



ACADEMY OF DENTAL LEARNING & OSHA TRAINING

Opioid Safety & Pain Management in the Dental Office: New York State Mandated Training

The Academy of Dental Learning and OSHA Training, LLC, designates this activity (Video and course book) for 3 continuing education credits (3 CEs).

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Answer Sheet: Opioid Safety & Pain Management in the Dental Office: New York State Mandated Training

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| 2. _____ | 7. _____ | 12. _____ | 17. _____ |
| 3. _____ | 8. _____ | 13. _____ | 18. _____ |
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How would you rate this course overall?					
Time to complete the entire course and the test?	Hours: _____			Minutes: _____	
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- Write your answers on the one-page answer sheet included in this book, complete the credit card payment information, and return the form to the address below, fax, or email address below. Or, you may send a check or money order to the address below with your answer sheet.

Academy of Dental Learning and OSHA Training, LLC (ADL)

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Educational Objectives

Upon successful completion of this online course video and self study course book the learner will be able to:

- List the New York State (course book) and federal requirements (video) for prescribing controlled substances.
- Define pain (video).
- Describe pain management assessment and treatment techniques (video).
- Outline appropriate prescribing requirements (course book and video).
- Outline ways to effectively manage acute pain (video).
- Define palliative medicine (course book and video).
- Identify prevention, screening, and signs of addiction (video).
- State responses to abuse and addiction (video).
- Define how pain management is used in End of life care (course book and video).

Introduction

'Every year, 3.5 million patients in the U.S. have their wisdom teeth removed. In many cases, those patients receive a bottle of immediate-release opioids like Vicodin and Percocet to manage the post-surgery pain. According to a study in the *Journal of the American Dental Association*, dentists are responsible for 12 percent of prescriptions for fast-acting opioid pain relievers.

The same study estimates that 23 percent of those dentist-prescribed doses are used non-medically. Given the potential for addiction associated with these powerful opioids, the two statistics reveal a health risk inherent in their use by dentists.

A recent feature on NPR's *Weekend Edition Sunday* puts a face to the risk. The story follows James Hatzell, a young man who at the age of 17 received his first prescription for opioids after undergoing surgery to have his wisdom teeth removed. That prescription and his subsequent actions led to abuse of the pills, addiction—even an arrest for dealing drugs in college.

Many in the field of dentistry are re-considering the use of immediate-release opioids. Some state dental boards and associations have issued new guidelines for patients and practitioners. Pennsylvania, for example, now requires that dentists receive training in best practices for opioid prescriptions.

Others are looking for alternatives to the powerful painkillers and have found that over-the-counter non-steroidal anti-inflammatory drugs (NSAIDs) can be just as effective, and much less dangerous. The American Dental

Association's published guidelines on the use of opioids (updated in October 2016) even goes so far as to recommend that dentists "consider [NSAIDs] as the first-line therapy for acute pain management."

Something to consider if your practice is issuing opioid prescriptions to patients.' (Planet DDS, March 2017)

Viewing the online course video, *Opioid Safety & Pain Management in the Dental Office*, studying this coursebook and successfully completing the course test meets the New York State mandated coursework/training in pain management, palliative care, and addiction for all prescribers licensed in New York who treat humans and have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility's DEA registration number.

Due to the rise in Opioid addiction, the safe use of opioids and management of dental pain is receiving new scrutiny by regulatory and dental boards. This course reviews the state and federal laws governing the prescribing of opioids, explains how to diagnosis and manage pain, and how to assess patients for possible opioid addiction. This course is suitable for all members of the dental team.

Laws and Regulations for Mandatory Prescriber Education

Pursuant to Public Health Law (PHL) §3309:

Prescribers licensed under Title Eight of the Education Law in New York to treat humans and who have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility DEA registration number, must complete at least three (3) hours of course work or training in pain management, palliative care, and addiction. The course work or training must be completed by July 1, 2017, and once every three years thereafter.

Prescribers must attest to their own completion of the course work or training. For medical residents who are authorized to prescribe under a facility's DEA registration number, the facility must make the attestation. Instructions on how to attest can be found here:

https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/neat.htm.

The following information will help to answer questions about the applicability of this law:

- ✓ A prescriber licensed in New York to treat humans, who has a DEA registration number, (regardless of the location for which the DEA registration was issued) but who does not currently practice in New York State, is required to complete the mandatory pain management, palliative care and addiction education.

- ✓ When a prescriber becomes licensed under Title Eight of the Education Law to treat humans and obtains a DEA registration number after July 1, 2017 s/he must complete the course work within one year of DEA registration and once within each three year period thereafter.
- ✓ A resident who begins a residency and prescribes controlled substances under a facility's DEA registration number after July 1, 2017 must complete the course work or training within one year of the residency start date and once within each three year period thereafter. Attestation must be made by the facility.
- ✓ A prescriber who does not prescribe controlled substances, but is licensed in New York under Title Eight of the Education Law to treat humans and who has a DEA registration number, is required to complete course work or training in pain management, palliative care, and addiction even though s/he elects not to prescribe controlled substances. A prescriber's particular volume of prescribing is not a factor in the applicability of the requirement.
- ✓ A prescriber who is retired and does not treat patients or prescribe controlled substances, but has an active New York State license under Title Eight of the Education Law to treat humans and a DEA registration number, is required to complete course work or training in pain management, palliative care, and addiction.
- ✓ Prescribers licensed in New York under Title Eight of the Education law to treat humans, but who retain a DEA registration outside of New York need to take the required course work and attest.
- ✓ Prescribers licensed in New York under Title Eight of the Education law to treat humans, but who work in a VA Hospital, federal installation, or Indian Reservation and who have DEA registration numbers must complete the coursework/training. The requirement is based on New York State licensure type and the DEA registration status, not on the practice location.
- ✓ The prescriber is required to keep documentation of completion of the course work or training for a minimum of six (6) years from the date of submission of the attestation, for audit purposes. The documentation must include the course title, provider, location (webinar, online, address), the number of hours of training/education, and date of completion of the program.
- ✓ A prescriber may NOT carry excess hours of course work or training to the next three year cycle. The hours earned within a three year cycle may only be used to fulfill the requirement for that cycle.
(NYS DOH, 2017.)

