

Adopt Nur 501.04, (d), (e) to read as follows:

Nur 501.04 Professional Duties.

(d) When a prescription of controlled substances for pain control, licensee shall:

(1) Document prescription for such controlled substances in accordance with 328-B:11 ; and

a. When prescribing an opioid for acute pain, provide the patient with information that contains the following:

- i. Risk of side effects, including addiction and overdose resulting in death;
- ii. Risks of keeping unused medication; and
- iii. Options for safely disposing of unused medication; and
- iv. Danger in operating motor vehicle or heavy machinery.

(2) Utilize appropriate treatment standards for the treatment of chronic pain, including:

a. Utilization of an informed consent that explains the following risks associated with opioids:

- i. Addiction;
- ii. Overdose and death;
- iii. Physical dependence;
- iv. Physical side effects;
- v. Tolerance; and
- vi. Crime victimization.

b. Proper patient evaluation, including a risk assessment. A risk assessment means a process for predicting a patient's likelihood of misusing or abusing opioids in order to develop and document a level of monitoring for that patient. An example of a screening tool is the Screener and Opioid Assessment for Patients with Pain (SOAPP), but prescribers can use any evidence-based screening tool.

c. Creation of a treatment plan;

d. A written pain agreement;

e. Appropriate consultations;

f. Periodic review and follow-up; and

g. Appropriate toxicology screening.

(3) Comply with all federal and state controlled substances laws, rules and regulations;

(4) Adhere to the recommendations of the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control, along with the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the National Coordinator for Health Information Technology (ONC) as follows:

a. Common recommendation elements found in all the guidelines include:

- i. Conducting a physical exam, pain history, past medical history, and family/social history;
- ii. Conducting urine drug testing, when appropriate;
- iii. Considering all treatment options, weighing benefits and risks of opioid therapy, and using opioids when alternative treatments are ineffective;
- iv. Starting patients on the lowest effective dose;
- v. Implementing pain treatment agreements;
- vi. Monitoring pain and treatment progress with documentation; using greater vigilance at high doses; and
- vii. Using safe and effective methods for discontinuing opioids (e.g., tapering, making appropriate referrals to medication-assisted treatment, substance use specialists, or other services).

b. If licensed to prescribe Buprenorphine, adhere to the principles outlined in the Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, A Treatment Protocol by the U.S. Department of Health and Human Services (2004) found at: http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf, as cited in Appendix II.

(e) Deviation from these treatment standards and recommendations shall constitute unprofessional conduct within the meaning of RSA 326-B:37, II, (h).

APPENDIX

RULE	STATUTE IMPLEMENTED
Nur 501.04 (d), (e)	RSA 318-B:36; RSA 326-B:11, (III); RSA 326-B:37, II, (h); RSA 318-A:31-38; RSA 318-B:37, II, (q) (2)