WASHINGTON
Medical
Commission

Licensing. Accountability. Leadership.

# Rules Workshop

## General Provisions for Opioid Prescribing

June 4, 2024 – 3:30 pm to 5:00 pm

*Teams Webinar*

# Rules Workshop Agenda

WASHINGTON Medical Commission
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*The Washington Medical Commission (WMC) is providing a virtual option for this meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.*

Virtual via Teams Webinar
In-person at Department of Health, TC2 Room 153, 111 Israel Rd. SE, Tumwater, Washington

**Tuesday, June 4, 2024 – 3:30 pm**

## Opioid Prescribing and Management Rules

To attend virtually, **register** for this meeting at: Rules Workshop

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| 1. Open workshop | |
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**WAC 246-918-801 Exclusions.** WAC 246-918-800 through 246-918-935 do not apply to:

(1) The treatment of patients with cancer-related pain;

(2) The treatment of patients with sickle cell disease;

(3) The provision of palliative, hospice, or other end-of-life care;

(43) The provision of procedural medications;

(54) The treatment of patients who have been admitted to any of the following facilities for more than 24 hours:

(a) Acute care hospitals licensed under chapter 70.41 RCW;

(b) Psychiatric hospitals licensed under chapter 71.12 RCW;

(c) Nursing homes licensed under chapter 18.51 RCW and nursing facilities as defined in WAC 388-97-0001;

(d) Long-term acute care hospitals as defined in RCW 74.60.010; or

(e) Residential treatment facilities as defined in RCW 71.12.455; or

(65) The treatment of patients in residential habilitation centers as defined in WAC 388-825-089 when the patient has been

transferred directly from a facility listed in subsection (54) of this section.

[Statutory Authority: RCW 18.71A.800, 18.71.017, and 18.130.050. WSR 22-22-039, § 246-918-801, filed 10/25/22, effective 11/25/22. 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. Statutory Authority: RCW 18.71.450, 18.71A.100, 18.71.017, and 18.71A.020. WSR 11-12-025, § 246-918-801, filed 5/24/11, effective 1/2/12.]

**WAC 246-918-870 Periodic review—Chronic pain.** (1) The physician assistant shall periodically review the course of treatment for chronic pain. The frequency of visits~~, biological testing,~~ and PMP queries in accordance with the provisions of WAC 246-918-935, must be determined based on the patient's risk category:

(a) For a high-risk patient, at least quarterly;

(b) For a moderate-risk patient, at least semiannually;

(c) For a low-risk patient, at least annually;

(d) Immediately upon indication of concerning aberrant behavior; and

(e) More frequently at the physician assistant's discretion.

(2) During the periodic review, the physician assistant shall determine:

(a) The patient's compliance with any medication treatment plan;

(b) If pain, function, and quality of life have improved, diminished, or are maintained; and

(c) If continuation or modification of medications for pain management treatment is necessary based on the physician assistant's evaluation of progress towards or maintenance of treatment objectives and compliance with the treatment plan.

(3) Periodic patient evaluations must also include:

(a) History and physical examination related to the pain;

(b) Use of validated tools or patient report from reliable patients to document either maintenance or change in function and pain control; and

(c) Review of the Washington state PMP at a frequency determined by the patient's risk category in accordance with the

provisions of WAC 246-918-935 and subsection (1) of this section.

(4) If the patient violates the terms of the agreement, the violation and the physician assistant's response to the violation will be documented, as well as the rationale for changes in the treatment plan.

(5) Biological specimen testing should not be used in a punitive manner but should be used in the context of other clinical information to inform and improve patient care. Physician assistants should not dismiss patients from care on the basis of a biological specimen test result alone.

[Statutory Authority: RCW 18.71.017, 18.71.800, 18.71A.800 and 2017 c 297. WSR 18-23-061, § 246-918-870, filed 11/16/18, effective 1/1/19.]

**WAC 246-918-900 Tapering considerations—Chronic pain.** Not all chronic pain patients will need their opioid prescriptions tapered. Relying on medical decision making and patient-centered treatment, ~~T~~the physician assistant shall consider tapering or referral for a substance use disorder evaluation when:

(1) The patient requests;

(2) The patient experiences a deterioration in function or pain;

(3) The patient is noncompliant with the written agreement;

(4) Other treatment modalities are indicated;

(5) There is evidence of misuse, abuse, substance use disorder, or diversion;

(6) The patient experiences a severe adverse event or overdose;

(7) There is unauthorized escalation of doses; or

(8) The patient is receiving an escalation in opioid dosage with no improvement in their pain or function.

