

SJR 20: Prescription Drug Abuse

LCCF01 Considerations

Prepared for the Children, Families, Health, and Human Services Interim Committee
May 2014

Background

In March, the Children, Families, Health, and Human Services Interim Committee asked for a bill draft based on a 2010 Washington state law aimed at reducing prescription drug abuse. The law required the boards that license physicians, physician assistants, advanced practice registered nurses, podiatrists, and dentists to adopt rules for treating chronic pain that is not caused by cancer.

As passed by the Washington Legislature, the bill required the boards to adopt uniform rules. However, then-Gov. Christine Gregoire vetoed the section of the bill containing that requirement because it also required the boards to submit the proposed rules to the 2011 Legislature before adoption. She said the requirement blurred the roles of the Legislature and state agencies in the rulemaking process.

The veto effectively removed the requirement for uniform rules, as well. However, the boards generally adopted uniform rules.

What's In the Washington Rules

The rules in Washington apply to the use of opioids for pain management. Among other things, they require practitioners to:

- conduct a physical exam of a patient with chronic, noncancer pain;
- take a number of factors into account when evaluating a patient's pain and deciding on treatment, including the patient's risk factors for abusing opioids;
- establish a written treatment plan that includes measures of effectiveness;
- discuss the risks and benefits of treatment options with the patient;
- state on the prescription that a person must show photo identification to pick up the prescription;
- periodically evaluate the treatment plan, whether the patient is following the plan, and how the patient is responding to the treatment;
- consult with a pain specialist for patients receiving a 120 mg Morphine Equivalent Dose on a daily basis and document the consultations with pain specialists;

- meet continuing education requirements for chronic pain management in order to be exempted from the requirement to consult with a pain specialist; and
- use a written agreement with patients who are at high risk for abuse of opioid medications. The agreement must require the patient to obtain all pain management prescriptions from one practitioner and one pharmacy. It also must authorize the practitioner to share the written agreement with local emergency departments and pharmacies and to notify law enforcement of potential illegal activity by the patient.

The rules also include recommendations for practitioners who prescribe pain medication for patients on a limited basis, such as in an emergency room.

Committee Decision Points

Under Section 5-4-103, MCA, a law allowing an agency to adopt rules must provide guidelines on what the rules may and may not contain. LCCF01 meets this requirement by listing several items that the rules must cover, ranging from dosing criteria to consultations with specialists and ways to track a patient's clinical progress.

The bill also requires that the boards adopt uniform rules and specifies that the rules must only address pain management that includes the use of opioid drugs.

If the committee wants to develop a final draft of LCCF01, members may want to consider and decide the following questions:

1. Should the licensing boards be:
 - a. required to adopt uniform rules; or
 - b. allowed to adopt individual sets of rules?
2. Should the bill establish an upper limit on the Morphine Equivalent Dose that would trigger consultation with a pain specialist?
3. Should the bill include additional requirements for the rules?
4. Should the bill prohibit the boards from including any specific requirements in the rules?

Next Steps

Committee members should decide at the May meeting whether they want to continue working on LCCF01 for possible introduction in the 2015 Legislature. If so, they also should decide whether they want to make any changes to the draft based on the questions outlined above or public comment offered at the meeting.

If the committee asks for changes to LCCF01, a revised draft would be available for review and public comment at the June 20 meeting.