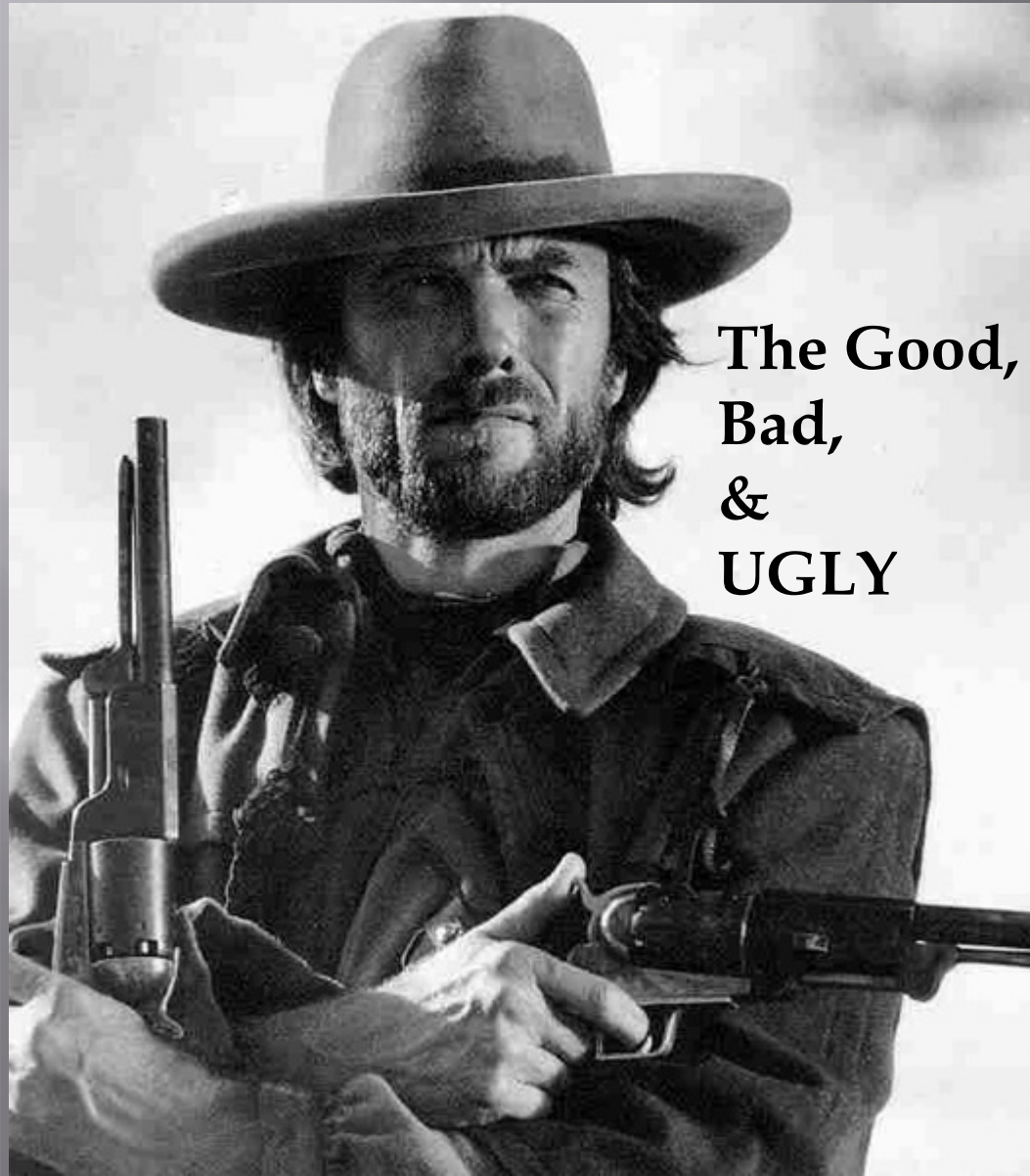




FOCUS ON OPIOIDS



**The Good,
Bad,
&
UGLY**

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Opioid Prescribing



Responsible Prescribing and Documentation

- Patient Evaluation
- Treatment Plan
- Informed Consent
- Periodic Review
- Referral
- Check PMP

Responsible Prescribing and Documentation, *continued...*

- Documentation (OAC 510:5-9-1)
 - a. Complete H & P
 - b. Pain Assessment
 - c. Physical and psychological function
 - d. History of substance abuse
 - e. Co-existing conditions
 - f. Treatment objectives
 - g. Risk/Benefit Discussion
 - h. Other modalities

SUBCHAPTER 7. UNPROFESSIONAL CONDUCT RELATING TO PRESCRIBING OR DISPENSING DANGEROUS DRUGS

Section: 510:5-7-1. Unprofessional conduct relating to prescribing or dispensing dangerous drugs

The Board has the right to refuse to issue, renew or reinstate a license and may revoke a license or impose other appropriate sanctions for unprofessional conduct. In addition to those acts of unprofessional conduct listed in Title 59 O.S., Section 637 the following acts shall be included without limiting, in any way the Board's ability to interpret other acts as unprofessional conduct:

- Indiscriminate or excessive prescribing, dispensing or administering controlled dangerous drugs.
- Issuing prescriptions for controlled dangerous drugs to minors in violation of Title 63 O.S.
- Purchasing, prescribing, dispensing, or administering any controlled dangerous drug or other regulated substance in Schedule I through V, as those schedules are defined in Title 63 O.S. chapter 2, Sections 2-101 et seq. for the physician's personal use unless it is prescribed, dispensed or administered by another physician who is licensed to do so.
- The delegation of authority to another person for the signing of prescriptions, whether controlled dangerous substances or otherwise.
- Any violation of any provisions of Title 63 O.S., Chapter 2, Sections 2-101 et seq or the Uniform Controlled Dangerous Substances Act.

