



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

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STATE OF WASHINGTON
FILED

DATE: January 28, 2020
TIME: 9:29 AM

WSR 20-04-026

Agency: Department of Health- Medical Quality Assurance Commission

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes
 - No
- If Yes, explain:

Purpose: WAC 246-919-865 (physicians) Patient notification, secure storage, and disposal and WAC 246-918-815 (physician assistants) Patient notification, secure storage, and disposal. The Washington Medical Commission (commission) adopted amendments to establish patient notification, documentation, counseling requirements, and right to refuse an opioid prescription or order for any reason, when prescribing opioid drugs, as directed by sections 8 and 9, codified as RCW 18.71.810, RCW 18.71A.810, and section 17, codified as RCW 69.50.317, of Substitute Senate Bill (SSB) 5380 (chapter 314, Laws of 2019). The commission also adopted clarifications of when notification is not required.

Citation of rules affected by this order:

- New: None
- Repealed: None
- Amended: WAC 246-919-865 and WAC 246-918-815
- Suspended: None

Statutory authority for adoption: RCW 18.71.017, RCW 18.71.810, RCW 18.71A.810

Other authority: RCW 69.50.317

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 19-21-143 on 10/22/2019 (date).
Describe any changes other than editing from proposed to adopted version: There were no changes from the proposed to adopted version.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

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**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>2</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in the agency's own initiative:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>2</u>	Repealed	<u>0</u>

Date Adopted: 12/12/2019

Name: Melanie de Leon

Title: Executive Director

Signature:

WAC 246-919-865 Patient notification, secure storage, and disposal. (1) The physician shall ~~((ensure the patient is provided))~~ discuss with the patient the following information at the first issuance of a prescription for opioids and at the transition from acute to subacute, and subacute to chronic:

(a) Risks associated with the use of opioids, including the risk of dependence and overdose, as appropriate to the medical condition, the type of patient, and the phase of treatment;

(b) Pain management alternatives to opioids, including nonopioid pharmacological and nonpharmacological treatments, whenever reasonable, clinically appropriate, evidence-based alternatives exist;

~~(c)~~ The safe and secure storage of opioid prescriptions; ~~((and~~ ~~(e-))~~ (d) The proper disposal of unused opioid medications including, but not limited to, the availability of recognized drug take-back programs ~~((-~~ ~~(2-))~~); and

(e) That the patient has the right to refuse an opioid prescription or order for any reason. If a patient indicates a desire to not receive an opioid, the physician must document the patient's request and avoid prescribing or ordering opioids, unless the request is revoked by the patient.

(2) The requirements in subsection (1) of this section do not apply to the administration of an opioid including, but not limited to, the following situations as documented in the patient record:

(a) Emergent care;

(b) Where patient pain represents a significant health risk;

(c) Procedures involving the administration of anesthesia;

(d) When the patient is unable to grant or revoke consent; or

(e) MAT for substance use disorders.

(3) If the patient is under eighteen years old or is not competent, the discussion required by subsection (1) of this section must include the patient's parent, guardian, or the person identified in RCW 7.70.065, unless otherwise provided by law.

(4) The physician shall document completion of the requirements in subsection (1) of this section in the patient's health care record.

(5) The information in subsection (1) of this section must also be provided in writing. This requirement may be satisfied with a document provided by the department of health.

(6) To fulfill the requirements of subsection (1) of this section, a physician may designate any individual who holds a credential issued by a disciplining authority under RCW 18.130.040 to provide the information.

WAC 246-918-815 Patient notification, secure storage, and disposal. (1) The physician assistant shall ~~((ensure))~~ discuss with the patient ~~((is provided))~~ the following information at the first issuance of a prescription for opioids and at the transition from acute to subacute, and subacute to chronic:

(a) Risks associated with the use of opioids, including the risk of dependence and overdose, as appropriate to the medical condition, the type of patient, and the phase of treatment;

(b) Pain management alternatives to opioids, including nonopioid pharmacological and nonpharmacological treatments, whenever reasonable, clinically appropriate, evidence-based alternatives exist;

~~(c)~~ The safe and secure storage of opioid prescriptions; ~~((and~~
~~(e))~~ (d) The proper disposal of unused opioid medications including, but not limited to, the availability of recognized drug take-back programs ~~((~~

~~(2))~~; and
(e) That the patient has the right to refuse an opioid prescription or order for any reason. If a patient indicates a desire to not receive an opioid, the physician assistant must document the patient's request and avoid prescribing or ordering opioids, unless the request is revoked by the patient.

(2) The requirements in subsection (1) of this section do not apply to the administration of an opioid including, but not limited to, the following situations as documented in the patient record:

(a) Emergent care;

(b) Where patient pain represents a significant health risk;

(c) Procedures involving the administration of anesthesia;

(d) When the patient is unable to grant or revoke consent; or

(e) MAT for substance use disorders.

(3) If the patient is under eighteen years old or is not competent, the discussion required by subsection (1) of this section must include the patient's parent, guardian, or the person identified in RCW 7.70.065, unless otherwise provided by law.

(4) The physician assistant shall document completion of the requirements in subsection (1) of this section in the patient's health care record.

(5) The information in subsection (1) of this section must also be provided in writing. This requirement may be satisfied with a document provided by the department of health.

(6) To fulfill the requirements of subsection (1) of this section, a physician assistant may designate any individual who holds a credential issued by a disciplining authority under RCW 18.130.040 to provide the information.