

**VIRGINIA BOARD OF DENTISTRY
MINUTES OF REGULATORY ADVISORY PANEL
Discussion of the Prescribing of Opioids in the Practice of Dentistry
January 23, 2017**

TIME AND PLACE: The meeting of the Regulatory Advisory Panel was called to order at 9:20 a.m., on January 23, 2017, Department of Health Professions, 9960 Mayland Drive, Suite 201, Training Room 2, Henrico, Virginia 23233.

PRESIDING: John M. Alexander, D.D.S., Board Member, Board of Dentistry

**REGULATORY
ADVISORY PANEL**

MEMBERS PRESENT: A. Omar Abubaker, D.M.D., PhD, Oral & Maxillofacial Surgery
VCU School of Dentistry
B. Ellen Byrne, D.D.S., PhD, Professor of Endodontics
VCU School of Dentistry
Carol R. Russek, J.D., Board Member, Board of Dentistry

STAFF PRESENT: Kelley W. Palmatier, Deputy Executive Director, Board of Dentistry
Elaine J. Yeatts, DHP Senior Policy Analyst
Donna Lee, Discipline Case Manager, Board of Dentistry

OTHERS PRESENT: David E. Brown, D.C., DHP Director

**ESTABLISHMENT OF
A QUORUM:** With all Regulatory Advisory Panel members present, a quorum was established.

Ms. Palmatier read the emergency evacuation procedures.

**DISCUSSION ON THE
PRESCRIBING OF
OPIOIDS FOR ACUTE
AND CHRONIC DENTAL
RELATED PAIN:**

Dr. Alexander stated that the purpose of the meeting was to discuss the prescribing of opioids for acute and chronic dental pain, and to develop a guidance document and points to be addressed in emergency regulations.

Ms. Yeatts informed the Regulatory Advisory Panel ("Panel") that there are currently two bills at the General Assembly, when signed, the Board of Dentistry would have a statutory requirement to adopt regulations dealing with opioids for acute and chronic dental pain.

Ms. Yeatts explained the regulatory process regarding emergency regulations and that they are generally in effect 12-18 months before being replaced with permanent regulations. She also stated that one bill in the General Assembly is being amended to require a prescriber of opioids to check with the Prescription Monitoring Program for a prescription written for 7 days or more instead of the current law that states 14 days.

Dr. Brown stated that the goal of the emergency regulations and a guidance document regarding opioid prescribing is to provide clear guidance to practitioners so as to avoid overprescribing opioids to patients, recognizing that there may be unusual circumstances when a dentist may have to address chronic pain.

The Panel agreed that dentists should not have contracts with patients to treat chronic pain, but that a patient should be referred to a program for pain management where there are strict regulations that both the pain management doctor and patient have to follow.

The Panel reviewed the Board of Medicine's draft regulations for Governing Prescribing for Pain and Prescribing of Buprenorphine as a guideline to draft emergency regulations for the Board of Dentistry ("Board").

The Panel stated that the "Definitions" and the "Evaluation of the Patient" sections could read the same in the Board's draft emergency regulations as it does in the Board of Medicine's draft emergency regulations.

The Panel changed the title of the regulation "Treatment with Opioids" to read "Treatment of Acute Pain with Opioids" and the regulation to read as follows:

A. Initiation of opioid treatment for opioid naïve patients shall be with short-acting opioids.

B. Initiation of opioid treatment for all patients shall include the following:

1. A prescription for an opioid shall be a short-acting opioid in the lowest effective dose for the fewest number of days, not to exceed seven days.

2. The dentist shall carefully consider and document in the patient record the reasons to exceed 50 MME/day.

3. Prior to exceeding 120 MME/day, the dentist shall refer or consult with a pain management specialist.

C. If another prescription for an opioid is to be written beyond seven days, the dentist shall:

1. Re-evaluate the patient and document in the patient record the continued need for an opioid prescription; and
2. Check the patient's prescription history in the Prescription Monitoring Program.

The Panel also changed the title "Medical Records" to "Patient Record Requirement in Prescribing for Acute Pain" and the regulation to read as follows: The patient record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan and the medication prescribed (including date, type, dosage, strength, and quantity prescribed).

Also added were the following two regulations:

(1) Prescribing of opioids for chronic pain.

If a dentist treats a patient for whom an opioid prescription is necessary for chronic pain, he shall either:

1. Refer the patient to a medical doctor who has a specialty in pain management; or
2. Comply with regulations of the Board of Medicine, 18VAC85-21-10 et seq., if he chooses to manage the chronic pain with an opioid prescription.

(2) Continuing education required for prescribing.

A dentist who prescribes any Schedule II through V controlled substances during one renewal cycle shall obtain two hours of continuing education on pain management during the next renewal year. Continuing education hours required for prescribing of controlled substances may be included in the 15 hours required for renewal of licensure.

The Panel requested that Ms. Palmatier send the draft emergency regulations with the proposed changes discussed to each Panel member for review before they are presented to the Board at its meeting on March 10, 2017 for review and adoption.

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The Panel also decided to not draft a guidance document at the present time, but let the Board determine at its March meeting if a guidance document is necessary.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 10:45 a.m.

John M. Alexander, D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date