Opioid Prescribing In NH 2016/Pertaining to Physicians (likely Nursing Boards will refer to similar)

Current Board of Medicine Emergency rules: (sunsets May 4, 2016)

Acute pain ~ must advise patient of risk, where to dispose of, that they may be victims of criminalization, impairment

Chronic: ~ risks as above (addiction, od and death, physical dependence, physical side effects, tolerance and crime victimization), risk assessment by using a screening tool; treatment plan, tx agreement, appropriate consultations, follow up, review, tox screening,

Laws:

SB 576

PDMP: Prescribers are required to query the program prior to prescribing controlled substances

- Schedule II, III or IV opioids for the management or treatment of pain
- Initial rx and then at least two times yearly (for chronic use)

Exceptions include:

- Controlled medications being administered to patients in a health car setting
- Treating acute pain associated with serious traumatic injury, post-operatively, or with an acute medical condition, with clear objective findings by the practitioner, for no more than 30 days

(the above to take effect 9/1/16 only if pdmp is upgraded)

CME: Prescribers required to register with PDMP program who have a DEA # ~ must complete 3 contact hours of free appropriate prescriber's regulatory board approved online continuing education or pass an online exam in area of pain mgt and addiction ~ verification submitted to licensee's board for licensure renewal. Lists of approved cme will be on website. (effective Sept 1, 2016)

Proposed Legislation: HB 1423 (has passed house, on to senate)

- *Boards adopt prescribing rules*
- *Set up committee for limits for ED, urgent care and acute clinics*
- *Delineates areas for Boards to address: H&P; dx c/w pain; trial of all other non opioid mgt strategies, discussion of rationale, treatment plan, treatment agreement, informed consent, periodic review of patient progress, checking pdmp, consideration of referral, statement of unprofessional conduct, exemptions: cancer, terminal conditions, longterm tx (nursing home), hospice*

NHBOM Rules

PDMP language will follow SB 576

CME: Language follows SB 576

Acute Pain: PHYSICIANS ARE NOT OBLIGATED TO RX

- consider patient risk for opioid misuse, addiction;
- Document rationale
- Prescribe for lowest practical dose for limited duration
- Ensure that patient has been provided information that:
    - Risk of side effects (including addiction and risk of OD and death)
    - Risk of keeping unused medication
    - Options for safely securing and disposing of unused medication
    - Danger of operating a motor vehicle or heavy machinery

Chronic Pain: Physicians not obligated to write for opioids

- Document prescription and rationale for all opioids
- Use a risk assessment tool (ie, ORT, SOAPP)
- Use a written informed consent that covers the following
    - Addiction
    - Overdose and death
    - Physical dependence
    - Physical side effects
    - Hyperalgesia
    - Tolerance
    - Crime victimization
- Written treatment agreement
    - Agreement for UDT
    - Patient responsibility for safe med use
    - One prescriber/practice
- Written Treatment plan
    - Goals in terms of pain mgt, restoration of function, safety and time course
- Periodic Review and follow up at least every **4 months**
- Consider consultation with specialist
    - 100 mg equiv morphine
    - >90 days
    - Co-morbid psychiatric disorder/at high risk for addiction
- Prescriber responsibility to be available/have clinical coverage 24/7 to help in mgt of pain

Medication Assisted Treatment: Must follow 2015 ASAM Guidelines for Prescribing MAT for Opioid Use Disorders