

# Rulemaking Efforts



WASHINGTON  
**Medical  
Commission**  
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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 amendment exempts 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 commission 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 by clicking [here](#). 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 here](#).

### 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 WMC 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 they 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.

### 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.

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[SB 6551](#) permits the WMC to issue limited licenses to IMG. 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.

In response to the filing, the WMC conducted an open public rule hearing on August 26, 2022. At the hearing, the Commissioners adopted revised draft language. For a copy of the revised language, please send your request to [medical.rules@wmc.wa.gov](mailto:medical.rules@wmc.wa.gov). 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 here: [August 26, 2022, Business Meeting & Rules Hearing \(IMG License\)](#) it begins at 29:27 and ends at 1:03:40.

### 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.



## Reminder: Suicide Prevention CME Requirement

As providers may know, September is National Suicide Prevention Awareness Month. To help educate physicians and physician assistants on suicide prevention and awareness, the Washington Medical Commission (WMC) provides the following reminder regarding continuing medical education (CME) and self-care to address suicide prevention.

In 2014, RCW 43.70.442 was amended to extend mandatory suicide prevention education requirements to include other health professionals beyond behavioral health and social work. Washington physicians and physician assistants became statutorily required to “complete a one-time training in suicide assessment, treatment, and management that is approved by the relevant disciplining authority”.

The WMC is taking the opportunity presented by National Suicide Prevention Awareness Month to remind all licensees about the CME requirement and to be mindful of their own mental health when considering suicide prevention. The WMC promotes self-care as an essential part of medical practice, both for providers and for the patients they treat.

The WMC is sharing an example of a course that fulfills the suicide prevention CME requirement. The course is being offered by the University of Washington Psychiatry and Behavioral Sciences, entitled [All Patients Safe](#). This online asynchronous course is currently available for free to Washington providers who provide care to Washington patients (with a \$25 fee to obtain CME credit).

The WMC encourages providers to review the [statutory requirement](#) regarding suicide prevention CME, to ensure compliance with that requirement, and to promote self-care in an effort to help save lives.