
Health Care & Wellness Committee

HB 2272

Brief Description: Concerning restrictions on prescriptions for opiates.

Sponsors: Representatives Cody, Harris, Kilduff, Peterson, Macri, Ryu, Tarleton, McBride, Slatter, Sawyer, Tharinger, Kagi, Valdez, Senn, Chapman, Frame, Reeves, Clibborn, Appleton, Jinkins, Ormsby, Pollet, Doglio, Stonier and Gregerson; by request of Attorney General.

Brief Summary of Bill

- Provides that practitioners prescribing an opiate to a patient for the first time for outpatient use may only issue a prescription for no more than a seven-day supply for patients twenty-one years and older and a three-day supply for those under twenty-one.
- Exempts prescriptions treating pain associated with cancer or for palliative, hospice, or other end-of-life care.
- Allows a practitioner to prescribe the quantity needed to treat the duration of severe pain, if the practitioner determines a greater quantity of opiates is necessary.

Hearing Date: 1/12/18

Staff: Kim Weidenaar (786-7120).

Background:

Prescriptive Authority.

It is unlawful to possess, deliver, or dispense a legend drug except pursuant to a prescription issued by a health care provider who has prescriptive authority under Washington law. Providers with prescriptive authority include allopathic and osteopathic physicians and physician assistants, advanced registered nurse practitioners, dentists, naturopaths, optometrists, podiatric physicians, and veterinarians. Prescriptions must be for a legitimate medical purpose and within the provider's scope of practice.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Opioid Prescribing.

In 2011 several disciplining authorities were required to adopt rules on chronic, noncancer pain management. Separately, the Agency Medical Directors' Group (AMDG) has adopted guidelines on prescribing opioids for pain.

By January 1, 2019, the following disciplining authorities must adopt rules establishing requirements for prescribing opioid drugs: the Medical Quality Assurance Commission, the Board of Osteopathic Medicine and Surgery, the Nursing Care Quality Assurance Commission, the Dental Quality Assurance Commission, and the Podiatric Medical Board. The rules may contain exemptions based on education, training, amount of opioids prescribed, patient panel, and practice environment. In developing the rules, the disciplining authorities must consider the AMDG and Centers for Disease Control guidelines and may consult with the Department of Health, the University of Washington, and professional associations.

Opiates.

The Washington State Uniform Controlled Substances Act defines opiates to include any substance having or having the capacity to convert into an addiction-forming or addiction-sustaining liability similar to morphine, including opium, substances derived from opium, and synthetic opiates.

Summary of Bill:

Practitioners prescribing an opiate to a patient for the first time for outpatient use may not issue a prescription for more than a seven-day supply for patients twenty-one years and older and a three-day supply for those under twenty-one.

The prescribing limits do not apply if:

- the prescription is for the treatment of pain associated with cancer, or for palliative, hospice, or other end-of-life care; or
- the practitioner determines an opiate in a quantity greater than the three- and seven-day limits is required to treat a patient's medical condition. The practitioner may issue a prescription for no greater than the quantity needed for the expected duration of severe pain. The condition that triggers the need for such a prescription and an explanation why an alternative to an opiate was not appropriate must be documented in the patient's medical record.

For any prescription consisting of more than a three-day supply of opiates for the first time for outpatient use, the practitioner must:

- discuss with the patient or the person authorized to consent to health care for the patient the risks of addiction and overdose associated with opiates, the increased risk for those with mental illness or a history of alcohol or substance abuse, and the dangers of taking opiates with benzodiazepines, alcohol, or other depressants;
- obtain written consent, recorded on a form, from the patient or the person authorized to consent to health care for the patient, which includes the name and quantity of the opiate, that it has potential for abuse, that the practitioner discussed the risks with the patient,

- and the signature of the patient or person authorized to consent to health care for the patient; and
- maintain the form in the patient's record.

Opiate is defined to exclude opioid overdose medications or medications that are approved by the federal Food and Drug Administration for the treatment of opioid use disorder, such as methadone.

Boards and commissions that regulate practitioners are not limited from adopting more stringent restrictions.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.