

## **NMC Health Joint Position Statement on Pain Management and Opioid Prescribing**

(Endorsed by NMC Health Board of Directors on 08/26/25; NMC Health Medical Staff on 08/19/25; and NMC Health Administration on 07/24/25)

The purpose of this Position Statement is to acknowledge our ethical and professional obligations to address pain and at the same time to avoid harm to individuals, families, and the community.

Due to the prevalence of opioid use and abuse and the sustained U.S. opioid epidemic (Appendix A), NMC Health and the Medical Staff wish to clarify how we generally approach pain management.

### **Background**

Healthcare professionals understand addressing pain deserves thoughtful consideration. We further believe the relief of human pain and suffering is at the core of caring about one another. Physicians must determine in all prescribing situations if relative advantages outweigh the risks. This is especially true with prescribing opioids.

Opioids are a class of drugs that include legal pain relievers such as oxycodone, hydrocodone, codeine and morphine; synthetic drugs such as fentanyl; and illegal drugs such as heroin. Opioids are typically prescribed to relieve pain. Studies have demonstrated opioids are clearly addictive.

Many healthcare and medical associations have developed opioid pain management and prescribing guidelines. These guidelines emphasize individualized pain care plans that include frequent medical monitoring. The guidelines also emphasize the improvement and maintenance of human functioning as a main goal.

At NMC Health we join our colleagues in giving a clear position statement for our community.

### **NMC Health and NMC Health's Medical Staff Pain Management Position Statement**

Together, the Medical Staff and NMC Health believe we have an ethical responsibility to relieve patient pain and suffering. We believe patients deserve appropriate pain management. Our approach aims to be individualized, multi-modal, and inter-disciplinary. Treatment is evidence-based and the analgesic choice could include a wide array of medications ranging from acetaminophen to nonsteroidal anti-inflammatory drugs (NSAIDs) to opioids supplemented with other measures.

#### **A Special Note about Cancer or Painful Terminal Illnesses and Pain Management**

Patients with cancer or painful terminal illnesses make up a special category in which opioids are offered under controlled circumstances by qualified prescribers in the amount needed for symptom relief.

#### **Acute Pain Management**

Guidelines for acute pain management encourage physicians and patients to utilize opioids sparingly. They also state to switch from opioids to the NSAIDs or other over-the-

counter analgesics as soon as possible. It is now understood that opiate use in acute pain management should be constrained by time and total dosage.

#### *Chronic Pain Management*

We acknowledge patients with chronic pain disorders require complex management. We believe opiates should be carefully controlled by only one prescriber.

Chronic pain management depends upon shared trust and teamwork between the patient and physician. We support showing this trust by means of a pain management contract and periodic blood or urine sampling to guide treatment. We may refer you to a pain management specialist

#### *Your Prescriber's Professional Judgment*

We support each provider's judgment in determining what medication to order and in the least amount of dosage possible to relieve pain and suffering safely.

Our prescribers use K-TRACS and other methods to screen for multi-prescriptions and/or multi-prescribers.

#### *Good Faith Practices*

We will not tolerate using our facilities, prescribers, or our community partners to obtain legal prescriptions for any purpose other than what is intended in good faith by the prescriber.

We support the community's efforts to timely and safely dispose of unused opioids through drug take-back programs. We also support the destruction/disposal of drugs in accordance with the Food and Drug Administration.

At NMC Health, we commit to the safe and effective use of all medications used to treat pain.

**Appendix A**

Table 1

**Age-Adjusted Drug Overdose Death Rates: United States**

(Source: NCHS Data Briefs and CDC MMWR)

| Year | # U.S. Deaths* | % of deaths that involved an opioid | Kansas Deaths | Opioid Prescriptions per 100 persons |
|------|----------------|-------------------------------------|---------------|--------------------------------------|
|      |                |                                     |               |                                      |
| 2000 | 17,415         |                                     |               |                                      |
| 2005 | 29,813         |                                     |               | (2006) 77.5                          |
| 2010 | 38,329         | 55                                  | 269           | 86.1                                 |
| 2015 | 52,404         | 63                                  | 329           | 80.5                                 |
| 2020 | 92,183         | 76                                  | 479           | 43.2                                 |
| 2023 | 107,000        | 70                                  | 644           | 37.5                                 |

(\*) Data incomplete)

**Appendix B****References:**

1. CDC Guidelines for Prescribing Opioids for Pain – United States. Nov, 2022.
2. Ethical Responsibility to Manage Pain and the Suffering It Causes. American Nurses Association. 02.23.2018.
3. Joint Policy Statement of the Kansas Boards of Healing Arts, Nursing and Pharmacy on the Use of Controlled Substances for the Treatment of Chronic Pain. 2016.
4. Opioid Prescribing Guidelines for Common Surgical Procedures: An Expert Panel Consensus. Journal of the American College of Surgeons. July 2018.
5. Where and How to Dispose of Unused Medicines. Food and Drug Administration. 04.16.2025 <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>