New York State Requirements for Prescribing Controlled Substances

Prescription Forms

Taken from the New York State Department of Health, Laws and Regulations, Public Health Law, Article 2, Title 3 of Article 2-a, Section 281:

Official New York state prescription forms.

1. In addition to the requirements of section sixty-eight hundred ten of the education law or article thirty-three of this chapter, all prescriptions written in this state by a person authorized by this state to issue such prescriptions shall be on serialized official New York State prescription forms provided by the department. Such forms shall be furnished to practitioners authorized to write prescriptions and to institutional dispensers, and shall be non-reproducible and non-transferable. The commissioner, in consultation with the commissioner of education, may promulgate emergency regulations for the electronic transmission of prescriptions from prescribers to pharmacists or for ordering and filling requirements of prescription drugs for prescriptions written for recipients eligible for medical assistance pursuant to title eleven of article five of the social services law, for participants in the program for elderly pharmaceutical insurance coverage pursuant to title three of article two of the elder law and for prescriptions written pursuant to article thirty-three of this chapter. Nothing in this section shall prohibit the commissioner in consultation with the commissioner of education from promulgating any additional emergency regulations in furtherance of this subdivision.
2. The commissioner, in consultation with the commissioner of education, shall promulgate regulations requiring that prescription forms and electronic prescriptions include:
 - a. a section wherein prescribers may indicate whether an individual is limited English proficient, as defined in section sixty-eight hundred twenty-nine of the education law; and
 - b. if the patient is limited English proficient, a line where the prescriber may specify the preferred language indicated by the patient. Failure to include such indication on the part of the prescriber shall not invalidate the prescription.
3. On or before December thirty-first, two thousand twelve, the commissioner shall promulgate regulations, in consultation with the commissioner of education, establishing standards for electronic prescriptions. Notwithstanding any other provision of this section or any other law to the contrary, effective three years subsequent to the date on which such regulations are promulgated, no person shall issue any prescription in this state unless such prescription is made by electronic prescription from the person issuing the prescription to a pharmacy in accordance with such regulatory standards, except for prescriptions:
 - a. issued by veterinarians;

- b. issued in circumstances where electronic prescribing is not available due to temporary technological or electrical failure, as set forth in regulation;
 - c. issued by practitioners who have received a waiver or a renewal thereof for a specified period determined by the commissioner, not to exceed one year, from the requirement to use electronic prescribing, pursuant to a process established in regulation by the commissioner, in consultation with the commissioner of education, due to economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner;
 - d. issued by a practitioner under circumstances where, notwithstanding the practitioner's present ability to make an electronic prescription as required by this subdivision, such practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient's medical condition, provided that if such prescription is for a controlled substance, the quantity of controlled substances does not exceed a five day supply if the controlled substance were used in accordance with the directions for use; or (e) issued by a practitioner to be dispensed by a pharmacy located outside the state, as set forth in regulation.
- 3-a. A pharmacy that receives an electronic prescription from the person issuing the prescription may, if the prescription has not been dispensed and at the request of the patient or a person authorized to make the request on behalf of the patient, immediately transfer or forward such prescription to an alternative pharmacy designated by the requesting party.
- 4. In the case of a prescription for a controlled substance issued by a practitioner under paragraph (b) of subdivision three of this section, the practitioner shall indicate in the patient's health record that the prescription was issued other than electronically due to temporary technological or electrical failure.
 - 5. In the case of a prescription for a controlled substance issued by a practitioner under paragraph (d) or (e) of subdivision three of this section, the practitioner shall, upon issuing such prescription, indicate in the patient's health record either that the prescription was issued other than electronically because it (a) was impractical to issue an electronic prescription in a timely manner and such delay would have adversely impacted the patient's medical condition, or (b) was to be dispensed by a pharmacy located outside the state.
 - 6. The waiver process established in regulation pursuant to paragraph (c) of subdivision three of this section shall provide that a practitioner prescribing under a waiver must notify the department in writing promptly upon gaining the capability to use electronic prescribing, and that a waiver shall terminate within a specified period of time after the practitioner gains such capability.
 - 7. Notwithstanding any other provision of this section or any other law to the contrary, a practitioner shall not be required to issue prescriptions electronically

if he or she certifies to the department, in a manner specified by the department, that he or she will not issue more than twenty-five prescriptions during a twelve month period. Prescriptions in both oral and written form for both controlled substances and non-controlled substances shall be included in determining whether the practitioner will reach the limit of twenty-five prescriptions.

- a. A certification shall be submitted in advance of the twelve-month certification period, except that a twelve-month certification submitted on or before July first, two thousand sixteen, may begin March twenty-seven, two thousand sixteen.
- b. A practitioner who has made a certification under this subdivision may submit an additional certification on or before the expiration of the current twelve-month certification period, for a maximum of three twelve-month certifications.
- c. A practitioner may make a certification under this subdivision regardless of whether he or she has previously received a waiver under paragraph (c) of subdivision three of this section.

* NB Repealed June 1, 2020

Information on dispensing to ultimate users can be found on the this page of the New York State Department of Health's website:

<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>:

Information on dispensing to addicts and habitual users can be found on this page of the New York State Department of Health's website:

<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>:

Controlled Substances

Taken from the New York State Department of Health, Laws and Regulations, Public Health Law, Article 33, Controlled Substances:

Definitions

Addict: a person who habitually uses a controlled substance for a non-legitimate or unlawful use, and who by reason of such use is dependent thereon.

Administer: the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject.

Agent: an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser. No person may be authorized to so act if under title VIII of the education law such person would not be permitted to engage in such conduct. It does not include a common or contract carrier, public warehouseman, or employee of the carrier or warehouseman when acting in the usual and lawful course of the carrier's or warehouseman's business.

Concentrated Cannabis: (a) the separated resin, whether crude or purified, obtained from a plant of the genus Cannabis; or (b) a material, preparation, mixture, compound or other substance which contains more than two and one-half percent by weight of delta-9 tetrahydrocannabinol, or its isomer, delta-8 dibenzopyran numbering system, or delta-1 tetrahydrocannabinol or its isomer, delta 1 (6) monoterpene numbering system.

Controlled substance: a substance or substances listed in section thirty-three hundred six of this chapter.

Commissioner: commissioner of health of the state of New York.

Deliver or delivery: the actual, constructive or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship.

Department: the department of health of the state of New York.

