

## PAIN MANAGEMENT OVERVIEW BY STATE

STATE	Action Taken by State Medical Board	Related Statutes, Rules, and Regulations	Policy Provisions
AL*	Guidelines for the Use of Controlled Substances for the Treatment of Pain (Effective 01/19/00)	Ala. Admin. Code r. 540-X-4-08.	<ul style="list-style-type: none"> <li>* Evaluation of the patient</li> <li>* Treatment plan</li> <li>* Informed consent</li> <li>* Periodic review</li> <li>* Consultation</li> <li>* Medical record documentation</li> <li>* Compliance with laws and regulations</li> </ul>
AK		Prescribing controlled substances, Alaska Admin. Code tit. 12, § 40.975.	<p>When prescribing a controlled substance, physician must create and maintain a record of care that includes:</p> <ul style="list-style-type: none"> <li>* Patient history, evaluation diagnosis</li> <li>* Treatment plan</li> <li>* Monitoring</li> <li>* Documentation of drugs prescribed, administered, or dispensed</li> </ul>
AZ*	Guidelines for the Use of Controlled Substances for the Treatment of Chronic Pain (Approved 09/24/97, Revised 06/03)		<ul style="list-style-type: none"> <li>* Evaluation of the patient</li> <li>* Treatment plan</li> <li>* Informed consent</li> <li>* Ongoing assessment</li> <li>* Consultation</li> <li>* Documentation</li> <li>* Compliance with laws and regulations</li> </ul>
AZ-O*	Guidelines: The Prescribing of Controlled Substances for the Treatment of Pain Management (Approved 01/22/00)		<ul style="list-style-type: none"> <li>* Evaluation of the patient</li> <li>* Treatment plan</li> <li>* Informed consent</li> <li>* Ongoing Assessment</li> <li>* Consultation</li> <li>* Documentation</li> <li>* Compliance with laws and regulations</li> </ul>
AR*	(1) Regulation 2(6) (Effective 03/13/97, Amended 12/3/98)	(2) Chronic Intractable Pain Treatment Act, Ark. Code Ann. § 17-95-701 through 17-95-707.	<p>(1) * Physician will keep adequate records to include:</p> <ul style="list-style-type: none"> <li>* Evaluation of the patient/medical history</li> <li>* Treatment plan</li> <li>* Informed consent</li> <li>* Ongoing Assessment</li> <li>* Compliance with laws and regulations</li> </ul>
CA*	<p>(1) Guidelines for Prescribing Controlled Substances for Intractable Pain (Adopted in 1994, revised in 2007)</p> <p>(2) Statement by the Board (Issued 07/94)</p>	<p>(3) Intractable Pain Treatment Act, Prescription or administration of dangerous drugs or prescription controlled substances for treatment of pain or condition causing pain, Cal. Bus. &amp; Prof. Code § 2241.5.</p> <p>(4) Pain Patient's Bill of Rights, Findings and declarations; opiate drugs; pain management, Health &amp; Safety Code § 124960.</p>	<p>(1) * History/Physical Examination</p> <ul style="list-style-type: none"> <li>* Treatment plan/objectives</li> <li>* Informed consent</li> <li>* Periodic review</li> <li>* Consultation as necessary</li> <li>* Accurate and complete records</li> <li>* Compliance with controlled substance laws and regulations</li> </ul> <p>(3) * No physician and surgeon shall be subject to disciplinary action by the board for prescribing or administering controlled substances in the course of treatment of a person for pain</p>
CA-O	See CA above		
CO*	(1) Guidelines for Prescribing		(2) Adopted FSMB Model Policy