[Statutory Authority: RCW 18.71.017, 18.71.800, 18.71A.800 and 2017 c 297. WSR 18-23-061, § 246-918-900, filed 11/16/18, effective 1/1/19.]

**WAC 246-919-851 Exclusions.** WAC 246-919-850 through 246-919-985 do not apply to:

(1) The treatment of patients with cancer-related pain;

~~(1)~~ (2) The treatment of patients with sickle cell disease;

~~(2)~~ (3) The provision of palliative, hospice, or other end-of-life care;

~~(3)~~ (4) The provision of procedural medications;

~~(4)~~ (5) The treatment of patients who have been admitted to any of the following facilities for more than 24 hours:

(a) Acute care hospitals licensed under chapter 70.41 RCW;

(b) Psychiatric hospitals licensed under chapter 71.12 RCW;

(c) Nursing homes licensed under chapter 18.51 RCW and nursing facilities as defined in WAC 388-97-0001;

(d) Long-term acute care hospitals as defined in RCW 74.60.010; or

(e) Residential treatment facilities as defined in RCW 71.12.455; or

~~(5)~~ (6) The treatment of patients in residential habilitation centers as defined in WAC 388-825-089 when the

patient has been transferred directly from a facility listed in subsection ~~(4)~~ (5) of this section.

[Statutory Authority: RCW 18.71A.800, 18.71.017, and 18.130.050. WSR 22-22-039, § 246-919-851, filed 10/25/22, effective 11/25/22. Statutory Authority: RCW 18.71.017, 18.71.800, 18.71A.800 and 2017 c 297. WSR 18-23-061, § 246-919-851, filed 11/16/18, effective 1/1/19. Statutory Authority: RCW 18.71.450, 18.71A.100, 18.71.017, and 18.71A.020. WSR 11-12-025, § 246-919-851, filed 5/24/11, effective 1/2/12.]

**WAC 246-919-920 Periodic review—Chronic pain.** (1) The physician shall periodically review the course of treatment for chronic pain. The frequency of visits, ~~biological testing,~~ and PMP queries in accordance with the provisions of WAC 246-919-985, must be determined based on the patient's risk category:

(a) For a high-risk patient, at least quarterly;

(b) For a moderate-risk patient, at least semiannually;

(c) For a low-risk patient, at least annually;

(d) Immediately upon indication of concerning aberrant behavior; and

(e) More frequently at the physician's discretion.

(2) During the periodic review, the physician shall determine:

(a) The patient's compliance with any medication treatment plan;

(b) If pain, function, and quality of life have improved, diminished, or are maintained; and

(c) If continuation or modification of medications for pain management treatment is necessary based on the physician's evaluation of progress towards or maintenance of treatment objectives and compliance with the treatment plan.

(3) Periodic patient evaluations must also include:

(a) History and physical examination related to the pain;

(b) Use of validated tools or patient report from reliable patients to document either maintenance or change in function and pain control; and

(c) Review of the Washington state PMP at a frequency determined by the patient's risk category in accordance with the provisions of WAC 246-919-985 and subsection (1) of this section.

(4) If the patient violates the terms of the agreement, the violation and the physician's response to the violation will be

documented, as well as the rationale for changes in the treatment plan.

(5) Biological specimen testing should not be used in a punitive manner but should be used in the context of other clinical information to inform and improve patient care. Physicians should not dismiss patients from care on the basis of a biological specimen test result alone.

[Statutory Authority: RCW 18.71.017, 18.71.800, 18.71A.800 and 2017 c 297. WSR 18-23-061, § 246-919-920, filed 11/16/18, effective 1/1/19.]

