| Physician Requirements for<br>**Chronic Pain**<br>Contained in Existing Law | Physician Requirements for<br>**Acute Pain**<br>Contained in HB 21<br>Effective date: July 1, 2018<br><br>For excellent HB21 Q and A from FL DOH, see:<br>http://www.flhealthsource.gov/FloridaTakeControl/faqs |
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| **Definition of Pain** | |
| "**Chronic nonmalignant pain**" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery. | "**Acute pain**" means the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness.<br><br>**The term does not include pain related to:**<br><br>1. Cancer.<br>2. A terminal condition. For purposes of this subparagraph, the term "terminal condition" means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.<br>3. Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury.<br>4. A traumatic injury with an Injury Severity Score of 9 or greater.<br><br>RESOURCE LINK on how to calculate an Injury Severity Score:<br>https://www.mdcalc.com/injury-severity-score-iss |
| **PDMP Requirements (goes into effect July 1, 2018)**<br><br>**To LOGIN to PDMP system use this link:**<br>**https://flpdm-ph.hidinc.com/fllogappl/bdflpdmqlog/pmqhome.html** | |
| Previously checking the PDMP was optional unless you were treating a patient for chronic pain in a pain management clinic and/or you were prescribing medical cannabis. | A prescriber or her designee **must consult the PDMP** to review a patient's-controlled substance dispensing history prior to prescribing any controlled substance for patients age 16 and older.<br><br>This requirement does not apply when prescribing or dispensing a non-opioid controlled substance listed in Schedule V, but does apply to all other drugs Schedule II-V. A "non-opioid controlled substance" is one that does not contain any amount of a substance listed as an opioid in s.893.03 or 21 U.S.C. 812.<br><br>Only 4 years of data will be maintained in the PDMP. After which time, the info is purged. |
| **Exemptions from Checking the PDMP** | |
| | • DOH determines the system to be nonoperational;<br>• Cannot be accessed by the prescriber or dispenser because of a temporary technological or electrical failure.<br>• A prescriber or dispenser who does not consult the system shall document the reason he or she did not consult the system in the patient's medical record and |

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| | **shall not prescribe or dispense greater than a 3-day supply** of a controlled substance to the patient. |
| **Limits on Schedule II And Requirements for Prescriptions (goes into effect July 1, 2018)** | |
| A prescribing practitioner must see a patient being treated with controlled substances for chronic nonmalignant pain at least once every three months and must maintain detailed medical records relating to such treatment.<br><br>NEW in HB 21: **For the treatment of pain other than acute pain, a prescriber must indicate "FOR NONACUTE PAIN" on a prescription for an opioid drug listed as a Schedule II controlled substance** | **Schedule II controlled substance Treatment of acute pain:**<br><br>May not exceed a 3-day supply, except that up to a 7-day supply may be prescribed if:<br><br>• The prescriber, in his or her professional judgment, believes that more than a 3-day supply of such an opioid is medically necessary to treat the patient's pain as an acute medical condition;<br>• The prescriber indicates "**ACUTE PAIN EXCEPTION**" on the prescription; and<br>• The prescriber adequately documents in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection.<br>• For the treatment of pain other than acute pain, a prescriber must indicate **"FOR NONACUTE PAIN"** on a prescription for an opioid drug listed as a Schedule II controlled substance (see exemptions listed in definition of acute pain above and definition of chronic pain).<br><br>**Schedule II** treatment of pain related to a **traumatic injury with an Injury Severity Score of 9 or greater:** Physician must concurrently prescribe an **emergency opioid antagonist**, as defined in s. 381.887(1).<br><br>For dispensing physicians (note this is different than a prescribing physician as they are literally "giving out"/dispensing the actual medications), Schedule II & III dispensing is limited to a 14-day supply and can not be dispensed more than 14 days post-surgery. |
| **CME Requirement by January 31, 2019** | |
| | **By January 31, 2019, and at each subsequent renewal: Must complete a board-approved 2-hour continuing education course as part of the biennial license renewal**. The course must be offered by a statewide professional association of physicians in this state that is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category I Credit or the American Osteopathic Category 1-A continuing medical education requirement.<br><br>This section **applies to MDs, DOs, dentists and podiatrist (registered with the DEA and authorized to prescribe controlled substances).** ARNPs and PAs **have an existing requirement for a 3-hour course** in order to prescribe controlled substances.<br><br>The course must include:<br><br>• Current standards for prescribing controlled substances, particularly opiates;<br>• Alternatives to standards;<br>• Nonpharmacological therapies; |

