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**BILL REQUEST - CODE REVISER'S OFFICE**

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BILL REQ. #: S-2085.1/17

ATTY/TYPIST: RB:tcw

BRIEF DESCRIPTION: Addressing use and misuse of opioids.

1 AN ACT Relating to addressing use and misuse of opioids; amending  
2 RCW 70.225.040; adding a new section to chapter 18.22 RCW; adding a  
3 new section to chapter 18.32 RCW; adding a new section to chapter  
4 18.57 RCW; adding a new section to chapter 18.57A RCW; adding a new  
5 section to chapter 18.71 RCW; adding a new section to chapter 18.71A  
6 RCW; and adding a new section to chapter 18.79 RCW.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8 **Part I - Prescription Monitoring Program**

9 **Sec. 1.** RCW 70.225.040 and 2016 c 104 s 1 are each amended to  
10 read as follows:

11 (1) Prescription information submitted to the department must be  
12 confidential, in compliance with chapter 70.02 RCW and federal health  
13 care information privacy requirements and not subject to disclosure,  
14 except as provided in subsections (3) ~~((and))~~, (4), and (5) of this  
15 section.

16 (2) The department must maintain procedures to ensure that the  
17 privacy and confidentiality of patients and patient information  
18 collected, recorded, transmitted, and maintained is not disclosed to  
19 persons except as in subsections (3) ~~((and))~~, (4), and (5) of this  
20 section.

1 (3) The department may provide data in the prescription  
2 monitoring program to the following persons:

3 (a) Persons authorized to prescribe or dispense controlled  
4 substances or legend drugs, for the purpose of providing medical or  
5 pharmaceutical care for their patients;

6 (b) An individual who requests the individual's own prescription  
7 monitoring information;

8 (c) Health professional licensing, certification, or regulatory  
9 agency or entity;

10 (d) Appropriate law enforcement or prosecutorial officials,  
11 including local, state, and federal officials and officials of  
12 federally recognized tribes, who are engaged in a bona fide specific  
13 investigation involving a designated person;

14 (e) Authorized practitioners of the department of social and  
15 health services and the health care authority regarding medicaid  
16 program recipients;

17 (f) The director or director's designee within the department of  
18 labor and industries regarding workers' compensation claimants;

19 (g) The director or the director's designee within the department  
20 of corrections regarding offenders committed to the department of  
21 corrections;

22 (h) Other entities under grand jury subpoena or court order;

23 (i) Personnel of the department for purposes of:

24 (i) Assessing prescribing practices, including controlled  
25 substances related to mortality and morbidity;

26 (ii) Providing quality improvement feedback to providers,  
27 including comparison of their respective data to aggregate data for  
28 providers with the same type of license and same specialty; and

29 (iii) Administration and enforcement of this chapter or chapter  
30 69.50 RCW;

31 (j) Personnel of a test site that meet the standards under RCW  
32 70.225.070 pursuant to an agreement between the test site and a  
33 person identified in (a) of this subsection to provide assistance in  
34 determining which medications are being used by an identified patient  
35 who is under the care of that person;

36 (k) A health care facility or entity for the purpose of providing  
37 medical or pharmaceutical care to the patients of the facility or  
38 entity, or for quality improvement purposes if:

1 (i) The facility or entity is licensed by the department or is  
2 operated by the federal government or a federally recognized Indian  
3 tribe; and

4 (ii) The facility or entity is a trading partner with the state's  
5 health information exchange; ((and))

6 (l) A health care provider group of five or more providers for  
7 purposes of providing medical or pharmaceutical care to the patients  
8 of the provider group, or for quality improvement purposes if:

9 (i) All the providers in the provider group are licensed by the  
10 department or the provider group is operated by the federal  
11 government or a federally recognized Indian tribe; and

12 (ii) The provider group is a trading partner with the state's  
13 health information exchange;

14 (m) The local health officer of a local health jurisdiction for  
15 the purposes of patient follow-up and care coordination following a  
16 controlled substance overdose event. For the purposes of this  
17 subsection "local health officer" has the same meaning as in RCW  
18 70.05.010; and

