

New Opioid Rules FAQ



WASHINGTON
**Medical
Commission**
Licensing. Accountability. Leadership.

The following is a list of common questions we have received regarding the new opioid prescribing and monitoring rules. This is not an exhaustive list. For more information, please visit the WMC opioid prescribing website <http://go.usa.gov/xPbbr>.

Q: Do MDs and PAs have to register with the Prescription Monitoring Program (PMP)?

A: Yes. If you prescribe opioids in Washington you must register with the PMP or demonstrate proof of access to the program. Learn how to register at <https://go.usa.gov/xPpyF>.

Q: Is there a Continuing Medical Education (CME) requirement if I prescribe opioids?

A: Yes. If you prescribe opioids in Washington you must complete a continuing medical education course. The course is one-time for at least one-hour. It must be completed by the end of your first full CME reporting period after January 1, 2019. Or, it may be reported during your first full CME reporting period after getting your license

Q: When should I check the data in the Prescription Monitoring Program (PMP)?

A: PMP query must be completed at points in the process:

- At the first refill or renewal of an opioid prescription;
- At each pain treatment transition phase;
- Periodically based on the patients risk level;
- For episodic care of a patient currently on opioids for chronic pain.

Q: Will these rules impact all types of pain management?

A: No. These rules do not apply when treating patients with cancer related pain, palliative, hospice, end-of -life care, inpatient hospital patients, or procedural pre-medications. There are documentation and assessment requirements for other types of pain including: acute (0-6 weeks), perioperative (surrounding the performance of surgery), subacute (6 to 12-weeks) and chronic (months or years).

Q: What is the “inappropriate treatment of pain?”

A: The rules for prescribing opioids state, “The inappropriate treatment of pain is a departure from standards of practice.” For the purpose of these rules that includes:

- Nontreatment;
- Undertreatment;
- Overtreatment, and;
- The continued use of ineffective treatments.

Q: What changes will be applied to chronic pain patients?

A: Prescribing opioids for chronic pain patients has only minor changes. A PMP check is required at specific points in the process (see “When should I check the data in the Prescription Monitoring Program (PMP)?”). If a patient is considered high-risk, which is defined in the rule, then a prescription for naloxone must also be written for the patient. As far as the chronic pain patient is concerned, nothing has changed for them. You can still prescribe over 120 MED if you document the reason in the patient record.

Q: How do I stay informed about opioid prescription rules or get involved?

A: We have created an email update to keep people informed. [Sign up](#) to receive updates on rulemaking delivered to your inbox. You can [send us specific questions](#) on the pain management rules or [request an educational presentation](#) for your organization.