Change the chapter heading for Opt 500 to read as follows:

CHAPTER Opt 500 ETHICAL STANDARDS [~~AND DISCIPLINARY MATTERS~~] **AND OPIOID PRESCRIBING**

Repeal Opt 501, effective 9/16/17 (Document #12383), as follows:

[~~PART Opt 501 DISCIPLINARY MATTERS~~

~~Opt 501.01 Initiation of Action. The board shall undertake misconduct investigations, settlements of misconduct allegations, or disciplinary hearings in response to any information which reasonably suggests that a licensee has engaged in professional misconduct.~~

~~Opt 501.02 Action on Complaints and Misconduct Allegations.~~

~~(a) Upon receipt of a completed "Consumer Complaint Form", effective August 2017, the board shall investigate the allegations contained therein as follows:~~

~~(1) Conduct an informal investigation pursuant to Opt 212.01;~~

~~(2) Commence a formal investigation pursuant to Opt 212.02; or~~

~~(3) Commence an adjudicatory proceeding pursuant to Opt 208.02 and Opt 501.04.~~

~~(b) The board shall take final action on complaints in the manner provided by Opt 207.02.~~

~~Opt 501.03 Misconduct Investigations.~~

~~(a) The board shall conduct such investigations as it deems necessary to investigate allegations of misconduct which come to its attention through complaints or other means. Informal investigations undertaken in accordance with the criteria set out in Opt 212.01 shall be conducted at any time and without prior order of the board. The board shall convert an informal investigation to a formal investigation at any time for the purposes set forth in Opt 212.02 and according to the procedures in Opt 212.02(b).~~

~~(b) The board shall use the criteria set forth in Opt 212.02 in determining whether an investigation shall be informal or formal.~~

~~(c) When a misconduct investigation occurs, an investigator designated by the board shall contact such persons and examine such health care records and other documents as are necessary to make a recommendation as to whether further board action should be taken on the allegations in question.~~

~~(d) Investigations, including those based upon allegations in a complaint, or required by RSA 327:20 shall be conducted by a member of the board who shall recuse himself from the adjudicatory hearing.~~

~~(e) In formal misconduct investigations the investigator shall make a written report and recommendation to the board as to whether there is a reasonable basis to conduct further disciplinary proceedings. The board shall follow the procedural requirement of Opt 208.02 in the event it determines to commence a disciplinary hearing with respect to any investigation or allegation of misconduct.~~

~~(f) During an investigation, no disclosure of information gathered shall be made if such disclosure would impair the investigation.~~

~~(g) After an investigation is concluded, information gathered during the investigation shall be disclosed, upon request, except to the extent exempted by RSA 91-A:5.~~

~~(h) Not withstanding (g) above, information otherwise exempt under RSA 91-A:5 shall be disclosed pursuant to written authorization from the person whose interests are protected by RSA 91-A:5.~~

~~Opt 501.04 Disciplinary Hearings.~~

~~(a) Adjudicatory hearings of misconduct allegations shall be conducted in accordance with Opt 208. The presiding officer, shall set forth the particular scheduling and filing requirements applicable to each case and include them in a hearing order, prehearing order, or other appropriate order served upon the parties, including persons granted intervenor status pursuant to Opt 208.04.~~

~~(b) Misconduct allegations set forth in a hearing notice shall be amended as necessary at any time prior to the issuance of a final order, provided, however, that the parties shall receive at least 15 days notice and an opportunity to be heard on any amended issues.~~

~~(c) If ordered to do so by the presiding officer in connection with an adjudicatory hearing commenced under Opt 200, the licensee shall respond in writing to stated misconduct allegations by admitting or denying each allegation within 30 days of such request.~~

~~(d) The presiding officer, shall at any time during the course of a disciplinary hearing, appoint an attorney from the department of justice to prosecute misconduct allegations.~~

~~(e) Prehearing conferences in disciplinary proceedings shall be open to the public except to the extent settlement discussions or other matters entitled to confidentiality pursuant to RSA 91-A are addressed.~~

