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## Health Care & Wellness Committee

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### HB 1339

**Brief Description:** Providing for restrictions on prescriptions for opioid drugs.

**Sponsors:** Representatives Cody, Harris, Jinkins, Johnson, Kagi, Lovick, Ormsby and Slatter.

<p style="text-align: center;"><b>Brief Summary of Bill</b></p> <ul style="list-style-type: none"><li>• Limits initial prescriptions for opioid drugs for outpatient use to a seven-day supply, or a three-day supply if prescribed by a dentist.</li></ul>
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**Hearing Date:** 2/1/17

**Staff:** Alexa Silver (786-7190).

**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. Depending on the profession, restrictions may apply. For example, optometrists may not prescribe a controlled substance for more than seven days in treating a patient for a single trauma, episode, or condition.

Pain Management Rules and Guidelines.

In 2011 the Medical Quality Assurance Commission, Board of Osteopathic Medicine and Surgery, Podiatric Medical Board, Dental Quality Assurance Commission, and Nursing Care

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Quality Assurance Commission were required to adopt rules on chronic, non-cancer pain management. The rules do not apply to palliative, hospice, or end-of-life care, or to the 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 with a pain management specialist, and special circumstances under which the dosage may be exceeded without a consultation;
- guidance on when to seek specialty consultation and ways in which electronic specialty consultation may be sought;
- guidance on tracking clinical progress by using assessment tools; and
- guidance on tracking the use of opioids.

Separately, the Agency Medical Directors' Group has adopted guidelines on prescribing opioids for pain. The guidelines contain recommendations applicable to all pain phases, as well as recommendations specific to different types or phases of pain. Generally, they recommend prescribing opioids at the lowest possible effective dose.

### **Summary of Bill:**

When issuing a prescription for an opioid drug to a patient for the first time for outpatient use, a practitioner may not issue a prescription for more than a seven-day supply, and a dentist may not issue a prescription for more than a three-day supply. "Practitioner" is defined as a health care practitioner other than a dentist who is authorized to prescribe opioid drugs.

A practitioner may issue a prescription for more than a seven-day supply if, in the practitioner's medical judgment, a greater quantity is required to treat a patient's acute medical condition or is necessary for the treatment of chronic pain, the treatment of pain associated with a cancer diagnosis, or for palliative care. The condition triggering the prescription for more than a seven-day supply must be documented in the patient's medical record, and the practitioner must indicate that an alternative to the opioid drug was not appropriate to address the condition.

"Opioid drug" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It excludes opioid overdose medications and medications approved by the Food and Drug Administration for treating opioid use disorder.

**Appropriation:** None.

**Fiscal Note:** Requested on January 26, 2017.

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