CHAPTER Nur 500 ETHICAL STANDARDS

PART Nur 501 ETHICAL CONDUCT STANDARDS AND GENERAL ETHICAL STANDARDS

Readopt Nur 501.01, effective 8-25-25 (Document #14297), to read as follows:

Nur 501.01 Obligation to Obey.

(a) The ethical requirements set forth in this part shall bind all licensees and certificate holders and, as applicable, applicants for a license.

(b) Violations of any of the rules in this part shall be included within the scope of the term "unprofessional conduct" as used in RSA 326-B:37, II(h) and shall result in disciplinary action by the board.

Readopt with amendment Nur 501.02 and Nur 501.03, effective 8-25-25 (Document #14297), to read as follows:

Nur 501.02 Ethical Conduct Requirements. A licensee, certificate holder, or, as applicable, an applicant for licensing shall:

(a) Perform during nursing care or nursing-related activities only those acts which are within the licensee's competency;

(b) Submit only truthful and correct information in any application or other document filed with or statement made to the board ***or the OPLC***;

(c) Participate in good faith in any mediation recommended by the board;

(d) Promptly, and in any case within 10 business days, inform the ~~board~~ ***OPLC*** of any disciplinary action taken by a state, regional, or national regulatory board or agency;

(e) Promptly, and in all cases within 10 business days, inform the ~~board~~ ***OPLC*** of any civil action or insurance claim filed against the licensee that alleges malpractice, and inform the ~~board~~ ***OPLC*** of any decisions made in such civil action(s) or any claim(s) paid on such insurance claims within 10 days of the action(s) or the claim(s) being paid;

(f) Obey in good faith and within any time period specified any disciplinary orders issued by the board, including orders requiring the payment of fees or fines;

(g) Hold the health and safety of clients to be of first consideration and render to each client the full measure of their ability as an essential health care provider;

(h) Always strive to perfect, enlarge, and utilize their knowledge in conjunction with their professional judgment;

(i) Observe the law and uphold the nursing profession;

(j) Be truthful and respectful of information received and rendered;

(k) Hold confidential the information received from clients and their caregivers;

(l) Not agree to practice under terms or conditions which through interference with professional judgment and skill would cause deterioration in the licensee's ability to render safe care at all times; and

(m) Fulfill all professional obligations conscientiously.

Nur 501.03 Professional Duties.

(a) An Advanced Practice Registered Nurse (APRN) shall, pursuant to RSA 326-B:11, III. and RSA 326-B:37, II.(h) be under a professional duty to comply with the requirements of the controlled drug prescription health and safety program (PDMP), ***RSA 126-A:91*** ~~RSA 318-B:31-38~~, and all administrative rules of the board of pharmacy adopted thereunder.

(b) Pursuant to RSA ***126-A:94*** ~~318-B:36~~, the following actions shall result in a disciplinary proceeding and the imposition of sanctions upon an APRN by the board in accordance with its rules:

(1) Prescribing or dispensing of controlled substances in schedule II-IV without having registered with the PDMP;

(2) The knowing disclosure of PDMP information by a person authorized to receive it, in a manner that violates RSA 318-B or administrative rules of the board of pharmacy;

(3) The use of information from the PDMP by a person authorized to receive it, for a purpose that violates RSA 318-B or administrative rules of the board of pharmacy; or

(4) Permitting the use or disclosure of information from the PDMP under control of the nurse by a person not authorized to receive it, in violation of ~~RSA 381-B or~~ administrative rules of the board of pharmacy.

Adopt Nur 501.04, previously effective 3-19-16 (Document #11056), and expired 3-19-26, to read as follows:

Nur 501.04 Prescription of an Opioid Antagonist by an APRN.

(a) An Advanced Practice Registered Nurse (APRN) shall be under a professional duty to comply with the requirements of the Controlled Drug Act, RSA 318-B, and administrative rules of the board of pharmacy adopted thereunder and shall be afforded the benefit of the exemption for actions taken with an opioid antagonist provided in RSA 318-B:15, IV.

PART Nur 502 OPIOID PRESCRIBING

Readopt Nur 502.01, effective 1-1-17 (Document #12070), as follows:

Nur 502.01 Applicability. This part shall apply to the prescribing of opioids for the treatment of non-cancer and non-terminal pain and shall not apply to the supervised administration of opioids in a health care setting.

Readopt with amendment Nur 502.02, effective 8-25-25 (Document #14297), to read as follows:

Nur 502.02 Noncompliance with Ethical Requirements as Unprofessional Conduct. The ethical requirements set forth in this part shall bind all licensees, and noncompliance with these requirements shall constitute unprofessional conduct as used in NH RSA 326-B:37, II-(h).