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	Controlled Substances for Intractable Pain (Adopted 05/16/96) (2) Model Policy for the use of Controlled Substances for the Treatment of Pain (Revised 11/18/04)		
CT*	Statement on the Use of Controlled Substances for the Treatment of Pain (Adopted 02/15/05)		* Evaluation of the patient * Treatment plan * Informed consent * Ongoing Assessment * Consultation * Medical record documentation * Compliance with laws and regulations
DE*	Model Policy for the use of Controlled Substances for the Treatment of Pain (Adopted 06/02/09)		Adopted FSMB Model Guidelines
DC	Standards for the Use of Controlled Substances for the Treatment of Pain	D.C. Mun. Regs. tit. 17, § 4614.	* History/physical examination * Written treatment plan * Ongoing Assessment * Accurate and complete records
FL*	(1) Management of Pain Using Dangerous Drugs and Controlled Substances-General Practice Guideline (Adopted 10/25/96) (2) Joint Statement on Pain Management-Florida Boards of Medicine, Nursing, Osteopathic Medicine and Pharmacy (Approved 09/19/05)	(3) Fla. Stat. § 458.326. (4) Fla. Admin. Code. Ann. r. 64B8-9 Standards of Practice for Medical Doctors. (5) Pain Management and Palliative Care, Fla. Stat. § 765.1103.	(4) Adopted FSMB Model Guidelines
FL-O*	(1) Standards for the Use of Controlled Substances for Treatment of Pain (Adopted 03/9/00) (2) Joint Statement on Pain Management-Florida Boards of Medicine, Nursing, Osteopathic Medicine and Pharmacy (Approved 09/19/05)	(1) Fla. Admin. Code. Ann. r. 64B15-14.005.	(1) Adopted FSMB Model Guidelines
GA	(1) Management of prescribing with Emphasis on Addictive or Dependence-Producing Drugs (Effective 1991) (2) Guidelines for the Use of Controlled Substances for Treatment of Pain: Ten Steps (Adopted 01/11/08)		* Medical history and physical findings * Treatment plan * Make referrals to appropriate specialists * Obtain informed consent * Monitor patient periodically * Maintain adequate records
Guam	None found		
HI*	Pain Management Guidelines (Adopted 01/06, modified 03/08/06)		Adopted FSMB Model Guidelines
ID*	(1) Guidelines: Prescribing Opioids for Chronic Pain		(1) * Cause for chronic pain must be sought and identified

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	(Effective 03/95) (2) Model Policy for the use of Controlled Substances for the Treatment of Pain (Adopted 08/05)		* Consultation with appropriately qualified specialists should precede institution of routine opioid therapy * Patient must be accountable and understand that prescriptions will be closely monitored * Doctor and patient must commit to regular office visits to monitor effectiveness of treatment * Legible and thoughtful documentation is mandatory (2) Adopted FSMB Model Policy
IL	None found		
IN	None found		
IA*	(1) Standards of practice-- appropriate pain management (2) Joint Statement on Pain by the Iowa Boards of Medicine, Nursing, Pharmacy and Physician Assistants (Adopted 08/28/08)	(1) Iowa Admin. Code r. 653-13.2(148,272C).	(1) * Physical examination of the patient * Treatment plan * Informed consent of patient * Periodic review of drug treatment * Consultation/referral if necessary * Accurate, timely, and complete medical records * This rule shall not be construed to interfere with any federal and/or state law and regulation governing the proper prescribing and administering of controlled substances
KS*	(1) Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted 10/17/98) (2) Joint Policy Statement of the Kansas Boards of Healing Arts, Nursing and Pharmacy on the Use of Controlled Substances for the Treatment of Pain (Effective 07/17/02)	(3) Legislative findings on pain treatment, Kan. Stat. Ann § 65-4976. (4) Persons suffering from pain; use of controlled substances for pain treatment, Kan. Stat. Ann § 65-4977.	(1) Adopted FSMB Model Guidelines (3) Acknowledges pain as a significant health problem (4) States that pain patient should be an active participant in decisions about the assessment, diagnosis and treatment of their pain; may accept or reject the use of any or all diagnostic and therapeutic modalities which may be recommended to treat such person's pain; and should accurately, completely, and honestly report all symptoms and concerns
KY*	(1) Model Guidelines for the Use of Controlled Substances in Pain Treatment (Adopted 03/22/01, Revised 09/18/03) (2) Guidelines for Prescribing Controlled Substances (Adopted 06/20/96)		(1) Adopted FSMB Model Guidelines
LA	Medications used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain	La. Admin Code. tit. 46, pt. XLV, §§ 6915 through 6923.	* Evaluation of the patient and diagnosis * Treatment plan * Informed consent * Efficacy assessment and monitoring * Consultation with specialists if necessary * Medical records * Compliance with applicable laws
ME*	Use of Controlled Substances for Treatment of Pain (Effective 03/22/99)	Code Me. R 02-373 Ch. 11, § 1 through 3.	Enacted FSMB Model Guidelines and added section specific to end of life pain therapy

