**Documentation Recommendations**

**AB 474 - Compliance**

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|  | **REQUIREMENTS** | **AB 474** | **DOCUMENTATION RECOMMENDATIONS** |
|  | **INITIAL PRESCRIPTIONS** |  |  |
|  | Bona fide relationship  | Section 53.1(a) | > New patient: create patient chart > Document examination of patient prior to prescribing --"bona fide  relationship" is described in NRS 639.235(4) |
|  | Diagnosis & treatment plan  | Section 53.1(c)  | > Document Dx and Tx Plan in patient's chart (note plan for treating  underlying cause of patient's pain) |
|  | PDMP - check for & review PUR  | Section 60.1 | > Before prescribing, obtain & review PUR to assess medical necessity  & whether another provider has prescribed same Rx - if so, new Rx  should not be issued> Note in patient's chart that you reviewed PUR > Copy/scan into patient's chart> If PUR cannot be accessed, document attempt and failure |
|  | Why non-opioid Tx not chosen? | Section 53.1(d) | > Document in the medical record the reasons why alternative non- opioid treatment was not prescribed |
|  | Evaluation & risk assessment | Sec 53.1(b); 5 | > Document risk assessment including history & physical> Document good faith effort to obtain/review prior treaters' records> Document conclusions from review of prior treaters' records> Document mental health & risk of abuse, dependence & addiction  |
|  | Informed consent signed by patient, parent/guardian, or legal guardian  | Section 53.1(c) | > Use written informed consent form with copy in the patient's chart  that includes: a) potential risks/benefits of Tx using controlled substance,  including whether form of substance designed to deter abuse is  available and risks/benefits of that form; b) proper use of drug; c) alternative means of treating patient and cause of symptoms; d) clear & simple explanation of treatment plan; e) risks of dependency, addiction and overdose during tx; f) methods for safe storage & legal disposal; g) how requests for refills will be addressed, including steps that will  be taken if patient continues with medication beyond 90 days;h) if female patient between 15-45, risk to fetus during pregnancy  including risks of fetal dependency and neonatal abstinence  syndrome;i) if substance is an opioid, availability of opioid antagonist w/o Rx;j) if patient is unemancipated minor, risks that minor will abuse,  misuse, divert the drug, and ways to detect abuse, misuse or  diversion. |
|  | **30 DAYS - ADDITIONAL REQUIREMENTS** |  |  |
|  | Medication Agreement | 56.1(a) | > Documented in patient record (no later than 30 days after initial Rx)> Updated at least once every 365 days while patient is using  substance or whenever a change is made to Tx plan> Includes:  a) goals of treatment; b) consent of patient to testing to monitor drug use as necessary; c) patient agreement to only take as prescribed; d) prohibition on sharing medication with anyone else; e) requirement that patient inform provider of other prescribed;  substances, whether patient uses alcohol or marijuana while using substance, whether patient has been treated for side  effects of complications, including overdose, each state where patient has previously lived or had a prescription for a controlled  substance filled; f) authorization for random counts of medication in patient's  possession; g) reasons why the provider may change/discontinue treatment; & h) any other requirements the provider may impose. |
|  | **90 DAYS - ADDITIONAL REQUIREMENTS** |  |  |
|  | PDMP - re-check PUR at least every 90 days | Sec.60.1 | > Before prescribing, obtain & review PUR to assess medical necessity  and whether another provider has prescribed same Rx - if so, new  Rx should not be issued> Note in chart that new PUR was reviewed at least every 90 days > Copy/scan into patient's chart> If PUR cannot be accessed, document attempt and failure |
|  | Assess for risk of abuse | Sec.55.1(a) | > Before prescribing, require patient to complete assessment of risk  for abuse, dependency and addition and include copy of assessment  in patient's chart |
|  | Review treatment plan | Sec.55.1(c); 52.1(b) | > Document meeting with patient (in person or via telehealth) to  review treatment plan and to determine whether continuation of  treatment is medically appropriate and document conclusions> If at any one time a larger quantity than will be used in 90 days if  taken as prescribed, document in the chart the reasons for  prescribing that quantity. |
|  | Evidence-based diagnosis? | Sec.55.1(b) | > Document investigation including appropriate hematological and  radiological studies to determine evidenced-based diagnosis for  cause of pain |
|  | Referral to specialist? | Sec. 55.1(d) | > If dose greater than 90 morphine milligram equivalents or more of  an opioid/day/90 days or longer, document decision to refer or not  refer patient to a specialist. |
|  | Annual |  |  |
|  | Updated Medication Agreement | Sec. 56.1(b) | > Have patient sign, and copy/scan into chart, updated medication  agreement at least once every 365 days |
|  | 365 day limit | Sec. 52.1(a) | > Document reasons for prescribing a controlled substance in any  period of 365 days, that if used as prescribed will be taken for  longer than 365 days |