

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control \_\_\_\_\_ Department or Agency Alabama State Board of Podiatry  
Rule No. 730-X-3-.12  
Rule Title: Risk and Abuse Mitigation Strategies by Prescribing Podiatrists  
X New \_\_\_\_\_ Amend \_\_\_\_\_ Repeal \_\_\_\_\_ Adopt by Reference \_\_\_\_\_

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? No

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

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Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer 

Date: February 14, 2020

Alabama State Board of Podiatry

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Podiatry

RULE NO. & TITLE: 730-X-3-.12 Risk and Abuse Mitigation Strategies by Prescribing Podiatrists

INTENDED ACTION: New

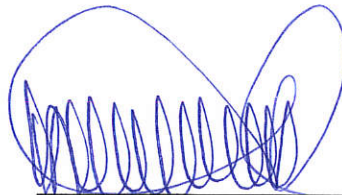
SUBSTANCE OF PROPOSED ACTION: The Board proposes risk and abuse mitigation strategies for prescribing practicing podiatrists as recommended by Alabama Opioid Overdose and Addiction Council.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written comments will be received by the Board until 4:00 p.m. on Friday, April 3, 2020. Comments should be directed to Keith E. Warren, *Executive Director*, 2777 Zelda Road, Montgomery, AL 36106 or via electronic mail at [keith@alstateboard.com](mailto:keith@alstateboard.com) or via telephone at 334-420-7237.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:  
Friday, April 3, 2020.

CONTACT PERSON AT AGENCY:

Keith E. Warren  
*Executive Director*  
2777 Zelda Road  
Montgomery, AL 36106  
(334) 420-7237



Keith E. Warren, *Executive Director*  
Alabama State Board of Podiatry

NEW

**Chapter 730-X-3-.12 Risk and Abuse Mitigation Strategies By Prescribing Podiatrists.**

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in the patients who use controlled substances to treat pain increase as dosage increases. The Board adopts the "Morphine Milligram Equivalency" ("MME") daily standard as set out by the Centers for Disease Control and Prevention ("CDC") for calculating the morphine equivalence of opioid dosages.

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

- (a) Pill counts;
- (b) PDMP checks;
- (c) Monitoring the patient for aberrant behavior;
- (d) Providing a patient with opiate risk education prior to prescribing controlled substances;
- (e) Using validated risk-assessment tools, examples of which shall be maintained by the Board.

(3) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama's Prescription Drug Monitoring Program (PDMP):

(a) For the controlled substance prescriptions totaling 30 MME or less per day, podiatrists are expected to use the PDMP in the manner consistent with good clinical practice.

(b) When prescribing a patient, controlled substances of more than 30 MME per day, podiatrists shall review that patient's prescribing history through the PDMP at least two (2) times per year, and each podiatrist is responsible for documenting the use of risk and abuse mitigation strategies in the patient's medical record.

(c) Podiatrists shall query the PDMP to review a patient's prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.

(4) Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, podiatrists should reconsider a patient's existing benzodiazepines prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment.

(5) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics have a risk of addiction, misuse, and diversion. Podiatrists are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the podiatrist when prescribing a patient medication from multiple controlled substance drug classes.

(6) A violation of this rule is grounds for the suspension, restriction, or revocation of a podiatrist's Alabama Controlled Substance Certificate or license to practice podiatry.

**Author:** Alabama State Board of Podiatry

**Statutory Authority:** Code of Ala. 1975, §34-24-252, 20-2-54.1, 20-2-214(2).

**History:** New Rule: Filed: February 14, 2020.