The meeting of the Washington State Board of Osteopathic Medicine and Surgery was held at the Pacific Northwest University of Health Sciences Hyatt Conference Room 111 University Parkway, Yakima, WA 98901.

Board Members Present: Catherine Hunter, DO, Chair
John Finch, DO, Vice-Chair
Sharon Gundersen, PhD, Public Member
Roger Ludwig, DO
Shannon Phipps, DO
Alex Sobel, DO
Lisa Galbraith, DO
Kim Morrissette, DO
Joel Quiroz, PA-C
Kevin Ware, DO

Staff Present: Blake Maresh, Executive Director
Brett Cain, Program Manager
Davis Hylkema, Program Support
Heather Carter, Assistant Attorney General

Guests Present: None

Open Session
The open public meeting was called to order by Catherine Hunter, DO, Chair, at 8:38 a.m.

1. Call to Order and introduction of the board, staff, and audience. Board members, staff, and guests each provided a brief introduction
   1.1. Approval of agenda. The April 30, 2018 agenda was approved as presented.

2. Approval of minutes
   The March 23, 2018 business meeting minutes were approved as presented.

3. Rules Workshop for Opioid Prescribing Rules – (began at 8:40 a.m.)
   The board reviewed the boilerplate opioid prescribing rules recommended by the opioid prescribing task force which consisted of representatives from the five boards and commissions mandated to write rules for prescribing opioids under ESHB 1427. The board began by reviewing the 241 pages of comments that had been received.

   • PMP requirement – The board agreed with the position of requiring that the PMP be checked every time for every opioid or benzodiazepine prescription.
MOTION: The motion was made to require a PMP check is performed prior to the issuance of any prescription for an opioid or benzodiazepine. The motion was seconded and passed.

- Cancer related pain definition
  
  MOTION: The motion was made to add the WSMOS recommended language for cancer related pain to the chronic pain definition. The suggested language reads: “Chronic pain may include pain resulting from cancer or treatment of cancer in a patient who two years post completion of curative anti-cancer treatment with no current evidence of disease.” The motion was seconded and passed.

- Continuing Education requirement (New Section WAC 246-853-685)
  
  MOTION: The motion was made to implement a one-time one hour CME requirement regarding best practices in the prescribing of opioids and for review of the current Washington state opioid prescription rules. The motion was seconded and approved.

- Treatment plan – Acute perioperative pain (New Section WAC 246-853-700)
  
  MOTION: The motion was made to remove the sentence in subsection (3), “For more specific practices, the osteopathic physician may refer to clinical practice guidelines, including, but not limited to, those produced by the Agency Medical Director’s Group, the Centers for Disease Control and Prevention, or The Bree Collaborative.” The motion was seconded and approved.

- Patient evaluation and patient record (New Section WAC 246-853-715 (2)) – considering a minimum MED threshold to which evaluation rules would not apply.
  
  MOTION: The motion was made to not identify a minimum MED threshold to which evaluation requirements would not apply. The motion was seconded and passed.

- Written agreement for treatment (New Section WAC 246-853-725) – considering a minimum MED threshold to which evaluation rules would not apply.
  
  MOTION: The motion was made to not identify a minimum MED threshold to which written agreement rules would not apply. The motion was seconded and passed.

- Pain management specialist (New Section WAC 246-853-750 (1) (b))
  
  MOTION: The motion was made to move the language of (1) (d) (i) to be included in (1) (b). Subsection (1) (b) would read, “has a subspecialty certificate in pain medicine by an ABMS-approved board; or credentialed in pain management by an entity approved by the Washington state medical quality assurance commission for a
physician or the Washington state board of osteopathic medicine and surgery for an osteopathic physician; and” The motion was seconded and approved.

- Episodic care of chronic opioid patients (New Section WAC 246-853-770)
  
  **MOTION:** The motion was made to have subsection (3) to read, “The osteopathic physician providing episodic care shall report known violations of the patient’s written agreement to the patient’s treatment practitioner who provided the agreement for treatment, when reasonable.” And, the same language be used in subsection (4). The motion was seconded and approved.

- Co-prescribing of naloxone. (New Section WAC 246-853-785) –
  
  **MOTION:** The motion was made to remove “high-risk” from (1), having the subsection read, “The osteopathic physician shall confirm or provide a current prescription for naloxone when high-dose opioids are prescribed.” The motion was seconded and approved.

- Prescription monitoring program - Required registration, queries, and documentation. (New Section WAC 246-853-790)
  
  **MOTION:** The motion was made to add the words “or designee as defined in the PMP rules [ref.]” in (8) after the words “osteopathic physician.” The motion was seconded and approved.

- Final Approval
  
  **MOTION:** The motion was made by Dr. Phipps to approve the opioid prescribing rules for osteopathic physicians with the determined changes and that the osteopathic physician assistant opioid prescribing rules will mirror the rules for osteopathic physicians. Dr. Ludwig seconded. The motion was unanimously approved (and followed with applause).

4. Presentation to Pacific Northwest University (PNWU) Students – The board members made their presentation to osteopathic PNWU students from 10:10 a.m. and 12:30 p.m.

5. Prescription Monitoring Program (PMP) and Gabapentin – The board revisited this agenda item from the March 23, 2018 business meeting to discuss whether or not they recommend that the PMP and Pharmacy Quality Assurance Commission classify and track Gabapentin as a drug of concern.

  **MOTION:** It was moved that the board recommend to the Pharmacy Commission that Gabapentin be added as a drug of concern so it can be queried in the PMP. The motion was seconded and approved.

6. Correspondence.
No correspondences have been received for consideration or discussion.
7. Program Manager Report/Executive Director Report
   No reports were presented.

8. Settlement and/or Disciplinary Order Presentations – This is a standing agenda item and presentations are contingent upon agreements being reached between the parties prior to a board meeting. Deliberations are held in closed session. There were no presentations.

9. Adjourn Business Meeting. Catherine Hunter, DO, Chair, adjourned the business portion of the meeting at 10:08 a.m. Following adjournment, the board presented to second year PNWU osteopathic students. The presentation covered the board’s mission, and functions, including outreach, policymaking, licensing, and discipline.

   Respectfully Submitted

   Brett Cain, Program Manager

NOTE: please visit the web site for future agendas and minutes - www.doh.wa.gov. Go to licensing and certification and you will find a list of the health care professions, go to osteopathic physicians for agendas and minutes.