

AMENDED REGULATION

REGULATION NO. 19: PAIN MANAGEMENT PROGRAMS

- A. Physicians operating a pain management program for specific syndromes...that is headache, low back pain, pain associated with malignancies, or temporomandibular joint dysfunctions...are expected to meet the standards set forth in this section or in fact be in violation of the Medical Practice Act by exhibiting gross negligence or ignorant malpractice.
- B. Definitions:
1. Chronic Pain Syndrome: Any set of verbal and/or nonverbal behaviors that: (1) involves the complaint of enduring pain, (2) differs significantly from a person's premorbid status, (3) has not responded to previous appropriate medical and/or surgical treatment, and (4) interferes with a person's physical, psychological and social and/or vocational functioning.
 2. Chronic Pain Management Program provides coordinated, goal-oriented, interdisciplinary team services to reduce pain, improving functioning, and decrease the dependence on the health care system of persons with chronic pain syndrome.
 3. "Chronic nonmalignant pain" means pain requiring more than three (3) consecutive months of prescriptions for:
 - i. An opioid that is written for more than the equivalent of ninety (90) tablets, each containing five milligrams (5mg) of hydrocodone;
 - ii. A morphine equivalent dose of more than fifteen milligrams (15mg) per day; or
 - iii. In the specific case of tramadol, a dose of fifty milligrams (50mg) per one hundred twenty (120) tablets;
 4. "Opioid" means a drug or medication that relieves pain, including without limitation:
 - i. Hydrocodone;
 - ii. Oxycodone;
 - iii. Morphine;
 - iv. Codeine;
 - v. Heroin; and
 - vi. Fentanyl;
 5. "Prescriber" means a practitioner or other authorized person who prescribes a Schedule II, III, IV, or V controlled substance.
- C. The following standards apply to both inpatient and outpatient programs and the physician should conform to the same.
1. There should be medical supervision of physician prescribed services.
 2. A licensee should obtain a history and conduct a physical examination prior to or immediately following admission of a person to the Chronic Pain Management Program.
 3. At the time of admission to the program, the patient and the physician should enter into a written contract stating the following:
 - a. The presenting problems of the person served.
 - b. The goals and expected benefits of admission.
 - c. The initial estimated time frame for goal accomplishment.
 - d. Services needed.
- D. In order to provide a safe pain program, the scope and intensity of medical services should relate to the medical care needs of the person served. The treating physician of the patient should be available for medical services. Services for the patient in a Chronic Pain Management Program can be provided by a coordinated interdisciplinary team of professionals other than physicians. The members of the core team, though each may not serve every person should include:
- a. A Physician.
 - b. A clinical psychologist or psychiatrist.
 - c. An occupational therapist.

AMENDED REGULATION

- d. A physical therapist.
- e. A rehabilitation nurse.
- E. A physician managing a Chronic Pain Management Program to a patient should meet the following criteria:
 - 1. Three years experience in the interdisciplinary management of persons with chronic pain.
 - 2. Participation in active education on pain management at a local or national level.
 - 3. Board certification in a medical specialty or completion of training sufficient to qualify for examinations by members of the American Board of Medical Specialties.
 - 4. Two years experience in the medical direction of an interdisciplinary Chronic Pain Program or at least six (6) months of pain fellowship in an interdisciplinary Chronic Pain Program.

The physician must have completed and maintained at least one (1) of the following:

- 5. Attendance at one (1) meeting per year of a regional and national pain society.
 - 6. Presentation of an abstract to a regional national pain society.
 - 7. Publication on a pain topic in a peer review journal.
 - 8. Membership in a pain society at a regional or national level.
- F, Treatment of Chronic Nonmalignant Pain:
Patient evaluation – a patient who is being treated with controlled substances for chronic nonmalignant pain shall be evaluated at least one (1) time every six (6) months by a physician who is licensed by the Arkansas State Medical Board.

a. Prescriber requirements:

- i. For a patient with chronic nonmalignant pain, a prescriber, at a minimum and in addition to any additional requirements of the Arkansas State Medical Board, shall:
 - 1. Check the prescriptive history of the patient on the Prescription Drug Monitoring Program at least every six (6) months;
 - 2. Have a signed pain contract with the patient that states, at a minimum, the expectations of the prescriber for the behavior of the patient which may include:
 - a. A requirement for random urine drug screenings to help ensure that the patient is abiding by the requirements of the contract; and
 - b. A requirement for random pill counts to ensure compliance with the prescription.
- ii. The requirements of this section shall not apply to a patient:
 - 1. Whose pain medications are being prescribed for a malignant condition;
 - 2. With a terminal condition;
 - 3. Who is a resident of a licensed healthcare facility;
 - 4. Who is enrolled in a hospice program; or
 - 5. Who is in an inpatient or outpatient palliative care program.

A prescriber who has been found by his or her licensing board to be in violation of a rule or law involving prescription drugs shall be required by the Arkansas State Medical Board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid. The licensing board, in its discretion, may remove this requirement after a period of time if the board deems removal of the requirement appropriate.