Fields of Opportunities

STATE OF IOWA

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN, M.P.A., EXECUTIVE DIRECTOR

OCTOBER 13, 2017

20-year highlights of Board of Medicine's work on pain treatment, responsible opioid prescribing

April 1997 - STANDARDS FOR CHRONIC PAIN TREATMENT MANAGEMENT
Board adopts new rule to establish standards of practice for prescribing or administering controlled substances for the treatment of patients with **chronic**, non-malignant or intractable pain. The purpose of the rule is to assist physicians who prescribe and administer drugs to provide relief and eliminate suffering in patients with intractable pain.

- Lists the steps to be taken to establish an effective pain management plan.
- Directs physician to establish a comprehensive treatment plan and periodically review that plan.
- Requires the physician to discuss the risks and benefits of controlled substances with the patient or patient's representative.
- Identifies resources the treating physician may consult.

March 2002 - PRESCRIBING CONTROLLED SUBSTANCES TO FAMILY MEMBERS
Board amends rules to identify relatives to whom a physician may not prescribe or dispense controlled substances, including spouses, domestic partners, and either of the physician's, spouse's, or domestic partner's parents, stepparents, or grandparents; the physician's natural or adopted children or step children; the physician's siblings or siblings of the spouse or domestic partner; or anyone else living with the physician.

April 2008 - STANDARDS FOR ASSESSMENT AND TREATMENT OF ACUTE PAIN
Board updates pain rules to meet current national standards and to establish standards of practice for the proper assessment and treatment of **acute** pain.

- Recognizes that undertreatment of pain is a serious health problem and is departure from the acceptable standard of practice in Iowa.
- Encourages a multidisciplinary approach to pain management, particularly if a patient has a substance abuse history or comorbid psychiatric disorder.
- Asserts that the goals of proper pain management may change when a physician is treating patients with different types of pain, including acute pain and pain associated with the progression of cancer or other terminal illnesses, and end-of-life care.
- Provides references and resources that licensees may consult for further guidance for proper pain treatment.

August 2008 - JOINT STATEMENT ON PAIN
Boards of Medicine, Nursing, Pharmacy and Physician Assistants issue a joint statement affirming that Iowans deserve to have their pain well managed, whether it's acute or chronic, mild or severe.

July 2009 and ongoing - PHYSICIANS ENCOURAGED TO REGISTER AND USE PMP
Board encourages physicians to register and use the state's prescription drug monitoring data base.

- Initially, there was a direct-mail campaign to all licensees.
- All licensees receive promotional literature at renewal.
- New licensees encouraged to register after they receive their medical license.
- Board's website has information and links to PMP registration website.

August 2010 - STANDARDS FOR INTERVENTIONAL CHRONIC TREATMENT AND MANAGEMENT
After two years of work, Board adopts new rule to establish standards of practice for using injections and surgeries to manage a patient's persistent and intractable pain.

- Defines interventional chronic pain as the practice of medicine.
- Addresses the Board's concern for patient who undergo high-risk interventional techniques in the fast-growth field of pain medicine.
- Establishes the progressive steps in diagnosing and treating chronic pain.

February 2011 and ongoing - PROMOTING RESPONSIBLE OPIOID PRESCRIBING
Board distributes more than 6,000 copies of "Responsible Opioid Prescribing: A Physician's Guide" to Iowa physicians. The nationally recognized handbook identifies pragmatic steps for reducing a patient's risk of addiction, abuse and diversion of pain medications. The book complements Iowa's administrative rule on pain management, IAC 653 – 13.2. Physicians earn CMEs through an online activity offered through the book.

June 2011 - MANDATORY TRAINING ON CHRONIC PAIN MANAGEMENT, END OF LIFE CARE
Board adopts new rule to establish mandatory continuing education for chronic pain management and end-of-life care.

- Two hours of accredited training for each topic (CPM and EOL) every five years.
- Required of licensees who regularly provide primary health care to patients.
- Specifically identifies emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists.
- Board's website promotes accredited CPM and EOL classes available in Iowa and online.

BOARD OFFERS LEGISLATION ON PMP USE

- **January 2013** - Board offers legislation that would require a prescriber and pharmacist to check the PMP if they suspected drug abuse or diversion. The bill was assigned to a Senate subcommittee but no hearing was scheduled.

- **January 2015** - Board re-introduces legislation that would require was unsuccessful in resurrecting the legislation in the subsequent general assembly. The bill was assigned to a Senate subcommittee did not advance after a hearing.

April 2015 - STANDARDS OF PRACTICE FOR TELEMEDICINE

Board adopts new rule to establish standards of practice for physicians who use telemedicine, affirming existing state law that a valid physician-patient relationship must exist before a physician can prescribe controlled substances either through an in-person patient visit or through telemedicine, when the licensee is in one location and the patient in another location with or without an intervening health care provider.

August 2016 - MORE RESOURCES FOR PHYSICIANS WHO PRESCRIBE OPIOIDS

Board updates and adds to its growing list of resources available to physicians who treat pain, including the Centers for Disease Control and Prevention's March 2016 guideline for prescribing opioids for chronic pain is added to the list.

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OCTOBER 1, 2017

IOWA BOARD OF MEDICINE
MARK BOWDEN, M.P.A., EXECUTIVE DIRECTOR

Opioid Related Cases 2011 – Present

Total Complaints and Professional Liability Suits Received:	193
Cases Closed Without Board Action:	78
Cases Pending Investigation and Board Review:	71
Cases Resulting in Letters of Warning or Education:	34
Cases Resulting in Formal Disciplinary Action:	15

Voluntary Surrender of License:	1	
Suspension of License	1	
Citation and Warning:	12	
Civil Penalties:	11	(Total: $50,000)
Prescribing Restriction:	6	
Probation:	7	
Professional Ethics Program:	6	
Prescribing Course:	3	
Record Keeping Course:	6	
Prescribing Audits:	6	
Substance Abuse Treatment:	1	

2011-2017 Opioid prescribing cases - public discipline

Robert E. Garrett, M.D., a 62-year-old Iowa-licensed physician who practices general medicine in Iowa City, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **April 19, 2012**. The Board charged Dr. Garrett with prescribing excessive controlled substances to multiple patients in Iowa City, Iowa, in 2010 and 2011. Under the terms of the Settlement Agreement, the Board issued Dr. Garrett a public reprimand and ordered him to pay a $5,000 fine. The Board also prohibited Dr. Garrett from prescribing controlled substances for the treatment of chronic pain and placed him on probation subject to Board monitoring for a period of five years.

