

Rulemaking Efforts



WASHINGTON
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Amelia Boyd Program Manager

Exclusions – Opioid Prescribing

The [CR-102](#) for amending the Exclusions sections in both the MD (WAC 246-919-851) and PA (WAC 246-918-801) chapters to expand the types of patients who are exempt from certain provisions of rule when being prescribed opioid drugs was filed with the Office of the Code Reviser on February 22, 2022. The WSR #22-05-083.

The WMC is proposing exempting patients in long-term acute care (LTAC) facilities, nursing homes, residential habilitation centers (RHC), and residential treatment facilities (RTF) from the opioid prescribing rules. This change will allow physicians and physician assistants in these facilities to continue the patient's pain medications without having to perform a history and physical or wait for a history and physical to be completed on the patient.

As part of the WMC's rulemaking for ESHB 1427, enacted in 2017 and codified as RCW 18.71.800, the WMC received comments that adhering to the opioid prescribing rules for patients admitted to LTACs and nursing homes, is onerous. Specifically, the rules require a history and physical as well as a check of the prescription monitoring program (PMP) be completed prior to prescribing opioids. It has been stated that patients transferred to LTACs and nursing homes had a history and physical while in the previous facility and that practitioners in LTACs and nursing homes can rely on that assessment.

Inpatient hospital patients are currently exempt from the opioid prescribing rules. The WMC recognizes that patients in LTACs and nursing homes are similarly situated to hospital patients receiving inpatient treatment.

The WMC has also received a comment regarding patients in RHCs, that they are also similarly situated to LTAC and nursing home patients. We received a similar comment about RTFs, that stated RTFs are similar to RHCs except the stay at an RTF is usually short-term. As such, the WMC is also exempting patients in RHCs and RTFs.

In response to the filing, the WMC conducted an open public rule hearing on May 27, 2022. At the hearing, the Commissioners adopted revised draft language. The revised draft language can be found in [the hearing packet](#). The next step in the rules process is the CR-103, or Rulemaking Order. The CR-103 is in progress. The revised language will be in effect 31 days after the filing of the CR-103. The hearing can be viewed on the [WMC YouTube Channel](#).

Collaborative Drug Therapy Agreements

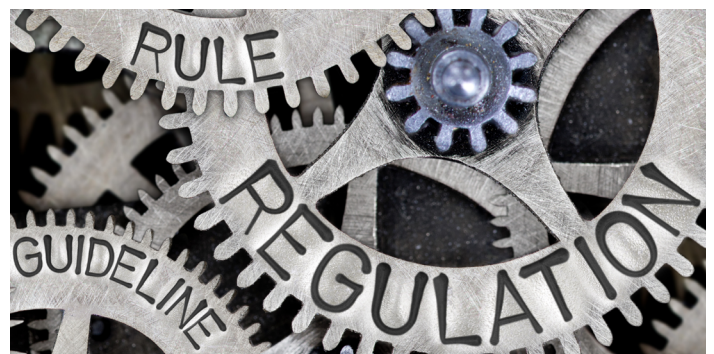
The [CR-101](#) for creating rules related to Collaborative Drug Therapy Agreements was filed with the Office of the Code Reviser on July 22, 2020 as WSR #20-16-008.

One aspect of the practice of medicine is working with pharmacists to deliver drug therapy to patients. This coordination can take many forms, but the WMC's concern involves treating patients under a collaborative drug therapy agreement (CDTA). These arrangements occur pursuant to a written agreement entered into by an individual physician or physician assistant and an individual pharmacist.

The Pharmacy Quality Assurance Commission has adopted a rule that governs CDTAs from the pharmacy perspective, however there are no statutes or rules that govern a physician's responsibilities under a CDTA. A rule is needed to define the roles and responsibilities of the physician or physician assistant who enters into a CDTA, any defined limit to the number of pharmacists who may have a CDTA with any one physician or physician assistant, and how the physician or physician assistant and pharmacist can best collaborate under these agreements.

Regulating the use of CDTAs would place the WMC in an active patient safety role. Rulemaking would provide clarity around this issue to help avoid potential discipline and increase patient safety. New sections being considered will potentially benefit the public's health by ensuring participating providers are informed and regulated by current national industry and best practice standards.

Workshops for this rulemaking are ongoing. Please visit our [Rules in Progress](#) page for the current schedule and draft language.



Rulemaking Efforts

Senate Bill (SB) 6551 – International Medical Graduates

The [CR-101](#) for creating rules related to integrating International Medical Graduates into Washington's healthcare delivery system was filed with the Office of the Code Reviser on August 6, 2020 as WSR #20-17-024.

[SB 6551](#) permits the WMC to issue limited licenses to IMGs. The bill also directs the WMC to establish requirements for an exceptional qualification waiver in rule as well as establish requirements for a time-limited clinical experience license for IMG applicants. Establishing these requirements would reduce barriers for IMG applicants obtaining residency positions in Washington.

The next step in the rulemaking process, the Proposal or CR-102, was approved at the WMC's November 19, 2021 Business meeting and is in the process of being drafted.

More Information

Please visit our [rulemaking site](#) and for continued updates on rule development, interested parties are encouraged to join the [WMC's rules GovDelivery](#).

WMC Meetings and Events

[Full Schedule](#)
[Rules in Progress](#)

WMC Policy Meeting

July 14th, 2022 4:00 PM

Hybrid – Virtual Options Available

Capital Event Center (ESD 113) 6005 Tyee Drive SW
Tumwater, WA 98512

WMC Business Meeting

July 15th, 2022 8:00 AM

Hybrid – Virtual Options Available

Capital Event Center (ESD 113) 6005 Tyee Drive SW
Tumwater, WA 98512

Buprenorphine for OUD and Chronic Pain

July, 21, 2022 - 5:00 PM PST

CME Webinar - [Register Here](#)

WMC Policy Meeting

August 25th, 2022 4:00 PM

Hybrid – Virtual Options Available

Capital Event Center (ESD 113) 6005 Tyee Drive SW
Tumwater, WA 98512

WMC Business Meeting

August 26th, 2022 8:00 AM

Hybrid – Virtual Options Available

Capital Event Center (ESD 113) 6005 Tyee Drive SW
Tumwater, WA 98512



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