~~Opt 501.05 Disciplinary Sanctions.~~

~~(a) Other than immediate license suspensions authorized by RSA 541-A:30, III the board shall impose disciplinary sanctions only:~~

~~(1) After prior notice and an opportunity to be heard; or,~~

~~(2) Pursuant to a mutually agreed upon settlement or consent decree.~~

~~(b) When the board receives notice that a licensee has been subjected to disciplinary action related to professional misconduct by the licensing authority of another jurisdiction as described in RSA 327:20, II(h), the board shall issue an order directing the licensee to demonstrate why reciprocal discipline should not be imposed in New Hampshire.~~

~~(c) With respect to reciprocal discipline proceedings, the board shall impose license restrictions, such as suspension or revocation, similar to one issued in another jurisdiction.~~

~~(d) After a finding that misconduct has occurred and in order to protect public health and safety and deter future misconduct, the board shall impose one or more of the disciplinary sanctions authorized by RSA 327:20, III after considering the presence of aggravating or mitigating circumstances.~~

~~(e) The following shall be considered aggravating circumstances:~~

~~(1) The seriousness of the offense;~~

~~(2) The licensee's prior disciplinary record;~~

~~(3) The licensee knew his or her actions constitute an offense;~~

~~(4) The licensee's lack of willingness to cooperate with the board; and~~

~~(5) The potential harm to public health and safety.~~

~~(f) The following shall be considered mitigating circumstances:~~

~~(1) The absence of a prior disciplinary record;~~

~~(2) The licensee's lack of intent to commit an offense;~~

~~(3) The licensee's acknowledgement of his or her wrongdoing; and~~

~~(4) The licensee's willingness to cooperate with the board.~~

~~(g) When the board receives information indicating that a licensee has engaged in or is likely to engage in professional misconduct which poses an immediate danger to life or health, the board shall issue an order pursuant to RSA 541-A:30, III which sets forth the alleged misconduct and immediately suspends the license for up to 10 days pending completion of an adjudicatory proceeding on the specified issues.~~

~~(h) Suspension orders under Opt 501.05(g) shall set forth the procedures to be followed by the licensee in order to avail him or herself of the opportunity to be heard.~~

~~(i) No hearing date established in a proceeding conducted under Opt 501.05(g) shall be postponed at the request of the licensee unless the licensee also agrees to continue the suspension period pending issuance of the board's final decision.~~

~~(j) Copies of board orders imposing disciplinary sanctions and copies of all settlement agreements or consent decrees shall be considered public information under RSA 91-A. The board shall make copies of such orders, agreements and decrees available to law enforcement agencies and optometry boards of other jurisdictions. In addition, pursuant to arrangements with the National Practitioners Data Bank (NPDB), copies of such orders, agreements and decrees shall be made available for purposes of assuring that licensing agencies in other jurisdictions are aware of disciplinary action taken against a licensee in this state.~~]

Readopt with amendment and renumber 502, effective 9/16/17 (Document #12383), as Opt 501, to read as follows:

PART Opt 50[~~2~~]**1** ETHICAL STANDARDS

Opt 50[~~2~~]**1**.01 Obligation to Obey.

(a) The ethical standards set forth in this part shall bind all licensees and out of state contact lens dispensers.

(b) Violation of any standard set forth in this part shall constitute unprofessional conduct pursuant to RSA 327:20, II(c).

(c) Conduct proscribed by these ethical standards, when performed by a licensee, shall be a basis for initiating disciplinary proceedings as set out in [~~Opt~~] **Plc** 200 and Opt [~~501.03~~] **404**.