19 (n) The coordinated care electronic tracking program developed in  
20 response to section 213, chapter 7, Laws of 2012 2nd sp. sess.,  
21 commonly referred to as the seven best practices in emergency  
22 medicine, for the purposes of providing:

23 (i) Prescription monitoring program data to emergency department  
24 personnel when the patient registers in the emergency department; and

25 (ii) Notice to providers, appropriate care coordination staff,  
26 and prescribers listed in the patient's prescription monitoring  
27 program record that the patient has experienced a controlled  
28 substance overdose event. The department shall determine the content  
29 and format of the notice in consultation with the Washington state  
30 hospital association, Washington state medical association, and  
31 Washington state health care authority, and the notice may be  
32 modified as necessary to reflect current needs and best practices.

33 (4) The department shall, on at least a quarterly basis, and  
34 pursuant to a schedule determined by the department, provide a  
35 facility or entity identified under subsection (3)(k) of this section  
36 or a provider group identified under subsection (3)(l) of this  
37 section with facility or entity and individual prescriber information  
38 if the facility, entity, or provider group:

39 (a) Uses the information only for internal quality improvement  
40 and individual prescriber quality improvement feedback purposes and

1 does not use the information as the sole basis for any medical staff  
2 sanction or adverse employment action; and

3 (b) Provides to the department a standardized list of current  
4 prescribers of the facility, entity, or provider group. The specific  
5 facility, entity, or provider group information provided pursuant to  
6 this subsection and the requirements under this subsection must be  
7 determined by the department in consultation with the Washington  
8 state hospital association, Washington state medical association, and  
9 Washington state health care authority, and may be modified as  
10 necessary to reflect current needs and best practices.

11 (5)(a) The department may provide data to public or private  
12 entities for statistical, research, or educational purposes after  
13 removing information that could be used to identify individual  
14 patients, dispensers, prescribers, and persons who received  
15 prescriptions from dispensers.

16 (b)(i) The department may provide dispenser and prescriber data  
17 and data that includes indirect patient identifiers to the Washington  
18 state hospital association for use solely in connection with its  
19 coordinated quality improvement program maintained under RCW  
20 43.70.510 after entering into a data use agreement as specified in  
21 RCW 43.70.052(8) with the association.

22 (ii) For the purposes of this subsection, "indirect patient  
23 identifiers" means data that may include: Hospital or provider  
24 identifiers, a five-digit zip code, county, state, and country of  
25 resident; dates that include month and year; age in years; and race  
26 and ethnicity; but does not include the patient's first name; middle  
27 name; last name; social security number; control or medical record  
28 number; zip code plus four digits; dates that include day, month, and  
29 year; or admission and discharge date in combination.

30 ((~~(5) A dispenser or practitioner~~)) (6) Persons authorized in  
31 subsections (3), (4), and (5) of this section to receive data in the  
32 prescription monitoring program from the department, acting in good  
33 faith (~~(is)~~), are immune from any civil, criminal, disciplinary, or  
34 administrative liability that might otherwise be incurred or imposed  
35 for (~~requesting, receiving, or using information from the program~~)  
36 acting under this chapter.

1 **Part II - Acute Pain Management**

2 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.22  
3 RCW to read as follows:

4 (1) By June 30, 2018, the board must adopt rules on the  
5 management of acute pain caused by an injury or a surgical procedure.  
6 The rules must contain recommended dosing criteria, including:

7 (a) A dosage amount that must not be exceeded unless a podiatric  
8 physician and surgeon first consults with a practitioner specializing  
9 in pain management; and

10 (b) Exigent or special circumstances under which the dosage  
11 amount may be exceeded without consultation with a practitioner  
12 specializing in pain management.

13 (2) The board must consult with the agency medical directors'  
14 group, the department of health, the University of Washington, and  
15 the largest professional association of podiatric physicians and  
16 surgeons in the state.

17 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.32  
18 RCW to read as follows:

19 (1) By June 30, 2018, the commission must adopt new rules on the  
20 management of acute pain caused by an injury or a surgical procedure.  
21 The rules must contain recommended dosing criteria, including:

22 (a) A dosage amount that must not be exceeded unless a dentist  
23 first consults with a practitioner specializing in pain management;  
24 and

25 (b) Exigent or special circumstances under which the dosage  
26 amount may be exceeded without consultation with a practitioner  
27 specializing in pain management.

