

New Hampshire Opioid Prescribing Laws, Rules, Trends & Challenges 2017 -2020

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NH Opioid Prescribing Environment

Y History of Substance Use Disorders (SUDs) in U.S.
(likely 5th cycle)

2000s → 1960-70s → 1920s → 1860-90s → 1820s

Y 2016 < 20% PDMP usage

Y 2017 Regulatory Approach (Board of Medicine et al rules)

NH Opioid Prescribing Environment

- Y Challenges:
- 1) Mitigate New Opioid Use Disorders (OUDs)
 - 2) Move Individuals with OUDs to Recovery Treatment
 - 3) Shift SUDs mindset from Stigma to Clinical Condition

Y Paradigm Shift Needed in Opioid Prescribing:

From: "Give the patients what they want."

To: "Lowest effective dose for the shortest duration."

- 3 Hours CME Opioid Competency Requirement (every 2 years) for physicians, annually for PAs

NH Opioid Prescribing Environment

- Y Final Board of Medicine Rules: “shall apply to the prescribing of opioids [schedule II-IV] for the management or treatment of non-cancer and non-terminal pain, *and shall not apply to the supervised administration of opioids in a health care setting.*”
- Controlling definition: *“Prescription” means a verbal, or written, or facsimile or electronically transmitted order for medications for self-administration by an individual patient.*

Overview: NH Opioid Prescribing Rules

Categories of Opioid Patients:

- Acute Pain > 90 days
- Episodic Pain, < 51 doses / 3 months
- Chronic Pain < 90 days
- Medication Assisted Treatment (MAT)

Overview: NH Opioid Prescribing Rules

Online NHMS Resources: <http://www.nhms.org/resources/opioid>

Checklist for the Prescribing of Opioids for the Management or Treatment of Pain

Excludes: Cancer Patients, Terminal Pain Patients
and Patients that have Supervised Administration of Opioids in a Health Care Setting

For ALL Pain Patients (Acute and Chronic)

- Documented history and physical
 - Complete Board-approved risk assessment tool to determine patient appropriateness for opioids
 - Document opioid prescription and rationale
 - Treatment Plan that includes consideration of non-pharmacological modalities and non-opioid options for pain
 - Informed Consent outlining risks and benefits of opioid use (can be combined with treatment plan document)
 - Query* the NH PDMP (Prescription Drug Monitoring Program) by licensee or delegate for initial script
- The prescriber/delegate may print the PDMP query results for review and may reference the report in the client's chart or record.
*Exceptions for PDMP use: Controlled Rx administered to patient; PDMP inaccessible due to electronic issues; or ED with high patient volume such that querying the PDMP would create a delay in care.

Acute Pain Patients (in addition to the items above for All Pain Patients)

- Ensure patient has been provided information on:
 - Risk of side effects, including addiction and overdose resulting in death
 - Risks of keeping unused medications
 - Options for safely securing and disposing of unused medication
 - Danger in operating a motor vehicle or heavy machinery
- Consider patient's risk for opioid misuse, abuse, diversion and prescribe the lowest effective dose for shortest duration.
- Prescriptions from Emergency Departments/Urgent Care/Walk-In Care: In most cases, a prescription of 3 or fewer days is sufficient, but no more than 7 days. If a prescription is necessary to exceed the board approved limit, the medical condition and rationale must be documented.
- For unresolved acute pain where continuity of care is anticipated: No obligation to prescribe opioids for more than 30 days; however, if unresolved acute pain persists beyond 30 days, requires an in-office, follow-up appointment prior to issuing a new script.

Chronic Pain Patients (in addition to the items above for All Pain Patients)

- Prescribe for the lowest effective dose for a limited duration
- Treatment Plan, includes but not limited to:
 - Goals of treatment in terms of pain management
 - Time course of treatment
 - Consideration of non-pharmacological modalities

Brief Screen

For Women, Trans masculine and anyone age 65+:

1a. How many times in the past year have you had 4 or more drinks in a day?

None (0)	1 or More
<input checked="" type="radio"/>	<input type="radio"/>

For Men and Transfeminine (18 - 65):

1b. How many times in the past year have you had 5 or more drinks in a day?

None (0)	1 or More
<input type="radio"/>	<input checked="" type="radio"/>

2. How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

None (0)	1 or More
<input type="radio"/>	<input checked="" type="radio"/>

ONE DRINK = 12 oz beer; 5 oz wine; 1.5 oz (one shot) liquor

Alcohol Screen (AUDIT)

Drug Screen (DAST)

In the past 12 months...

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you unable to stop using drugs when you want to?
4. Have you ever had blackouts or flashbacks as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your drug use?
7. Have you ever had withdrawal symptoms when you stop using drugs?

Overview: NH Opioid Prescribing Rules

Exemptions:

- Supervised administration of opioids in health care settings
- Patients with cancer pain
- Patients with a terminal condition
- Long-term, non-rehabilitative, residents of a nursing home facility.

Document consideration of consult for:

- > 100 MME > 90 days
- High risk for abuse/addiction
- Comorbid psychiatric disorder

Overview: NH Opioid Prescribing Rules

PDMP Query (effective January 1, 2017)

- Before initial prescription – “for self-administration by an individual patient”
- At least twice a year for chronic conditions
- **(New)** for MAT: same a chronic conditions

Overview: NH Opioid Prescribing Rules

Best Practices from Other States

Ü Delegate Access

Ü New England interstate PDMP data sharing

- Integrate PDMP reports with health information exchanges, electronic health records and pharmacy dispensing systems

Trends & Challenges: NH Opioid Prescribing

Current Environment:

- OUD Stigma Omnipresent in Both Policy & Clinical Practice
- Poly-Substance Use Disorders & How to Treat
- Myth vs. Fact: Gateways of Overdoses/Opioid Use Disorders
- Multiple Public & Private Policy Layers

Trends & Challenges: NH Opioid Prescribing

- Chronic Pain Opioid Dispensing
- How Government Agencies Utilize PDMP Data
- Increasing Use of MAT Injectables (Sublocade)
- Integration of MAT Services into Primary Care

NH Opioid Prescribing Rules

Common Questions

- PDMP Check Time Frame for Post Surgical Pain
- Biennial 3-Hour Opioid CME
- Risk Assessment Tools
- Common Patient Questions FAQs
- Online NHMS Resources: <http://www.nhms.org/resources/opioid>

New Hampshire

MEDICAL SOCIETY

For questions or further information:

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