



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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**NOTICE OF ADOPTION OF AN
INTERPRETIVE STATEMENT**

Title of Interpretive Statement: Exempting Patients in Nursing Homes and Long-Term Acute Care Hospitals from the Opioid Prescribing Rules. Number: INS2019-03

Issuing Entity: Washington Medical Quality Assurance Commission

Subject Matter: Application of opioid prescribing rules to patients in nursing homes and LTACs.

Effective Date: May 17, 2019

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Interpretive Statement

Title:	Exempting Patients in Nursing Homes and Long-Term Acute Care Hospitals from the Opioid Prescribing Rules	INS2019-03
References:	WAC 246-919-850 through 246-919-985 ; WAC 246-918-800 through 246-918-935	
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Approved By:	Alden Roberts, MD, Chair (signature on file)	

The Washington Medical Commission (Commission) interprets the opioid prescribing rules, [WAC 246-919-850](#) through [246-919-985](#), and [WAC 246-918-800](#) through [246-918-935](#), to exempt from the rule requirements the treatment of patients in nursing homes licensed under [Chapter 18.51 RCW](#) and nursing facilities as defined in [WAC 388-97-0001](#) (collectively referred to as “nursing homes”) and in long-term acute care hospitals (LTACs) as defined in [RCW 74.60.010\(10\)](#). The Commission further clarifies that since the treatment of patients in nursing homes and LTACs are exempt, a physician or physician assistant is not required to conduct a history and physical on a patient in a nursing home or LTAC before prescribing an opioid to that patient. They may rely on the assessment performed on the patient while in the hospital prior to discharge to a nursing home or LTAC.

Pursuant to legislative mandate, the Commission adopted rules in 2012 for the management of chronic, non-cancer pain. These rules do not apply to the management of cancer-related pain or acute pain caused by an injury or surgical procedure. In 2017, the legislature enacted [Engrossed Substitute House Bill 1427](#) requiring the Commission to adopt rules establishing requirements for prescribing opioids. The adopted rules, which took effect on January 1, 2019, apply to the prescribing of opioids for the treatment of pain, including acute non-operative, acute perioperative, sub-acute, and chronic pain.

The opioid rules exclude certain types of pain management treatments from the requirements of the rule, including the treatment of inpatient hospital patients who have been admitted to a hospital for more than twenty-four hours. The Commission recognizes that patients in nursing homes and LTACs are typically high acuity and are similarly situated to hospital patients receiving inpatient treatment. However, there is no specific exclusion for pain treatment of patients in nursing homes or LTACs.

Proper pain management is required by law in nursing home and LTAC settings and is necessary for patient quality of life. Nursing homes and LTACs are not outpatient settings and

medications are not controlled or handled by patients. When a patient is admitted to a nursing home from a hospital, a nursing home is required by [WAC 388-97-1000](#) and [RCW 74.42.150](#) to document a comprehensive assessment of the patient's functional capacity and a healthcare provider's orders for care. Nursing home patients are often admitted with a limited prescription for pain medications. Similarly, LTACs are hospital settings designed for long-term treatment, and patients receive 24-hour clinical care.

The Commission considers patients admitted to nursing homes and LTACs to be continuing their treatment protocol as applied when they were in an inpatient hospital setting. The opioid rules require a physician or physician assistant to document a patient history and physical examination prior to prescribing an opioid, and to perform a query of the prescription monitoring program. An attending physician or physician assistant in a nursing home or LTAC may not be able to immediately take a new history and perform a physical to authorize a prescription for an opioid to continue pain management. This disrupts the continuity of pain management and may jeopardize the quality of care in nursing home or LTAC settings. Interpreting the opioid prescribing rules to exempt patients in nursing homes and LTACs will allow timely prescribing of needed medications for acute non-operative pain or acute perioperative pain. The attending physician or physician assistant may rely upon the history and physical documented by the facility that discharged the patient.

The Commission interprets the opioid prescribing rules, [WAC 246-919-850](#) through [246-919-985](#), and [WAC 246-918-800](#) through [246-918-935](#), to exempt from the requirements of the rules the treatment of patients in nursing homes licensed under [Chapter 18.51 RCW](#) and nursing facilities as defined in [WAC 388-97-0001](#) and in LTACs as defined in [RCW 74.60.010\(10\)](#). The Commission further clarifies that since the treatment of patients in nursing homes and LTACs are exempt from the opioid prescribing rules, a physician or physician assistant is not required to conduct a history and physical on a patient in a nursing home or LTAC before prescribing an opioid to that patient. They may rely on the assessment performed on the patient while in the hospital prior to discharge to a nursing home or LTAC.