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Summary of Indiana Pain Management Prescribing Emergency Rules

Adopted by the Indiana Medical Licensing Board on Oct. 24, 2013
Summary created by the Indiana State Medical Association*

Background

The Medical Licensing Board of Indiana adopted emergency rules on Oct. 24, 2013 that regulate physicians engaged in the practice of chronic pain management prescribing, effective Dec. 15, 2013, pursuant to Senate Enrolled Act 246.

The Prescribing Rule

The new rule applies only to the long-term prescribing of opioid-containing controlled substances for chronic pain management. (See definitions section.)

Exclusions

The rule does not apply to:

1. Patients with a terminal medical condition (Refer to definitions section.)
2. Residents of an Indiana-licensed health facility
3. Patients enrolled in an Indiana-licensed hospice program
4. Patients enrolled in an inpatient or outpatient palliative care program of an Indiana-licensed hospital or hospice

Thresholds

The rule applies only if a patient has been prescribed, for more than three consecutive months:

1. >60 opioid-containing pills per month; or
2. A morphine equivalent dose >15 mg/day

Patient Assessment

Physicians must perform their own initial evaluations and risk stratifications of patients, including:

1. Appropriately focused H&P exams and appropriate tests, as indicated
2. Documented attempts to obtain and review records from prior providers
3. Patient-completed pain assessment tools
4. Assess patient's mental health status and risk for substance abuse with valid screening tools
5. After initial evaluation, a working diagnosis and tailored treatment plan with meaningful and functional goals (Review the plan with the patient occasionally.)

Non-Opioids

Where medically appropriate, the physician must utilize non-opioid options instead of prescribing opioids.

**This is an unofficial summary. A full, official version of the emergency rule should be consulted at www.in.gov/pla/files/Emergency_Rules_Adopted_10.24.2013.pdf for compliance purposes.*

Patient Informed Consent

- Potential risks and benefits of opioid treatment for chronic pain
- Expectations related to prescription requests
- Proper medication use
- Alternative modalities to opioids for managing pain
- A simple and clear explanation to help patients understand the key elements of their treatment plans
- Counseling for women ages 14 to 55 of child bearing potential about risk to fetus when a mother has taken chronic opioids during pregnancy (including risk of fetal opioid dependency and neonatal abstinence syndrome)

Patient Visits

- No prescribing without periodic scheduled visits
- If medication and treatment plan are stable, face-to-face visits at least once every four months
- More frequent visits if still optimizing
- If changes are still being made to medication and treatment plan, visits at least every two months until stabilized
- During visits, evaluate progress and compliance with treatment plan regularly and set clear expectations along the way (e.g., physical therapy, counseling, other treatment).

INSPECT Reports

At the outset of the treatment plan, and at least annually thereafter, prescribing physician must run an INSPECT report and document in patient's chart whether it is consistent with the physician's knowledge of the patient's controlled substance use history. (If the patient already meets the chronic pain management definition as of Dec. 15, 2013, no initial INSPECT report is required. The annual INSPECT report requirement has been postponed to Nov. 1, 2014.)

Drug Monitoring Tests

At the outset of the treatment plan and at least annually thereafter, prescribing physician must perform a drug monitoring test that must include confirmatory test. (The initial and annual drug monitoring test requirements have been postponed to Jan. 1, 2015.) If this test is inconsistent with medication use patterns or shows illicit drugs, review treatment plan. Document the discussion and any changes in the patient chart.

Daily High Dose Threshold

When opioid dose reaches morphine equivalent dose of >60mg/day, a face-to-face review of treatment plan and patient evaluation must be scheduled, including consideration for a specialist referral. If physician elects to continue treating at that level, physician must develop a revised assessment plan for ongoing treatment and document in the chart, including an assessment of increased risk for adverse outcomes.

Treatment Agreements**

With patient, review and sign a "Treatment Agreement" that must include (minimum):

1) Goals of the treatment
2) Patient's consent to drug monitoring testing
3) Physician's prescribing policies, including
    a) rule that patient take medication(s) as prescribed
    b) prohibition on sharing medication(s)
4) Requirement that the patient inform the physician about any other controlled substances prescribed or taken
5) Permission from the patient to the physician for conducting random pill counts.
6) Reasons the opioid therapy may be changed or discontinued by the physician.

***A copy of the signed agreement must be retained in the patient's chart.*

Key Definitions (not comprehensive)

Chronic Pain – A state in which pain persists beyond the usual course of an acute disease or healing of an injury or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

Terminal – A condition caused by injury, disease or illness from which, to a reasonable degree of medical certainty:

1) No recovery is expected.
2) Progression to death can be anticipated as an eventual consequence of that condition.