Daniel J. Baldi, D.O., a 54-year-old Iowa-licensed physician who formerly practiced pain management in Des Moines, Iowa, entered into a Settlement Agreement with the Board on October 28, 2016. On **August 23, 2012**, the Board filed disciplinary charges against Dr. Baldi alleging that he violated the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to numerous patients in Des Moines, Iowa, between 2004 and 2012. On September 21, 2012, Dr. Baldi entered into a Stipulated Order with the Board and agreed not to engage in any aspect of the practice of medicine until this matter has been resolved with the Board. Under the terms of the October 28, 2016, Settlement Agreement, the Board issued Dr. Baldi a Citation and Warning and ordered him to pay a $5,000 civil penalty. The Board also permanently prohibited him from prescribing, administering or dispensing controlled substances for the treatment of chronic pain. The Board lifted the suspension of his Iowa medical license but he must successfully complete a Board-approved comprehensive clinical competency evaluation or a residency/retraining program to demonstrate his medical competency, and complete a professional ethics program and a medical record keeping course before he can return to the practice of medicine. Upon successful completion of these requirements, Dr. Baldi will be placed on probation for a period of five years subject to Board monitoring including a Board-approved practice plan, controlled substance prescribing audits and a Board-approved practice monitoring plan.

Daniel A. Hepplewhite, D.O., a 60-year-old Iowa-licensed physician who practices general medicine in Altoona, Iowa, entered into a combined Statement of Charges and Settlement Agreement on **April 26, 2013**. The Board charged Dr. Hepplewhite with violating the laws and rules governing the practice of medicine when he deviated from the standards of practice for appropriate pain management of patients in Altoona, Iowa, between 2001 and 2012. Under the terms of the April 26, 2013, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Hepplewhite a Citation and Warning and ordered him to pay a $5,000 civil penalty. Dr. Hepplewhite also agreed to abstain from prescribing, administering or dispensing

controlled substances for the treatment of chronic pain. At the direction of the Board, Dr. Hepplewhite completed a Board-approved prescribing course for the appropriate treatment of chronic pain on March 16, 2013. The Board also placed Dr. Hepplewhite on probation for a period of five years subject to prescribing audits and Board monitoring.

Kelly D. Ross, M.D., a 58-year-old Iowa-licensed physician who practices family medicine in St. Ansgar, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **March 6, 2014**. The Board charged Dr. Ross with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in St. Ansgar, Iowa, between 2006 and 2013. Under the terms of the March 6, 2014, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Ross a Citation and Warning and ordered him to pay a $5,000 civil penalty. The Board prohibited Dr. Ross from prescribing, administering or dispensing controlled substances for the treatment of chronic pain and ordered him to complete a Board-approved professional ethics program and medical record keeping course. The Board also placed Dr. Ross on probation for a period of five years subject to Board monitoring, including prescribing audits.

James O. Steele, M.D., a 62-year-old Iowa-licensed physician who formerly practiced family medicine in Ft. Dodge, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **March 6, 2014**. The Board charged Dr. Steele with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in Fort Dodge, Iowa, in 2009 and 2010. Under the terms of the March 6, 2014, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Steele a Citation and Warning and ordered him to pay a $5,000 civil penalty. The Board prohibited Dr. Steele from prescribing, administering or dispensing controlled substances for the treatment of chronic pain and ordered him to complete a Board-approved professional ethics program. The Board also placed Dr. Steele on probation for a period of five years subject to Board monitoring, including prescribing audits.

Mary Pat Rosman, D.O., a 57-year-old Iowa-licensed physician who practiced family medicine in Sumner, Iowa, entered into a combined Statement of Charges and Settlement Agreement on **June 6, 2014**. The Board charged Dr. Rosman with violating the laws and rules governing the practice of medicine when she failed to provide appropriate pain management to multiple patients between 2009 and 2012, and failed to maintain timely medical records for multiple patients in 2012, in Sumner, Iowa. Under the terms of the June 6, 2014, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Rosman a Citation and Warning and ordered her to pay a $5,000 civil penalty. The Board also prohibited Dr. Rosman from prescribing, administering or dispensing controlled substances for the treatment of chronic pain until and unless she demonstrates to the Board that she is competent to provide such care with reasonable skill and safety and receives written approval from the Board. The Board also ordered Dr. Rosman to successfully complete a Board-approved professional ethics program and medical recordkeeping course and placed her on probation for a period of five years subject to Board monitoring, including prescribing audits.

Jill M. Hunt, M.D., a 60-year-old Iowa-licensed physician who currently practices occupational medicine and wound care in Dubuque, Iowa, entered into a combined Statement of Charges and Settlement Agreement on **August 8, 2014**. The Board charged Dr. Hunt with failing to provide

appropriate pain management and failing to timely complete dictation for multiple patients in Dubuque, Iowa, between May 2009 and November 2010. Under the terms of the August 8, 2014, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Hunt a Citation and Warning and ordered her to pay a $5,000 civil penalty. The Board also prohibited Dr. Hunt from prescribing, administering or dispensing controlled substances for the treatment of chronic pain until and unless she demonstrates to the Board that she is competent to provide such care with reasonable skill and safety and receives written approval from the Board. The Board also ordered Dr. Hunt to complete a Board-approved professional ethics program and medical record keeping course and placed her on probation for a period of five years subject to monitoring, including prescribing audits.