Opt 50[~~2~~]**1**.02 Standards of Conduct **for Licensed Optometrist**. A licensee shall:

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

(b) Inform the board of a principal business address to which all official board communications should be directed, and also of all addresses where she or he is practicing. Licensees shall notify the board of a business address establishment or change, or abandonment of a business address with 30 days of such establishment, change or abandonment;

(c) Make available at the request of any patient a card which bears the following printed information: "Complaints concerning Optometrists shall be sent to the [~~N.H. Board of Registration in Optometry, 2 Industrial Park Drive~~] **Office of Professional Licensure and Certification, 7 Eagle Square**, Concord NH 03301"];

(d) Refrain from revealing information acquired in the course of treating a patient unless the patient consents to the release of the information or the release is ordered by a court or other official body with authority to acquire such information **to the extent necessary to defend their license**;

(e) Not terminate a doctor/patient relationship without 60 days**'** notice, without making arrangements for referral, or when other circumstances exist which could be expected to jeopardize the health or welfare of the patient. However, a licensee shall have no obligation to accept a particular patient or to continue treating a particular patient when discontinuance would not jeopardize the patient's health or welfare;

(f) Accommodate patient requests for a consultation by another practitioner, even if the licensee does not believe such a consultation is necessary;

(g) Maintain [~~absolute~~] honesty in all dealings with patients, and neither knowingly exaggerate nor minimize the gravity of the patient's condition or the chances of recovery;

(h) Provide each patient with the highest degree of skill and care of which he or she is capable, and otherwise maintain the health and welfare of the patient as the paramount objective of [~~his or her~~] **their** practice.

(i) [~~Towards this end, the licensee shall c~~] **C**ontinually [~~endeavor to~~] improve [~~his or her~~] skill**s** and knowledge in the field of optometry, keep [~~abreast of~~] **current on** new developments in the field, and offer the same [~~good~~] quality of care to each patient the licensee [~~undertakes to~~] treat**s**, regardless of the level of remuneration the patient can provide;

[~~(i)~~]**(j)** Report persons who [~~attempt to~~] practice optometry without a license or [~~otherwise~~] violate the laws or regulations pertaining to the practice of optometry in New Hampshire;

[~~(j)~~]**(k)** Make no false statement concerning another optometrist's abilities or method of practice;

[~~(k)~~]**(l)** Provide an itemized, clearly understandable statement of professional charges to all patients;

[~~(l)~~]**(m)** Not charge or attempt to charge, through the submission of duplicate invoices or any other scheme or device, any amount in excess of the fee agreed to in advance with the patient for any professional service rendered to that patient;

[~~(m)~~]**(n)** Not engage in bait and switch advertising;

[~~(n)~~]**(o)** Not advertise any service as free unless the advertisement in question clearly reveals all services which will be or can be performed at the time of the anticipated office visit, and specifically states, as to each such service, whether it will be free, or, if not, the exact amount which shall be charged[~~for it~~];

[~~(o)~~]**(p)** Maintain complete and accurate clinical and business records pertaining to each patient seen for a minimum of 7 years following the last activity on the account;

[~~(p) Promptly, and in all cases w~~] **(q) W**ithin 10 business days, furnish complete and accurate copies of patient records, or in appropriate circumstances, original patient records, upon the patient's request;

[~~(q)~~]**(r)** Provide a copy of a written prescription for replacement contact lenses to any patient who has met the requirements of RSA 327:25-a. [~~The prescription shall be written on a formal prescription blank with the and address of the prescribing optometrists or ophthalmologist printed on its face~~];

[~~(r)~~]**(s)** Utilize pharmaceutical agents for diagnostic or treatment purposes only if the licensee has met the requirements of RSA 327:6-a;

[~~(s)~~]**(t)** Utilize only those pharmaceutical agents permitted by RSA 327:1 or those agents approved by the [~~former joint pharmaceutical formulary board or those agents approved by the joint pharmaceutical formulary and credentialing committee as authorized by~~] **boards formulary pursuant to** RSA 327:6-[~~b~~]**a**;

[~~(t)~~]**(u)** Utilize pharmaceutical agents for the treatment of glaucoma provided that the licensee has met the requirements of RSA 327:6-c, I(b) [~~and indicates on the licensee's prescription pad "glaucoma prescription authority granted"~~]; and

[~~(u)~~]**(v)** Comply with the following when describing the licensee's optometric practice:

(1) A licensee [~~may designate himself or herself as an O.D., optometrist, or Doctor of Optometry, but~~] shall not use the term[~~s~~] "optometric physician" [~~or "medical optometrist;"~~]**; and**