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ME-O*	Agency 02, Sub-Agency 373, Chapter 011 Use of Controlled Substances for Treatment of Pain (Effective 03/22/99)	Code Me. R 02-383 Ch. 11, § 1 through 3.	Enacted FSMB Model Guidelines and added section specific to end of life pain therapy
MD	Guidelines for Prescribing Controlled Drugs (Adopted 03/96)		<ul style="list-style-type: none"> <li>* Evaluation of patient including history and physical</li> <li>* Treatment plan with objectives</li> <li>* Informed consent from patient</li> <li>* Periodic review of treatment</li> <li>* Consultation with specialists as necessary</li> <li>* Adequate documentation</li> <li>* Compliance with state and federal law</li> </ul>
MA*	(1) Prescribing Practices, Policy and Guidelines (Adopted 05/3/89, Revised 12/12/01) (2) Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted 12/12/01)		<ul style="list-style-type: none"> <li>(1) * Carefully documented medical condition prior to pain prescription <ul style="list-style-type: none"> <li>* Consultation with specialists as necessary</li> <li>* Medical record documentation</li> <li>* Examination at regular intervals to determine effectiveness of treatment</li> </ul> </li> <li>(2) Adopted FSMB Model Guidelines</li> </ul>
MI*	Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted in 2003)		Adopted FSMB Model Guidelines
MI-O*	Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted in 2003)		Adopted FSMB Model Guidelines
MN*	(1) Endorsed Model Policy for the Appropriate Use of Controlled Substances for the Treatment of Pain (2) Model Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted Fall 2000) (3) Joint Statement on Pain Management (Adopted 09/04)	(4) Intractable Pain, Minn. Stat. § 152.125.	<ul style="list-style-type: none"> <li>(1) Adopted FSMB Model Policy</li> <li>(4) * No physician shall be disciplined for prescribing controlled substances in accordance with this act <ul style="list-style-type: none"> <li>* Informed consent prior to treatment.</li> </ul> </li> </ul>
MS	(1) Pain, Pain Management and Mississippi State Board of Medical Licensure Scrutiny (Effective Fall 1997) (2) Use of Controlled Substances for Chronic (Non-Terminal) Pain (Effective 04/18/99)	(2) Code Miss. Rules 50 013 001. Ch. 25 Sec. 6.	<ul style="list-style-type: none"> <li>(1) * Evaluation of patient for diagnosis <ul style="list-style-type: none"> <li>* Appropriate and timely monitoring</li> <li>* Documentation of all evaluations, the plan of therapy, and observations</li> <li>* Appropriate consultation as necessary</li> <li>* Board will not impose disciplinary sanctions if above steps are followed</li> </ul> </li> <li>(2) * Before initiating treatment, a physician shall conduct an examination of the patient and review prior records if applicable <ul style="list-style-type: none"> <li>* Documentation shall include a complete medical history and a written treatment plan</li> <li>* Periodic review and documentation of the treatment</li> </ul> </li> </ul>
MO*	(1) Guidelines for the Use of Controlled Substances for the	(3) Intractable Pain Treatment Act—definitions, Mo. Rev. Stat. §	<ul style="list-style-type: none"> <li>(1) Adopted FSMB Model Guidelines</li> <li>(4) Authorization to administer or dispense</li> </ul>