Jerome W. Janda, D.O., a 69-year-old Iowa-licensed physician who practices family medicine in Cedar Rapids, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **February 6, 2015**. The Board alleges that Dr. Janda failed to provide appropriate pain management to multiple patients in Cedar Rapids, Iowa, between 2008 and 2013. The Board issued Dr. Janda a Citation and Warning and ordered him to pay a $5,000 civil penalty and complete a Board-approved professional ethics program and medical record keeping course. The Board also permanently prohibited Dr. Janda from prescribing, administering or dispensing controlled substances for the treatment of chronic pain and placed him on probation for a period of five years subject to Board monitoring, including prescription auditing.

Kurt R. Vander Ploeg, M.D., a 74-year-old Iowa-licensed physician who practices family medicine in Pella, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **May 15, 2015**. Under the terms of the May 15, 2015, combined Statement of Charges and Settlement Agreement, the Board charged Dr. Vander Ploeg with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in Pella, Iowa, between 2007 and 2014. The Board issued Dr. Vander Ploeg a Citation and Warning and required him to pay a $5,000 civil penalty. The Board also prohibited him from prescribing, administering or dispensing controlled substances for the treatment of chronic pain under his Iowa medical license and ordered him to complete a medical record keeping course. The Board also placed Dr. Vander Ploeg on probation for a period of five years subject to Board monitoring, including prescribing audits.

Denice N. Smith, M.D., a 38-year-old Iowa-licensed physician who formerly practiced family medicine in Morrison, Illinois, and currently practices in Clinton, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Iowa Board on **July 10, 2015**. On October 28, 2013, Dr. Smith entered into a Consent Order with the Illinois Department of Financial and Professional Regulation (Illinois Board). The Illinois Board alleged that Dr. Smith surrendered her DEA Registration for cause based on her prescribing of controlled substances to several patients in her practice in Morrison, Illinois. The Illinois Board placed Dr. Smith on indefinite probation for a minimum of one (1) year subject to Board monitoring, including a practice monitor, and ordered her to pay a $5,000 fine. The Illinois Board also ordered her to complete 10 Category I continuing medical education credits for the proper prescribing of controlled substances and 10 credits for addiction disorders. Under the terms of the July 10, 2015, combined Statement of Charges and Settlement Agreement, the Iowa Board charged Dr. Smith with being disciplined by the Illinois Board. The Iowa Board issued Dr. Smith a Citation and Warning and ordered her to pay a $1,000 civil penalty. The Iowa Board also prohibited her

from prescribing, administering or dispensing narcotics for the treatment of chronic pain under her Iowa medical license and ordered her to successfully complete a Board-approved professional ethics program. The Iowa Board also placed Dr. Smith on probation for a period of three (3) years subject to monitoring, including audits of her controlled substance prescribing.

David R. Archer, M.D., a 62-year-old Iowa-licensed physician who practices family medicine in Storm Lake, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **June 3, 2016**. The Board charged Dr. Archer with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in Storm Lake. Under the terms of the June 3, 2016, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Archer a Citation and Warning and ordered him to pay a $5,000 civil penalty and complete a Board-approved medical record keeping course. The Board also prohibited him from prescribing, administering or dispensing controlled substances for the treatment of chronic pain. The Board also placed him on probation for a period of five years subject to Board monitoring, including audits of his controlled substance prescribing.

Paul D. Peterson, D.O., a 47-year-old Iowa-licensed physician who practices family medicine in Sioux City, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **July 29, 2016**. The Board charged Dr. Peterson with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in 2013 and 2014, failed to provide and/or document appropriate evaluation and treatment to a newborn child who was diagnosed with Group B Streptococcal Meningitis in 2010, and inappropriately prescribing phentermine to two female patients for weight loss when the patients did not meet the established criteria for the use of phentermine in Sioux City, Iowa, in 2013 and 2014. Under the terms of the July 29, 2016, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Peterson a Citation and Warning and ordered him to pay a $5,000 civil penalty. The Board also prohibited him from prescribing, administering or dispensing controlled substances for the treatment of chronic pain under his Iowa medical license and placed him on probation for a period of five years subject to Board monitoring. The Board also ordered him to complete Board-approved continuing medical education in the areas of medical record keeping, the appropriate diagnosis and treatment of Group B Streptococcal Meningitis in newborn children and the established criteria and appropriate use of phentermine for weight loss.

Edward A. Steinmann, Jr., D.O., a 67-year-old Iowa-licensed physician who practices family medicine in Des Moines, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **July 29, 2016**. The Board charged Dr. Steinmann with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in Des Moines, Iowa, between 2010 and 2015. Under the terms of the July 29, 2016, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Steinmann a Citation and Warning and ordered him to pay a $5,000 civil penalty and complete a Board-approved medical record keeping course. The Board also prohibited him from prescribing, administering or dispensing controlled substances for the treatment of chronic pain. The Board also placed him on probation for a period of five years subject to Board monitoring, including audits of his controlled substance prescribing.

Randy R. Robinson, M.D., a 57-year-old Iowa-licensed physician who practices family medicine in Clinton, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **September 16, 2016**. The Board charged Dr. Robinson with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in Clinton, Iowa. Under the terms of the September 16, 2016, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Robinson a Citation and Warning and ordered him to pay a $5,000 civil penalty. The Board also ordered Dr. Robinson to complete a Board-approved course for appropriate prescribing of controlled substances for the treatment of chronic pain and a medical record keeping course. Dr. Robinson is also required to submit to Board-approved prescribing audits for a period of two years.

