MSBML Regulations and Updates

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Our Mission

- The Board's primary objective is to ensure the protection of the health, safety and welfare of Mississippians …….

Top 5 Reasons for Discipline by Licensure Board

1. Prescribing, dispensing or administering controlled substances outside the course of legitimate medical practice.
2. Failure to maintain proper medical records.
3. Having been disciplined by the licensing authority of another state or jurisdiction.
4. Chemical Dependency where a licensee refuses to enter treatment or comply with the requirements of the Mississippi Physicians Health Program.
5. Failure to properly collaborate with or supervise mid-level providers.

Part 2640

Chapter 1:Prescribing, Administering and Dispensing of Medication

Rule 1.3 Registration for a Controlled Substance Certificate

- You must have a DEA number.
- You must register for the MPMP (PMP).
- If a licensee is not a pain management clinic, must check the PMP at the initial encounter and then every 3 months.
- A copy of the PMP, or a reference to the PMP findings, must be entered into the patient's chart.

Why Use the PMP?

- Improves patient safety by:
  1. Identifying patients that are obtaining opioids from multiple providers.
  2. Calculate the total number of opioids prescribed in a day (mme's /day).
  3. Identify patients who are being prescribed other substances that increase the risk of opioids – like benzodiazepines.

Rule 1.4 Maintenance of Records and Inventories

- You must perform an in-person, good faith exam and have a medical diagnosis before you write a Rx.

- Examples of in-person exceptions are:
  - Telemedicine
  - Taking call for a partner

Rule 1.5 Use of Diet Medication

- A complete H&P must be performed prior to prescribing diet medications.
- Appropriate labs should be checked.
- BMI and/or % body fat should be recorded.

Rule 1.6 Weight Management Practice

- If you are a weight management practice you must register with the Board.

Rule 1.7 Use of Controlled Substances for Chronic Non-Cancer/Non-Terminal Pain

- Nothing in this paragraph shall prevent a licensee from writing a narcotic to prevent "acute withdrawals" while arrangements are being made for transfer to a treatment center.
- Must use point of service drug testing at least 3 times/year.

Pain Practice Referrals

- More than 100mme/day necessitates a ‘referral’ to a pain specialist.
- The term ‘referral’ *can* be viewed in the context of ‘consultation,’ depending on the circumstances.

Why Use the UDS?

- Provides information about drugs the patient may not have reported.
- Is the result “expected” or “unexpected”
  - Is the “expected” drug testing positive
  - Is there an “unexpected” drug testing positive

<u>You do not have to dismiss the patient.</u>

Rule 1.10 Prescribing Guidelines for Controlled Substances.

- Prescriptions for benzodiazepines must be limited to a 30 day supply with no more than 2 refills, or a 90 day supply with no refills.
- No more than 1 prescription may be written on a single prescription form.
- Writing a second prescription with a “do not fill” date.

Rule 1.11 Prescription Guidelines – All Medications

- 1. You must have a valid licensee-patient relationship.
- 2. You must conduct an appropriate history and physical examination of the patient that meets the applicable standards of care.

Rule 1.14 Pain Management Medical Practice

- 1. A pain management medical practice must register with the Board.
- 2. Prior to the initial issuance of an opioid and/or benzodiazepine prescription for the treatment of chronic non-cancer, non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a registered pain management physician.

Hospice Regulations

- Self-referring is allowed
- it is preferred that patients be referred to hospice by their treating physician.
- If a patient is self-referred, a consult must be obtained to validate the admission to hospice.
- Medical Directors must disclose in writing to PCP that their patient has been admitted to hospice.

Hospice Regulations

- The patient's chart has been thoroughly reviewed by the Medical Director and just cause exist for admission to hospice.

Hospice Regulations

- A new admission to hospice may be prescribed appropriate medicine as long as an evaluation by a person (MD,DO,NP,PA) with prescriptive authority, who is writing the majority of the prescriptions, occurs no later than 30 days after admission.

