

SB 546 - AS INTRODUCED

2020 SESSION

20-2765
10/01

SENATE BILL **546**

AN ACT relative to management of chronic pain.

SPONSORS: Sen. Reagan, Dist 17

COMMITTEE: Health and Human Services

ANALYSIS

This bill requires that boards regulating practitioners prescribing, administering and dispensing controlled substances adopt rules for management of chronic pain. The bill defines chronic pain for the purposes of the controlled drug prescription health and safety program.

Explanation: Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struckthrough~~.]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty

AN ACT relative to management of chronic pain.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Paragraph; Definition Added; Controlled Drug Prescription Health and Safety Program.
2 Amend RSA 318-B:31 by inserting after paragraph I the following new paragraph:

3 I-a.(a) "Chronic pain" means a state in which pain persists beyond the usual course of an
4 acute disease or healing of an injury, or that might or might not be associated with an acute or
5 chronic pathologic process that causes continuous or intermittent pain over months or years. It also
6 includes intermittent episodic pain that might require periodic treatment.

7 (1) For the purpose of this subdivision, chronic pain does not cover or in any way
8 determine treatment for pain from terminal disease.

9 (2) For the purpose of this subdivision, chronic pain includes but may not be limited
10 to pain defined as "chronic", "intractable", "high impact", "chronic episodic," and "chronic relapsing."

11 (b) A diagnosis of chronic pain made by a practitioner licensed in any of the states in the
12 United States or the District of Columbia and supported by written documentation of the diagnosis
13 by the treating practitioner shall constitute proof that the patient suffers from chronic pain.

14 2 New Subparagraph; Controlled Drug Prescription Health and Safety Program; Standards for
15 Treatment of Chronic Pain. Amend RSA 318-B:41, II by inserting after subparagraph (c) the
16 following new subparagraph:

17 (d) In addition to the provisions of subparagraph (c), standards for the use of opioids for
18 the management or treatment of chronic pain, which shall include the following:

19 (1) All decisions regarding the treatment of patients suffering chronic pain shall be
20 made by the treating practitioner even when the treatment is determined to require the prescribing
21 of opioid analgesics. Treating practitioners shall administer care sufficient to treat a patient's
22 chronic pain based on ongoing, objective evaluations of the patient without fear of reprimand or
23 discipline. A treating practitioner's patient care and ordering, prescribing, dispensing, or
24 administering of controlled substances, including opioid analgesics, shall not in any way be dictated
25 by ultimatum to adhere to pre-determined Morphine Milligram Equivalent (MME) guidelines.

26 (2) Ongoing treatment of those patients who suffer with chronic pain can be
27 determined, managed, and administered by a pain management practitioner who specializes in the
28 treatment of the patient's specific illness or injury, by a practitioner who specializes in the illness
29 from which the patient suffers, or by the patient's primary care practitioner who shall document the
30 consideration of a consultation with a practitioner who specializes in the treatment of the patient's
31 specific illness or injury in the following circumstances:

- (A) When a patient is at high risk for abuse or addiction; or
- (B) When a patient has a co-morbid psychiatric disorder.

(3) For the patient who suffers with chronic illness or injury and resulting chronic intractable pain, documentation of the health issue must be provided and held in the patient's file.

(4) When treating a patient who suffers with chronic illness or injury and resulting chronic intractable pain, the prescribing of opioid analgesics shall be done in a measured and monitored manner and administered in the lowest amount necessary to control pain.

(5) Once an opioid analgesic is prescribed to treat chronic illness or injury and resulting chronic intractable pain, the prescription shall be monitored closely by the prescriber and titrated as ongoing, objective evaluations of said patient's injury or illness requires for ongoing, successful treatment.

(6) For those patients who suffer with chronic illness or injury and resulting chronic intractable pain who are on a managed and monitored regimen of opioid analgesic treatment and have increased functionality and quality of life as a result of said treatment, treatment shall be continued if there remains no indication of abuse or diversion.

(7) No patient who suffers with chronic illness or injury and resulting chronic pain shall be denied access to a health care practice solely based on this existing condition.

(8) Practitioners, in the course of their professional practice, shall not refuse treatment to patients covered under this section for the sole reason that these patients require ongoing pain management.

(9) Pharmacists, upon receiving proper documentation from the prescribing practitioner that a person suffers from chronic pain, shall not refuse to fill a prescription directly related to the chronic pain diagnosis. Documentation related to the filling of a prescription under this paragraph shall only be required by the pharmacist upon the initial filling of the prescription.

(10) The rules necessary to effectuate the provisions of this section governing pain management associated with chronic pain shall:

(A) Take into consideration the individualized needs of patients covered by this paragraph;

(B) Make provisions for practitioners, acting in good faith, and in the course of their profession, and managing chronic pain associated with their patients' illness to use their best judgment notwithstanding any statute or rule to the contrary, and

(C) Ensure that patients covered by this section are treated with dignity and not unduly denied the medications needed to treat their conditions.

3 Effective Date. This act shall take effect 60 days after its passage.