Readopt Nur 502.03 through Nur 502.05, effective 1-1-17 (Document #12070), as follows:

Nur 502.03 Definitions. Except where the context makes another meaning manifest, the following words have the meanings indicated when used in this chapter:

(a) "Acute pain" means the normal, predicted physiological response to a noxious chemical, thermal, or mechanical stimulus and typically is associated with invasive procedures, trauma, and disease. It can be generally time-limited, often less than 3 months in duration;

(b) "Administer" means an act whereby a single dose of a drug is instilled into the body of, applied to the body of, or otherwise given to a person for immediate consumption or use;

(c) "Addiction" means a primary, chronic, neuro-biologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include impaired control over drug use, craving, compulsive use, or continued use despite harm. The term does not include physical dependence and tolerance, which are normal physiological consequences of extended opioid therapy for pain;

(d) "Chronic pain" means a state in which non-cancer pain persists beyond the usual course of an acute disease or healing of an injury, or that may or might not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years. It also includes intermittent episodic pain that may require periodic treatment. For the purposes of these rules, chronic pain does not include pain from cancer or terminal disease;

(e) "Clinical coverage" means specified and prearranged coverage that is available 24 hours a day, 7 days a week, to assist in the management of patients with chronic pain;

(f) "Dose unit" means one pill, one capsule, one patch, or one liquid dose;

(g) "Medication-assisted treatment" means any treatment of opioid addiction that includes a medication, such as methadone, buprenorphine, or naltrexone, that is approved by the FDA for opioid detoxification or maintenance treatment;

(h) "Morphine equivalent dose (MED)" means a conversion of various opioids to a morphine equivalent dose by the use of board-approved conversion tables;

(i) "Prescription" means a verbal, written, facsimile, or electronically transmitted order for medications for self-administration by an individual patient;

(j) "Risk assessment" means a process for predicting a patient's likelihood of misusing or abusing opioids in order to develop and document a level of monitoring for that patient;

(k) " Treatment agreement" means a written agreement that outlines the joint responsibilities of Advanced Practice Registered Nurse (APRN) and patient; and

(l) "Treatment plan" means a written plan that reflects the particular benefits and risks of opioid use for each individual patient and establishes goals, expectations, methods, and time course for treatment.

Nur 502.04 Acute Pain. If opioids are indicated and clinically appropriate for prescription for acute pain, prescribing licensees shall:

(a) Conduct and document a physical examination and history;

(b) Prescribe the lowest effective dose for a limited duration;

(c) Document the prescription and rationale for all opioids;

(d) Ensure that the patient has been provided information that contains the following:

(1) Risk of side effects, including addiction and overdose resulting in death;

(2) Risks of keeping unused medication;

(3) Options for safely securing and disposing of unused medication; and

(4) Danger in operating motor vehicle or heavy machinery;

(e) Comply with all federal and state controlled substance laws, rules and regulations;

(f) Conduct and document a risk assessment, such as the evidence-based screening tool Screener and Opioid Assessment for Patients with Pain (SOAPP);

(g) Document an appropriate treatment plan and consideration of non-pharmacological modalities and non-opioid therapy;

(h) Utilize a written informed consent that explains the following risks associated with opioids:

(1) Addiction;

(2) Overdose and death;

(3) Physical dependence;

(4) Physical side effects;

(5) Hyperalgesia;

(5) Tolerance; and

(6) Crime victimization;

(i) In an emergency department, urgent care setting, or walk-in clinic:

(1) Not prescribe more than the minimum amount of opioids medically necessary to treat the patient's medical condition. In most cases, an opioid prescription of 3 or fewer days is sufficient, but a licensee shall not prescribe for more than 7 days; and

(2) If prescribing an opioid for acute pain that exceeds a board-approved limit, document the medical condition and appropriate clinical rationale in the patient's medical record; and

(j) Not be obligated to prescribe opioids for more than 30 days, but if opioids are indicated and appropriate for persistent, unresolved acute pain that extends beyond a period of 30 days, the licensee shall conduct an in-office follow-up with the patient prior to issuing a new opioid prescription.

