

New Hampshire state monitor

Overview relating to prescribing of controlled substances to treat pain and clinical drug testing

Does New Hampshire have a prescription drug monitoring program (PDMP)?

Yes. The New Hampshire Board of Pharmacy administers and oversees the operation of the Controlled Drug Prescription Health and Safety Program and utilized Apriss Health to develop a database that collects and stores prescribing and dispensing data for Schedule II, III, and IV controlled substances. All prescribers and dispensers authorized to prescribe or dispense Schedule II-IV controlled substances within the state shall be required to register with the program. Prescribers must query the PDMP prior to prescribing an initial Schedule II, III, or IV opioid for the management or treatment of pain and then periodically thereafter, at least twice per year.

PDMP administration

PDMP name	New Hampshire PDMP (also called the New Hampshire Controlled Drug Prescription Health and Safety Program)
State entity operating PDMP	Board of Pharmacy
PDMP data retention time	3 years ⁱ

PDMP access

<input checked="" type="radio"/> Prescriber access	<input checked="" type="radio"/> Delegate access	<input checked="" type="radio"/> Dispenser access
<input checked="" type="radio"/> Regulatory board access	<input type="radio"/> Medicaid access	<input checked="" type="radio"/> Patient access
<input checked="" type="radio"/> In-state law enforcement access	<input checked="" type="radio"/> Out-of-state law enforcement access	

Types of patient data prescriber permitted to access

<input checked="" type="radio"/> Current patients	<input type="radio"/> Prospective patients	<input type="radio"/> Former patients
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Reporting and authorized use

Prescriber required to query PDMP before prescribing a controlled substance	Prescribers must query the PDMP prior to prescribing an initial Schedule II, III, or IV opioid for the management or treatment of pain and then periodically thereafter, at least twice per year.	
<input checked="" type="radio"/> Prescriber required to register with PDMP	<input checked="" type="radio"/> Dispenser reporting required	<input checked="" type="radio"/> Interstate sharing of data permitted
Drugs required to be reported	Schedules II – IV	
Required frequency for reporting	Every day	

Does New Hampshire have a medical marijuana program?

Yes.

Medical marijuana laws for patients

<input checked="" type="radio"/> State law authorizing adults to use medical marijuana	<input checked="" type="radio"/> Minors authorized to use medical marijuana	<input checked="" type="radio"/> Physician-written certification required to become a qualifying patient
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New Hampshire state monitor

Qualifying disease diagnoses for medical marijuana

Cancer, glaucoma, HIV positive, AIDS, hepatitis C, epilepsy, multiple sclerosis, Crohn's disease, Alzheimer's disease, chemotherapy-induced anorexia, hospice patients, cachexia or wasting syndrome, Parkinson's disease, amyotrophic lateral sclerosis (ALS), muscular dystrophy, traumatic brain injury, chronic pancreatitis, spinal cord injury or disease, ulcerative colitis, lupus, Ehlers-Danlos syndrome, moderate-to-severe pain, moderate-to-severe PTSD, severely debilitating or terminal medical condition producing elevated intraocular pressure, constant or severe nausea, moderate-to-severe vomiting, seizures, or severe, persistent muscle spasms

Does New Hampshire have a pain clinic registration act?

No. New Hampshire does not have a pain clinic registration act and there is no pain management registration requirement.

Does New Hampshire have a naloxone access law?

Yes. A healthcare professional authorized to prescribe an opioid antagonist may prescribe, dispense, or distribute, directly or by standing order, an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.

Naloxone overdose prevention laws

- Prescriber immunity from civil liability for prescribing, dispensing, or distributing naloxone
- Prescriber immunity from criminal prosecution for prescribing, dispensing, or distributing naloxone
- Prescriber immunity from professional sanctions for prescribing, dispensing, or distributing naloxone
- Prescriptions authorized to third parties (eg, friends and family)

Does New Hampshire have a Good Samaritan overdose prevention law?

Yes. Individuals who in good faith and in a timely manner request medical assistance for themselves or another person who is experiencing a drug overdose shall not be arrested, prosecuted, or convicted for possessing, or having under their control, a controlled drug in violation of specified drug and drug paraphernalia possession or delivery offenses, if the evidence for the charge was gained as a proximate result of the request for medical assistance.

Good Samaritan overdose prevention law

- Immunity from arrest for controlled substance possession
- Immunity from prosecution for controlled substance possession

Does New Hampshire have an opioid prescribing rule or guideline?

Yes. The New Hampshire Board of Medicine promulgated Chapter 500 of their regulations dictating standards of conduct that when breached constitute unprofessional conduct, subject to disciplinary action. These standards provide requirements for physicians prescribing controlled substances for pain control and include separate standards for treating acute and chronic pain. The Board recommends screening patients for potential abuse by using the Screener and Opioid Assessment for Patients with Pain (SOAPP), and generally requires appropriate toxicology screening.