SUBCHAPTER 9. PRESCRIBING FOR CHRONIC PAIN

510:5-9-1. Purpose

The purpose of this subchapter is to provide guidelines and requirements for osteopathic physicians who prescribe for chronic pain. Chronic pain is defined as a state in which pain persists beyond the usual course of an acute disease or healing of an injury.

510:5-9-2. Guidelines and requirements

This rule requires that diagnosis be documented, it requires that certain records be maintained, and it requires that the physician must discuss the risks and benefits with the patient or the patient's guardian.

1. To treat a patient's intractable pain, as long as the benefit of the expected relief outweighs the risk, even if the use of the drug increases the risk of death, so long as it is not furnished for the purpose of causing, or the purpose of assisting in causing death, the physician may prescribe or administer Schedule II, III, IV or V controlled dangerous substances or other pain relieving drugs in higher than normal dosages when, in that physician's judgment, the higher dosages are necessary to produce the desired therapeutic effect.

2. The determination of intractable pain must include a complete medical history and physical examination which includes an assessment of the patient's pain, physical and psychological function, substance abuse history, underlying or co-existing diseases or conditions and the presence of a recognized medical indication for the use of an analgesic.
3. The treatment plan must state objectives by which treatment success can be evaluated, such as pain relief and or improved physical and psychological function, and must indicate what further diagnostic evaluations or other treatments are planned. The drug therapy must be tailored to the individual needs of each patient.
4. The course of treatment and any new information about the etiology of the intractable pain must be reviewed periodically, at least annually, with consideration given to referral for a current second opinion. The continuation or modification of treatment will depend on the results of this review and the evaluation of the patient's progress toward the treatment objectives. If the patient has not improved, the physician must assess the appropriateness of continuing the current therapy and the trial of other modalities.

5. The management of intractable pain in patients with a history of substance abuse requires extra care, monitoring, documentation and consultation with addiction medicine specialists, and may include the use of agreements between the physician and patient specifying rules for medication use and consequences for its misuse.
6. The physician must discuss the risks and benefits of the use of controlled substances with the patient or the patient's guardian and obtain informed consent prior to proceeding if it substantially increases the risk of death.
7. Accurate and complete records documenting these requirements must be kept.

8. To prescribe controlled substances, the physician must be licensed in Oklahoma, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions.
9. Expert clinical testimony may be used to prove a violation of this rule. As used herein, a "clinical expert" is a physician who, by reason of specialized education or substantial relevant experience in pain management, has knowledge regarding current standards, practices and guidelines.
10. Nothing in this rule shall limit a physician's authority to prescribe or administer prescription drug products beyond the customary indications as noted in the manufacturer's package insert for use in treating intractable pain, provided the drug is recognized for treatment of intractable pain in standard reference compendia or medical literature.

LORI CARTER, CHIEF OF PUBLIC POLICY AND LEGISLATIVE AFFAIRS



Office of Attorney General Mike Hunter



Oklahoma State Board of
Medical licensure and Supervision
SB 1446 November 1, 2018

1 hour of CME in opioid use or addiction each year preceding renewal of a license, w/ valid OBN & DEA

The Legal definitions

- ▣ "Acute pain"
- ▣ **"Chronic pain"**
- ▣ "Initial prescription"
- ▣ **"Patient-provider agreement" & Pain agreement**
- ▣ "Serious illness"
- ▣ **"Surgical procedure"**
- ▣ Specifics on Prescribing Opioids – [Next Slides]



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- ▣ Initial Opioid Prescription w/new patient:
 - Lowest effective dose
 - No more than a **7 day** supply
 - Thorough physical medical exam
 - **Informed consent**
 - Specific treatment plan
 - Check **PMP**
 - Special attention for under 18
 - Special attention for pregnant patients
 - Limit to lowest safe dose and **7 days**



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- After Initial 7 day Rx, a second 7 day Rx can be prescribed if medically necessary & Safe.
- When a patient has been prescribed an Opiate for **3 months**, the law requires in addition to the previous items, a Pain Management Agreement **shall** be entered into and **reviewed** a minimum every **90 days** for chronic pain treatment.
- **Exclusions:** patients who are 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.



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Medical Record Requirements:

- ▣ Any provider authorized to prescribe opioids **shall** adopt and **maintain a written policy or policies** that **include execution of a written agreement** to engage in an **informed consent process** between the prescribing provider and qualifying opioid therapy patient.

- ▣ For the purposes of this section, "**qualifying opioid therapy patient**" means:
 - 1. A patient requiring opioid treatment for more than three (3) months;
 - 2. A patient who is prescribed benzodiazepines and opioids together; or
 - 3. A patient who is prescribed a dose of opioids that exceeds one hundred (100) morphine equivalent doses.



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- ▣ **Regulatory Discipline:**
 - Not checking the **PMP** on the **Initial Rx & 90 days**
 - Prescribing, dispensing or administering controlled substances or narcotic drugs without medical need in accordance with **pertinent licensing board standards:**
 - Use of controlled substances for the management of chronic pain – Rule 435:10-7-11.
 - Oklahoma Interventional Pain Management and Treatment Act - Title 59-650
 - CDC & Oklahoma Guidelines
 - Prescribing, dispensing or administering opioid drugs in excess of the maximum dosage authorized under **Section 5** of this act. **[100 MME]**



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ANY
Questions?

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