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	Treatment of Pain (Effective 11/01/01) (2) Information about the Use of Controlled Substances for the Treatment of Pain (Adopted 10/15/04)	334.105. (4) Prescription, administration, and dispensing controlled substances for intractable pain--therapeutic use--drug dependency, Mo. Rev. Stat. § 334.106.	controlled substances for a therapeutic purpose to a person diagnosed and treated by a physician for a condition resulting in intractable pain without being subject to discipline, if documented in the physician's medical records.
MT	(1) Statement on the use of Controlled Substances in the Treatment of Intractable Pain (Adopted 03/15/96) (2) Statement of the prescribing and filling of controlled substances in the treatment of chronic pain (Adopted 07/27/02)		(1) * Thorough history and physical exam * Written treatment plan * Informed consent * Appropriate referral as necessary * Accurate and complete documentation
NE*	(1) Guidelines for the Use of Controlled Substances for the Treatment of Pain (Effective 02/7/99) (2) Model Policy for the use of Controlled Substances for the Treatment of Pain (Adopted 06/05)	(3) Ch. 71. Public Health & Welfare, Art. 24., (D) Drugs, Pain Management, Neb. Rev. Stat. §§ 71-2418 through 71-2420.	(1) Adopted FSMB Model Guidelines (3) Further clarified that physicians following the pain guidelines are not subject to disciplinary action
NV*	(1) Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted 07/19/00) (2) Model Policy for the Use of Controlled Substances for the Treatment of Pain	(1) Adoption by reference, Nev. Admin. Code ch. 630, s 187. (3) Prescribing or administering certain controlled substances for treatment of intractable pain not grounds for disciplinary action, Nev. Rev. Stat. § 630.3066. (4) Exemption from grounds: "Intractable pain" defined, Nev. Rev. Stat. § 630:255.	(1) Adopted FSMB Model Guidelines
NV-O	See NV above		
NH*	(1) Guidelines for the Use of Controlled Substances in the Management of Chronic Pain (Effective 05/11/00)	(2) N.H. Admin. R. Ann. Med 501.02.	(1) Adopted FSMB Model Guidelines (2) When prescribing any controlled substance for use in pain control, physician must: * Document prescription * Utilize appropriate treatment standards for the treatment of chronic pain; and * Comply with all federal and state controlled substances laws, rules, and regulations.
NJ	Limitations on prescribing, administering or dispensing of controlled substances; special exceptions for management of pain	N.J. Admin. Code 13:35-7.6.	* Medical history and physical evaluation * Treatment plan objectives * Informed consent evidence * Periodic reviews * Complete and accurate records
NM*	(1) Guidelines on Prescribing for Pain (Effective 04/05/99) (2) Management of Chronic Pain with Controlled Substances (Effective 01/20/03) (3) Joint Statement on the Management of Chronic Pain	(4) Pain Relief Act, N.M. Stat. Ann. §§ 24-2D-1 through 24-2D-6. (2) N.M. Admin. Code tit. 16, § 10.14.	(1)(2) * Documentation of medical history * Written treatment plan with objectives * Informed consent * Monitoring of patient (1) * Consultation with specialist as needed (2) * Consultation with physician