Larry J. Standing, D.O., a 52-year-old Iowa-licensed physician who practices general medicine in Cedar Falls, Iowa, entered into a combined Statement of Charges and Settlement Agreement with the Board on **February 17, 2017**. The Board charged Dr. Standing with violating the laws and rules governing the practice of medicine in Iowa when he failed to provide appropriate pain management to multiple patients in Cedar Falls, Iowa, between 2011 and 2016. Under the terms of the February 17, 2017, combined Statement of Charges and Settlement Agreement, the Board issued Dr. Standing a Citation and Warning and ordered him to pay a $5,000 civil penalty. The Board prohibited him from prescribing, administering or dispensing controlled substances for the treatment of chronic pain and ordered him to complete a Board-approved medical record keeping course. The Board also placed him on probation for a period of five years subject to Board monitoring including controlled substance prescribing audits.

OPIOIDS IN THE U.S.

Early in the 1900s patents on medications came out and there was documented use of opioid use among immigrants.

In 1960, the United Nations stated that opiates are a human right that are indispensable for the relief of pain and suffering.

In 1970, President Richard Nixon stated that the United States had most of the world's heroin addicts and "declared a war on drugs."

In 1978, Vicoden (hydrocodone/acetaminophen) was approved.

In 1984, a Portenoy/Foley study stated that opiates were safe.

In 1984, cocaine was being used by 4-5 million and 500,000 people were heroin users.

In 1987, MS Contin (controlled-release morphine) was approved.
In 1990, a Scientific American article, "Tragedy Needless Pain," stated that morphine to control pain found only 4 cases of addiction among 11,882 patients in patients treated with narcotics.

In 1995, pain is made a vital sign by the American Pain Society.

In 1996, the Joint Commission advocated for pain measurement, also known as the fifth vital sign.

Since 1999, the amount of prescribed opioids sold in the US has nearly quadrupled. Deaths from prescriptions opioids, oxycodone, hydrocodone and methadone have quadrupled.

In 2005, 10 million chronic pain patients were on long-term daily opioids.

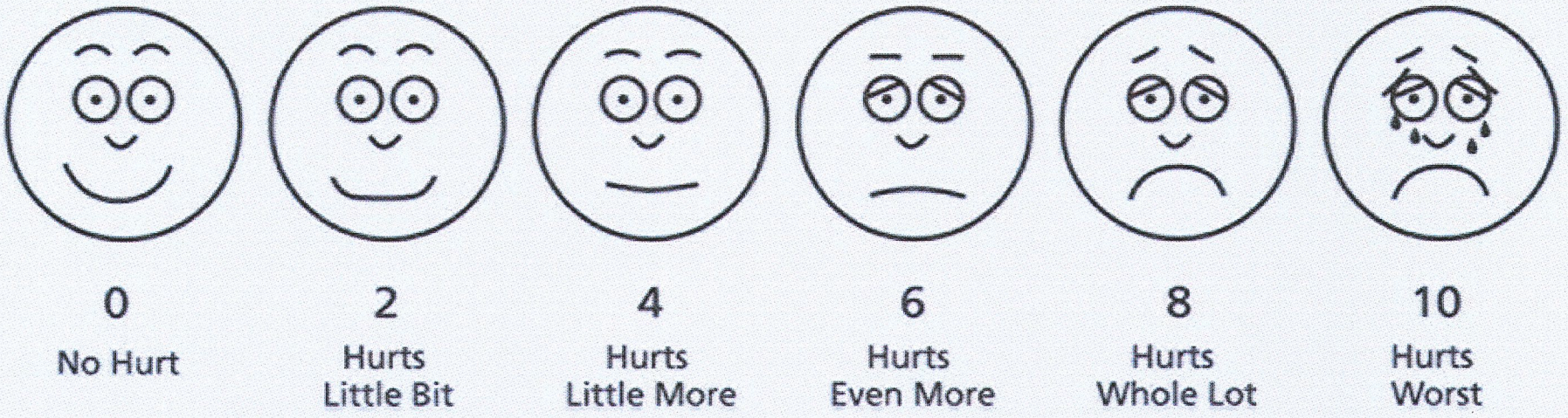
In 2010, the United States consumed 99% of the world's hydrocodone, 80% of the world's oxycodone and 65% of the world's hydromorphone.

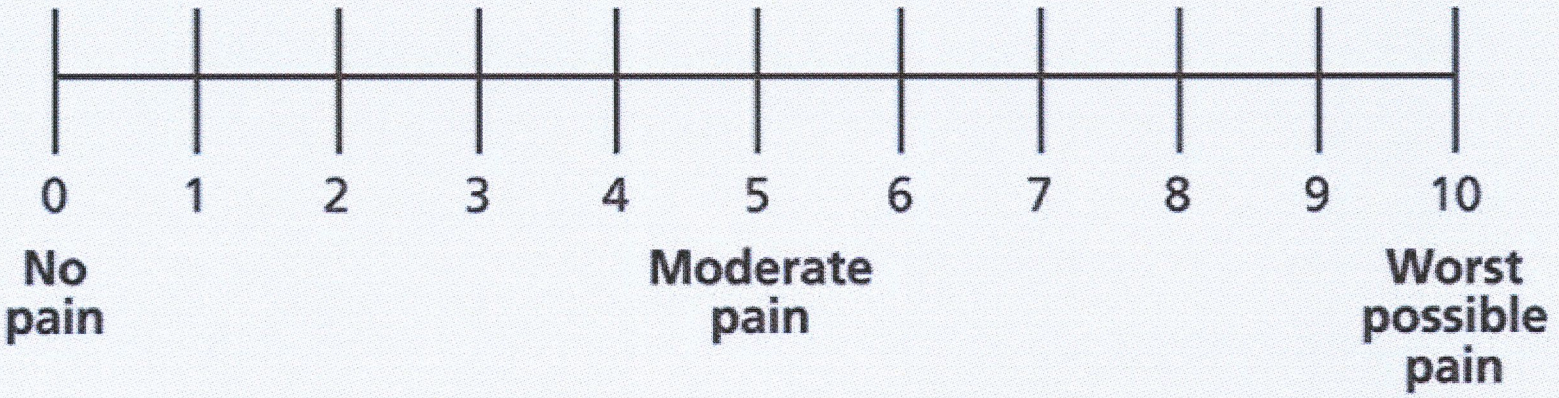
In 2012, Medicare began to look at hospital payments on patient satisfaction scores. If patients were pain there were higher satisfaction on patient scores.