Nur 502.05 Chronic Pain. If opioids are indicated and clinically appropriate for prescription for chronic pain, prescribing licensees shall:

(a) Conduct and document a history and physical examination;

(b) Conduct and document a risk assessment, including, but not limited to, the use of an evidence- based screening tool such as the Screener and Opioid Assessment for Patients with Pain (SOAPP);

(c) Document the prescription and rationale for all opioids;

(d) Prescribe for the lowest effective dose for a limited duration;

(e) Comply with all federal and state controlled substances laws, rules, and regulations;

(f) Utilize a written informed consent that explains the following risks associated with opioids:

(1) Addiction;

(2) Overdose and death;

(3) Physical dependence;

(4) Physical side effects;

(5) Hyperalgesia;

(6) Tolerance; and

(7) Crime victimization;

(g) Create and discuss a treatment plan with the patient. This shall include, but not be limited to the goals of treatment, in terms of pain management, restoration of function, safety, time course for treatment, and consideration of non-pharmacological modalities and non-opioid therapy. Informed consent documents and treatment agreements may be part of one document and for the sake of convenience;

(h) Utilize a written treatment agreement that is included in the medical record and specifies conduct that triggers the discontinuation or tapering of opioids;

(i) The treatment agreement shall also address, at a minimum, the following:

(1) The requirement of safe medication use and storage;

(2) The requirement of obtaining opioids from only one prescriber or practice;

(3) The consent to periodic and random drug testing; and

(4) The prescriber's responsibility to be available or to have clinical coverage available;

(j) Document the consideration of a consultation with an appropriate specialist in the following circumstances:

(1) When the patient receives a 100 mg morphine equivalent dose daily for longer than 90 days;

(2) When a patient is at high risk for abuse or addiction; or

(3) When a patient has a co-morbid psychiatric disorder;

(k) Reevaluate treatment plan and use of opioids at least twice a year;

(l) Require random and periodic urine drug testing at least annually for all patients using opioids for longer than 90 days. Unanticipated findings shall be addressed in a manner that supports the health of the patient; and

(m) Have clinical coverage available for 24 hours per day, 7 days per week, to assist in the management of patients; and

(n) The prescriber may forego the requirements for a written treatment agreement and for periodic drug testing for patients:

(1) Who are residents in a long term, non-rehabilitative nursing home facility where medications are administered by licensed staff; or

(2) Who are being treated for episodic, intermittent pain and receiving no more than 50 dose units of opioids in a 3 month period.

Readopt Nur 502.06, effective 8-25-25 (Document #14297), as follows:

Nur 502.06 Prescription Drug Monitoring Program.

(a) Prescribers required to register with the controlled drug prescription health and safety program under RSA 126-A:91, or their delegate, shall query the PDMP to obtain a history of schedule II-IV controlled substances dispensed to a patient, prior to prescribing an initial schedule II, III, and IV opioids for the management or treatment of this patient's pain and then periodically and at least twice per year, except when:

(1) Controlled medications are to be administered to patients in a health care setting;

(2) The PDMP is inaccessible or not functioning properly, due to an internal or external electronic issue; or

(3) An emergency department is experiencing a higher than normal patient volume such that querying the PDMP database would materially delay care.

(b) A licensee shall document the exceptions described in (a)(2) and (3) above in the patient's medical record.

Readopt with amendment Nur 502.07, effective 8-25-25 (Document #12397), as follows:

Nur 502.07 Medication Assisted Treatment. Licensees who prescribe medication assisted treatment shall adhere to the principles outlined in the "American Society of Addiction Medicine's National Practice Guideline For the Treatment of Opioid Use Disorders 2020 focused update" found at https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/npg-jam-supplement.pdf?sfvrsn=a00a52c2_2 as cited in Appendix ***B*** ~~II~~.

APPENDIX A

Rule	Statute
Nur 501.01	RSA 326-B:9, VIII; RSA 326-B:4, I and V
Nur 501.02	RSA 326-B:9, VIII
Nur 501.03	RSA 326-B:11
Nur 501.04	RSA 318-B:15, IV
Nur 502.01	RSA 318-B:41, I(a)(3); RSA 318-B:41, II(a)
Nur 502.02	RSA 326-B:9, VIII; RSA 318-B:41, I(a)(3)
Nur 502.03	RSA 318-B:41, II, (a), (c)-(d)(2)
Nur 502.04	RSA 318-B:41, II -II-a
Nur 502.06	RSA 326-B:9, VIII; RSA 326-B:11,III; RSA 326-B:37, II(h); RSA 318-B:10, I
Nur 502.07	RSA 326-B:9, XVI; RSA 326-B:14, II-a, RSA-B:14-a; RSA-B:27; RSA 326-B:27-a

APPENDIX B

RULE	Title	Obtain at:
Nur 502.07	American Society of Addiction Medicine's National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015)	http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg/complete-guideline