**WAC 246-919-950 Tapering considerations—Chronic pain.** Not all chronic pain patients will need their opioid prescriptions tapered. Relying on medical decision making and patient-centered treatment, ~~T~~the physician shall consider tapering or referral for a substance use disorder evaluation when:

(1) The patient requests;

(2) The patient experiences a deterioration in function or pain;

(3) The patient is noncompliant with the written agreement;

(4) Other treatment modalities are indicated;

(5) There is evidence of misuse, abuse, substance use disorder, or diversion;

(6) The patient experiences a severe adverse event or overdose;

(7) There is unauthorized escalation of doses; or

(8) The patient is receiving an escalation in opioid dosage with no improvement in their pain or function.

[Statutory Authority: RCW 18.71.017, 18.71.800, 18.71A.800 and 2017 c 297. WSR 18-23-061, § 246-919-950, filed 11/16/18, effective 1/1/19.]

# Public Comments

Pulled from this site on May 29, 2024:
https://wmc.wa.gov/rule_making_2023/physicians-and-physician-assistants-general-provision-opioid-prescribing-and

**Savanna (not verified)**-*Sep 10, 2023 08:53 AM*

Hello, thank you for taking the time to hopefully read my email. I have had chronic back pain for 4 years now. What I have experienced with trying to get answers and treatment through this process is beyond disturbing to me. The medical field discriminates and is down right abusive to chronic back pain. The first thing I would like to address is being forced to have procedures or refusal of treatment of any kind. If you go to a pain management in this state with chronic back pain you are automatically pushed to do spinal injections. I am going to paste below what the FDA has on the website and encourage you all to look it up for yourself. The U.S. Food and Drug Administration (FDA) is warning that injection of corticosteroids into the epidural space of the spine may result in rare but serious adverse events, including loss of vision, stroke, paralysis, and death. The injections are given to treat neck and back pain, and radiating pain in the arms and legs. We are requiring the addition of a Warning to the drug labels of injectable corticosteroids to describe these risks. Patients should discuss the benefits and risks of epidural corticosteroid injections with their health care professionals, along with the benefits and risks associated with other possible treatments. Injectable corticosteroids are commonly used to reduce swelling or inflammation. Injecting corticosteroids into the epidural space of the spine has been a widespread practice for many decades; however, the effectiveness and safety of the drugs for this use have not been established, and FDA has not approved corticosteroids for such use. We started investigating this safety issue when we became aware of medical professionals' concerns about epidural corticosteroid injections and the risk of serious neurologic adverse events.1 This concern prompted us to review cases in the FDA Adverse Event Reporting System (FAERS) database and in the medical literature (see Data Sum Now when I state this to doctors I am told this is a lie. That these injections are FDA approved. When I say we'll I don't feel comfortable and don't want to do them. I am met with aggression and am automatically treated like a drug seeker. First of all lieing to a patient is not right! I should be able to trust my providers and know the risks of procedures that are being pushed on me. Now let's get to the second thing that is pushed on back pain patients in this state. Cymbalta- if you do not know much about this medication I would again encourage you to do your research. It is being pushed by all your providers. Cymbalta has has hundreds of law suits filed against it. For severe withdrawal symptoms that last months. It literally causes brain zaps. There are literally rehabs to get off this medication and support groups. Again when I state this to the pain doctor I saw he got hostile. Told me that chronic pain support groups were for bitter people. Said he would never prescribe something that would cause such things. Again please do your research on this medication. Treatment for chronic back pain. When I started PT they spasmed and threw my back out so bad I was stuck hunched over couldn't move without severe pain. I called my primary care which was booking out over a month. So me not knowing what do do went to my normal urgent care where I have been taking my kids for years. The provider walked in and her exact words were why are you here what do you want me to do for you we don't give meds! I was confused I went here because I had no idea what was going on what the physical therapist