Today, 91 Americans die every day from an opioid overdose. Methadone is eight times more likely to kill us due it pharmacokinetics; however it is $8 per month affordable, and on most preferred drug formulary insurance plans.

As the price of heroin goes down the number of heroin deaths increases and as the amount of controlled substances prescribed decreases.

SOURCE: Federation of State Medical Boards' Workgroup on Prescription Drug Monitoring Programs, September 2017


0
No Hurt
2
Hurts Little Bit
4
Hurts Little More
6
Hurts Even More
8
Hurts Whole Lot
10
Hurts Worst


0 1 2 3 4 5 6 7 8 9 10
No pain
Moderate pain
Worst possible pain

Joint Statement on Pain

(Adopted by the Iowa Boards of Medicine 8/28/08, Nursing 12/6/07, Pharmacy 10/7/08 and Physician Assistants 1/21/09)

The Iowa Boards of Medicine, Nursing, Pharmacy and Physician Assistants join together in a commitment to improve the pain management services for all Iowa residents.

Health care practitioners, i.e., medical doctors, osteopathic physicians, advanced practice nurses, registered nurses, licensed practical nurses, pharmacists and physician assistants care for patients regularly who have pain. Patients deserve to have their pain well managed, whether it's acute or chronic, mild or severe. Health care practitioners should, within their legal scope of practice, attend to patients' pain.

The goal of pain management is to treat each patient's pain in relation to the patient's overall health, including physical function and psychological, social and work-related factors. Although pain management is not an exact science, the Boards recognize that much can be done to treat pain more appropriately. Unmanaged or inappropriately treated pain impacts patients' quality of life, reduces patients' ability to be productive members of society and increases patients' use of health care services.

To effectively assist patients in managing their pain, health care practitioners should, within their legal scope of practice:

1. Routinely assess all patients for pain. All pain should be evaluated with an appropriate history and physical and with laboratory and diagnostic testing, if indicated.

2. Draw on the expertise that other health care practitioners offer in treating patients' pain and work cooperatively with them to balance between pain relief and sedation, keeping in mind each patient's level of pain, overall health and need to attend to family and other responsibilities. Utilize non-pharmacological and pharmacological approaches to the treatment of pain and suffering.

3. Regularly evaluate the effectiveness of the treatment plan and work together to alter the plan or seek consultation/referrals if the treatment is not providing optimal pain relief.

4. Document the assessment, plan of care and response to care in a clear, consistent, thorough and accurate manner. Patients should be informed of the risks and benefits when controlled substances or highly abusable drugs are prescribed in the ambulatory care setting. Documentation should be sufficiently detailed so that other practitioners can understand the original practitioner's findings and thought processes.

5. Anticipate and effectively manage side effects of pain medication, e.g., nausea,

constipation, fatigue, depression and anxiety.

6. Become knowledgeable about effective pain management.

7. Learn about addiction. Patients with addictions deserve to have their pain treated effectively. Patients in recovery from addiction who have pain should have their pain treated effectively while minimizing the recurrence of their addiction.

8. Minimize the risk of diversion of drugs by using a pain management contract for chronic pain patients prescribed controlled substances and other abusable drugs.[1] A licensed health care practitioner involved in the care of a patient in pain should not be at risk of disciplinary action from their respective licensing board for prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose, based on accepted scientific knowledge, sound clinical judgment and adequate documentation.

This policy statement is not a legally binding opinion of the four Boards, but is only intended to provide guidance to the public. The Boards may make formal policy only through administrative rules, declaratory orders or contested-case decisions.

653—13.2 (148,272C) Standards of practice—appropriate pain management. This rule establishes standards of practice for the management of acute and chronic pain. The board encourages the use of adjunct therapies such as acupuncture, physical therapy and massage in the treatment of acute and chronic pain. This rule focuses on prescribing and administering controlled substances to provide relief and eliminate suffering for patients with acute or chronic pain.

1. This rule is intended to encourage appropriate pain management, including the use of controlled substances for the treatment of pain, while stressing the need to establish safeguards to minimize the potential for substance abuse and drug diversion.
2. The goal of pain management is to treat each patient's pain in relation to the patient's overall health, including physical function and psychological, social and work-related factors. At the end of life, the goals may shift to palliative care.
3. The board recognizes that pain management, including the use of controlled substances, is an important part of general medical practice. Unmanaged or inappropriately treated pain impacts patients' quality of life, reduces patients' ability to be productive members of society, and increases patients' use of health care services.
4. Physicians should not fear board action for treating pain with controlled substances as long as the physicians' prescribing is consistent with appropriate pain management practices. Dosage alone is not the sole measure of determining whether a physician has complied with appropriate pain management practices. The board recognizes the complexity of treating patients with chronic pain or a substance abuse history. Generally, the board is concerned about a pattern of improper pain management or a single occurrence of willful or gross overtreatment or undertreatment of pain.
5. The board recognizes that the undertreatment of pain is a serious public health problem that results in decreases in patients' functional status and quality of life, and that adequate access by patients to proper pain treatment is an important objective of any pain management policy.
6. Inappropriate pain management may include nontreatment, undertreatment, overtreatment, and the continued use of ineffective treatments. Inappropriate pain management is a departure from the acceptable standard of practice in Iowa and may be grounds for disciplinary action.