Dispense: to deliver a controlled substance to an ultimate user or research subject by lawful means, including by means of the internet, and includes the packaging, labeling, or compounding necessary to prepare the substance for such delivery.

Distribute: means to deliver a controlled substance, including by means of the internet, other than by administering or dispensing.

Distributor: means a person who distributes a controlled substance.

Diversion: means manufacture, possession, delivery or use of a controlled substance by a person or in a manner not specifically authorized by law.

Drug: (a) substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (b) substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; and (c) substances (other than food) intended to affect the structure or a function of the body of man or animal. It does not include devices or their components, parts, or accessories.

Federal agency: the Drug Enforcement Administration, United States Department of Justice, or its successor agency.

Federal controlled substances act: the Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 91-513, and any act or acts amendatory or supplemental thereto or regulations promulgated thereunder.

Federal registration number: such number assigned by the Federal agency to any person authorized to manufacture, distribute, sell, dispense or administer controlled substances.

Habitual user: any person who is, or by reason of repeated use of any controlled substance for non-legitimate or unlawful use is in danger of becoming, dependent upon such substance.

Institutional dispenser: a hospital, veterinary hospital, clinic, dispensary, maternity home, nursing home, mental hospital or similar facility approved and certified by the department as authorized to obtain controlled substances by distribution and to dispense and administer such substances pursuant to the order of a practitioner.

License: a written authorization issued by the department or the New York state department of education permitting persons to engage in a specified activity with respect to controlled substances.

Manufacture: the production, preparation, propagation, compounding, cultivation, conversion or processing of a controlled substance, either directly or indirectly or by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation, compounding, packaging or labeling of a controlled substance: (a) by a practitioner as an incident to his administering or dispensing of a controlled substance in the course of his professional practice; or (b) by a practitioner, or by his authorized agent under his supervision, for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale; or (c) by a pharmacist as an incident to his dispensing of a controlled substance in the course of his professional practice.

Marijuana: all parts of the plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination.

Medical Marijuana: there are many sub categories of Medical Marijuana as well as new rules, regulations, and requirements. For the most up-to-date information on Medical Marijuana please visit the New York State Department of Health's website, Public Health Law, Article 33, Controlled Substances, Title 5-a *Medical Use of Marijuana* found here: <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>:

Narcotic drug: any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis: (a) opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate; (b) any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subdivision a), but not including the isoquinoline alkaloids of opium; (c) opium poppy and poppy straw.

Opiate: any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under section 3306 of this article, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and levorotatory forms.

Opium poppy: the plant of the species *Papaver somniferum* L., except its seeds.

Person: individual, institution, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity.

Pharmacist: any person licensed by the state department of education to practice pharmacy.

Pharmacy: any place registered as such by the New York State board of pharmacy and registered with the Federal agency pursuant to the federal controlled substances act.

Poppy straw: all parts, except the seeds, of the opium poppy, after mowing.

Practitioner: A physician, dentist, podiatrist, veterinarian, scientific investigator, or other person licensed, or otherwise permitted to dispense, administer or conduct research with respect to a controlled substance in the course of a licensed professional practice or research licensed pursuant to this article. Such person shall be deemed a "practitioner" only as to such substances, or conduct relating to such substances, as is permitted by his license, permit or otherwise permitted by law.

Prescribe: a direction or authorization, by prescription, permitting an ultimate user lawfully to obtain controlled substances from any person authorized by law to dispense such substances.

Prescription: an official New York state prescription, an electronic prescription, an oral prescription, an out-of-state prescription, or any one.

Sell: to sell, exchange, give or dispose of to another, or offer or agree to do the same.

Ultimate user: a person who lawfully obtains and possesses a controlled substance for his own use or the use by a member of his household or for an animal owned by him or in his custody. It shall also mean and include a person designated, by a practitioner on a prescription, to obtain such substance on behalf of the patient for whom such substance is intended.

Internet: collectively computer and telecommunications facilities which comprise the worldwide network of networks that employ a set of industry standards and protocols, or any predecessor or successor protocol to such protocol, to exchange information of all kinds. "Internet," as used in this article, also includes other networks, whether private or public, used to transmit information by electronic means.

By means of the internet: any sale, delivery, distribution, or dispensing of a controlled substance that uses the internet, is initiated by use of the internet or causes the internet to be used.

Online dispenser: a practitioner, pharmacy, or person in the United States that sells, delivers or dispenses, or offers to sell, deliver, or dispense, a controlled substance by means of the internet.

Electronic prescription: a prescription issued with an electronic signature and transmitted by electronic means in accordance with regulations of the commissioner and the commissioner of education and consistent with federal requirements. A prescription generated on an electronic system that is printed out or transmitted via facsimile is not considered an electronic prescription and must be manually signed.

Electronic: of or relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities. "Electronic" shall not include facsimile.

Electronic record: a paperless record that is created, generated, transmitted, communicated, received or stored by means of electronic equipment and includes the preservation, retrieval, use and disposition in accordance with regulations of the commissioner and the commissioner of education and in compliance with federal law and regulations.

Electronic signature: an electronic sound, symbol, or process, attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the record, in accordance with regulations of the commissioner and the commissioner of education.

Registry or prescription monitoring program registry: the prescription monitoring program registry established pursuant to section thirty-three hundred forty-three-a of this article.

Compounding: the combining, admixing, mixing, diluting, pooling, reconstituting, or otherwise altering of a drug or bulk drug substance to create a drug with respect to an

outsourcing facility under section 503B of the federal Food, Drug and Cosmetic Act and further defined in this section.

Outsourcing facility: a facility that: (a) is engaged in the compounding of sterile drugs as defined in section sixty-eight hundred two of the education law; (b) is currently registered as an outsourcing facility pursuant to article one hundred thirty-seven of the education law; and (c) complies with all applicable requirements of federal and state law, including the Federal Food, Drug and Cosmetic Act. Notwithstanding any other provision of law to the contrary, when an outsourcing facility distributes or dispenses any drug to any person pursuant to a prescription, such outsourcing facility shall be deemed to be providing pharmacy services and shall be subject to all laws, rules and regulations governing pharmacies and pharmacy services.

Prohibited Acts

1. It shall be unlawful for any person to manufacture, sell, prescribe, distribute, dispense, administer, possess, have under his control, abandon, or transport a controlled substance except as expressly allowed by article 33.
2. It shall be unlawful for any person to possess or have under his control an official New York state prescription form except as expressly allowed by article 33.

