



EXHIBIT D-2

ARKANSAS STATE BOARD OF NURSING

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Sue A. Tedford, MNSc, APRN
Executive Director

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June 28, 2018

Over Prescribing of Opioids Report to the Joint Public Health, Welfare and Labor Committee

The Board of Nursing is concerned about the abuse and addiction of prescription medications including opioids. We have instituted multiple ways of addressing this issue such as:

ASBN addresses the over prescription of opioid medication by:

- Annual Prescription Drug Summit – Education is the foundation of correcting any problem and the Prescription Drug Summit is an excellent resource. ASBN has been a financial supporter of the summit each year. The Board members and staff attend the summit due to the excellent content provided. In 2017 the Board altered their hearing dates in order for the Board members and staff to attend. ASBN also advertises the summit to licensees.
- Act 1208 of 2015: ASBN revised the *Rules*, Chapter 4 to incorporate the requirements of this act and ensure advanced practice registered nurses (APRNs) were prescribing in a responsible manner.

In this act, continuing education on boundaries and prescribing rules and regulations was required for APRNs who were issued prescriptive authority after December 31, 2015. The Board believes all APRNs with prescriptive authority need this education due to the laws and rules being subject to change. Due to this belief, the Board added (not required by the act) a rule requiring all APRNs with prescriptive authority to complete this continuing education as part of their renewal every two years.

Rules, Chapter 4, Section XII on chronic nonmalignant pain was added which follows the requirements in the act.

Prescriber usage of the PDMP was addressed in this act. According to the act, if the prescriber has violated the laws and/or rules of the licensing agency they are required to check the PDMP prior to writing a prescription for an opioid. The act allowed this requirement to be lifted if the Board deems appropriate. This requirement for checking the PDMP was added to the prescribing rules for APRNs. The Board believes this is an important measure for public safety and will maintain this requirement for the duration of the disciplinary action. Documentation of the PDMP check in the medical record is also required by rule.

- Act 411 of 2015 requires mandatory reporting for healthcare employers who take final disciplinary action against an employee or if an employee voluntarily resigns as a result of

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the diversion, misuse, or abuse of illicit drugs or controlled substances. We have presented this information in the public presentations conducted by staff at conferences around the state. Nurses know they are mandatory reporters but we want to make sure that other employers within the healthcare facilities realize they are now mandatory reporters. A Board cannot take any action if the incident is not reported to the appropriate licensing agency.

- Act 820 of 2017 requires a prescriber to check a PDMP when prescribing an opioid from Schedule II or III and prescribing a benzodiazepine for the first time. ASBN made their rules slightly more restrictive by requiring the prescriber to additionally check the PDMP every six (6) months thereafter for benzodiazepines.

ASBN monitors members of the profession for possible abuse

All complaints submitted to the agency which appear to be a violation of the *Nurse Practice Act* or *Rules* are investigated. A part of any investigation related to misappropriation, abuse, impairment, drug related crime, etc. is the PDMP report on the controlled substances prescribed for the nurse. If the complaint is against an APRN, a prescribing PDMP report is also requested. Nurses who are found guilty of violations related to drug abuse or addiction are placed in a disciplinary monitoring program. Nurses with substance abuse issues are encouraged to seek treatment as recommended by a professional who specializes in addiction. While under a disciplinary order, the nurse must abstain from all abuse potential substances including alcohol. This is monitored by requiring the nurse to call in to a drug testing company every day of their disciplinary order and submitting random drug screens. They are also required to attend support group meetings such as AA/NA or church-based programs. In addition, they are restricted to one provider and one pharmacy which is monitored through periodic PDMP reports.

In July 2018 the Board will begin their alternative to discipline program. This will be structured much like the discipline program other than if the participant is diagnosed with a substance abuse problem, treatment is required.

Use of prescribing reportcards

Act 820 of 2017 requires the Arkansas Department of Health to monitor prescribers and identify misuse or abuse of controlled substances. ASBN staff have included information on the PDMP when educating APRNs with prescriptive authority. Currently 89.2% of APRNs with prescriptive authority have registered with the PDMP program. As of May 2018, APRNs made an average of 52,610 queries per month. The initial report cards were released in April 2018. This report card was sent to 1,342 APRNs. At this time the information in the report

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cards has not been released to the licensing agency. Once the information is available to the agency, we will investigate prescribers who appear to be over prescribing.

ASBN educational programs

ASBN staff have conducted educational programs around the state for LPNs, RNs and APRNs since 2003. Drug abuse has routinely been a part of these programs. A special presentation was developed for APRNs related to prescribing and drug abuse. This presentation includes the necessity of checking PDMPs on patients prior to prescribing.

APRNs with prescriptive authority have been required to complete a minimum of five contact hours of pharmacotherapeutics since 2010. In 2016 this requirement was revised to include two hours of continuing education related to professional boundaries and prescribing (required by Act 1208 of 2015).

Nurses with substance abuse problems who are placed on a board order are required to complete a continuing education program on substance abuse in addition to the standard monitoring requirements.

There is no quick fix to the opioid crisis. However the Board of Nursing is committed to assisting in implementing a solution.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Sue A. Tedford".

Sue A. Tedford, MNsc, APRN
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