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| | • Prescribing emergency opioid antagonists;<br>• The risks of opioid addiction following all stages of treatment in the management of acute pain. |
| **TREATMENT GUIDELINES** | |
| For all physicians except the follow: This subsection does not apply to a board-certified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-certified medical specialist who has also completed a fellowship in pain medicine, or who is board certified in pain medicine and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a registrant who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395:<br><br>Complete a medical history and a physical examination of the patient which must be documented in the patient's medical record and include:<br><br>• The nature and intensity of the pain;<br>• Current and past treatments for pain;<br>• Underlying or coexisting diseases or conditions;<br>• The effect of the pain on physical and psychological function;<br>• A review of previous medical records and diagnostic studies; and<br>• A history of alcohol and substance abuse;<br><br>Develop a written individualized treatment plan for each patient stating the objectives that will be used to determine treatment success.<br><br>Develop a written plan for assessing the patient's risk for aberrant drug-related behavior and monitor such behavior throughout the course of controlled substance treatment.<br><br>Enter into a controlled substance agreement with each patient that must be signed by the patient or their legal representative and by the prescribing practitioner and include:<br><br>• The number and frequency of prescriptions and refills;<br>• A statement outlining expectations for patient's compliance and reasons for which the drug therapy may be discontinued; | DOH to adopt **rules establishing guidelines for prescribing controlled substances** for acute pain, similar to guidelines established for the prescribing of controlled substances for chronic pain. Such rules must address:<br>• Evaluation of the patient;<br>• Creation and maintenance of a treatment plan;<br>• Obtaining informed consent and agreement for treatment;<br>• Periodic review of the treatment plan;<br>• Consultation;<br>• Medical record review; and<br>• Compliance with controlled substance laws and regulations.<br><br>DOH is just beginning to develop rules to implement the above. Once rules are adopted, this section will be updated to reflect DOH rule. |

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| • An agreement that the patient's chronic nonmalignant pain only be treated by a single treating practitioner unless otherwise authorized and documented in the medical record.<br><br>NOTE: LINKS to RESOURCES published by various specialties: | |
| **E-prescribing**<br><br>**LINK to APPLY if you are not currently E-prescribing:**<br>**https://www.deadiversion.usdoj.gov/ecomm/e_rx/faq/practitioners.htm** | |
| | All prescriptions can be written, oral or **e-prescribed** (once FDA requirements are met- see link above). Clarifies in Florida law that opioids can be e-prescribed mirroring the federal rule. |
| **Changes in State Drug List to Mirror Federal List** | |
| | Several drugs previously in schedule III moved to schedule II. |
| **EXEMPTION from the Requirement to Register as a PAIN MANAGEMENT CLINIC (effective Jan 1, 2019)** | |
| Previously obtaining a letter of exemption was optional, see mandatory requirement now to left | CERTIFICATE OF EXEMPTION from regulation as a Pain Management Clinic:<br><br>A pain management clinic claiming an exemption from the registration requirements, must apply for a certificate of exemption on a form adopted in rule and must renew such exemption biennially.<br><br>Clinics that are exempt include hospitals, a clinic in which the majority of the physicians who provide service in the clinic primarily provide surgical services, medical schools, and clinics owned and operated by anesthesiologists, physiatrists, rheumatologists or neurologists. |
| **DIVERSION ADDICTION/ABUSE** | |
| Patients at special risk for drug abuse or diversion may require consultation with or a referral to an addiction medicine physician or a psychiatrist.<br><br>The prescribing practitioner must immediately refer a patient exhibiting signs or symptoms of substance abuse to a pain-management physician, an addiction medicine specialist, or an addiction medicine facility. | **Schedule II** treatment of pain related to a **traumatic injury with an Injury Severity Score of 9 or greater:** Physician must concurrently prescribe an **emergency opioid antagonist**, as defined in s. 381.887(1). |