The Board's guideline for acute pain requires physicians to conduct and document physical exams of patients, prescribe the

New Hampshire state monitor

lowest effective dose of any opioid, document the prescription and its rationale, and consider non-opioid alternative pain treatments.

The Board's guideline for chronic pain includes the same requirements as for acute pain, but further requires written informed consent, treatment plans, and other documentation. The guidelines also require random and periodic urine drug testing at least annually for all patients using opioids for longer than 90 days. These testing requirements may be opted out of if the patient is a resident in a long-term, non-rehabilitative nursing home where medications are administered by licensed staff, or the patient is being treated for episodic intermittent pain and receiving no more than 50 dose units of opioids in a 3-month period.

The New Hampshire Medical Society developed the New Hampshire Opioid Prescribing Resource for Chronic Non-Terminal Pain. This resource is intended for the treatment of chronic non-terminal pain, but the Medical Society instructs that clinicians may also find the principles, tools, and other cited resources helpful for the management of acute pain and pain associated with terminal illness.

Lastly, in N.H. Rev. Stat. §318-B:10, in a bona fide emergency situation, a practitioner may dispense a controlled drug to a patient under his care but only in a quantity not to exceed a 48-hour supply for all Schedule II substances or a 7-day supply of Schedule III, IV, or V substances. There is no statutory limit for directly administering a controlled substance to a patient.

Does New Hampshire have guidance on the treatment of opioid addiction in the medical office? Do these materials make reference to drug testing as part of the patient treatment plan?

Yes. In January 2016, the Bureau of Drug and Alcohol Services (BDAS) at the New Hampshire Department of Health and Human Services published a guidance document on best practices titled "Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire." In April 2018, the BDAS released an updated second edition of this document. Although the focus of this guidance document is more broadly on medication-assisted treatment (MAT) practices, it provides a lot of recommendations on office-based opioid treatment (OBOT). It provides an overview of buprenorphine or naltrexone service delivery models based on the setting, including MAT-specific programs like an opioid treatment program or a free-standing buprenorphine clinic, as well as a model for buprenorphine or naltrexone delivery in a primary care clinic or office. For each model, the guidance document suggests a care coordinator take on the responsibility of random and routine urine drug testing. In the case of buprenorphine treatment delivered in a primary care office, the document suggests that a nurse, medical assistant, or prescriber serve in that care coordinator role. Furthermore, the document states that New Hampshire is strongly promoting OBOT programs to actively employ best practices that include routine and random urine drug tests and PDMP queries with each prescription. The guidance document goes on to detail a recommended urine drug testing policy, which includes establishing guidelines on frequency, formulating a reimbursement strategy, and establishing a response to results when the presence of an unexpected substance or the absence of a prescribed medication is detected.

On the horizon

New Hampshire has no pain-related legislation pending at this time.

Quick links & resources

New Hampshire PDMP
<https://www.oplc.nh.gov/prescription-drug-monitoring/>

New Hampshire PDMP Login
<https://newhampshire.pmpaware.net/login>

New Hampshire PDMP User Support Manual
http://www.newhampshirepdmp.com/assets/files/nhpdmp/aware/NH_PDMP_AWARxE_Requestor_User_Support_Manual.pdf

New Hampshire state monitor

New Hampshire Board of Pharmacy PDMP Resources
<https://www.oplc.nh.gov/pharmacy/drug-monitoring.htm>

New Hampshire Board of Medicine Regulations
http://www.gencourt.state.nh.us/rules/state_agencies/med.html

New Hampshire Opioid Prescribing Resource for Chronic Non-Terminal Pain
<http://www.nhms.org/new-hampshire-opioid-prescribing-resource>

New Hampshire Bureau of Drug and Alcohol Services (BDAS) Guidance Document on Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services
<https://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf>

Federation of State Medical Boards
<https://www.fsmb.org/>

Federation of State Medical Boards Guidelines for the Chronic Use of Opioid Analgesics, April 2017
https://www.fsmb.org/Media/Default/PDF/Advocacy/Opioid%20Guidelines%20As%20Adopted%20April%202017_FINAL.pdf

Federation of State Medical Boards Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office
http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/2013_model_policy_treatment_opioid_addiction.pdf

¹Pursuant N.H. Rev. Stat. § 318-B:32, prescription information relating to any individual, which information does not meet the level established to suggest possible drug abuse or diversion shall be deleted within 36 months after the initial prescription was dispensed. All other information shall be deleted after 3 years.

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