



WASHINGTON

**Medical
Commission**

Licensing. Accountability. Leadership.

Rules Workshop

SSB 5380

Opioid Prescribing Patient
Notification

September 11, 2019



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Rule Workshop Notice



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Public Notification and Meeting Announcement For the Washington Medical Commission *CR-101 for SSB 5380

Rulemaking

The Washington Medical Commission (Commission) has officially filed a CR-101 with the Office of the Code Reviser on July 8, 2019. The Commission is considering amending WAC 246-919-865 and WAC 246-918-815 to establish requirements, and exemptions if appropriate, for patient notification when prescribing opioid drugs as directed by Substitute Senate Bill (SSB) 5380 (chapter 314, Laws of 2019). The WSR# is 19-15-007.

[SSB 5380](#) requires the commission, along with the Dental Quality Assurance Commission, Podiatric Medical Board, Board of Osteopathic Medicine and Surgery, and Nursing Care Quality Assurance Commission to adopt or amend rules establishing patient notification requirements.

Sections 8 and 9 of SSB 5380 direct the commission to adopt or amend the opioid prescribing rules by January 1, 2020, to establish the requirement for allopathic physicians and physician assistants to notify patients of their right to refuse an opioid prescription or order and to document any refusal.

Section 17 of SSB 5380 adds a new section to chapter 69.50 RCW requiring the prescribing practitioner, prior to the first opioid prescription, to discuss with the patient risks of opioids, pain management alternatives to opioids, and provide the patient a written copy of the warning language. Commission rules may be amended to include pain management alternatives in the patient notification.

The commission is filing for standard rule making because it will also consider exemptions which may be required for certain providers in certain settings where prior patient notification is not possible.

SSB 5380 Rules Committee Meeting

In response to the filing, the Commission will conduct an open public rules workshop webinar on Wednesday, September 11, 2019, beginning at 3:00 pm:

To join the meeting from your computer, tablet, or smartphone:

<https://global.gotomeeting.com/join/767475165>

Call-in Information:

United States: +1 (571) 317-3112

Access Code: 767-475-165

This meeting will be open to the public.

The purpose of the rules workshop will be to discuss draft language and proposed changes to the current chapter.

Interested parties, stakeholders, and the general public are invited to participate in the rules workshops or provide comments on draft rules. For continued updates on rule development, interested parties are encouraged to join the [Commission's rules GovDelivery](#).

For more information, please contact Amelia Boyd, Program Manager, Washington Medical Commission at (360) 236-2727 or by email at amelia.boyd@wmc.wa.gov.

Attachment: CR-101

*CR means Code Reviser

Rules Workshop Agenda



WASHINGTON
**Medical
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Wednesday, September 11, 2019

Open Meeting

3:00 pm SSB 5380: Opioid Prescribing Patient Notification – WSR #19-15-007

GoTo Meeting

<https://global.gotomeeting.com/join/767475165>

Call-in

Dial: 1 (571) 317-3112

Access Code: 767-475-165

Discussion of draft language

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission meetings.

Times and Order: The meeting will commence at 3:00 pm on Wednesday, September 11, 2019.

This agenda is subject to change.



CR-101



PREPROPOSAL STATEMENT OF INQUIRY

CR-101 (October 2017)
(Implements RCW 34.05.310)
Do **NOT** use for expedited rule making

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 08, 2019

TIME: 8:01 AM

WSR 19-15-007

Agency: Department of Health- Medical Quality Assurance Commission

Subject of possible rule making: WAC 246-919-865 Patient notification, secure storage, and disposal and WAC 246-918-815 Patient notification, secure storage, and disposal. The Washington Medical Commission (commission) is considering amending WAC 246-919-865 and WAC 246-918-815 to establish requirements, and exemptions if appropriate, for patient notification when prescribing opioid drugs as directed by Substitute Senate Bill (SSB) 5380 (chapter 314, Laws of 2019).

Statutes authorizing the agency to adopt rules on this subject: RCW 18.71.017, RCW 18.130.050, and SSB 5380 (chapter 314, Laws of 2019).

Reasons why rules on this subject may be needed and what they might accomplish: SSB 5380 requires the commission, along with the Dental Quality Assurance Commission, Podiatric Medical Board, Board of Osteopathic Medicine and Surgery, and Nursing Care Quality Assurance Commission to adopt or amend rules establishing patient notification requirements.

Sections 8 and 9 of SSB 5380 direct the commission to adopt or amend the opioid prescribing rules by January 1, 2020, to establish the requirement for allopathic physicians and physician assistants to notify patients of their right to refuse an opioid prescription or order and to document any refusal.

Section 17 of SSB 5380 adds a new section to chapter 69.50 RCW requiring the prescribing practitioner, prior to the first opioid prescription, to discuss with the patient risks of opioids, pain management alternatives to opioids, and provide the patient a written copy of the warning language. Commission rules may be amended to include pain management alternatives in the patient notification.

The intent of SSB 5380 is to reduce the number of people who inadvertently become addicted to opioids and, consequently, reduce the burden on opioid treatment programs.

