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**Health Care & Wellness Committee**

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**HB 2447**

**Brief Description:** Concerning practitioner education of opiate risks and pain management alternatives.

**Sponsors:** Representatives McCabe, Cody, Caldier, Orwall, Dye, Macri, Muri, Smith, Barkis, Harmsworth, Haler, Senn, Pollet and Doglio.

**Brief Summary of Bill**

- Requires practitioners prescribing an opiate for the first time during a course of treatment to have an in-person discussion with the patient about the risks of opiates and possible alternatives.
- Requires the Department of Health to develop a brief statement warning individuals of the risks of opiate use and abuse that practitioners must hand out during in-person discussions with patients about opiates.

**Hearing Date:** 1/19/18

**Staff:** Kim Weidenaar (786-7120).

**Background:**

Prescribing Guidelines.

In 1995 the Secretary of Health was required to coordinate and assist the regulatory boards and commissions of the health professions with prescriptive authority to develop guidelines for addressing opiate therapy for acute and chronic pain.

In 2011 the Medical Quality Assurance Commission, Board of Osteopathic Medicine and Surgery, Podiatric Medical Board, Dental Quality Assurance Commission, and Nursing Care Quality Assurance Commission were required to establish rules on chronic noncancer pain management. The rules do not apply to palliative, hospice, or end-of-life care, or to the

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management of acute pain caused by an injury or surgical procedure. The rules contain dosing criteria, including a dosage amount that may not be exceeded without consultation.

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 Agency Medical Directors' Group Interagency Guideline on Prescribing Opioids for Pain and the Centers for Disease Control guidelines and may consult with the Department of Health, the University of Washington, and professional associations.

#### Consultation Requirements.

Under the 2011 rules, any prescriptions for chronic noncancer pain patients meeting a threshold of 120 milligrams morphine equivalent dose per day require a mandatory consultation with a pain management specialist, unless there are exigent circumstances, such as the patient is following a tapering schedule.

Pharmacists are required to directly counsel the patient or patient's agent on the use of prescribed drugs. For each patient, the pharmacist must determine the amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective administration of the medication and to facilitate an appropriate therapeutic outcome for that patient from the prescription.

#### 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 who prescribe an opiate for the first time during the course of treatment must have an in-person discussion about the risks of opiates with the patient or the patient's parent, guardian, or legal representative, if the patient is under eighteen or lacks legal competence. The in-person discussion must include the risks of opiates, including risk of dependence and overdose, as well as pain management alternatives to opiates, including nonpharmacological treatments available to the patient. A violation of this requirement constitutes unprofessional conduct under the Uniform Disciplinary Act.

The Department of Health (Department) must create a brief statement that warns individuals of the risks of opiate use and abuse. The Department must provide the warning on its websites, and practitioners must hand out a copy of the warning during the in-person discussion with patients regarding the risks of opiates. The practitioner must document the discussion and that the warning was distributed in the patient's health care record.

The act is to be known and cited as Jeremy's law.

**Appropriation:** None.

**Fiscal Note:** Available.

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