had done to me and was scared. She told me to go home and wait for my primary care appointment. Within 3 days the pain got worse I couldn't shower myself my left side was going numb so I then went to the ER. Again I got a lovely greetings from a provider that started to lecture me. He told me I was not allowed to go to the ER unless I was peeing myself or could not control my bowels. Said they won't do an MRI otherwise and they don't give meds. My mother who is a nurse case Manager in DC had to fly down to help me take care of my children and bathe me while I waited for my primary care appointment. I has a person had never felt so helpless in my entire life. I learned really quick that I was no longer treated as a person but a chronic pain patient. I learned to research everything that was being pushed on me. I am going to counseling for PTSD like symptoms now anytime my pain hits a level 6. I know I will be left bed ridden screaming in pain when my back goes out. Imagine having pain as bad as labor pains for a month and just having to lay like that knowing if you take all the strength you have left to try and see a provider you will get screamed at. I don't want to be on any medication daily all medications have side effects and withdrawals Nerve meds, antidepressants, steroids, anti- inflammatory, pain meds, muscle relaxers. I should be able to have pain medication for acute flare ups and severe back pain. I have had chronic pain for Four years now I have learned to live with it and except this is what life has thrown at me. I love my life even with the things I cannot do but I want to be able to live it. I need to work remotely as I cannot stand walk or sit for more then 1-3 hours at a time. Yet I cannot get pain control to even go do in-person training to get a remote position. If I'm in a bad flare up and my kiddos have a sport tournament or dance recital I should be able to have pain control to attend the event. Those are the little things that make the struggles worth it. Yet I have to either leave earlier or go to the bathroom and cry instead of injoy seeing my kids grow. If my back goes completely out I should not be left unable to move shower for days dress myself. It's unhuman and down right wrong. I understand that pain meds when taken long term can make you think your in more pain then you actually are. I understand when taken daily they cause withdrawal just like everyother med given for chronic pain. You guys set up the rules so we are forced to have monthly injections or have to take daily meds like Lyrica or cymbalta with dangerous withdrawal there even known to cause brain damage. Instead of being able to take 5 to 10 low dose pain meds a month to manage bad days and give a better quality of life. I have now lived on aleve and Tylenol daily for 4 years do you know what that is doing to my body my stomach my liver. How can you really promote what you are doing. You are causing depression, you are causing more health issues by restricting and taken away pain medication. Thank you for listening and I really hope you create a change. I fight as my son has identical back issues as I do. I hope to help change things before he hits 30s and has my issues. I could never imagine my child being left to suffer as I have and pray daily things will change. Kind Regards, Savanna

**JEANNE A ROSNER (not verified)**-*Sep 20, 2023 04:22 PM*

Sorry if I missed it... Do these rules for PAs and MDs exclude the prescribing of a long acting opiate e.g. methadone, or a schedule iii medicine such as buprenorphine, when used in the treatment of opiate addiction in an outpatient facility that complies with the SAMHSA regulations for distribution? Otherwise in agreement. Thanks.

**Yvonne Helmick (not verified)**-*Sep 22, 2023 04:24 PM*

Washington patients suffering from rare diseases and medical conditions that cause intractable pain have suffered tremendous harms because physicians fear legal retribution for treating pain patients. Patients have been abandoned or forced tapered and unable to find new practitioners willing to treat them. Many pain patients feel they only have few choices, to live suffering in pain with no quality of life, to move to countries that treat pain, go to the streets and obtain dangerous street drugs or commit suicide. Obviously the best choice is that patients are treated with empathy and compassion and remain under the watchful eye of physicians who treat them.

**Anonymous (not verified)**-*Sep 22, 2023 04:27 PM*
Why is it we have to suffer due to the ones choosing to take a medication not subscribed to them by their physician? Your cutting

**Anonymous (not verified)**-*Sep 22, 2023 04:33 PM*
Why is it we have to suffer due to the ones choosing to take a medication not subscribed to them by their physician? Your cutting off legit pain patients causing them to commit suicide because they have no quality of life left or forcing them to live in extreme pain! The 90MME is rediculious! The limit and milligram should be up to the physician that actually spent years upon years in college to learn how to safely prescribe. You try an go above an beyond protecting the criminal choosing to take things not prescribed at the expense of legit pain patients, when did their life become so much more valuable than ours?? Your sanctioning physicians for doing their jobs.

**Maria (not verified)**-*Sep 22, 2023 04:36 PM*
5 yrs ago The Human Rights Watch team did a year long investigation into how badly pain patients are being treated (mistreated) in this country. This mistreatment has only gotten worse since that report. This country's current overdose crisis is due to illicit and illegal drugs. Prescribing long ago stopped being the problem, yet politicians and the media keep feeding the false narrative. Physicians are afraid to treat patients, they face being arrested and prosecuted. Many have quit practicing, others have closed their clinics. Large health organizations forbid their "employees " (physicians) from doing their job, which is to "do no harm" So patients are left to suffer agonizing pain, facing limited choices, suffer, commit suicide, move to another country or go to the streets and likely die from laced illicit drugs. When do patients right's become important again? We definitely need to provide services to those suffering from addiction, but this can be done without causing harm to patients, who by no choice of their own, suffer from diseases and conditions that cause pain America is a great country, but it can do better, treat patients fairly