NB Separately amended -- cannot be put together

- a. It shall be unlawful for any person to manufacture, sell, prescribe, distribute, dispense, administer, possess, have under his control, abandon, or transport a controlled substance except as expressly allowed by article 33.
- b. It shall be unlawful for any physician practicing medicine as defined in section sixty-five hundred twenty-one of the education law to prescribe, dispense or administer any amphetamines or sympathomimetic amine drug or compound thereof, designated as a schedule II controlled substance pursuant to section thirty-three hundred six of this article for the exclusive treatment of obesity, weight control or weight loss. A violation of the provisions of this subdivision shall not be grounds for prosecution under article two hundred twenty of the penal law.

NB Separately amended -- cannot be put together

Exemptions

1. The provisions of this article restricting the possession and control of controlled substances and official New York state prescription forms shall not apply:
 - a. to common carriers or to warehousemen, while engaged in lawfully transporting or storing such substances, or to any employee of the same acting within the scope of his employment; or

- b. to public officers or their employees in the lawful performance of their official duties requiring possession or control of controlled substances; or
 - c. to temporary incidental possession by employees or agents of persons lawfully entitled to possession, or by persons whose possession is for the purpose of aiding public officers in performing their official duties.
 - d. to a duly authorized agent of an incorporated society for the prevention of cruelty to animals or a municipal animal control facility for the limited purpose of buying, possessing, and dispensing to registered and certified personnel, ketamine hydrochloride to anesthetize animals and/or sodium pentobarbital to euthanize animals, including but not limited to dogs and cats. The department shall, consistent with the public interest, register such duly authorized agent and such agent shall file, on a quarterly basis, a report of purchase, possession, and use of ketamine hydrochloride and/or sodium pentobarbital, which report shall be certified by the society for the prevention of cruelty to animals or municipal animal control facility as to its accuracy and validity. This report shall be in addition to any other record keeping and reporting requirements of state and federal law and regulation. The department shall adopt rules and regulations providing for the registration and certification of any individual who, under the direction of the duly authorized and registered agent of an incorporated society for the prevention of cruelty to animals, or municipal animal control facility, uses ketamine hydrochloride to anesthetize animals and/or sodium pentobarbital to euthanize animals, including but not limited to dogs and cats. The department may also adopt such other rules and regulations as shall provide for the safe and efficient use of ketamine hydrochloride and/or sodium pentobarbital by incorporated societies for the prevention of cruelty to animals and animal control facilities. Nothing in this paragraph shall be deemed to waive any other requirement imposed on incorporated societies for the prevention of cruelty to animals and animal control facilities by state and federal law and regulation.
2. The commissioner may, by regulation, provide for the exemption from all or part of the requirements of this article the possession of substances in schedule III or IV and use thereof as part of an industrial process or manufacture of substances other than drugs. The commissioner may impose such conditions upon the granting of such exemption as may be necessary to protect against diversion or misuse of the controlled substance.
3. The commissioner is hereby authorized and empowered to make any rules, regulations and determinations permitting the following categories of persons to obtain, dispense and administer controlled substances under such conditions and in such manner as he shall prescribe:
- a. a person in the employ of the United States government or of any state, territory, district, county, municipal, or insular government, obtaining,

- possessing, dispensing and administering controlled substances by reason of his official duties;
- b. a master of a ship or a person in charge of any aircraft upon which no physician is regularly employed, or to a physician or surgeon duly licensed in any state, territory, or the District of Columbia to practice his profession, or to a retired commissioned medical officer of the United States army, navy, or public health service, employed upon such ship or aircraft, for the actual medical needs of persons on board such ship or aircraft when not in port.
 - c. a person in a foreign country in compliance with the provisions of this article.
4. The provisions of this article with respect to the payment of fees and costs shall not apply to the state of New York or any political subdivision thereof or any agency or instrumentality of either.

Schedules of Controlled Substances

For an updated list of controlled substances please visit this page on the New York State Health Department's website:

<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>:

Exemptions from the above schedules can be located here:

<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>:

Opioid Overdose Prevention

The commissioner is authorized to establish standards for approval of any opioid overdose prevention program, and opioid antagonist prescribing, dispensing, distribution, possession and administration which may include, but not be limited to, standards for program directors, appropriate clinical oversight, training, record keeping and reporting.

Notwithstanding any inconsistent provisions of section sixty-five hundred twelve of the education law or any other law, the purchase, acquisition, possession or use of an opioid antagonist shall not constitute the unlawful practice of a profession or other violation under title eight of the education law or article 33:

- A health care professional may prescribe by a patient-specific or non-patient-specific prescription, dispense or distribute, directly or indirectly, an opioid antagonist to an opioid antagonist recipient.
- A pharmacist may dispense an opioid antagonist, through a patient-specific or non-patient-specific prescription to an opioid antagonist recipient.
- An opioid antagonist recipient may possess an opioid antagonist may distribute such opioid antagonist to a recipient, and may administer such opioid antagonist to a person the recipient reasonably believes is experiencing an opioid overdose.

- A prescription is not required for any opioid antagonist that does not otherwise require a prescription; nor shall it be deemed to limit the authority of a health care professional to prescribe, dispense or distribute, or of a pharmacist to dispense, an opioid antagonist under any other provision of law.
- Any pharmacy with twenty or more locations in the state, shall either: (1) pursue or maintain a non-patient-specific prescription with an authorized health care professional to dispense an opioid antagonist to a consumer upon request, as authorized by this section; or (2) register with the department as an opioid overdose prevention program.
- Any distribution of opioid antagonists through this program shall include an informational card or sheet. The informational card or sheet shall include, at a minimum, information on:
 - how to recognize symptoms of an opioid overdose;
 - steps to take prior to and after an opioid antagonist is administered, including calling first responders;
 - the number for the toll free office of alcoholism and substance abuse services HOPE line;
 - how to access the office of alcoholism and substance abuse services' website; and
 - any other information deemed relevant by the commissioner.

The educational card shall be provided in languages other than English as deemed appropriate by the commissioner. The department shall make such informational cards available to the opioid overdose prevention programs.

