

# ARKANSAS REGISTER

## Transmittal Sheet



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

For Office Use Only: Effective Date 9/17/99 Code Number 060.00. 99-004

Name of Agency ARKANSAS STATE MEDICAL BOARD

Department \_\_\_\_\_

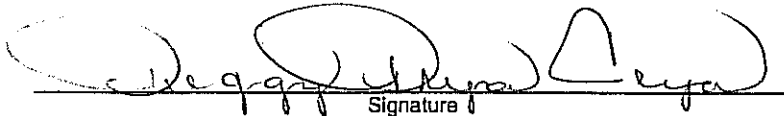
Contact Person PEGGY PRYOR CRYER Phone 501-296-1802

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

	Date
Intended Effective Date	11-4-96
<input type="checkbox"/> Emergency	12-11-96
<input type="checkbox"/> 10 Days After Filing	10-30-96
<input checked="" type="checkbox"/> Other	12-5-96
<u>12-11-96</u>	12-11-96

### 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

September 2, 1999

Date

**FILED**

SEP 07 1999

SHARON PRIEST  
SECRETARY OF STATE

BY \_\_\_\_\_

**ARKANSAS STATE MEDICAL BOARD  
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.
- 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.
  - 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 Specialities.
  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.

History: Adopted December 11, 1996.