

Frequently Asked Questions about the Georgia Composite Medical Board's Pain Rule (360-3-.06)

1. Who must perform the physical exam of a patient enrolled in a licensed hospice setting?

According to rule 360-3-.06.2(c) a physician shall have a medical history of the patient, a physical exam of the patient shall have been conducted, and informed consent shall have been obtained. This implies that the physician does not personally have to perform this physical examination. The physical examination may be performed prior to the referral to hospice by the referring physician, and documentation of such would be adequate. If a completely new physical exam is required, that physical exam must be performed by a licensed health care provider, and the physical exam must be within the scope of practice of that licensed health care provider in the State of Georgia.

2. How often do patients need to be tested for compliance under the new Board rule?

The rule states that the patient must be seen at least every 90 days when they are being prescribed chronic opiate therapy for more than 90 days in a one-year period. The patient should be checked for compliance during this evaluation. The patient may be seen more often than every 90 days. Evaluations for compliance include physical exam, laboratory evaluation to include serum, sweat, urine or blood testing, pill counts, and interviews. Sweat, serum, urine and blood testing should be done on a random basis. A random basis is defined as a basis which the patient cannot predict ahead of time. It would be difficult to test a patient randomly if they were only seen every three months, as the requirement is for them to be tested every three months. In this setting, the patient may be called in for a nonclinical visit to be tested as a possible solution to this dilemma. An exception may be made to seeing the patient at least every 90 days because of hardship, as long as this is clearly documented in the chart. Compliance cannot be checked if no visit is made, as in a hardship exception.

3. A patient asks if they have to comply with the new state law on pain management when being prescribed *Concerta*, a Schedule II prescription for ADD.

The new rule applies to Schedule II and III substances prescribed for pain or chronic pain. The use of Schedule II substances for the management of ADD is not included under the purview of this rule.

4. If I prescribe Schedule II or III substances to ANY patient more than 90 days, am I required to perform further monitoring?

The rule states that ANY patient prescribed Schedule II or III substances 90 days or greater in a calendar year MUST be monitored. The definition of monitoring in the rule states this MUST include serum, urine, saliva, or sweat testing EXCEPT in cases of hardship. Any hardship exception must be clearly documented in the patient record. There are no further requirements, unless a physician's practice is composed of greater than 50% annual patient population of chronic pain receiving Schedule II or III substances.