The commission is filing for standard rule making because it will also consider exemptions which may be required for certain providers in certain setting where prior patient notification is not possible.

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies: None

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe) Collaborative rulemaking

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting:

Name: Amelia Boyd, Program Manager	(If necessary)
Address: PO Box 47866, Olympia, WA 98504-7866	Name:
Phone: (360) 236-2727	Address:
Fax:	Phone:
	Fax:

TTY: (360) 833-6388 or 711
Email: amelia.boyd@wmc.wa.gov
Web site: wmc.wa.gov
Other:

TTY:
Email:
Web site:
Other:

Additional comments: To join the interested parties email list, please visit:
https://public.govdelivery.com/accounts/WADOH/subscriber/new?topic_id=WADOH_153

Date:	Signature:
Name: Melanie de Leon	
Title: Executive Director	



Draft Language

Physicians

WAC 246-919-865 Patient notification, secure storage, and

disposal. (1) The physician shall ~~ensure the patient is provided~~ discuss with the patient the following information at the first issuance of a prescription for opioids and at the transition from acute to subacute, and subacute to chronic:

(a) Risks associated with the use of opioids, including the risk of dependence and overdose, as appropriate to the medical condition, the type of patient, and the phase of treatment;

(b) Pain management alternatives to opioids, including nonopioid pharmacological and nonpharmacological treatments, whenever reasonable, clinically appropriate, evidence-based alternatives exist;

~~(c)~~ The safe and secure storage of opioid prescriptions;
and

~~(d)~~ The proper disposal of unused opioid medications including, but not limited to, the availability of recognized drug take-back programs.

(e) That the patient has the right to refuse an opioid prescription or order for any reason. If a patient indicates a desire to not receive an opioid, the physician must document the

patient's request and avoid prescribing or ordering opioids, unless the request is revoked by the patient.

(2) The requirements in subsection (1) do not apply to the administration of an opioid including, but not limited to, the following situations as documented in the patient record:

(a) Emergent care;

(b) Where patient pain represents a significant health risk;

(c) Procedures involving the administration of anesthesia;

(d) When the patient is unable to grant or revoke consent;

or

(e) MAT for substance use disorders.

(3) If the patient is under eighteen years old or is not competent, the discussion required by subsection (1) of this section must include the patient's parent, guardian, or the person identified in RCW 7.70.065, unless otherwise provided by law.

(4) The physician shall document completion of the requirements in subsection (1) of this section in the patient's health care record.

(5) The information in subsection (1) of this section must also be provided in writing. This requirement may be satisfied with a document provided by the department of health.

(6) To fulfill the requirements of subsection (1) of this section, a physician may designate any individual who holds a credential issued by a disciplining authority under RCW 18.130.040 to provide the information.

[Statutory Authority: RCW 18.71.017, 18.71.800, 18.71A.800 and 2017 c 297. WSR 18-23-061, § 246-919-865, filed 11/16/18, effective 1/1/19.]

Physicians Assistants

WAC 246-918-815 Patient notification, secure storage, and

disposal. (1) The physician assistant ~~shall ensure~~ discuss with the patient ~~is provided~~ the following information at the first issuance of a prescription for opioids and at the transition from acute to subacute, and subacute to chronic:

(a) Risks associated with the use of opioids, including the risk of dependence and overdose, as appropriate to the medical condition, the type of patient, and the phase of treatment;

(b) Pain management alternatives to opioids, including nonopioid pharmacological and nonpharmacological treatments, whenever reasonable, clinically appropriate, evidence-based alternatives exist;

~~(c)~~ The safe and secure storage of opioid prescriptions;
and

~~(d)~~ The proper disposal of unused opioid medications including, but not limited to, the availability of recognized drug take-back programs.

(e) That the patient has the right to refuse an opioid prescription or order for any reason. If a patient indicates a desire to not receive an opioid, the physician assistant must

document the patient's request and avoid prescribing or ordering opioids, unless the request is revoked by the patient.

(2) The requirements in subsection (1) do not apply to the administration of an opioid including, but not limited to, the following situations as documented in the patient record:

(a) Emergent care;

(b) Where patient pain represents a significant health risk;

(c) Procedures involving the administration of anesthesia;

(d) When the patient is unable to grant or revoke consent;

or

(e) MAT for substance use disorders.

(3) If the patient is under eighteen years old or is not competent, the discussion required by subsection (1) of this section must include the patient's parent, guardian, or the person identified in RCW 7.70.065, unless otherwise provided by law.

(4) The physician assistant shall document completion of the requirements in subsection (1) of this section in the patient's health care record.

~~(5) This requirement~~The information in subsection (1) of this section must also be provided in writing. This requirement may be satisfied with a document provided by the department of health.

(6) To fulfill the requirements of subsection (1) of this section, a physician assistant may designate any individual who holds a credential issued by a disciplining authority under RCW 18.130.040 to provide the information.

[Statutory Authority: RCW 18.71.017, 18.71.800, 18.71A.800 and 2017 c 297. WSR 18-23-061, filed 11/16/18, effective 1/1/19.]