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	(Adopted 05/2005)		experienced in chronic pain control (4) * No health care provider who prescribes, dispenses or administers medical treatment for the purpose of relieving intractable pain and who can demonstrate by reference to an accepted guideline that his practice substantially complies with that guideline shall be subject to disciplinary action or criminal prosecution
NM-O	Joint Statement on the Management of Chronic Pain (Adopted 08/2005)		
NY*	Policy Statement for the Use of Controlled Substances for the Treatment of Pain (Effective 03/00)		* All physicians should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances.
NC*	(1) Management of Chronic Non-Malignant Pain Statement (Adopted 09/13/96) (2) End-Of-Life Responsibilities and Palliative Care Statement (Adopted 10/21/99) (3) Joint Statement on Pain Management and End-Of-Life Care (Adopted 10/21/99) (4) Policy for the Use of Controlled Substances for the Treatment of Pain (Adopted 07/05)		(1)(3)(4) * Thorough documentation of all aspects of assessment and care * Diagnosis and treatment plan * Informed consent * Efficacy assessment * Appropriate consultation as needed (1)(4) * Thorough history and physical exam * No physician need fear reprisals from the Board for appropriately prescribing even large amounts of controlled substances indefinitely for chronic non-malignant pain (2) Adopted FSMB Model Policy
ND	Controlled Substances for Care and Treatment (Effective 08/1/95, Revised 03/14/05)	N.D. Cent. Code §§ 19-03.3-01 through 19-03.3-06.	* Must be diagnosed and treated by prescribing physician * Documentation in medical records * The board may not discipline a physician for prescribing or administering controlled substances in the course of treatment of a patient for intractable pain
NMI	None found		
OH	(1) Position Paper-Scheduled Drug Therapy Including Narcotics for Chronic Benign Pain (Effective 06/14/95- Revised 08/14/96)	(2) Authority to treat intractable pain with dangerous drugs, Ohio Rev. Code Ann. § 4731.052; Continuing medical education course on treating intractable pain, Ohio Rev. Code Ann. § 4731.283 (3) Intractable Pain Treatment, Ohio Admin. Code §§ 4731-21-01 to 4731-21-06.	(1)(3) * Diagnosis through a history and physical examination * Treatment plan * Informed consent * Patient evaluation at regular intervals * Maintain a complete and accurate clinical record (2)(3) * A physician who treats intractable pain by managing it with dangerous drugs is not subject to disciplinary action by the board solely because the physician treated the intractable pain with dangerous drugs (1) * Physician obeys all applicable state and federal laws * Clearly documented medication

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			dosage, route administered and the amount dispensed or prescribed (3) * Consultation with specialists as needed
OK*	(1) Guidelines for Prescribing Controlled Substances for Intractable Pain (Effective in 1995) (2) Use of Controlled Substances for the Treatment of Pain (Effective 03/10/05)	(3) Appropriate pain management-high dosages of controlled dangerous drugs, Okla. Stat. tit. 63, § 2-551. (4) Use of controlled substances for the management of chronic pain, Okla. Admin. Code § 435:10-7-11.	(1)(4) * History/physical examination * Treatment plan, objectives * Informed consent * Periodic review * Consultation * Records * Compliance with controlled substance laws and regulations (2) Adopted FSMB Model Policy
OK-O	See OK above		
OR	(1) Statement of Philosophy-Appropriate Prescribing of Controlled Substances (Adopted 05/20/91) (2) Statement of Philosophy-Pain Management in Acute Conditions and in Terminal Illness (Adopted 04/95) (3) Current Statement of Philosophy on Pain Management (Adopted 04/16/99, Revised 07/9/04)	(4) Administration of Controlled Substances for Intractable Pain, Or. Rev. Stat. Ann. §§ 677.470 through 677.480. (5) Written Notice Disclosing the Material Risks Associated with Prescribed or Administered Controlled Substances for the Treatment of "Intractable Pain," Or. Admin. R §§ 847-015-0030.	(3) * Patient should receive appropriate assessment, documentation, and management of pain * Patient should receive assessment and recommendations of a specialist * Informed consent (4) * A physician shall not be subject to disciplinary action for prescribing or administering controlled substances in the course of treatment of a person for intractable pain
PA*	(1) Guidelines for the Use of Controlled Substances for the Treatment of Pain (Effective 10/20/98)	(2) Prescribing, administering and dispensing controlled substances, Pa. Code tit. 49, § 16.92.	(1) Adopted FSMB Model Guidelines
PA-O	See PA above		
PR	None found		
RI	(1) Guidelines for Long Term Pain Management (Adopted 05/10/95)	(2) Intractable Pain Treatment, R. I. Gen. Laws §§ 5-37.4-1 through 5-37.4-3.	(1) * History/physical examination * Treatment plan, objectives * Informed consent * Periodic review * Consultation as necessary * Accurate and complete records * Compliance with controlled substance laws and regulations (2) * No physician shall be subject to disciplinary action solely for prescribing, administering, or dispensing controlled substances for a therapeutic purpose for a person diagnosed and treated by a physician for a condition resulting in intractable pain
SC*	Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted 02/99)		Adopted FSMB Model Guidelines
SD*	Guidelines for the Use of Controlled Substances for the Treatment of Pain (Adopted 01/99)		Adopted FSMB Model Guidelines

