

Questions asked after the plenary panel presentation at Nurse Practitioner Symposium, July 28, 2018

It's the Law: New Opioid Statutes Affecting YOUR Practice

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This panel presented information on the new Opioid Prescribing Law and the Arizona Guidelines from three perspectives. Kathy Busby, lobbyist for AZNA provided background on how the law came into being and the follow-up laws to clean up the information. Dr. Janeen Dahn provided the perspective of what must occur at the Board of Nursing level with changes in the Nurse Practice Act and Karen Holder gave us an overview of the difference between the law and the guidelines.

Arizona lawmakers voted on January 25, 2018 and Governor Ducey signed Senate Bill (SB) 1001 ("Controlled Substances; regulation; appropriation"), aka Arizona Opioid Epidemic Law.

<https://www.azleg.gov/legtext/53leg/1S/laws/0001.pdf>

2018 Arizona Opioid Prescribing Guidelines are written as a voluntary consensus set of guidelines that promote patient safety and best practices when prescribing opioids for acute and chronic pain.

<https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>

Q: How do you address patients who go out of town for long periods of time (like three months) when they are on opioids for chronic pain?

A: Write prescriptions that are all dated with the date that you write them. Place a note to the pharmacist on two of the prescriptions stating the date(s) you want them filled. An example: Write three one-month prescriptions each dated for 8/14/2018 but you put a comment onto prescription #2 to the pharmacist that says do not fill until 9/14/ 2018 and then on #3 prescription do not fill until 10/14/2018.

Q. If a patient on opioids for chronic pain has surgery and needs additional pain medications does this prescription need to be a limited five-day supply?

A. Patients receiving pain medication in the hospital are not under the same category as outpatient patients. However, if they leave the hospital with a prescription for opioids, that prescription does count towards a limited five-day supply.

Q. What do I do with an inherited patient previously seen by a provider in my clinic? Several of these patients get regular prescriptions for opioids and or benzos and what rules apply in the situation?

A. This is case specific, but nurse practitioners are responsible for all scripts they write. The Arizona Opioid Guidelines have an appendix addressing this situation. It addresses tapering patients, referring them to other agencies and/or adding adjunct therapies such as Physical Therapy.

<https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>

Q. What if patients are driving themselves to their own pain appointments on opioids - are we liable for not reporting or giving them prescriptions?

A. This is not identified in the law nor is this specifically identified in the guidelines. However, it should be addressed in pain agreements. Just because a patient takes a controlled medication does not mean they are impaired. See also 2017 Advisory Opinion from AZBON: <https://www.azbn.gov/media/1023/ao-controlled-substances-for-the-treatment-of-chronic-pain.pdf>

Q. If you inherit a patient on Suboxone, who was managed by the previous provider, what is the nurse practitioner's responsibility as the new provider?

A. You can assist the patient in finding a provider who has the waiver to prescribe Suboxone. Unless you have successfully completed the training and received the waiver ("X" Designation) to prescribe Medically Assisted Treatment, you cannot prescribe Suboxone.

Q. In providing care for elderly patients who are not self-administering their prescribed long-term opioids or benzodiazepines is there any waiver or exemption for those patients who are in assisted-living facilities.

A. Assisted living facilities are not specifically mentioned in the new law or in the AZ guidelines. Skilled nursing facilities & hospitals are cited as exemptions in the law.

Q. Are NPs who provide pain management represented on any policy or state committees?

A. Karen Holder, FNP has been representing nurse practitioners and advanced practice nurses, on behalf of AZNPC, as a member of the Arizona Department of Health Services (ADHS) Clinical Advisory Team on Opioid Use & Misuse. The team was established in 2015 by ADHS, with invited providers & leaders from various specialties who represent their colleagues and constituents. Additionally, AZNA has weighed in successfully with the legislature, the Governor's office and ADHS prior to and during the passage of the legislation as well as in subsequent follow up legislation and rulemaking resulting in changes favorable to NPs and other advanced practice nurses.

Q. When are NPs going to be able to prescribe marijuana?

A. Marijuana is a Schedule I Substance and no one can *prescribe* Schedule I medications, including marijuana in the state of Arizona. It is against federal law to do so. There are physician providers who can *certify* patients for a medical marijuana card. The Arizona Medical Marijuana Act (ARS 36-2801 et seq.) was passed by the voters and included the limitation to physician certification and because it was an initiative it is voter protected and thus a simple majority of the legislature cannot amend the statutes.

Not only has it been impossible to date for any “pro-marijuana” legislation (including expansion of certifiers as well as recreational use) but it is very unlikely because of the super majority requirements to amend this initiative by the legislature in light of the current political environment.

Q. Do we need to keep a printed copy of the prescription monitoring program report in the patient’s chart?

A. No you do not have to have a printed copy in the chart. By law, you do need to document that you reviewed the CSPMP report for any aberrant or inappropriate prescribing relating to the patient before you refill or prescribe a Schedule II or III opioid or a benzodiazepine.

Q. Are there specific requirements that need to be met to prescribe Suboxone for opiate use disorder or ETOH disorder use?

