the risks associated with the opioid prescribed.

15 (2)(a) A pharmacist filling a prescription for an opioid may dispense the  
16 prescribed substance in an amount less than the recommended full quantity indicated  
17 on the prescription if requested by the patient and the prescription complies with the  
18 provisions of this Section. The patient may request that the pharmacist fill an  
19 additional amount not to exceed the remaining prescribed quantity in accordance  
20 with 21 U.S.C. 829.

21 (b) If the dispensed amount is less than the recommended full quantity, the  
22 pharmacist or a designee shall ensure that the actual dispensed amount is accurately  
23 recorded in the prescription monitoring program. The pharmacist or a designee shall  
24 also, within seven days, make a notation in the interoperable electronic health record  
25 of the patient if the pharmacist has access to the record.

26 (c) Nothing in this Subsection shall be interpreted to conflict with or  
27 supersede any other requirement established in this Section for a prescription of a  
28 controlled dangerous substance or any requirements or conditions for drug  
29 substitutions established by law.

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**DIGEST**

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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HB 192 Engrossed

2017 Regular Session

Moreno

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

Proposed law prohibits a medical practitioner from prescribing more than a seven-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 seven-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 seven-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 in accordance with federal law provisions regarding prescriptions for controlled dangerous substances.

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))

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Health and Welfare to the original bill:

1. Require partial refills to be made in accordance with federal law.