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TN*	(1) Management of Prescribing with Emphasis on Addictive or Dependence Producing Drugs Statement (Approved 09/19/95)	(2) Authority of Physician to Prescribe for the Treatment of Pain, Tenn. Comp. R. & Regs. 0880-2-.14(6). (3) Intractable Pain Treatment Act, Tenn. Code Ann. §§ 63-6-1101 through 63-6-1111.	(1) * Diagnosis supported by a history and physical findings * Treatment plan * Referrals to appropriate specialists * Informed consent * Regular monitoring of patient * Maintain adequate records (2) * A physician or surgeon duly authorized to practice and to prescribe controlled substances and dangerous drugs shall not be subject to disciplinary action for prescribing, ordering, administering or dispensing dangerous drugs or controlled substances for the treatment or relief of pain
TN-O*	Guidelines for the Use of Controlled Substances for the Treatment of Pain	Tenn. Comp. R. & Regs. 1050-2-.13(5).	* Diagnosis supported by a history and physical findings * Treatment plan * Referrals to appropriate specialists * Informed consent * Regular monitoring of patient * Maintain adequate records * A physician or surgeon duly authorized to practice and to prescribe controlled substances and dangerous drugs shall not be subject to disciplinary action for prescribing, ordering, administering or dispensing dangerous drugs or controlled substances for the treatment or relief of pain
TX*	(1) Pain Control Statement (Adopted Spring/Summer 1993) (2) Board Rules, Administrative Code, Title 22, Part 9, Chapter 170, Pain Management (Effective 01/04/07)	(3) Intractable Pain Treatment Act, Tex. Occupations Code §§ 107.001 through 107.201. (4) Pain Management, Tex. Admin. Code tit. 22, §§ 170.1 - 170.3.	(2) Substantively similar to FSMB Model Policy (3) * Duty to monitor patient * Documentation of treatment * Consult with expert in treatment of addiction (3)(4) * Physician authorized to prescribe or administer dangerous drugs or controlled substances in the course of treatment of a patient for intractable pain (4) * Medical history and physical evaluation * Written treatment plan for chronic pain * Informed consent * Documented periodic review * Complete and accurate medical records
UT*	(1) Guidelines for the Use of Controlled Substances for the Treatment of Pain (Effective 02/10/99) (2) Prescribing Controlled Substances for Cancer Pain: Position Paper (Adopted 04/10/92)	(3) Unprofessional Conduct, Utah Admin. Code r.156-1-502.(6).	(1) Adopted FSMB Model Guidelines (3) failing to follow the FSMB Model Guidelines
UT-O	See UT above		
VT*	(1) Report of the Prescribing		(1) * History and physical examination

