Proposed additional language for X91: Medical Commission—

“For those practices, groups, and institutions that integrate access to the state prescription monitoring program (PMP) into the workflow of the electronic medical record (EMR), consultation of the PMP is required for all prescriptions of opioids and sedative hypnotics for acute pain settings. For the purposes of this section, the duty to consult the PMP does not apply when the PMP or the EMR cannot be accessed by the practitioner due to a temporary technological or electrical failure.”

Proposed additional language for X91: AMDG—

“(I) The practitioner shall ensure a PMP query is performed prior to the prescription of an opioid or sedative hypnotic at the following times:
(a) At the first opioid prescription for acute pain unless clinical exception is documented; such exceptions should be rare, occurring in less than 10% of the first prescriptions;
(b) At first refill for acute pain if not checked with initial prescription due to documented clinical exception;
(c) The time of transition from acute to subacute pain;
(d) The time of transition from subacute to chronic pain; and
(e) At the time of pre-operative assessment for any elective surgery or prior to discharge for non-elective surgery.”