**Isaac T Arnett Jr (not verified)**-*Nov 22, 2023 09:06 AM*
Recently, my clinic had me sign a waiver agreeing that I am ok with being cut off from opioid meds, without notice and informed me that withdrawal is not life threatening. Frightening, that they would even mention such a thing. My pharmacy will not fill my full prescription and makes me pickup every 2 weeks instead every 28 days. 28 days is the standard, so I have the extra costs of transportation along with having to make the extra time. Even my Dr. askes me what is up with my pharmacist. The contract I am required to sign looks like something that a felony

prisoner being released on parole would have to sign. It includes that "I must get better". That is odd due to people my age don't get better with a degenerative disease. I don't think anyone gets better with degenerative spinal stenosis. In a nutshell, I am treated like a criminal and undertreated for pain and my treatment is not individualized. An example for that is take meds as needed with a daily limit. Instead, it is take 1 every 4 hours. a lot of the criminalizing of pain patients comes from NARX scoring. I recently had to purchase needles for intramuscular injection of hydrocortisone, due to having Addison's Disease. I did notice a difference in treatment at my pain clinic and at my pharmacy right after that. I had to go to a different pharmacy to get the meds and the needles and that because my regular pharmacy told me they couldn't get what I needed. Using more than one pharmacy goes against a person. The reason doesn't matter. Having injectables goes against a person. Living in pain 24/7/365 goes against a person. People living with chronic pain are treated like criminals..., and what looks to me like lab rats in some sci-fi experiment.

**Kate Burton (not verified)**-*May 24, 2024 04:22 PM*
For multiple years now, approximately 95% of opioid overdose deaths have been attributed to illegal, gang-manufactured fentanyl. Less than 3% of accidental overdoses have even included legally prescribed opioids. Imposing further limitations on legal pain medications - even incrementally - exacerbates the problems people with chronic pain (or surgery, or cancer) with medically documented conditions and diseases deal with while attempting to access their life-saving medications. Overall, these restrictions help little to none in reducing the supply of illegal opioids nor the rate of overdose death- but they do result in immense difficulties for patients and their families merely trina to survive their own sufferina. Sadly, suicide can be the result. The American Medical Society and the Medical Society of Interventional Pain Physicians both have made public statements about the misleading comments made by the CDC about opioid medications. Furthermore, nationwide news stories about international illicit fentanyl have made it very clear that we do not have a legal prescription opioid problem in our country, we have an illicit fentanyl problem invading our country. I urge you to not only abstain from further medication restrictions, but to also retract previous controls. Thank you for your consideration, Kate Burton

# Rules Comment



Apr 19 2024 11:10AM

I do applaud the Commission adding sickle cell as exempt from opioid prescribing. The Commission has not gone far enough though. Not exempting long-term (2 year minimum) chronic pain patients needs to be addressed immediately, with this exemption protecting ALL prescribing medical professionals, especially pain management medical professionals. My husband is such a patient, with over 20 years of intractable, chronic pain, who had been forcibly tapered to an ineffective dose of opioid pain medication more than 6 years ago. The Commission needs to make it clear that all prescribing medical professionals should, and can use their best medical practices to prescribe opioid medications with the backing of the WA Medical Commission to protect those WA medical professionals from the US DEA combing the PMP for 'overprescribing' without any reason to do so. Please see: https://www.nytimes.com/2024/03/22/opinion/dea-opioids-restrictions-overdoses.html AND https://www.youtube.com/watch?v=wciQvg4EB5k&authuser=0 The Commission also needs to stop relying the fatally flawed 2016 & revised 2022 CDC Guidelines for Prescribing Opioids for Non-Cancer Pain. Please see: https://www.scivisionpub.com/pdfs/oversight-on-revision-of-us-cdc-opioid-guidelines-a-process-pre-destined-to-fail-2988.pdf AND https://reason.com/2024/04/15/government-data-refute-the-notion-that-overprescribing-caused-the-opioid-crisis/ Due to these CDC Guidelines, and the tactics used by the DEA, my husband has lost significant functionality and quality of life over the past 6+ years, and other medical issues have become worse, all due to that force-taper. His pain management doctor (supposedly not affected by the CDC Guidelines?) will not increase his dose to a more effective dose due to the fear of having his medical license revoked by the DEA for 'overprescribing' opioids pain medication. I would encourage all members of the Commission take a look at the literature available on the website of a patient advocate and subject matter expert on US public health policy for the treatment of pain, Richard Lawhern: http://www.face-facts.org/Lawhern Thank you for your time.