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	Practices Committee (Adopted 06/05/96) (2) Policy for the Use of Controlled Substances for the Treatment of Pain (Adopted 12/07/05)		* Treatment plan * Informed consent * Periodic review * Consultation * Medical records of above (2) Adopted FSMB Model Policy
VT-O	See VT above		
VA*	(1) Guidelines for the Use of Opioids in the Management of Chronic, Noncancer Pain (Adopted 02/05/98) (2) Model Policy for the Use of Controlled Substances for the Treatment of Pain (Adopted 06/24/04)	(3) Prescription in excess of recommended dosage in certain cases, Va. Code Ann. §§ 54.1-3408.1, § 54.1-2971.01.	(1) * History and physical examination * Assessment * Treatment plan and objectives * Informed consent and written agreement * Periodic review * Consultation * Medical records (2) Adopted FSMB Model Policy (3) * Any person who prescribes, dispenses, or administers an excess dosage in accordance with this section shall not be in violation because of such dosage if done so in good faith for recognized medicinal or therapeutic purposes
VI	None found		
WA	(1) Guidelines for Management of Pain (Approved 04/18/96)	(2) Regulation of Manufacture, Distribution and Dispensing of Controlled Substances, Prescriptions, Wash. Rev. Code § 69-50-308(g). (3) Pain Management, Wash. Admin. Code §§ 246-919-800 through 830.	(1) * History and medical examination including diagnosis * Written treatment plan, objectives * Informed consent * Periodic review * Consultation with specialists as needed * Accurate and complete records (2)(3) * Authorization to dispense or deliver a controlled substance without being subject to Board discipline (3) Physician treating pain should be knowledgeable about the complex nature of pain and acceptable pain treatment modalities, and familiar with the pain treatment terms used in the commission's pain treatment guidelines
WA-O	Guidelines for Management of Pain (Effective 09/13/02)		* History and medical examination * Diagnosis and medical indication * Written treatment plan with recorded measurable objectives * Informed consent * Periodic reviews and modifications indicated * Consultation * Accurate and complete records * Assessment and monitoring
WV*	(1) Position Statement on the Use of Opioids for the Treatment of Chronic Non-Malignant Pain (Adopted 07/14/97) (2) Model Policy for the Use of Controlled Substances for the	(4) Management of Intractable Pain, W. Va. Code §§ 30-3A-1 through 30-3A-4.	(1) * Complete history and physical examination * Working diagnosis and treatment plan * Monthly monitoring until stable dosing is obtained and then no less than every three months physician visits * Periodic review of treatments

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	Treatment of Pain (Adopted 01/10/05) (3) Joint Policy Statement on Pain Management at the End of Life (Approved 03/12/01)		* Informed consent * Consultation with specialists as needed (2) Adopted FSMB Model Policy (4) * A physician shall not be subject to disciplinary sanctions or criminal punishment for prescribing, administering, or dispensing pain-relieving controlled substances for the purpose of alleviating or controlling intractable pain
WV-O*	Model Policy for the Use of Controlled Substances for the Treatment of Pain (Adopted 11/04/04)		
WI*	(1) Model Policy for the Use of Controlled Substances for the Treatment of Pain	(2) Wis. Stat. §§ 961.001 and 961.38.	(1) Adopted FSMB Model Policy (2) * States that many controlled substances have useful and legitimate medical and scientific purposes * A practitioner may dispense or deliver a controlled substance to or for an individual only for medical treatment or authorized research
WY	Policy Number 40-01 adopting Wyoming Health Care Licensing Boards' Uniform Policy for the Use of Controlled Substances in the Treatment of Pain (Issued 02/13/09)		* Evaluation of the patient * Treatment plan * Informed consent * Ongoing Assessment * Consultation * Documentation * Compliance with laws and regulations

\*- Indicates policy same or similar to FSMB policy.

- Visit <http://www.medsch.wisc.edu/painpolicy/index.htm> for guidelines and statutes by state on the Pain and Policy Studies Group website at the University of Wisconsin
- Newfoundland Medical Council adopted FSMB Model Guidelines in 2000
- National Association of State Controlled Substances Authorities endorsed FSMB Model Guidelines 10/29/1999
- National Association of State Controlled Substances Authorities endorsed FSMB Model Policy 10/23/2004