

Clinical and Ethical Considerations for Implementation of the NH Opioid Prescribing Rules

Whereas: The NH Board of Medicine (BoM), under mandate from the NH Legislature and in response to rising opioid-associated harm in the State, has adopted opioid prescribing rules that aim to optimize opioid prescribing and reduce opioid-related harm by requiring prescribers to apply specified clinical strategies and documentation.

Whereas: The Board of Medicine rules have the force of law and therefore prescribers who do not adhere to them may be viewed by the Board as engaging in unprofessional conduct and thereby risk licensing sanction.

Whereas: In the face of such complex requirements and potential consequences, physicians may be inclined to stop prescribing opioids and evidence of such decisions is apparent to ER, pain, addiction and other physicians through influx of affected patients.

Whereas: Failure to prescribe opioids when they are clearly indicated and/or sudden cessation of opioids can result in significant harm to patients including unrelieved severe pain, precipitation of opioid withdrawal, substitution of heroin or street fentanyl for prescribed opioids, and death by suicide or unintended overdose.

Whereas: The AMA Code of Ethics states that, “within the patient-physician relationship, a physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount.”

Whereas: Opioids can be an important component in treatment of pain, but may also present risks to individual patients and to the public health through diversion

Therefore be it resolved

- 1) That all physicians who treat patients who may experience significant pain in the course of care and are in a position to prescribe for pain
 - a) Use sound medical judgment in determining whether opioids are indicated as a component of care.
 - b) Prepare their practices to enable opioid prescribing in compliance with the BOM rules OR make alternative arrangements for seamless access to opioid therapy in a timely manner when indicated.
 - c) Assure that opioids are provided when they are indicated in a safe, reasonable and well-supervised manner in compliance with BoM rules.
 - d) Offer continuity of care that avoids gaps in treatment when opioid discontinuation is contemplated in dependent persons, with transition to addiction, psychiatric, pain or other providers as indicated.
- 2) That all physicians who identify barriers to care of patients due to the BoM opioid prescribing rules, bring these to the attention of the BoM and the New Hampshire Medical Society and advocate for change.

Adopted by the NHMS Council, November 2016