13.2(1) *Definitions.* For the purposes of this rule, the following terms are defined as follows:

"Acute pain" means the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus and typically is associated with invasive procedures, trauma and disease. Generally, acute pain is self-limited, lasting no more than a few weeks following the initial stimulus.

"Addiction" means a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

"Chronic pain" means persistent or episodic pain of a duration or intensity that adversely affects the functioning or well-being of a patient when (1) no relief or cure for the cause of pain is possible; (2) no relief or cure for the cause of pain has been found; or (3) relief or cure for the cause of pain through other medical procedures would adversely affect the well-being of the patient. If pain persists beyond the anticipated healing period of a few weeks, patients should be thoroughly evaluated for the presence of chronic pain.

"Pain" means an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Pain is an individual, multifactorial experience influenced by culture, previous pain events, beliefs, mood and ability to cope.

"Physical dependence" means a state of adaptation that is manifested by drug class-specific signs and symptoms that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

"Pseudoaddiction" means an iatrogenic syndrome resulting from the misinterpretation of relief-seeking behaviors as though they are drug-seeking behaviors that are commonly seen with addiction. The relief-seeking behaviors resolve upon institution of effective analgesic therapy.

"Substance abuse" means the use of a drug, including alcohol, by the patient in an inappropriate manner that may cause harm to the patient or others, or the use of a drug for an indication other than that intended by the prescribing clinician. An abuser may or may not be physically dependent on or addicted to the drug.

"Tolerance" means a physiological state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction.

"Undertreatment of pain" means the failure to properly assess, treat and manage pain or the failure to appropriately document a sound rationale for not treating pain.

13.2(2) *Laws and regulations governing controlled substances.* Nothing in this rule relieves a physician from fully complying with applicable federal and state laws and regulations governing controlled substances.

13.2(3) *Undertreatment of pain.* The undertreatment of pain is a departure from the acceptable standard of practice in Iowa. Undertreatment may include a failure to recognize symptoms and signs of pain, a failure to treat pain within a reasonable amount of time, a failure to allow interventions, e.g., analgesia, to become effective before invasive steps are taken, a failure to address pain needs in patients with reduced cognitive status, a failure to use controlled substances for terminal pain due to the physician's concern with addicting the patient, or a failure to use an adequate level of pain management.

13.2(4) *Assessment and treatment of acute pain.* Appropriate assessment of the etiology of the pain is essential to the appropriate treatment of acute pain. Acute pain is not a diagnosis; it is a symptom. Prescribing controlled substances for the treatment of acute pain should be based on clearly diagnosed and documented pain. Appropriate management of acute pain should include an assessment of the mechanism, type and intensity of pain. The patient's medical record should clearly document a medical history, a pain history, a clinical examination, a medical diagnosis and a treatment plan.

13.2(5) *Effective management of chronic pain.* Prescribing controlled substances for the treatment of chronic pain should only be accomplished within an established physician-patient relationship and should be based on clearly diagnosed and documented unrelieved pain. To ensure that chronic pain is properly assessed and treated, a physician who prescribes or administers controlled substances to a patient for the treatment of chronic pain shall exercise sound clinical judgment and establish an effective pain management plan in accordance with the following:

a. Patient evaluation. A patient evaluation that includes a physical examination and a comprehensive medical history shall be conducted prior to the initiation of treatment. The evaluation shall also include an assessment of the pain, physical and psychological function, diagnostic studies, previous interventions, including medication history, substance abuse history and any underlying or coexisting conditions. Consultation/referral to a physician with expertise in pain medicine, addiction medicine or substance abuse counseling or a physician who specializes in the treatment of the area, system, or organ perceived to be the source of the pain may be warranted depending upon the expertise of the physician and the complexity of the presenting patient. Interdisciplinary evaluation is strongly encouraged.

b. Treatment plan. The physician shall establish a comprehensive treatment plan that tailors drug therapy to the individual needs of the patient. To ensure proper evaluation of the success of the treatment, the plan shall clearly state the objectives of the treatment, for example, pain relief or improved physical or psychosocial functioning. The treatment plan shall also indicate if any further diagnostic evaluations or treatments are planned and their purposes. The treatment plan shall also identify any other treatment modalities and rehabilitation programs utilized. The patient's short- and long-term needs for pain relief shall be considered when drug therapy is prescribed. The patient's ability to request pain relief as well as the patient setting shall be considered. For example, nursing home patients are unlikely to have their pain control needs assessed on a regular basis, making prn (on an as-needed basis) drugs less effective than drug therapy prescribed for routine administration that can be supplemented if pain is found to be worse. The patient should receive prescriptions for controlled substances from a single physician and a single pharmacy whenever possible.

c. Informed consent. The physician shall document discussion of the risks and benefits of controlled substances with the patient or person representing the patient.

d. Periodic review. The physician shall periodically review the course of drug treatment of the patient and the etiology of the pain. The physician should adjust drug therapy to the individual needs of each patient. Modification or continuation of drug therapy by the physician shall be dependent upon evaluation of the patient's progress toward the objectives established in the treatment plan. The physician shall consider the appropriateness of continuing drug therapy and the use of other treatment modalities if periodic reviews indicate that the objectives of the treatment plan are not being met or that there is evidence of diversion or a pattern of substance abuse. Long-term opioid treatment is associated with the development of tolerance to its analgesic effects. There is also evidence that opioid treatment may paradoxically induce abnormal pain sensitivity, including hyperalgesia and allodynia. Thus, increasing opioid doses may not improve pain control and function.