[~~(2) A licensee may:~~

~~a. Designate himself or herself as having areas of interest; and~~

~~b. Use phrases such as "practice limited to contact lenses" or "practice provides care in the following areas:";~~

~~(3) When designating himself or herself as having areas of interest pursuant to (2) above, a licensee shall not:~~

~~a. List specialties or board certification in a specific area of interest; or~~

~~b. Use terms such as:~~

~~1. "Therapeutic optometrist;"~~

~~2. "Optometric glaucoma specialist;" or~~

~~3. "Practice specializing in contact lenses;" and~~]

[~~(4) A licensee may~~] **(2) If they so choose**, designate [~~himself or herself~~] **themself** as having membership, fellowship**,** or diplomat status from **a** nationally recognized certifying bodies**.** [~~such as the College of Optometrists in Vision Development (COVD) or the American Academy of Optometry (FAAO), but shall not imply that he or she is "board certified."~~]

Opt 50[~~2~~]**1**.03 Standards of Conduct for Out of State Contact Lens Dispensers. An out of state contact lens dispenser shall:

(a) Not sell, provide, dispense**,** or furnish contacts lenses to recipients located in this state unless holding a current permit issued by the board;

(b) Submit only truthful and accurate information in any application or other document filed with the board;

(c) Comply with all applicable federal, state**,** and local laws;

(d) Furnish contact lenses only upon receipt of a current, valid and unexpired prescription, which shall be originally written, a facsimile or other written electronic transmission specifically noted for contact lenses and contains the patient's name, the date and signed by the prescribing professional or verified by direct communication pursuant to federal and state law;

(e) Not substitute any parameters unless the prescription specifically makes allowances for such substitutions or the same contact lens is manufactured by the same company and sold under multiple labels to individual providers. The seller may fill the prescription with a contact lens manufactured by that company under another label;

(f) Not exceed the number of refills noted on the prescription or communicated to the seller during the verification process;

(g) Maintain absolute honesty in all dealings with patients;

(h) Provide an itemized and clearly understandable statement of all charges to the patient with each transaction;

(i) Refrain from "bait and switch" advertising;

(j) Maintain complete and accurate records of prescriptions and business transactions for each consumer for a period of at least 7 years; and

(k) [~~Promptly, and in all cases w~~] **W**ithin 10 business days, furnish complete and accurate copies of patient prescriptions and account records to the board upon its request.

Repeal Opt 503, effective 9/16/17 (Document #12383) as follows:

[~~PART Opt 503 INACTIVE LICENSE AND DISCIPLINARY ACTIONS~~

~~Opt 503.01 Effect of Inactive License on Disciplinary Actions.~~

~~(a) A licensee may surrender an active license by providing written notice to the board of such conversion.~~

~~(b) Surrender or non-renewal of a license shall not preclude the board from investigating or completing a disciplinary proceeding based upon the licensee's professional conduct while the license was still in effect. Such investigations and proceedings shall be handled in the same manner as other disciplinary investigations and proceedings.~~

~~(c) A licensee who surrenders a license shall have no right or privilege to practice in New Hampshire. A licensee who reapplies for licensure in New Hampshire after electing to surrender his or her license shall meet all of the requirements then in effect for new applicants.~~

~~(d) A licensee who wishes to surrender his or her license as part of a settlement of pending misconduct allegations shall make a written settlement offer to the board before the close of the record in a disciplinary hearing.~~

~~(e) Any settlement agreement reached under (d), above, shall include the following concessions:~~

~~(1) That license surrender has occurred in settlement of pending disciplinary charges;~~

~~(2) That all or some specifically identified part of the material facts pertaining to the charges are true; and~~

~~(3) That the pending disciplinary allegations shall be issues to be resolved in any future application the licensee submits in New Hampshire.~~

~~(f) The fact of license surrender and the terms of any settlement agreement pertaining thereto shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision containing a specific finding of professional misconduct pursuant to Opt 501.05(f).~~]

Readopt with amendment and renumber Opt 504, effective 1/1/17 (Document #12060), as Opt 502 to read as follows:

PART Opt 50[**4**]**2** OPIOID PRESCRIBING

Opt 50[**4**]**2**.01 Applicability. This part shall apply to the prescribing of opioids for the management or treatment of non-cancer and non-terminal pain, and shall not apply to the supervised administration of opioids in a health care setting.

