Reviewing Washington’s Existing Pain Rules & Next Steps Under ESHB 1427

September 20, 2017

Source: DOH Death Certificates
* Includes all intent of drug-related deaths with the additional ICD-10 codes of T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6
Note: Intentional self-poisonings account for ~9% of all opioid overdose deaths
The days of freely prescribed painkillers are ending. Here's relaying the what's next.

By Christine Vestal  May 20, 2016

For more than a decade, doctors, dentists and nurse practitioners liberally prescribed opioid painkillers even as evidence mounted that people were
Executive Order

- Increasing heroin use and overdose rates identified as a critical public health imperative.
- Governor’s EO 16-09 calls for:
  - Implementing safe prescribing practices
  - Exploring non-opioid alternatives to pain
  - Expanding access to medication-assisted treatment
  - Increasing use of PMP
• Expand DOH access to be able to assess PMP data with morbidity and mortality data.
• Authority to send prescriber feedback reports.
• Local Health Officer access for overdose follow up.
• Allow facility access to Federal & Tribal agencies.
• Overdose notification via the Emergency Department Information Exchange (EDIE).
• Facility and group access to prescriber metrics.
• Hospital Association access to prescriber data.
• Revise immunity provisions to all end users.
ESHB 1427 Key components:

- Expands B/C prescribing rules--
  - Acute, subacute, perioperative pain
  - Update chronic pain rules
- Authorizes Health Officer and other gov’t access to PMP data.
- Authorizes facility/group access to PMP data.
- Authorizes hospital CQIPs to use PMP data.
- Authorizes prescriber feedback reports.
1427 Objectives – B/C Prescribing Rules

• Generate a boilerplate set of prescribing rules.
• Uniform recommendations on revising existing pain management rules.
• Each B/C will adopt rules under their own authority.
• Coordinated education and outreach campaigns.
• In 2010, ESHB 2876 directed:
  o Medical Quality Assurance Commission (MQAC)
  o Nursing Care Quality Assurance Commission (NCQAC)
  o Dental Quality Assurance Commission (DQAC)
  o Board of Osteopathic Medicine and Surgery (BOMS)
  o Podiatric Medical Board (PMB)

to adopt chronic non-cancer pain rules by June 30, 2011.

• Rules included dosage limits for pain management consultation and any exceptions, education and training requirements, and other practice standards.

• Specifically excluded both acute and palliative care.

• Required consultation with Agency Medical Directors Group (AMDG), DOH, UW and professional associations.
Highlights of Existing Pain Rules

- Defines terms like “acute pain”, “addiction”, “comorbidity”, “morphine equivalent dose”, and “multidisciplinary pain clinic”.
- Requires a comprehensive health history and physical examination.
- Sets requirements for treatment plans including physical and psychosocial function, additional diagnostics and alternative therapies needed.
- Establishes informed consent requirements.
- Prescriber-patient written agreements must be used, which describe drug testing requirements, process for releasing a patient for violations, and to whom (including authorities) a prescriber reports agreement violations.
• Stipulates how frequently, based on MED level, periodic patient reviews must occur, including patient compliance and function level.

• Long-acting opioids, including methadone, should only be prescribed by competent providers.

• Recommends that PMP or similar data be reviewed prior to prescribing for episodic care (e.g. ED or urgent care), and amount should be minimized to control pain temporarily.

• Requires consideration of referral for minor patients or those with a history of abuse.
• Sets mandatory consultation threshold at 120 MED and describes acceptable consultation formats.
• Exempts prescribers who comply with the rules and:
  1. are tapering, or
  2. in need of temporary acute care, or
  3. documents attempts to consult with a specialist, or
  4. The patient is stable on a nonescalating dose.
• Establishes exemption requirements for pain management consultation.
• Sets education, training, and practice standards for pain management consultants.
• Same five B/Cs must adopt general opioid prescribing rules under HB 1427.
• Provides for possible exemptions based on education, training, prescribing level, patient panel, and practice environment.
• Must consider revised AMDG and CDC guidelines.
• Must consult with professional associations, DOH, and the UW.
• Must adopt rules by January 1, 2019.
PROPOSED 1427 Timeline – B/C Rules

- Workgroup meetings begin in July 2017
- Reach consensus on rules boilerplate & amendments in Dec 2017
- B/C rules hearings in Feb 2018
- Legislative due date to adopt in May 2018
- Legislative due date to adopt in Sept 2018
- Legislative due date to adopt in Dec 2018

- B/Cs authorize CR-101s
- Task force members and staff brief B/Cs on rules and convey input back
- CR-102s filed with Code Reviser
- CR-103s filed with Code Reviser
Questions?

For more information, go to  www.doh.wa.gov/opioidprescribing

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