

SENATE BILL REPORT

ESHB 2876

As of February 18, 2010

Title: An act relating to pain management.

Brief Description: Concerning pain management.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Moeller, Green and Morrell).

Brief History: Passed House: 2/10/10, 97-0.

Committee Activity: Health & Long-Term Care: 2/18/10.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Rhoda Donkin (786-7465)

Background: Pain management techniques involve either invasive (surgery, injections) or non-invasive (physical therapy, medication) treatments for people suffering from pain, including long-term, chronic pain . Over the last decade, the use of pharmacological interventions, including opioids, which block the sensation of pain, has dramatically increased. Today, they are the most commonly prescribed class of medication in the United States. This increase in opioid use has caused an increase in overdoses and deaths. Opioid overdose is among the most common causes of death nationwide.

In a recently published study in the *Annals of Internal Medicine*, the authors suggest that many overdose incidents might have been averted by changes in prescriber practices. There is interest in wider adherence to dosing guidelines by prescribers, increased access to screening tools for patients at high risk of addiction and misuse, availability of tracking systems to pick up patients who drug shop and more practitioner education on the use of narcotics.

Currently there are dosing guidelines in use in the state. The professional boards for medicine, osteopathy and podiatry have adopted guidelines for the treatment of pain with opioids. Rules require practitioners to be knowledgeable about the complex nature of pain, and familiar with pain treatment modalities. They also state that practitioners will not be disciplined solely on the quantity or frequency of opioids prescribed as long as the care provided is consistent with currently acceptable medical practices.

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.

Other guidelines have been established by medical directors of state agencies that either purchase or regulate health care to assist prescribers safely and effectively use opioids, especially when treating patients whose morphine equivalent dose already exceeds 120 mg per day. The Department of Health (DOH) hosts a work group on reducing opioid abuse and unintentional poisonings.

Summary of Bill: By December 1, 2010, the Medical Quality Assurance Commission (MQAC), the Board of Osteopathic Medicine and Surgery (BOMS), and the Podiatric Medical Board (PMB) must repeal their rules on pain management. By June 30, 2011, the MQAC, the BOMS, the PMB, the Dental Quality Assurance Commission, and the Nursing Care Quality Assurance Commission must all adopt new rules on chronic, non-cancer pain management. The new rules must contain dosing criteria, including a dose limit triggering consultation with a pain specialist, guidance on using pain speciality consultation, guidance on tracking clinical progress and tracking use of opioids.

The boards and commission must adopt the new rules in consultation with the Agency Directors' Group, the DOH, the University of Washington, and the largest associations representing the professions the boards and commissions regulate.

The rules do not apply to palliative, hospice, or other end-of-life care. The rules also do not apply to the management of acute pain caused by an injury or a surgical procedure, except to the extent that special requirements are needed for opioid-dependent patients.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: Over the last decade we've seen a huge increase in the dosing levels of narcotics and that has driven a dramatic increase in dependency, addiction, overdoses, deaths, and bad interaction with other drugs. This is a public health emergency. More people die from prescription drug overdoses in this state than in car accidents. We have to change prescribing practices, through education and setting guidelines, to help practitioners who are under pressure to increase doses well beyond what is safe and useful. The rampant use of opioids, sold as prescriptions, means that kids think these are safe and are using them straight out of their parents' medicine cabinets. This bill will reign in the spiraling use of these drugs, and it is the first time all the professions are getting together and working to cooperate on this issue. We have to start here, and work toward developing better means of tracking the use of these drugs through information systems that talk to each other. We have to stop drug surfing and find ways to assist practitioners and pharmacists who feel at risk because the demand for these drugs is so high.

Persons Testifying: PRO: Representative Jim Moeller, prime sponsor; Representative Eileen Cody; Dr. Leslie Burger, Medical Quality Assurance Commission; Dr. David Tauben, University of Washington; Darrell Owens, PhD, Harborview Medical Center;

Louise Kaplan, ARNPs United/Washington State Nurses Association; Melissa Johnson, Washington Association of Nurse Anesthetists; Michael Schiesser, Washington State Medical Association; Darin Neven, MD, Providence Sacred Heart; Rosemary Orr, MD SAMA Foundation.