Message from the Chair

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Opioid Prescribing and Monitoring for Patients

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The Washington Medical Commission (Commission) has modified its interpretive statement on opioid prescribing and monitoring for patients. The Commission is aware that some practitioners are refusing to treat patients who have taken or are currently prescribed opioids.

The Commission believes that appropriate management of pain is an important part of medical care. The diagnosis and treatment of pain is an integral part of the practice of medicine for all practitioners. The original versions of the opioid prescribing rules for physicians (WAC 246-919-850) and physician assistants (WAC 246-918-800) explicitly pointed out that lack of treatment of pain is a departure from appropriate care. Due to misunderstanding of the earlier rule, the revised interpretative statement explicitly highlights areas of prior misunderstanding. The areas of misunderstanding include:

1. Practitioners should avoid using rigid morphine equivalent dose (MED) that lead to undertreatment of pain or unnecessary tapering of patients who are stable in pain levels and functioning. There is no upper MED limit in Washington State or federal law.
2. The Commission evaluates the treatment of chronic pain based upon the documentation of the patient's overall well-being, including physical, psychological, social, and work-related factors, **not** MED. Documentation should include patient outcomes, medical reasoning, and discussions with the patient.
3. Opioid tapering of a patient below a certain MED is not required. Initiating a tapering schedule without receiving the patient's consent or considering the adverse effects on the patient's function and quality of life, is a violation of the Commission's opioid prescribing rules and represents substandard care.
4. Refusing to treat the patient with opioids if indicated or terminating a patient from practice because the patient's care involves opioid therapy are also examples of practicing below the standard of care.

Clinical Experience Assessment (CEA) Policy

The WMC has implemented the Clinical Experience Assessment (CEA) Policy, effective January 10, 2025, as outlined in policy number POL2025-01. This policy introduces the CEA form, designed to evaluate the readiness of International Medical Graduates (IMGs) for residency programs in Washington State, in accordance with RCW 18.71.472.

Purpose of the CEA Form: The CEA serves as a tool for physician assessors to prepare IMGs for residency by determining their overall readiness. It is important to note that the CEA is not a component of the residency application process nor a qualification for residency.

Assessment of Residency Preparedness: The form utilizes an "entrustment" scale to evaluate the IMG's competence in various clinical tasks, aiding both the assessor and the IMG in identifying areas of strength and those requiring improvement.

Frequency of Assessment: Assessors are encouraged to use the CEA quarterly throughout the training program until the IMG achieves a passing score in all competencies, indicating readiness for residency.

Monitoring and Retention: The WMC plans to develop a monitoring system to track the effectiveness of the CEA, identifying challenges and areas for improvement in IMG pre-residency training. Completed CEA forms should be retained for four years and made available upon request.

If you have any questions about this or any other WMC policy, you can contact medical.policy@wmc.wa.gov.