- Use of an opioid antagonist shall be considered first aid or emergency treatment for the purpose of any statute relating to liability. A recipient, opioid overdose prevention program, school district, public library, board of cooperative educational services, county vocational education and extension board, charter school, non-public elementary school and/or secondary school in the state, or any person employed by such district, public library, board or school acting reasonably and in good faith in compliance shall not be subject to criminal, civil or administrative liability solely by reason of such action.
- The commissioner shall publish findings on statewide opioid overdose data that reviews overdose death rates and other information to ascertain changes in the cause and rates of opioid overdoses, including fatal opioid overdoses. The report shall be submitted annually, on or before October first, to the governor, the temporary president of the senate, the speaker of the assembly and the chairs of the senate and assembly health committees, and shall be made public on the department's internet website. The report shall include, at a minimum, the following information on a county basis:
 - information on opioid overdoses and opioid overdose deaths, including age, gender, ethnicity, and geographic location;
 - data on emergency room utilization for the treatment of opioid overdose;
 - data on utilization of pre-hospital services;

- data on the dispensing and utilization of opioid antagonists; and
 - any other information necessary to ascertain the success of the program, areas of the state which are experiencing particularly high rates of overdoses, ways to determine if services, resources and responses in particular areas of the state are having a positive impact on reducing overdoses, and ways to further reduce overdoses.
 - The commissioner shall provide the current information and data to each county every three months. Such information and data may be utilized by a county or any combination thereof as it works to address the opioid epidemic.
- * NB Repealed March 31, 2021

Records and Reports

Preserving and Inspection of Records

Any record, including prescriptions, required to be kept or maintained by article 33 shall be preserved for a period of at least five years following the date of the event or transaction recorded, unless a shorter period of time is specifically provided. Such records shall be made available during business hours for inspection and copying by any officer or employee of the department who is charged with the enforcement of this article and to any officer or employee of this state charged with the duty of regulating or licensing of any person who by virtue of such license is authorized to obtain, distribute, dispense or administer controlled substances.

Every record, including prescriptions, required to be kept under article 33 shall be maintained at the premises where the licensed activity is conducted. The department shall cause to be expunged or otherwise destroyed, within five years from the date of receipt thereof, any record of the name of any patient received by it pursuant to the filing requirements of subdivision six of section thirty-three hundred thirty-one, subdivision four of section thirty-three hundred thirty-three, and subdivision four of section thirty-three hundred thirty-four of said article.

Electronic prescription records shall be maintained and preserved in accordance with regulations of the commissioner.

Confidentiality of Certain Records, Reports, and Information

No person, who has knowledge by virtue of his or her office of the identity of a particular patient or research subject, a manufacturing process, a trade secret or a formula shall disclose such knowledge, or any report or record thereof, except:

- a. to another person employed by the department, for purposes of executing provisions of this article;
- b. pursuant to judicial subpoena or court order in a criminal investigation or proceeding;
- c. to an agency, department of government, or official board authorized to regulate, license or otherwise supervise a person who is authorized by this

- article to deal in controlled substances, or in the course of any investigation or proceeding by or before such agency, department or board
- d. to the prescription monitoring program registry and to authorized users of such registry as set forth in subdivision two of this section;
 - e. to a practitioner to inform him or her that a patient may be under treatment with a controlled substance by another practitioner for the purposes of subdivision two of this section, and to facilitate the department's review of individual challenges to the accuracy of controlled substances histories pursuant to subdivision six of section thirty-three hundred forty-three-a of article 33;
 - f. to a pharmacist to provide information regarding prescriptions for controlled substances presented to the pharmacist for the purposes of subdivision two of this section and to facilitate the department's review of individual challenges to the accuracy of controlled substances histories pursuant to subdivision six of section thirty-three hundred forty-three-a of this article;
 - g. to the deputy attorney general for medicaid fraud control, or his or her designee, in furtherance of an investigation of fraud, waste or abuse of the Medicaid program, pursuant to an agreement with the department;
 - h. to a local health department for the purpose of conducting public health research or education:
 - I. pursuant to an agreement with the commissioner;
 - II. when the release of such information is deemed appropriate by the commissioner;
 - III. for use in accordance with measures required by the commissioner to ensure that the security and confidentiality of the data is protected; and
 - IV. provided that disclosure is restricted to individuals within the local health department who are engaged in the research or education;
 - i. to a medical examiner or coroner who is an officer of or employed by a state or local government, pursuant to his or her official duties; and
 - j. to an individual for the purpose of providing such individual with his or her own controlled substance history or, in appropriate circumstances, in the case of a patient who lacks capacity to make health care decisions, a person who has legal authority to make such decisions for the patient and who would have legal access to the patient's health care records, if requested from the department pursuant to subdivision six of section thirty-three hundred forty-three-a of article 33 or from a treating practitioner pursuant to subparagraph (iv) of paragraph (a) of subdivision two of this section.

The prescription monitoring program registry may be accessed, under such terms and conditions as are established by the department for purposes of maintaining the security and confidentiality of the information contained in the registry, by:

- a. A practitioner, or a designee authorized by such practitioner pursuant to paragraph (b) of subdivision two of section thirty-three hundred forty-three-a or section thirty-three hundred sixty-one of article 33, for the purposes of:
 - I. informing the practitioner that a patient may be under treatment with a controlled substance by another practitioner;

- II. providing the practitioner with notifications of controlled substance activity as deemed relevant by the department, including but not limited to a notification made available on a monthly or other periodic basis through the registry of controlled substances activity pertaining to his or her patient;
 - III. allowing the practitioner, through consultation of the prescription monitoring program registry, to review his or her patient's controlled substances history as required by section thirty-three hundred forty-three-a or section thirty-three hundred sixty-one of this article; and
 - IV. providing to his or her patient, or person authorized pursuant to paragraph (j) of subdivision one of this section, upon request, a copy of such patient's controlled substance history as is available to the practitioner through the prescription monitoring program registry; or
- b. a pharmacist, pharmacy intern or other designee authorized by the pharmacist pursuant to paragraph (b) of subdivision three of section thirty-three hundred forty-three-a of article 33, for the purposes of:
 - I. consulting the prescription monitoring program registry to review the controlled substances history of an individual for whom one or more prescriptions for controlled substances or certifications for Marijuana is presented to the pharmacist, pursuant to section thirty-three hundred forty-three-a of this article; and
 - II. receiving from the department such notifications of controlled substance activity as are made available by the department; or
 - c. an individual employed by a registered organization for the purpose of consulting the prescription monitoring program registry to review the controlled substances history of an individual for whom one or more certifications for Marijuana is presented to that registered organization, pursuant to section thirty-three hundred sixty-four of this article. Unless otherwise authorized by this article, an individual employed by a registered organization will be provided access to the prescription monitoring program in the sole discretion of the commissioner.