[~~Opt 504.02 Noncompliance with Standards as Unprofessional Conduct. The ethical standards set forth in this part shall bind all licensees, and noncompliance with these standards shall constitute unprofessional conduct as used in NH RSA 327:20, II (c). The board shall investigate violations of these~~

~~standards and impose disciplinary sanctions for such violations by following the disciplinary procedures set forth in Opt 501.~~]

Opt 50[**4**]**2**.0[~~3~~]**2** Definitions. [~~Except where the context makes another meaning manifest, t~~] **T**he following words **shall** 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 is 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, neurobiologic 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 may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years. For the purposes of these rules, chronic pain does not include pain from cancer or terminal care;

(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 accepted conversion tables;

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

[~~(j)~~]**(i)** "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)~~]**(j)** "Treatment agreement" means a written agreement that outlines the joint responsibilities of physician and patient; and

[~~(l)~~]**(k)** "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.

Opt 50[**4**]**2**.0[**4**]**3** 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) Consider the patient's risk for opioid misuse, abuse, or diversion and prescribe for 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 substances laws, rules, and regulations;

(f) Complete a board-approved risk assessment tool, such as the Screener and Opioid Assessment for Patients with Pain (SOAPP);

(g) Document an appropriate pain 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;

(6) Tolerance; and

(7) 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.

Opt 50[**4**]**2**.0[~~5~~]**4** 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 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 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 for 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 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, nonrehabilitative 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.

Opt 50[~~4~~]**2**.0[~~6~~]**5** Prescription Drug Monitoring Program.

(a) Prescribers required to register with the prescription drug monitoring program, or their delegate, shall query the prescription drug monitoring program 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 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 program 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 program 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.

Opt 50[~~4~~]**2**.0[~~7~~]**6** 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 Use of Medications in the Treatment of Addiction Involving Opioid Use (2015) found at http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg/complete-guideline as cited in Appendix II.

APPENDIX A - Statutes Implemented

Rule	Specific State Statute the Rule Implements
Opt 501.01 (repeal)	RSA 327:21; RSA 327:27; RSA 327:31, V
Opt 501.02 (repeal)	RSA 327:21; RSA 327:22; RSA 327:27; RSA 327:31, V
Opt 501.03 (repeal)	RSA 327:21; RSA 327:27; RSA 327:31, V
Opt 501.04 (repeal)	RSA 327:21; RSA 327:22; RSA 327:27; RSA 327:31, V
Opt 501.05 (repeal)	RSA 327:21; RSA 327:22; RSA 327:27; RSA 327:31, V
Opt 501.01 (formerly Opt 502.01)	RSA 327:21; RSA 327:22; RSA 327:27; RSA 327:31, V
Opt 501.02 (formerly Opt 502.02)	RSA 327:21; RSA 327:22; RSA 327:27; RSA 327:31, V
Opt 501.03 (formerly Opt 502.03)	RSA 327:31, V
Opt 503 (repeal)	RSA 327:13-a; 327:31, V
Opt 502 (formerly Opt 504)	RSA 327:31, VIII
Opt 502.01 (formerly Opt 504.01)	RSA 327:31, VIII
Opt 504.02 (repeal)	RSA 327:31, V, X
Opt 502.02 (formerly Opt 504.03)	RSA 327:31, V, X
Opt 502.03 (formerly Opt 504.04)	RSA 327:31, V, X
Opt 502.04 (formerly Opt 504.05)	RSA 327:31, V, X
Opt 502.05 (formerly Opt 504.06)	RSA 327:31, IV and VIII
Opt 502.06 (formerly Opt 504.07)	RSA 327:31, V, X

APPENDIX B - Incorporation By Reference Information

Opt 504.07	The American Society of Addiction Medicine's "National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use," adopted on June 1, 2015.	No cost to download from: http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg/complete-guideline