
SENATE BILL 6050

State of Washington

65th Legislature

2018 Regular Session

By Senators Cleveland, Fain, Keiser, Chase, Darneille, Hasegawa, Saldaña, Frockt, Rolfes, Pedersen, Conway, Kuderer, and Mullet; by request of Attorney General

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1 AN ACT Relating to restrictions on prescriptions for opiates; and
2 adding a new section to chapter 69.50 RCW.

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

4 NEW SECTION. **Sec. 1.** A new section is added to chapter 69.50
5 RCW to read as follows:

6 (1) Except as provided in subsection (2) of this section, when
7 issuing a prescription for an opiate to a patient for the first time
8 for outpatient use:

9 (a) A practitioner may not issue a prescription for more than a
10 seven-day supply for a patient twenty-one years of age or older.

11 (b) A practitioner may not issue a prescription for more than a
12 three-day supply for a patient under the age of twenty-one years.

13 (2) The limits in subsection (1) of this section do not apply:

14 (a) To the treatment of pain associated with cancer, or for
15 palliative, hospice, or other end-of-life care. The condition
16 triggering the prescription of an opiate in a quantity greater than
17 provided in subsection (1) of this section must be documented in the
18 patient's medical record.

19 (b) If, in the professional medical judgment of a practitioner,
20 an opiate in a quantity greater than provided in subsection (1) of
21 this section is required to treat a patient's medical condition, then

1 the practitioner may issue a prescription for no greater quantity
2 than is needed for the expected duration of pain severe enough to
3 require opiates. The condition triggering such a prescription must be
4 documented in the patient's medical record, and the practitioner must
5 indicate that an alternative to the opiate was not appropriate to
6 address the medical condition.

7 (3) When issuing a prescription for more than a three-day supply
8 of an opiate to a patient for the first time for outpatient use:

9 (a) A practitioner must discuss with the patient, or the person
10 authorized to consent to health care for the patient, all of the
11 following:

12 (i) The risks of addiction and overdose associated with opiates;

13 (ii) The increased risk of addiction and overdose associated with
14 opiates for those with mental illness or a history of alcohol or
15 other substance abuse; and

16 (iii) The dangers of taking opiates with benzodiazepines,
17 alcohol, or other central nervous system depressants.

18 (b) The practitioner must obtain written consent, recorded on a
19 form, for the prescription from the patient, or the person authorized
20 to consent to health care for the patient. The form must contain all
21 of the following:

22 (i) The name and quantity of the opiate being prescribed and the
23 amount of the initial dose;

24 (ii) A statement indicating that a controlled substance is a drug
25 or other substance that the United States drug enforcement
26 administration has identified as having a potential for abuse;

27 (iii) A statement that the practitioner discussed with the
28 patient, or the person authorized to consent to health care for the
29 patient, the items described in (a) of this subsection; and

30 (iv) The signature of the patient, or the person authorized to
31 consent to health care for the patient, and the date of signing.

32 (c) The form described in (b) of this subsection must be
33 maintained in the patient's record with the practitioner.

34 (4) For purposes of this section, "opiate" does not include
35 opioid overdose medications or medications approved by the federal
36 food and drug administration for the treatment of opioid use
37 disorder.

38 (5) This section does not preempt, limit, diminish, or otherwise
39 affect the authority of the boards and commissions that regulate

1 practitioners from adopting restrictions more stringent than those
2 set forth in this section.

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