e. Consultation/referral. A specialty consultation may be considered at any time if there is evidence of significant adverse effects or lack of response to the medication. Pain, physical medicine, rehabilitation, general surgery, orthopedics, anesthesiology, psychiatry, neurology, rheumatology, oncology, addiction medicine, or other consultation may be appropriate. The physician should also consider consultation with, or referral to, a physician with expertise in addiction medicine or substance abuse counseling, if there is evidence of diversion or a pattern of substance abuse. The board encourages a multidisciplinary approach to chronic pain management, including the use of adjunct therapies such as acupuncture, physical therapy and massage.

f. Documentation. The physician shall keep accurate, timely, and complete records that detail compliance with this subrule, including patient evaluation, diagnostic studies, treatment modalities, treatment plan, informed consent, periodic review, consultation, and any other relevant information about the patient's condition and treatment.

g. Pain management agreements. A physician who treats patients for chronic pain with controlled substances shall consider using a pain management agreement with each patient being treated that specifies the rules for medication use and the consequences for misuse. In determining whether to use a pain management agreement, a physician shall evaluate each patient, taking into account the risks to the patient and the potential benefits of long-term treatment with controlled substances. A physician who prescribes controlled substances to a patient for more than 90 days for treatment of chronic pain shall utilize a pain management agreement if the physician has reason to believe a patient is at risk of drug abuse or diversion. If a physician prescribes controlled substances to a patient for more than 90 days for treatment of chronic pain and chooses not to use a pain management agreement, then the physician shall document in the patient's medical records the reason(s) why a pain management agreement was not used. Use of pain management agreements is not necessary for hospice or nursing home patients. A sample pain management agreement and prescription drug risk assessment tools may be found on the board's Web site at www.medicalboard.iowa.gov .

h. Substance abuse history or comorbid psychiatric disorder. A patient's prior history of substance abuse does not necessarily contraindicate appropriate pain management. However, treatment of patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra

care and communication with the patient, monitoring, documentation, and consultation with or referral to an expert in the management of such patients. The board strongly encourages a multidisciplinary approach for pain management of such patients that incorporates the expertise of other health care professionals.

i. Drug testing. A physician who prescribes controlled substances to a patient for more than 90 days for the treatment of chronic pain shall consider utilizing drug testing to ensure that the patient is receiving appropriate therapeutic levels of prescribed medications or if the physician has reason to believe that the patient is at risk of drug abuse or diversion.

j. Termination of care. The physician shall consider termination of patient care if there is evidence of noncompliance with the rules for medication use, drug diversion, or a repeated pattern of substance abuse.

13.2(6) *Pain management for terminal illness.* The provisions of this subrule apply to patients who are at the stage in the progression of cancer or other terminal illness when the goal of pain management is comfort care. When the goal of treatment shifts to comfort care rather than cure of the underlying condition, the board recognizes that the dosage level of opiates or controlled substances to control pain may exceed dosages recommended for chronic pain and may come at the expense of patient function. The determination of such pain management should involve the patient, if possible, and others the patient has designated for assisting in end-of-life care.

13.2(7) *Prescription monitoring program.* The Iowa board of pharmacy has established a prescription monitoring program pursuant to Iowa Code sections 124.551 to 124.558 to assist prescribers and pharmacists in monitoring the prescription of controlled substances to patients. The board recommends that physicians utilize the prescription monitoring program when prescribing controlled substances to patients if the physician has reason to believe that a patient is at risk of drug abuse or diversion. A link to the prescription monitoring program may be found at the board's Web site at www.medicalboard.iowa.gov .

13.2(8) *Pain management resources.* The board strongly recommends that physicians consult the following resources regarding the proper treatment of chronic pain. This list is provided for the convenience of licensees, and the publications included are not intended to be incorporated in the rule by reference.

a. American Academy of Hospice and Palliative Medicine or AAHPM is the American Medical Association-recognized specialty society of physicians who practice in hospice and palliative medicine in the United States. The mission of the AAHPM is to enhance the treatment of pain at the end of life.

b. American Academy of Pain Medicine or AAPM is the American Medical Association-recognized specialty society of physicians who practice pain medicine in the United States. The mission of the AAPM is to enhance pain medicine practice by promoting a climate conducive to the effective and efficient practice of pain medicine.

c. American Pain Society or APS is the national chapter of the International Association for the Study of Pain, an organization composed of physicians, nurses, psychologists, scientists and other professionals who have an interest in the study and treatment of pain. The mission of the APS is to serve people in pain by advancing research, education, treatment and professional practice.

d. DEA Policy Statement: Dispensing Controlled Substances for the Treatment of Pain. On August 28, 2006, the Drug Enforcement Agency (DEA) issued a policy statement establishing guidelines for practitioners who dispense controlled substances for the treatment of pain. This policy statement may be helpful to practitioners who treat pain with controlled substances.

e. Interagency Guideline on Prescribing Opioids for Pain. Developed by the Washington State Agency Medical Directors' Group in collaboration with an expert advisory panel, actively practicing providers and public stakeholders, the guideline focuses on evidence-based treatment for chronic-pain patients. The guideline was published in 2007 and updated in 2015.

f. Responsible Opioid Prescribing: A Physician's Guide. In 2007, in collaboration with author Scott Fishman, M.D., the Federation of State Medical Boards' (FSMB) Research and Education

Foundation published a book on responsible opioid prescribing based on the FSMB Model Policy for the Use of Controlled Substances for the Treatment of Pain.

g. World Health Organization: Pain Relief Ladder. Cancer pain relief and palliative care. Technical report series 804. Geneva: World Health Organization.

h. CDC Guideline for Prescribing Opioids for Chronic Pain. On March 15, 2016, the U.S. Centers for Disease Control and Prevention (CDC) issued a guideline to provide recommendations for the prescribing of opioid pain medication for patients 18 years of age and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than three months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

[**ARC 9599B** , IAB 7/13/11, effective 8/17/11; **ARC 2705C** , IAB 9/14/16, effective 10/19/16]

IOWA ADMINISTRATIVE CODE 653-CHAPTER 11

(CONTINUING EDUCATION AND TRAINING REQUIREMENTS: CHRONIC PAIN MANAGEMENT AND END-OF-LIFE CARE)

653—11.4 (1)

d. Training for chronic pain management for permanent or special license renewal. The licensee

shall complete the training for chronic pain management as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)"a."