CME Requirements

- 40 hours Category 1, every 2 years
- 5 hours towards the prescribing of controlled substances
- Due on even years
- New system will randomly select licensees for audit

Chapter 2: Cannabis Certification

Rule 1.2 Definitions

- Bona-fide practitioner-patient relationship
- Certifying Practitioner
- Debilitating medical condition
- Scope of practice
- Written Certification (MSDH)

Rule 1.3 Certification

- Must be authorized and registered with **the MSDH, then must register with the Board**
- Patient has been diagnosed with a certifying condition after an **in-person** assessment and **documented in the chart**
- Only issued to a pediatric patient with parental/guardian **signed** consent

Treatment Plan

- Review other measures that have been tried
- Advice on other options and potential risk of using cannabis
- Determination that patient may benefit from the use of cannabis
- Stated goals including the reduction or elimination of controlled substances

Pediatric Certification

- Only MD and DO may certify minors (<18)
- The Certifying Practitioner has explained the risk/benefits to custodial parent or guardian
- Custodial parent or guardian consents in writing:
  - Acknowledge the potential harm
  - Allow qualifying patients use
  - Control the acquisition of medical cannabis

Young Adult Certifications

- A patient with a qualifying condition between the ages of 18-25
- Must have 2 practitioners from separate practices (1 must be MD or DO)
- 2 practitioner rule does not apply if patient is homebound or had a previous registry prior to turning 18

Rule 1.5 Continuing Medical Education

- Practitioners applying for the first time must have 8 CME hours in the area of medical cannabis
- After the first year, 5 hours CME in the area of medical cannabis
- Courses must be approved by MSDH
- These hours are **in addition to** standard number of CME hours required

Freedom of Choice

- A certifying practitioner may not:
  - Refer patients to a specific medical cannabis establishment
  - Refer a patient to a specific registered care giver
  - Hold a financial interest in a medical cannabis establishment
  - Share office space with a cannabis dispensary

PMP and UDS

- Must check the PMP at each encounter involving certification, recertification or follow-up related to medical cannabis
- Must check a UDS or another test at each in-person visit for certification or re-certification
- Inconsistent test should be utilized as a tool to determine compliance.

Concomitant Use

- Generally discouraged
- Lack of data on interactions between cannabis and controlled substances
- Focus should be on improving patient quality of life while assessing for contraindications of concomitant use
- Goal is to reduce or eliminate controlled substances

Prescribing vs. Recommending

- Based on federal court decisions:
  - **A practitioner may:**
    - 1. discuss treatment options with or without cannabis
    - 2. discuss pros and cons of using cannabis
    - 3. recommend a patient consider the use of cannabis
    - 4. sign a form to that effect

Prescribing vs. Recommending

- Based on federal court decisions
  - **A practitioner may not:**
    - 1. order a patient to consume cannabis
    - 2. provide instructions on the form of cannabis to be taken
    - 3. order that cannabis be prepared or distributed to the patient

Questions

But what about Tramadol?

- Tramadol is a synthetic opioid analgesic. As such, it will not show up on a standard opioid UDS.
- Tramadol prescribing would only require PMP review, not routine UDS.
- Physicians should test for Tramadol if the capability is present and it is normal to do so in the usual course of their practice.

Part 2630 – Collaboration
Part 2615 – Supervision

Rule 1.12 Freedom of Choice

- A physician may own or operate a pharmacy if there is no resulting exploitation of a patient.
- A patient has the right for the prescription to be filled by any legal means and at any pharmacy they choose.
- Patients have a right to prompt access to the information contained in their medical records.

Rule 1.2 – Definitions

- Primary Care Physician – a physician whose practice is limited to Family Practice, General Internal Medicine, Mental Health, Women's Health, and Pediatrics.
- Free Standing Clinic – a clinic where patients are treated by a Nurse Practitioner (Physician Assistant) which is more than 75 miles away from their collaborator.

Rule 1.3 – Board Review

- Any application for a FSC must be Board approved.
- Each collaborative relationship must have a formal “Quality Improvement” program. It shall consist of review of 10% or 20 charts every month.
- There shall be a “face to face” quarterly meeting and it shall be documented.

Rule 1.4 – Collaborative Relationships

- Must have back up coverage
- Back up must be on the protocol
- In emergency situations, with the approval of the BON and MSBML, a NP will be given 90 days to find a new collaborative physician.

Calculating the Total Number of Opioids Prescribed in a Day

- 50 MME/day
  - 50 mg hydrocodone (10 Norco 5/325)
  - 33 mg of oxycodone (~2 OxyContin IR 15 mg)
  - ~12 mg methadone (< 3 tablets methadone 5 mg)

Calculating the Total Number of Opioids Prescribed in a Day

- 90 MME/day
  - 90 mg hydrocodone (9 Norco 10/325)
  - 60 mg oxycodone (~2 OxyContin IR 30mg)
  - ~20 mg methadone (4 methadone tablets, 5 mg)