This is an amendment to 16.10.14 NMAC, Section 7 and add a new Section 13, effective 3/24/2020.

Statute citations were changed throughout the rule to conform to correct legislative style.

16.10.14.7 DEFINITIONS:

A. "Acute pain" means the normal, predicted physiological response to a noxious chemical or thermal or mechanical stimulus, typically associated with invasive procedures, trauma or disease and is generally time-limited.

B. "Addiction" is a neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects. It is characterized by behaviors that include one or more of the following: impaired control over drug use; compulsive use; continued use despite harm; and, craving. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not by themselves be considered addiction.

C. "Benzodiazepine" means any controlled substance referenced at Subsection A of 16.19.20.68 NMAC, as may be amended from time to time.

D. "Chronic pain" means pain that persists after reasonable medical efforts have been made to relieve the pain or its cause and that continues, either continuously or episodically, for longer than three consecutive months. "Chronic pain" does not, for purpose of the Pain Relief Act requirements, include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

E. "Clinical expert" means a person who, by reason of specialized education or substantial relevant experience in pain management, has knowledge regarding current standards, practices and guidelines.

F. "Controlled Substance" means a drug or substance listed in schedules I through V of the Controlled Substances Act or regulations adopted thereto.

G. "Delegate" means a person designated by a practitioner pursuant to 16.19.29.9 NMAC for the purpose of requesting and receiving prescription monitoring program (PMP) reports for that practitioner.

H. "Opioid" means the class of drugs that includes the natural derivatives of opium, which are morphine and codeine, and related synthetic and semi-synthetic compounds that act upon opioid receptors.

I. "Opioid antagonist" means a drug approved by the federal food and drug administration that when administered negates or neutralizes in whole or in part the pharmacological effects of an opioid analgesic in the body, including naloxone and such other medications approved by the board of pharmacy for the reversal of opioid analgesic overdoses.

[~~K.~~] **J. "Pain"** means acute or chronic pain or both.

[~~L.~~] **K. "Physical dependence"** means a state of adaptation that is manifested by a drug-specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, administration of an antagonist, or a combination of these.

[~~M.~~] L. "Practitioner" means a New Mexico medical board licensee maintaining licensure pursuant to state law that allows that individual to prescribe, order, administer or dispense controlled substances to patients (see 16.19.29.7 NMAC).

[~~N.~~] **M. "Prescription monitoring program"** means a centralized system to collect, monitor, and analyze electronically, for controlled substances, prescribing and dispensing data submitted by pharmacies and dispensing practitioners. The data are used to support efforts in education, research, enforcement and abuse prevention.

[~~O.~~] **N. "Schedule II-V"** refers to any controlled substance listed in schedule II, III, IV, or V of the Controlled Substances Act found at Chapter 30, Article 31 NMSA 1978, regulations promulgated by the New Mexico board of pharmacy found at 16.19.20 NMAC, or federal controlled substances regulations promulgated pursuant to 21 U.S.C. 812.

[~~P.~~] **O. "Stimulant"** means any controlled substance referenced in Subsection C of 16.19.20.66 NMAC, Subsection A of 16.19.20.67 NMAC, Subsection D of 16.19.20.68 NMAC, or Subsection B of 16.19.20.69 NMAC, as may be amended from time to time.

[~~Q.~~] **P. "Therapeutic purpose"** means the use of pharmaceutical and non-pharmaceutical medical treatment that conforms substantially to accepted guidelines for pain management and other conditions.

[~~R.~~] **Q "Tolerance"** means a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.

[16.10.14.7 NMAC - N, 1/20/2003; A, 9/28/2012; A, 11/30/2016; A, 3/24/2020]

16.10.14.13 REQUIREMENTS FOR LICENSEES OF THE NEW MEXICO MEDICAL BOARD WHO PRESCRIBE, DISTRIBUTE OR DISPENSE OPIOID ANALGESICS.

A. A health care provider who prescribes, distributes or dispenses an opioid analgesic for the first time to a patient shall advise the patient on the risks of overdose and inform the patient of the availability of an opioid antagonist. With respect to a patient to whom an opioid analgesic has previously been prescribed, distributed or dispensed by the health care provider, the health care provider shall advise the patient on the risks of overdose and inform the patient of the availability of an opioid antagonist on the first occasion that the health care provider prescribes, distributes or dispenses an opioid analgesic each calendar year.

B. A health care provider who prescribes an opioid analgesic for a patient shall co-prescribe an opioid antagonist if the amount of opioid analgesic being prescribed is at least a five-day supply. The prescription for the opioid antagonist shall be accompanied by written information regarding the temporary effects of the opioid antagonist and techniques for administering the opioid antagonist. That written information shall contain a warning that a person administering the opioid antagonist should call 911immediately after administering the opioid antagonist.

[16.10.14.13 NMAC - N, 3/24/2020]