Apr 19 2024 9:41PM

I applaud the work the WMC has done to untangle the damage caused by the 2016 CDC Opioid Prescribing. Adding Sickle cell is a start BUT adding an Exemption for RARE DISEASE period would do more. RARE Diseases are causing so much pain Also Unless the WMC directly “touches” somehow every prescriber in Washington State patients will continue to suffer. Doctors are NOT getting the message, they are frightened that they will lose their license, their home their livelihood. Patients deserve to receive appropriate treatment and not be treated as if their lives don’t matter Patients are being abandoned, can’t find appropriate care, providers are refusing to treat chronic pain patients. Patients are suffering in agonizing pain due to RARE disease. Some are turning to the street, many are committing suicide. “this statement is well written and I applaud the efforts of the commission. Washington pain patients are dying -committing suicide or going to the streets because doctors refuse to treat pain. The statement cannot be effective if it is not read by physicians. Will the WMC-ensure that physicians read it by setting up some type of receipt verification or acknowledgment from medical practices and institutions that the interpretive statement will be shared with all practitioners? The direct issue is “touching” every physician in our state to ensure that they read the interpretive statements thereby noting they understand and acknowledge their responsibilities to all patients whether struggling with pain from a rare disease or suffering from addiction. All mankind deserves respect, compassion and empathy. Will

they include the statement in CME training? I have personally heard from dozens of legitimate pain patients who have been abandoned or forced tapered, many have filed complaints with the WMC but their complaints were discharged and physicians were not sanctioned. I respect the work done by WMC to untangle the issues brought forth by the 2016 cdc opioid guidelines but we have to find a way to reach these doctors and ensure patient pain treatment is no longer ignored and avoided Lastly ANY policies made based on the CDC Opioid prescribing guidelines should be removed and completely rewritten. Patients lives do matter

Apr 19 2024 9:57PM

My name is Sarah Tompkins, a Patient Advocate and Board Member of NW Rare Disease Coalition (501.c.4) and Connective Strength (501.c.3) a patient nonprofit for Ehlers-Danlos Syndrome, the genetic connective tissue disease I have. My symptoms began in high school, but it took 9 years before I would be properly diagnosed and treated. Due to having loose tissue and joints, I average 2-3 surgeries a year since 2011. In my experience as a chronic pain patient, tapering pain patients medications does not aid in preventing over or misuse, chronic pain patients need this medication to function and live our lives with quality of life. If I had to be tapered completely from my pain meds, I would be suicidal, and though we are lacking proper data, we know this is what happens to chronic pain patients who are inappropriately tapered from their pain medication. Only the patient can know how their pain feels and if they can tolerate tapering their pain medication, and physician and physician assistants do not listen to pain patients if they express that they cannot go down on their dosage. In 23', I had open abdominal surgery for median arcuate ligament syndrome and had to stay an additional 5 days in the hospital due to pain, but I was disrespected and unheard of by my pain management doctors and to this day have nightmares of that post op experience because they expected me to taper so much and so fast. Please don't punish patients for their pain by allowing doctors to manage their pain care without the patient's participation and permission.

Apr 19 2024 10:19PM

When the CDC issued its Opioid Prescribing Guidelines in 2016 many patients were forcibly tapered down on their pain medication. They have suffered more than any human should have to suffer due to untreated or under treated pain. Patients who have been in Chronic Pain and diagnosed with Rare Diseases or Medical Conditions that cannot be cured should be EXEMPTED from any Opioid Policies or rules as long as they are being cared for by a licensed physician Washington State needs to do more to reach the ears of the doctors in this state, to ensure that Pain Treatment becomes important again. Many physicians and practices REFUSE to prescribe opioids and or treat Chronic Pain, That should be a violation Physicians are afraid to treat pain. The WMC needs to do more to reach out to ALL prescribers and ensure that they understand that not treating pain is not an option. Patients are desperate, they need to know that their lives matter, that their pain matters. If a patient can't be fixed, then they deserve to receive treatment to relieve their suffering. Please do more to ensure chronic pain patients receive appropriate pain treatment and are not ignored and or treated with bias. This is a Human Rights Issue