* NB Effective until July 5, 2021

The prescription monitoring program registry may be accessed, under such terms and conditions as are established by the department for purposes of maintaining the security and confidentiality of the information contained in the registry, by:

- a. a practitioner, or a designee authorized by such practitioner pursuant to paragraph (b) of subdivision two of section thirty-three hundred forty-three-a of article 33, for the purposes of:
 - I. informing the practitioner that a patient may be under treatment with a controlled substance by another practitioner;
 - II. providing the practitioner with notifications of controlled substance activity as deemed relevant by the department, including but not limited to a notification made available on a monthly or other periodic basis through the registry of controlled substances activity pertaining to his or her patient;

- III. allowing the practitioner, through consultation of the prescription monitoring program registry, to review his or her patient's controlled substances history as required by section thirty-three hundred forty-three-a of this article; and
- IV. providing to his or her patient, or person authorized pursuant to paragraph (j) of subdivision one of this section, upon request, a copy of such patient's controlled substance history as is available to the practitioner through the prescription monitoring program registry; or
- b. a pharmacist, pharmacy intern or other designee authorized by the pharmacist pursuant to paragraph (b) of subdivision three of section thirty-three hundred forty-three-a of article 33, for the purposes of:
 - I. consulting the prescription monitoring program registry to review the controlled substances history of an individual for whom one or more prescriptions for controlled substances is presented to the pharmacist, pursuant to section thirty-three hundred forty-three-a of this article; and
 - (ii) receiving from the department such notifications of controlled substance activity as are made available by the department.

* NB Effective July 5, 2021

Where it has reason to believe that a crime related to the diversion of controlled substances has been committed, the department may notify appropriate law enforcement agencies and provide relevant information about the suspected criminal activity, including controlled substances prescribed or dispensed, as reasonably appears to be necessary. The department shall keep a record of the information provided, including, but not limited to: the specific information provided and the agency to which such information was provided, including the name and title of the person to whom such information was provided and an attestation from such person that he or she has authority to receive such information. In the course of any proceeding where such information is disclosed, except when necessary to effectuate the rights of a party to the proceeding, the court or presiding officer shall take such action as is necessary to insure that such information, or record or report of such information is not made public.

Practitioner/Patient Reporting

It shall be the duty of every attending practitioner and every consulting practitioner to report promptly to the commissioner, or his duly designated agent, the name and, if possible, the address of, and such other data as may be required by the commissioner with respect to, any person under treatment if s/he finds that such person is an addict or a habitual user of any narcotic drug. Such report shall be kept confidential and may be utilized only for statistical, epidemiological or research purposes, except that those reports which originate in the course of a criminal proceeding other than under section 81.25 of the mental hygiene law shall be subject only to the confidentiality requirements of section thirty-three hundred seventy-one of article 33.

Notification by Licensee

Persons licensed or certified pursuant to article 33 shall be under a continuing duty to promptly notify the department of:

1. Each incident or alleged incident of theft, loss or possible diversion of controlled substances manufactured, ordered, distributed or possessed by such person;
2. Any charge or proceeding brought in any court or before any governmental agency, state or federal, in which it is alleged that the licensee, its employees, subsidiaries, managing officers, or directors has failed to comply with the provisions of the federal controlled substances act or the laws of any state relating to controlled substances.

*For additional information on record keeping and reports please refer to the New York State Health Department's website:

<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>:

Offences, Violations and Enforcement

Any license or certificate of approval granted pursuant to article 33 may be revoked by the commissioner in whole or in part upon a finding that the licensee or certificate holder has:

1. falsified any application, report, or record required by article 33;
2. willfully failed to furnish the department with timely reports or information required to be filed with the department;
3. been convicted of an offense in any jurisdiction relating to any substance listed in this article as a controlled substance;
4. willfully or negligently failed to comply with any of the provisions of the federal controlled substances act, this article, or the regulations promulgated thereunder;
5. failed to maintain effective control against diversion of controlled substances;
or
6. willfully and unreasonably refused to permit an inspection authorized by article 33.

Due to the ever changing laws associated with war on opioid addiction please refer to the New York State Department of Health's website:

<http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: for the latest and most up-to-date information.

Guidelines for Class 3 and 3A Institutional Dispenser “Waste” Disposal Systems

Pursuant to Title 10 NYCRR Part 80, Section 80.51(a), “the destruction of controlled substances shall mean that the substances have been rendered totally unrecoverable and beyond reclamation.” Further, Title 10 NYCRR Part 80, Section 80.51(b) states that: “Single unit doses or partial doses remaining after the administration or attempted administration of a portion of a liquid or solid unit dose of a controlled substance may be destroyed on the premises of an institutional dispenser by a pharmacist or nurse provided that:

1. A notation is made on the administration record sheet; and
2. The destruction is witnessed by a second pharmacist or nurse or other responsible person designated by the administrator” (NYS DOH, 2017).

In the event that an Institutional Dispenser (Class 3 licensee) or Institutional Dispenser, Limited (Class 3A licensee) makes an independent determination that a particular “waste” disposal system is capable of rendering a single unit dose or partial dose remaining after the administration or attempted administration of a portion of a liquid or solid unit dose of a controlled substances as totally unrecoverable and beyond reclamation, neither Public Health Law Article 33 nor Title 10 NYCRR Part 80 prohibit such use. The Institutional Dispenser or Institutional Dispenser, Limited licensee remains responsible for ensuring said “waste” disposal system adheres to all Public Health Law Article 33 and Title 10 NYCRR Part 80 requirements (NYS DOH, 2017).

“Waste” disposal systems **may not** be used for undesired, deteriorated, obsolete, or unneeded controlled substances (NYS DOH, 2017).

