ARKANSAS REGISTER

Transmittal Sheet

Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 6/4/99 Code Number 060.00.99-001

Name of Agency Arkansas State Medical Board

Department

Contact Person Peggy Cryer Phone 296-1802

Statutory Authority for Promulgating Rules A.C.A. 17-95-303

		Date
Intended Effective Date	Legal Notice Published	10/02/98
☐ Emergency	Final Date for Public Comment	12/03/98
☐ 10 Days After Filing	Filed With Legislative Council.	12/08/98
☒ Other	Reviewed by Legislative Council	05/13/99
14 May 1999	Adopted by State Agency	12/03/98

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted In Compliance with Act 434 of 1967 As Amended.

Signature

(501) 296-1802
Phone Number

Executive Secretary
Title

May 18, 1999
Date

FILED
99 MAY 25 AM 11:02
AR. REGISTER DIV.
STATE OF ARKANSAS

REGULATION 2(6)

The treatment of pain with dangerous drugs and controlled substances is a legitimate medical purpose when done in the usual course of medical practice. If the provisions as set out below in this Resolution are met, and if all drug treatment is properly documented, the Board will consider such practices as prescribing in a therapeutic manner, and prescribing and practicing medicine in a manner consistent with public health and welfare.

However, a physician who prescribes *narcotic agents Schedule 2, 3, 4, and 5, excluding Schedule 4 Propoxyphene products and to include the schedule drugs Talwin, Stadol, and Nubain, on a long term basis (more than six (6) months) for a patient with pain not associated with malignant or terminal illness will be considered exhibiting gross negligence or ignorant malpractice unless he or she has complied with the following:

a. **The physician will keep accurate records to include the medical history, physical examination, other evaluations and consultations, treatment plan objective, informed consent noted in the patient record, treatment, medications given, agreements with the patient and periodic reviews.**

b. **The physician will periodically review the course of schedule drug treatment of the patient and any new information about etiology of the pain. If the patient has not improved, the physician should assess the appropriateness of continued prescribing of scheduled medications or dangerous drugs, or trial of other modalities.**

c. **The physician will obtain written informed consent from those patients he or she is concerned may abuse controlled substances and discuss the risks and benefits of the use of controlled substances with the patient, his or her guardian, or authorized representatives.**

d. **The physician will be licensed appropriately in Arkansas and have a valid controlled substance registration and comply with the Federal and State regulations for the issuing of controlled substances and prescriptions, more especially the regulations as set forth in 21 Code of Federal Regulations Section 1300, et sequence.**

*** As defined in 21 Code of Federal Regulation**

Suggested Informed Consent Form

I give my consent to receive scheduled medication and acknowledge this _____ day of _____ 1998 that Dr. _____ has explained the risks and benefits of the following medications.

1. _____
2. _____
3. _____

_____ _____

Signature **Date**

ADOPTED BY EMERGENCY ORDER ON SEPTEMBER 18, 1998
Approved by the Board following Pubic Hearing on December 3, 1998.