Apr 19 2024 10:50PM

I agree that there should be more Exemptions added to the current opioid prescribing policy. I agree that Sickle Cell Patients should be Exempted but I don't understand why they are the only Rare Disease patients that are being added to the Exemption list? Add Rare Diseases Add Chronic Intractable pain (incurable conditions) From FDA " Over 7,000 rare diseases affect more than 30 million people in the United States. Many rare conditions are life-threatening and most do not have treatments" https://www.fda.gov/patients/rare-diseases-fda My 63 year old daughter has suffered in pain for over 20 years. She's had over 45 surgeries and at the age of 62 she was diagnosed with a Rare Disease that she's had all her life. It's what caused her body to deteriorate aggressively. She was receiving good pain treatment, never violated the rules, never ran out of meds, never didn't pass a drug test, but all of a sudden in 2017 her doctor said he had to start a taper. She found out that this was due to the 2016 CDC Opioid Prescribing Guidelines. She went from being able to do a few things around the house, to being bed bound and there's nothing worse than watching someone you love suffer. Your helpless. She lost her

doctor, couldn't find a new doctor, clinics refused to treat chronic pain, or prescribers refused to prescribe opioids or pharmacies refused to fill medications. It's bad enough to be sick, knowing there is no cure, to be in pain, but to be intentionally ignored and abandoned is heartbreaking. This state needs to reach out to every prescriber and ensure that they hear your words. Sending a memo, doesn't work. Hold a required virtual meeting, make sure that prescribers know that not treating pain, is not an option. I'm not talking about acute pain. I'm talking about Chronic Intractable Pain that has no cure. We need to do better. Patients are committing suicide Stop the suffering!!

Apr 19 2024 11:15PM

I'm writing to you today to request that all chronic pain and intractable pain patuents be given exemption from state opioid legislation. Because of state laws i was reduced 90% from the medication that allows me to lead a semi active life. People who suffer from severe pain that suffer from illness and injury that is not curable should be except from laws this state has passed. Drs know what works and as a intractable pain patient any farther reductions will be horrible for me. And the thousands of people Who are barely hanging on it will totally destroy any quality of life. I appreciate your reading this and thank you for your time

Apr 20 2024 10:45AM

To whom this may concern. I am writing in response to the Opioid Exemptions. While there are a few exemptions, there are many others that should be as well. I myself have incurable, and extremely painful diseases. I don't get any breaks from my pain, it's 24/7. My medication has given me quality of life, not quantity but quality. Without my pain medication I would be bed ridden, or worse dead. I'm so thankful for the drs I've had. I follow my contract, and I've never abused my medication for the 20 years I've been on it. I refuse to go to pain management clinics, and I never will. I have Drs that are perfectly competent, and I feel safe with them. There have been patients that have been cut off, and they took their lives. It shouldn't have ever happened, but it did. Those of us that are fortunate enough to have great drs are so thankful. Having incurable diseases has taken a lot from us. The majority of us can no longer work, drive, go out, or do just about anything. With our medication at least we can get out of bed, and have a small slice of life. That means the world to us. So cutting us off, or under treating us will be a no win situation. The suicide rate will skyrocket! Our lives are hard enough, to treat us like garbage is unacceptable!! We are human beings who need our medications. I'm 54, and I don't want my life cut short. Politicians, DEA, and CDC should NOT have any say in what my drs do. MY drs should be able to treat me accordingly without the fear of going to prison, losing their license, and their jobs. With the money that is being spent to take my medication away should be spent on busting the fentanyl problem. We are just easy targets. Please expand the chronic pain, and intractable exemption. I applaud the Sickle Cell exemption, but there are so many of us that have chronic intractable pain. I have a condition that has caused nerve damage throughout my body. My body turns on my joints that I have had so many surgeries for, and some of those I've had to have redone. The last surgery I had on my back was a huge surgery. They went in and found that my spine had collapsed. When I went home I got so sick, and I had ended up with a rare disease that damaged my nerves. Three years later I'm still struggling to get some kind of normalcy back. I'm literally in pain 24/7, and to be told that I' say. They all have their DEA numbers, which if a dr is abusing then it can be seen. We deserve to be treated with the treatments they give us, and humanly. If our medication is cutoff you will be seeing a lot of people turning to the dark web, or the streets, and they will most likely die.