A. Yes, to prescribe Suboxone for OUD you must have a federal waiver in order to prescribe. For further information <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/qualify-np-pa-waivers>

Q. Is CBD oil okay with the use of Opioids?

A. This is not addressed in the law or the guidelines

Q. Does the board have a position or any guidance on patients who have started or would like to start medical marijuana use?

A. The board does not have an advisory opinion on the subject.

Q. Can nurse practitioners prescribed methadone without a physician signing off?

A. A nurse practitioner can prescribe methadone for pain and only pain. An NP cannot prescribe methadone for substance/opioid use disorder. Remember, in the state of Arizona a NP can only work within his/her scope of practice, even if a physician agrees to sign off on a prescription or plan of care. Arizona NPs practice independently from physicians. It is YOUR license on the line.

Q. How does or will this impact federal facilities like VA hospitals?

A. Federal facilities fall under federal law, not state laws. It is very important for nurse practitioners functioning in federal facilities to clearly understand what federal law allows.

Q. When a prescription for five days is written if it is once daily for up to four times daily or 1 to 2 tabs per dose, does that make a difference?

A. The five-day rule is relevant to whatever the dose or frequency is written on the prescription. For example, a patient could receive a prescription for 2 tabs Q 4hours #60, or a prescription for 1 tab every 8 hours #15.

Q. If the patient is being seen in the pain clinic how long can the patient be on an opioid?

A. The law sets limits on new prescriptions and on prescriptions for opioid naïve patients. Patients on long term opioids and/or those followed in specialty pain management clinics are not restricted to the same limits as new or opioid naïve patients.

Related to CE hour requirement

Q. When you renew your RN license do you have to have three hours of opioid education?

A. Yes, there is a requirement for three hours of opioid education due at the time you renew your RN license/AP certificate.

Q Are there any specific national CE requirements that mandate opioid education for certification or recertification?

A. At this point in time, there is no national mandate to require opioid CE by either of the NP certification bodies (AANP & ANCC). However, if audited by the Arizona Board of Nursing, your CE would need to be from a nationally accredited program. Program content does not have to be specific to prescribers but must be related to pain management and opioids.

Q. From the Arizona Board of Nursing perspective with the opioid prescribing of 5/30 rule is it acceptable to write two prescriptions - one for five days and the second for 25 days - or does there need to be a follow-up office visit after the five days.

A. The law is designed so that patients would receive a five-day prescription and be reevaluated to determine if they needed further pain medication. The majority of patients do not need more than five days of opioid medication. The panelists were unsure what the 5/30 rule is but expect that it is referring to the 5-day for an initial prescription of opioids.

Q. There have been concerns about using the Opioid Assistance and Referral Center (OAR line) for consults. The people answering the call may not be qualified to answer your questions.

A. The OAR director, Daniel Brooks, MD recommends: “When you call the OAR line, you will most often get and RN or Pharmacist. If the RN or Pharmacist is not able to answer your question, you need to ask to speak with a physician. One of their on-call physicians will get back to you if they are not immediately available. In correspondence with Dr. Brooks, he writes: “We look forward to providing assistance with any/all opioid-related issues, including high- dose prescribing. Please remind your colleagues that our staff (certified pharmacists, RNs, PharmDs and physicians) are available 24/7. This includes consults, when needed, with our physician Toxicologists for more complicated cases.” The OAR line webpage is <http://azpoison.com/news/arizona-oar-line>

Q. Where does the intrathecal opioid dose calculations apply or how does it come in with orals?

A. The law does not address dosing for intrathecal devices.

Q. What do you do if you suspect a colleague is misusing a controlled substance?

A. Refer the nurse to the Board of Nursing's [Alternative to Discipline \(ATD\) page on the website](#) and file a complaint with the Board of Nursing. If the nurse is eligible for the ATD program they will get the treatment needed and as long as they are compliant with the agreement, they will not receive discipline on their license. Remember it is a violation of the Nurse Practice Act to not report a nurse who you believe to be impaired and working with patients or the public.

Q. I know we are supposed to use nonpharmacologic treatments, but how do we deal with the cost (example Flector patch, compounded gels and creams, acupuncture) that insurances won't cover?

A. Legislative involvement, Alternative treatments such as: massage, physical therapy, acupuncture, aroma therapy, visualization, etc.

Q. How might the board regulate or view a complaint from a patient who isn't getting better pain addressed?

A. Every complaint is looked at on a case by case situation. The Board will review information to determine if the NP followed the standard of care and if there were any violations of the Nurse Practice Act.

Q. Is tramadol one of the opioid agonists that are allowed beyond five days without a new prescription in opioid naïve patients?

A. The Drug Enforcement Administration (DEA) officially scheduled tramadol as a Schedule IV substance within the U.S. under the **Controlled Substance Act** on August 18, 2015. Schedule IV drugs, with the exception of benzodiazepines, are not addressed in the new law. However, tramadol is a scheduled drug, an opioid agonist and is potentially addictive.

Q. Does the use of tools such as: SOAPP-R, COMM, ORT, audit – C, DUST, and cage– AID qualify for screening for OUD as required?

A. No. "The screening tools listed above are not designed to screen for opioid disorder and their sensitivity is low. Providers should seek to identify evidence of opioid use disorder, rather than relying on screening tests with low sensitivity." For further guidance, see page 22 of the Arizona opioid guidelines:

<https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>