28 (2) The commission must consult with the agency medical  
29 directors' group, the department of health, the University of  
30 Washington, and the largest professional association of dentists in  
31 the state.

32 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.57  
33 RCW to read as follows:

34 (1) By June 30, 2018, the board must adopt new rules on the  
35 management of acute pain caused by an injury or a surgical procedure.  
36 The rules must contain recommended dosing criteria, including:

1 (a) A dosage amount that must not be exceeded unless an  
2 osteopathic physician and surgeon first consults with a practitioner  
3 specializing in pain management; and

4 (b) Exigent or special circumstances under which the dosage  
5 amount may be exceeded without consultation with a practitioner  
6 specializing in pain management.

7 (2) The board must consult with the agency medical directors'  
8 group, the department of health, the University of Washington, and  
9 the largest professional association of osteopathic physicians and  
10 surgeons in the state.

11 NEW SECTION. **Sec. 5.** A new section is added to chapter 18.57A  
12 RCW to read as follows:

13 (1) By June 30, 2018, the board must adopt new rules on the  
14 management of acute pain caused by an injury or a surgical procedure.  
15 The rules must contain recommended dosing criteria, including:

16 (a) A dosage amount that must not be exceeded unless an  
17 osteopathic physician's assistant first consults with a practitioner  
18 specializing in pain management; and

19 (b) Exigent or special circumstances under which the dosage  
20 amount may be exceeded without consultation with a practitioner  
21 specializing in pain management.

22 (2) The board must consult with the agency medical directors'  
23 group, the department of health, the University of Washington, and  
24 the largest professional association of osteopathic physician  
25 assistants in the state.

26 NEW SECTION. **Sec. 6.** A new section is added to chapter 18.71  
27 RCW to read as follows:

28 (1) By June 30, 2018, the commission must adopt new rules on the  
29 management of acute pain caused by an injury or a surgical procedure.  
30 The rules must contain recommended dosing criteria, including:

31 (a) A dosage amount that must not be exceeded unless a physician  
32 first consults with a practitioner specializing in pain management;  
33 and

34 (b) Exigent or special circumstances under which the dosage  
35 amount may be exceeded without consultation with a practitioner  
36 specializing in pain management.

37 (2) The commission must consult with the agency medical  
38 directors' group, the department of health, the University of

1 Washington, and the largest professional association of physicians in  
2 the state.

3 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.71A  
4 RCW to read as follows:

5 (1) By June 30, 2018, the commission must adopt new rules on the  
6 management of acute pain caused by an injury or a surgical procedure.  
7 The rules must contain recommended dosing criteria, including:

8 (a) A dosage amount that must not be exceeded unless a physician  
9 assistant first consults with a practitioner specializing in pain  
10 management; and

11 (b) Exigent or special circumstances under which the dosage  
12 amount may be exceeded without consultation with a practitioner  
13 specializing in pain management.

14 (2) The commission must consult with the agency medical  
15 directors' group, the department of health, the University of  
16 Washington, and the largest professional association of physician  
17 assistants in the state.

18 NEW SECTION. **Sec. 8.** A new section is added to chapter 18.79  
19 RCW to read as follows:

20 (1) By June 30, 2018, the commission must adopt new rules on the  
21 management of acute pain caused by an injury or a surgical procedure.  
22 The rules must contain recommended dosing criteria, including:

23 (a) A dosage amount that must not be exceeded unless an advanced  
24 registered nurse practitioner first consults with a practitioner  
25 specializing in pain management; and

26 (b) Exigent or special circumstances under which the dosage  
27 amount may be exceeded without consultation with a practitioner  
28 specializing in pain management.

29 (2) The commission must consult with the agency medical  
30 directors' group, the department of health, the University of  
31 Washington, and the largest professional associations for advanced  
32 registered nurse practitioners and certified registered nurse  
33 anesthetists in the state.

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