# NOAP Research Committee

# Project Proposal

**Date:** 7/13/2022

**Submitted by:**

NOAP Research Committee

**Project Title:**

Consensus Statement: Minimum Basic Healthcare Provider Drug Test Panel

**Principle Investigators:**

Joe Jones PhD, NRCC-TC

James Ferguson DO, DFASAM, MRO

Barry Lubin MD, MRO, FASAM

Donna Smith EdD/PhD

**Abstract:**

Drug testing is a primary building block of all healthcare professional regulatory monitoring programs. Monitoring programs are abstinence-based requiring that testing routinely include comprehensive panels that include selected metabolites (6-MAM) and long detection window testing (EtG/EtS). All tests must be confirmed using gas chromatography/mass spectrometry or similar methods.

Due to the safety sensitive aspects of healthcare provider monitoring and testing it is important that potential impairment due to the use of most any mind/mood altering drug be detected in a timely manner. That said, there are reasonable and realistic limits to what can and should be included in a minimum healthcare provider panel. Cost being a primary factor.

The National Council of State Boards of Nursing included a "Recommended Minimum Basic (urine) Panel" in its Substance Use Disorder in Nursing Resource Manual (2011). However due to its age it needs review. Also, each year the national Organization of Alternative Programs (NOAP) hosts an MRO panel at which panel make-up is a standard topic. Because of this it would be helpful to develop a current minimum basic consensus drug panel, including threshold (cutoff) levels.

Use of alternative matrix testing (blood, hair, nail, oral fluid, breath) will also be considered as part of a comprehensive drug testing program.

**Project Aim:**

To provide guidance on the minimum basic makeup of a healthcare provider drug test panel considering current technology, drug use trends, and cost effectiveness.

**Strategy:**

Convene a panel of expert toxicologists and Medical Review Officers to review available professional healthcare provider monitoring panels and provide consensus guidelines on the makeup of a current minimum basic healthcare provider drug test panel.

Panel member input will be gathered and distilled through a series of email rounds and a minimum 3 virtual meetings. Input/data management and clarifications will be managed by a designated NIOAP research Committee member.

Document drafts will be reviewed by editors selected by the expert panel.

**Costs:**

No upfront costs are anticipated.

**Projected Timeline:**

- Project start date is September 1, 2022
- Draft Statement due December 1, 2022
- Final draft March 1, 2023
- Final statement to be presented at the NOAP National Conference May 2023.

**Bibliography:**


1. America Society of Addiction Medicine (2017*). Consensus Statement: Appropriate Use of drug Testing in Clinical Addiction Medicine.* American Addiction Medicine.

2. Department of Health and Human Services (2017). *Mandatory Guidelines for Federal Workplace Drug Testing Programs.* Retrieved from https://www.federalregister.gov/documents/2017/01/23/2017-00979/mandatory-guidelines-for-federal-workplace-drug-testing-programs

3. Federation of State Physician Health Programs (2019). *FSPHP Physician health Program Guidelines*. Federation of State Physician Health Programs.

4. Martin, D. M. (2016). *Drug testing, The Technology of Recovery for Professional Health Monitoring Programs*. Substance: Clarity in Toxicology. United States Drug Testing Laboratories.

5. National Council of State Boards of Nursing (2011). *Substance Use Disorder in Nursing: A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs.* National Council of State Boards of Nursing Inc.

6. Swotinsky, R. B. (2021). *The Medical Review Officers Manual: MROCC'S Guide to Drug Testing.* OEM Press.