(1) A licensee who regularly provides primary health care to patients in Iowa must complete at least two hours of category 1 credit for chronic pain management every five years. "A licensee who regularly provides primary health care to patients" means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

(2) A licensee who had a permanent license on August 17, 2011, has until August 17, 2016, to complete the chronic pain management training, and shall then complete the training once every five years thereafter.

e. Training for end-of-life care for permanent or special license renewal. The licensee shall complete the training for end-of-life care as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)"a."

(1) A licensee who regularly provides primary health care to patients in Iowa must complete at least two hours of category 1 credit for end-of-life care every five years. "A licensee who regularly provides primary health care to patients" means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

(2) A licensee who had a permanent license on August 17, 2011, has until August 17, 2016, to complete the end-of-life care training, and shall then complete the training once every five years thereafter.

CELEBRATING 125 YEARS

STATE OF IOWA
IOWA BOARD OF MEDICINE

MARK BOWDEN
Executive Director

February 23, 2011
FOR IMMEDIATE RELEASE

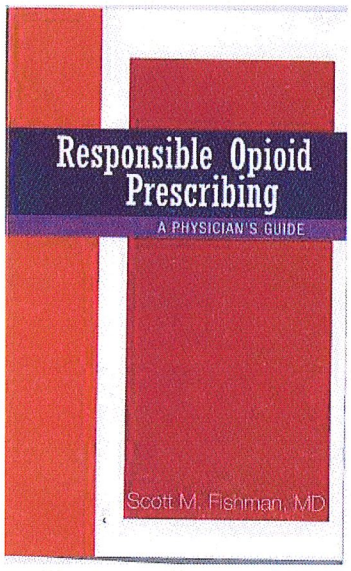
Board of Medicine offers book on pain medication prescribing

DES MOINES, IA – The Iowa Board of Medicine is offering Iowa physicians another resource to use when prescribing controlled substances to patients who suffer from chronic pain.

"Responsible Opioid Prescribing: A Physician's Guide" is offered free of charge to physicians upon request. To order a copy, call (515) 242-6039 or send an e-mail to ibm@iowa.gov Include the physician's name and postal address.

The book, by Scott Fishman, M.D., identifies pragmatic steps for reducing a patient's risk of addiction, abuse and diversion of pain medications. The book complements Iowa's administrative rule on pain management, IAC 653 – 13.2

Chief of the division of pain medication and a professor of anesthesiology and pain medicine at the University of California at Davis, Fishman prepared the book in collaboration with the Federation of State Medical Boards, a consortium of physician licensing and regulatory boards, including Iowa.



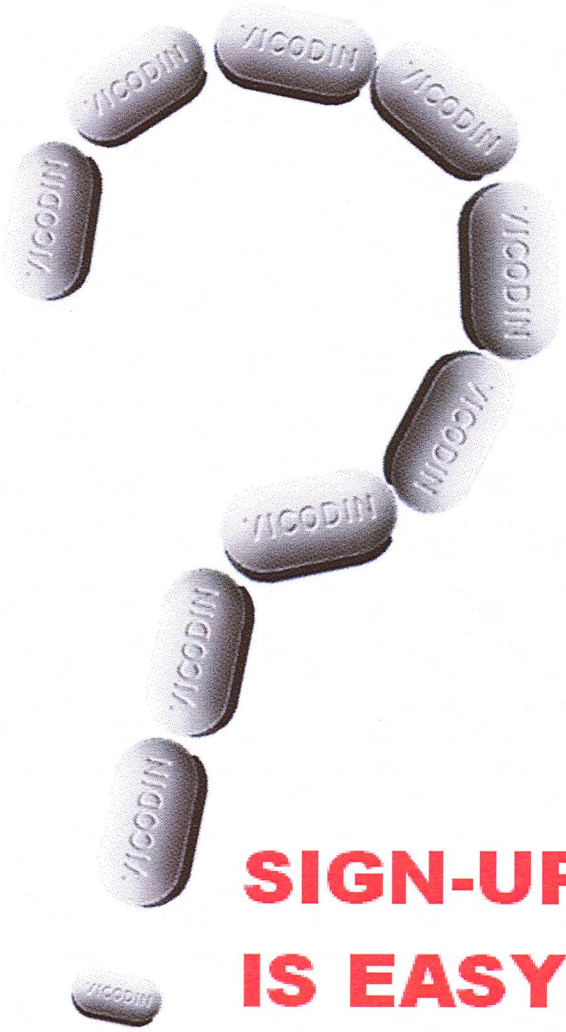
"Offering this book to Iowa physicians sends a strong message from the Board of Medicine that appropriate, safe, and effective pain management is an important part of providing good patient care," said Siroos Shiraz, M.D., Board chair. "When opioids are identified as appropriate for the treatment of pain, physicians have a responsibility to manage and reduce the risks associated with these controlled substances."

IOWA PRESCRIPTION MONITORING PROGRAM

ARE YOU REGISTERED?

The Iowa Board of Medicine is encouraging Iowa physicians to use the Iowa Prescription Monitoring Program to access important information about their patients' use of controlled substances. Use this new health care tool to:

- Determine appropriate treatment options
- Improve quality of patient care
- Identify potential diversion, misuse or abuse of controlled substances



SIGN-UP IS EASY!

REGISTER ONLINE:

https://pmp.iowa.gov/IAPMPWebCenter/

THE IOWA PRESCRIPTION MONITORING PROGRAM IS ADMINISTERED BY THE IOWA BOARD OF PHARMACY. FOR ASSISTANCE, CALL (515) 281-5944.

JULY 2009