Apr 20 2024 3:27PM

In researching this issue, I think these bullet points are useful and are reasons why I strongly belief opioid medications might be considered necessary or beneficial for such patients: 1. Pain Management: Opioids are potent analgesics that can effectively manage severe pain, which is often experienced by patients with chronic pain conditions or cancer. For these individuals, opioids can provide relief when other medications or therapies have been ineffective. 2. Improving Quality of Life: Chronic pain and cancer can significantly diminish a person's quality of life. Opioid medications can help alleviate pain, allowing patients to engage in daily activities, maintain social connections, and improve overall well-

being. 3. Individualized Treatment: Pain management is not a one-size-fits-all approach. Some patients may require opioid medications to effectively manage their pain due to factors such as the severity of their condition, their response to other treatments, or the presence of intolerable side effects from alternative medications. 4. End-of-Life Care: In cases of advanced cancer or terminal illness, opioid medications are often essential for providing comfort and dignity to patients in their final days. These medications can help alleviate the severe pain and discomfort associated with end-of-life care. 5. Access to Treatment: Restricting access to opioid medications can create barriers for patients who genuinely need them for pain management. Lack of access may force patients to endure unnecessary suffering or seek alternative, potentially unsafe methods of pain relief. Recently, at a public meeting in the Tri-Cities areas, Washington AG Ferguson stated that he made a mistake in the current Washington law so as to restrict pain medications, including Opioids, for patients in need. He used his mother's late-life suffering as an example for his regret. Other states (Colorado, California and others) have retracted and reformed their statutory language to be legal as a better fit for cancer and chronic pain patients. I believe Washington State can do this as well. I have a signed affidavit from an attendee to corroborate Mr. Ferguson's statement.

Apr 20 2024 6:21PM

I really thing people with cancer and people with fibromyalgia should be able to get opioid prescription I know they don't think opioid work for fibromyalgia but they do and without that medicine people are choosing to die , we have no quality of life with out the pain medicine to help most of us would be stuck in bed and hope to God we have someone to help us and again most of us don't, who wants to be around someone who can't move cuz they are in pain all the time .My last pain management doctor reduced my pain meds due to the new laws ,now I can't cook for myself I have a hard time taking a shower because I can't stand very long and I loose my balance . Fibromyalgia is not just chronic pain everyplace on your boady but also makes it hard to sleep which makes it hard to think with little sleep , we also get migraines ,balance issues , among other things that go with it . Please do not restrict opioid drugs for fibromyalgia patients . Cancer patients also go threw many issues I don't have it but I have friends that do

Apr 20 2024 10:20PM

My sister has had a lot of pain since she was 40, nows she’s 63. She lost her career, her ability to Live a normal life, plant flowers, play with grand children , walk her dogs. She has had surgeries on every part of her body. 7 years ago, after she had been on the same pain medications for over 16 years her doctor told her that she had to be tapered because the CDC made new rules. According to many reports, even a year long investigation into Pain Treatment in the US by Human Rights Watch International finding appalling treatment to vulnerable patients and even a report from the CDC stating their Guidelines were being misapplied. Misinterpreted and they had gotten their numbers wrong in the research they used to create the 2026 CDC Opioid Prescribing Guidelines. The CDC did not intend states, physicians nor insurance companies to make laws out of guidelines meant to only direct primary care doctors treated opioid naive patients! Now patients have been forced tapered, barely living, suffering in pain, can’t find doctors, can’t get prescriptions when they are living with Rare Disease and or long term Chronic Intractable Psin conditions that can’t be cured. Doctors are afraid They’ve abandoned the treatment of pain They’ve abandoned their patients Pharmacies won’t fill prescriptions Insurance companies won’t pay WMC needs to stop the loss of life of good people in the state who’s only wrong is living with a painful disease These are the most vulnerable patients and shouldn’t be treated this way

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