An Institutional Dispenser (i.e., Class 3 licensee) shall dispose of undesired, deteriorated, obsolete, or unneeded controlled substances pursuant to Title 10 NYCRR Part 80 Section 80.51(c)(1), 80.51(c)(2) or 80.51(c)(5). Records of disposal must be kept pursuant to Title 10 NYCRR Part 80 Section 80.51(d). Records shall be kept for a period of five years (NYS DOH, 2017).

An Institutional Dispenser, Limited (i.e., Class 3A licensee) shall dispose of undesired, deteriorated, obsolete, or unneeded controlled substances pursuant to Title 10 NYCRR Part 80 Section 80.51(c)(2), 80.51(c)(3) or 80.51(c)(5). Records of disposal must be kept pursuant to Title 10 NY CRR Part 80 Section 80.51(d). Records shall be kept for a period of five years (NYS DOH, 2017).

Safe Medication Disposal Sites in New York State

While some pharmacies are DEA authorized collectors for expired/unwanted medications, you can also visit the following websites for medication disposal sites:

- https://www.health.ny.gov/professionals/narcotic/medication_drop_boxes/ (medication drop boxes by county.)

- https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html (DEA National Take Back Initiative.)
- <https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1> (DEA Public Disposal Locations, Search Page.)

Palliative Medicine

Medications and treatments are said to have a palliative effect if they relieve symptoms without having a curative effect on the underlying disease or cause. This can include treating nausea related to chemotherapy or something as simple as morphine to treat the pain of broken leg or ibuprofen to treat aching related to an influenza (flu) infection. Although the concept of palliative care is not new, most physicians have traditionally concentrated on trying to cure people (Wikipedia, 2017). The World Health Organization defines Palliative Medicine as “the total care of patients whose disease is not responsive to curative treatment: Control of pain, other symptoms, and psychological, social, and spiritual problems is paramount. . .”(Wisemen, 2000).

The importance of dental care is often overlooked due to the omission of the dentist as a member of the palliative care team. However, many terminal patients exhibit oral difficulties that affect their quality of life. Palliative care dentists must exhibit empathy and compassion, and must be excellent communicators Dentists can play an important role in alleviating both the physical and psychological pain of dying (Wiseman, 2000). The oral problems experienced by the palliative patient clearly affect the quality of his or her remaining life. Dentist plays an essential role in palliative care by the maintenance of oral hygiene; dental examination may identify and cure opportunistic infections and dental disease like caries, periodontal disease, oral mucosal problems or prosthetic requirement. Oral care may reduce not only the microbial load of the mouth but the risk for pain and oral infection as well. This multidisciplinary approach to palliative care, including a dentist, may reduce the oral debilities that influence the patient's ability to speak, eat or swallow (Saini, Marawar, Shete, et. al. 2009).

Oral problems are common complications of cancer treatments, and are highly prevalent in palliative care patients. Oral problems are often overlooked, or perceived as trivial, but causes great distress, pain and discomfort, interfere with appetite, taste, chewing, swallowing, nutrition, speech, social interactions, and sleeping. The palliative care dentist must assess these difficulties, and should focus on the elimination of these problems (Saini, Marawar, Shete, et. al. 2009).

Many times the oral cavity is the first site of treatment related side effects in the management of terminally ill patients (Treister, Villa, Thompson, 2017). For example, Xerostomia contributes to dental caries, halitosis, and other destruction in the oral cavity (Burkhart, 2015). Unfortunately, this can lead to unnecessary hardship on the Palliative patient. Things like talking, drinking, eating, tasting, and speaking become difficult and painful. Loss of teeth can contribute to low self esteem (Treister, Villa, Thompson, 2017). Halitosis may cause friends and family to visit less and thus isolate the patient and contribute to depression (Treister, Villa, Thompson, 2017).

Communication techniques, such as those described by Dr. Pactovis in the video that accompanies this course book, can be used to assess pain in palliative patients and assist in establishing the correct prescribing protocol for necessary palliative medicine.

End of Life Care

Long term care providers often overlook oral care when providing end of life care to the elderly patient. Dental care often takes the backseat to other, more pressing, healthcare needs associated with the older patient. However, oral pain and infection is common in the elderly and may result not only in discomfort, but also in life threatening complications (Chen, 2014). Unfortunately, at this time there are no evidence-based guidelines for providing oral care for frail persons at end of life.

The following study was conducted by Dr. Xi Chen, Department of Dental Ecology, University of North Carolina:

Chen and colleagues retrospectively followed 197 LTC residents in their last year of life. The results of their study were published in the [*Journal of the American Dental Association*](#).

The residents included in the study were aged 60 years or older (mean age, 84.4 years), resided in an assisted living facility or nursing home, and came to the study clinic as a new patient during his or her final year of life. On average, patients had 11 chronic conditions and were taking nine medications upon arrival. All patients received a comprehensive examination for functional and cognitive status upon arrival to the clinic, as well as an oral examination, prophylaxis, denture cleaning, and radiographs (when appropriate). The researchers looked at the relationship between dental treatment given after the oral examination and the patient's death and then categorized patients into three groups: those who received no care; those who received limited care, such as periodic examinations and problem-focused treatment for pain and infection (eg, tooth extraction); and those who received usual care (eg, comprehensive dental care), such as multiple diagnostic, restorative, and surgical services.

The results showed that patients who received limited care (n=36) or usual care (n=61) survived longer than those receiving no care (n=100). The no-care group lived for a mean of 155.4 days; the limited-care group lived for a mean of 208.9 days; and the usual-care group lived for a mean of 233.8 days. In a pairwise comparison, length of survival was significantly associated with no-care versus limited care ($P<.05$), and with no-care versus usual care ($P<.05$); length of survival in the limited-care versus usual-care groups was not statistically significant. Among the other key findings, the authors reported that a 3-month increment in survival and having dental insurance resulted in 1.74 (95% confidence interval [CI], 1.32-2.30) and 2.59 (95% CI, 1.03-6.52) times greater odds, respectively, of receiving some dental treatment before death. There were

no statistically significant differences in medical history, burden of chronic disease, and cognitive and functional impairment among the three groups with regard to dental care patterns.

“The results of our study reveal a polarized dental care pattern in frail older adults at the end of life,” the authors wrote. “While most of the patients with poor oral health received little dental care and might have been at an increased risk of experiencing dental pain and developing infection, comprehensive treatment was provided to older adults who were at the terminal stage of life.” The researchers, who noted that at least half of residents (50.8%) did not receive any dental care, discussed some of the likely barriers to oral care in their study, including lack of staff awareness of the link between oral health and systemic health and lack of skills in identifying and managing oral problems, limited involvement of dental professionals in LTC settings, and limited resources for coordinating appointments and transporting residents from LTC facilities to dental offices. They suggest that these barriers may be more important than access to dental insurance, since 77% of patients in the no-care group had dental insurance but received no dental treatments.

“These findings suggest that the palliative oral health care management approaches for frail older adults who are at the end of life may need to be revisited to improve the quality of care,” the researchers concluded.

Please review the communication techniques in the video accompanying this course book for ways to assess the level of pain in the elderly, end of life patient to establish a pain relief protocol, as necessary.

Conclusion

Scott S. De Rossi, DMD writes in an August 26th, 2016 *Medscape* commentary, “According to Many experts, including the US Surgeon General, have warned that opioid abuse has reached epidemic proportions in the United States. An innocuous prescription drug to relieve dental pain can precipitate a cycle of misuse, abuse, and addiction. An estimated 20% of patients presenting to physician or dental offices with pain symptoms or pain-related diagnoses (both acute and chronic pain) receive an opioid prescription. An estimated 23% of prescribed doses are used nonmedically.

Certain patients seek these drugs for nonmedical use or resale, often obtaining overlapping prescriptions from multiple prescribers. This is not surprising when you consider that in 2012, healthcare providers wrote 259 million prescriptions for opioid pain medication, and from 2007 to 2012, opioid prescriptions per capita increased more than 7%. On a state-by-state basis, opioid prescribing varies greatly in ways that cannot be explained by the underlying health status of the population, stressing the lack of consensus among clinicians on how to use opioid pain medication in our patient populations.

Dentists continue to be among the leading prescribers of opioid analgesics, and surgical tooth extraction is one of the most frequently performed dental procedures that prompts such prescriptions. As prescribers of 12% of immediate-release opioids in the United States, dentists must be part of the campaign to minimize the potential for misuse or abuse in the population through patient education, careful patient assessment, and referral for substance abuse treatment when indicated. They must make use of prescription monitoring programs in the clinical setting.

Dentists can no longer assume that prescribing opioids does not affect the opioid abuse problem in the United States. Clinicians must take steps to identify problems and minimize prescription opioid abuse through greater prescriber and patient education, use of peer-reviewed recommendations for analgesia, and determining the appropriate and legitimate prescribing of opioids to adequately treat pain from dental procedures.” (De Rossi, DMD, August 2016)

Following the pain assessment techniques and the New York State and federal laws on prescribing pain medication outlined in this course will help professionals to adhere to proper pain management standards. While there are currently no evidence based guidelines to follow regarding palliative and end of life oral pain management and care, it is becoming recognized as an area of concern for these patients. As a dental professional it is imperative that pain management is addressed in this patient arena.

The federal government and the New York State Department of Health are continuously coming out with new statements concerning pain management and controlled substance use in the healthcare field. Please continue to refer to those websites for up-to-date information.

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Course Test: Opioid Safety & Pain Management in the Dental Office: New York State Mandated Training

1. Which of the following is NOT a side effect of opioids?
 - a. Diarrhea
 - b. Nausea
 - c. Sedation
 - d. Euphoria

2. Factors in pain assessment include physical, emotional, and genetic factors.
 - a. True
 - b. False

3. Goals of pain management include:
 - a. Pain reduction
 - b. Improved functioning
 - c. Improved quality of life
 - d. All of the above

4. The two major types of pain are:
 - a. Nociceptive
 - b. Somatic
 - c. Neuropathic
 - d. A & B
 - e. A & C

5. The impact of acute pain includes all but one of the following:
 - a. Prolonged discomfort
 - b. Delayed recovery
 - c. Decreased healthcare costs
 - d. Loss of productivity

6. The PQRST and the McGill Pain Questionnaire are types of:
 - a. Medical history forms
 - b. Pain assessment scales
 - c. Measurements of somatic pain
 - d. All of the above

7. Opioids are generally safe when prescribed PRN.
- a. True
 - b. False
8. Tolerance is a “normal” physiological phenomenon.
- a. True
 - b. False
9. Schedule II drugs have low abuse potential.
- a. True
 - b. False
10. Phone refills are allowed over the phone if a professional courtesy for another dentist’s patient.
- a. True
 - b. False
11. Prescribers under Title Eight of the Education Law in New York must complete coursework/training in pain management, palliative care, and addiction By July 1, 2017 and every _____ year(s) thereafter:
- a. One
 - b. Two
 - c. Three
 - d. Four
12. An Addict is a person who habitually uses a controlled substance for a non-legitimate or unlawful use, and who by reason of such use is dependent thereon.
- a. True
 - b. False
13. “Waste” disposal systems **may not** be used for undesired, deteriorated, obsolete, or unneeded controlled substances.
- a. True
 - b. False

14. Persons licensed or certified pursuant to article 33 shall be under a continuing duty to promptly notify the department of:
 - a. Incidents or alleged incidents of theft of a controlled substance.
 - b. Diversion of controlled substances ordered or distributed.
 - c. Any charge made against the licensee alleging s/he failed to comply with the provisions of the federal controlled substances act.
 - d. All of the above.
 - e. None of the above.

15. Prescribers can make photo copies of serialized official New York State prescription forms as needed.
 - a. True
 - b. False

16. The informational card/sheet distributed with opioid antagonists must include:
 - a. Steps to take prior to administering an opioid antagonists.
 - b. Steps to take after administering an opioid antagonists.
 - c. How to access the office of alcoholism and substance abuse.
 - d. Only A and C.
 - e. All of the above.

17. Any record, including prescriptions, required to be kept or maintained by article 33 shall be preserved for a period of at least ____ years following the date of the event or transaction recorded, unless a shorter period of time is specifically provided.
 - a. Three
 - b. Four
 - c. Five
 - d. Six

18. Medications and treatments are said to have a palliative effect if they relieve symptoms without having a curative effect on the underlying disease or cause.
 - a. True
 - b. False

19. There currently are no evidence-based guidelines for providing oral care for frail persons at end of life.
 - a. True
 - b. False

20. Providers of the New York State mandated prescriber training **must** notify the department that the prescriber completed the educational requirement.
- a. True
 - b. False