



**Nursing Care Quality Assurance Commission (NCQAC)
Special Meeting Minutes
Friday, August 10, 2018
9:00 AM - 10:02 AM
SeaTac Crowne Plaza Hotel
Beacon and Capital Room
17338 International Boulevard
Seattle, WA 98188**

This meeting was held by webinar.

To view the recording, please access the following link:

<https://attendee.gotowebinar.com/register/3542994093951480577>

Commission Members:

Tracy Rude, LPN, Chair
Mary Baroni, PhD, RN Vice-Chair
Lois Hoell, MS, MBA, RN, Secretary/Treasurer
Gerianne Babbo, EdD, RN
Helen Myrick, Public Member
Sharon Ness, RN
Donna L. Poole MSN, ARNP, PMHCNS-BC
Tiffany Randich, LPN
Renee Ruiz, Public Member
Laurie Soine PhD, ARNP
Yvonne Strader, RN

Attended Via Webinar:

Eddie Higby, Public Member
Adam Canary, LPN

Not in Attendance:

Jeannie Eylar, MSN, RN

Assistant Attorney General:

Gail S. Yu, Assistant Attorney General

Staff:

Paula Meyer, Executive Director
Karl Hoehn, Legal Manager
Chris Archuleta, Management Analyst
Amber Bielaski, Policy and Performance Analyst
Catherine Woodard, Associate Director, Discipline

This meeting was digitally recorded to assist in the production of accurate minutes. All recordings are public record. The minutes of this meeting will be posted on our website after they have been approved at the September 14, 2018 NCQAC meeting. For a copy of the actual recording, please contact the Public Disclosure Records Center (PDRC) at PDRC@doh.wa.gov.

I. 9:00 AM Opening – Tracy Rude, Chair – DISCUSSION/ACTION

A. Call to Order

Ms. Rude called the meeting to order for the purpose of the NCQAC Opioid Prescribing Rules Hearing to adopt WAC 246-840-460 through WAC 246-840-4990 at 9:00 AM. Ms. Rude asked that any members of the public wishing to speak during either question and answer session or wishing to provide testimony please sign-in to do so.

B. Introductions

Ms. Rude asked for the NCQAC members present to introduce themselves, as well as the NCQAC members present via Webinar. Staff and members of the public were also asked to introduce themselves.

II. 9:10 AM-9:13 AM Question/Answer Session– Tracy Rude, Chair –DISCUSSION

Ms. Rude explained to those in attendance that the question and answer session of the meeting is to provide an opportunity for the public to ask the NCQAC members questions about the Opioid Prescribing Rules prior to opening the hearing and providing formal testimony.

Ms. Lawton was the only individual signed up for the question and answer session of the meeting and asked the NCQAC members how the dialogue will work during the public hearing.

In answering Ms. Lawton’s question, Ms. Yu explained to the public that the opportunity for back and forth dialogue between the NCQAC members and the public would be during the question and answer session only. Ms. Yu explained that the NCQAC members are not able to dialogue with the public when formal testimony is provided.

III. 9:13 AM – 10:02 AM ESHB 1427 Opioid Prescribing Rules Public Hearing –Tracy Rude, Chair– DISCUSSION/ACTION

Ms. Rude opened the hearing for public testimony at 9:13 AM. Six individuals signed in to provide testimony.

1. Laurie St. Ours, representing the Washington Health Care Association, provided a written letter to the NCQAC members and testimony in opposition of the rules due to concerns.
2. Dr. Gary Franklin, representing the Washington State Department of Labor and Industries and the Agency Medical Director’s Group, provided testimony in support of the rules.
3. Rachel Lane, representing the Seattle Cancer Care Alliance, provided testimony and expressed concerns.
4. Tom McBride, representing Quest Diagnostics, provided testimony and expressed concerns.
5. Dr. Louise Kaplan, representing ARNPs United of Washington State, provided testimony and expressed concerns.

6. Kelly Richburg, representing the Washington State Attorney General's Office, provided testimony and expressed concerns.

Ms. Rude asked for NCQAC support staff to come forward and present any written comments received by the NCQAC during the CR-102 official comment period. Ms. Bielaski read the list of five non-substantive suggested changes received internally from Department of Health Staff to the NCQAC members. This included the following:

- Suggestion to delete the definition of "multimodal management of pain" from WAC 246-840-465 because the term is not used in rule language.
- Suggestion to move WAC 246-840-467(2)(i) to subsection (2)(k) of the rule to eliminate the confusing juxtaposition of the ninth letter of the alphabet (i) and the small Roman numeral one (i) in rule language ordering.
- Suggestion to change the phrase "approved by the profession's accrediting organization" in WAC 246-840-490(2) to "approved by a continuing education accrediting organization". Suggested to provide clarity in rule intent to reflect ARNPs may complete continuing education from medical organization in addition to nursing organizations.
- Suggestion to add "An advanced registered nurse practitioner" to the introductory sentence of WAC 246-840-493 to clarify that the pain management specialist qualification requirements listed refers only to the requirements specific to an ARNP.
- Suggestion to change the title of WAC 246-840-4935 from "Tapering requirements" to "Assessment of treatment plan" to better reflect the content of the rule and clarify that the rule includes more than the consideration of tapering.

Ms. Bielaski presented the summary of comments received by the NCQAC in response to the filing of the CR-102. The summary of comments received is attached as Appendix A to these meeting minutes.

Ms. Rude asked if there was anyone else who would like to provide testimony and Nancy Lawton asked to be unmuted on the webinar to speak. Ms. Lawton added to the testimony provided by Dr. Kaplan, on behalf of ARNPs United of Washington State.

Ms. Poole moved to adopt the proposed ARNP Opioid Prescribing Rules under WAC 246-840-460 through WAC 246-840-4990 with the non-substantive amendments presented to the Nursing Commission. Dr. Soine seconded the motion. Ms. Rude asked for discussion from the NCQAC members on the proposed rule. The NCQAC members discussed the testimony shared and the written comments received. Ms. Rude asked for the vote on the motion presented by Ms. Poole and seconded by Dr. Soine. Thirteen members of the NCQAC voted on the rules. Thirteen members voted in favor, none

opposed or abstained. The motion carried for the adoption of the rules with the five non-substantive changes presented.

Ms. Rude explained the CR-103 filing process with the Washington State Code Reviser. Ms. Yu explained that in accordance with the Administrative Procedure Act, public comments received will be addressed in the Concise Explanatory Statement that is part of the filing of the rules with the Code Reviser. Additional concerns will be addressed through published answers to “Frequently Asked Questions” and other public outreach and education efforts.

IV. 10:02 AM Closing

Ms. Rude adjourned the NCQAC Opioid Prescribing Rules Hearing.

Appendix A:

The following correspondence was been received by the Department of Health and Nursing Care Quality Assurance Commission in regard to the proposed ARNP Opioid Prescribing Rules. All correspondence was previously distributed to the Nursing Commission members for consideration prior to the August 10, 2018 hearing.

A letter was received from the Attorney General of Washington State, Bob Ferguson, on July 31, 2018. The letter specifically supports the Nursing Commission’s proposed rules for the following:

- Frequency of required prescription monitoring program checks,
- Opioid continuing education requirement of four hours,
- Mandated inclusion of a diagnosis code on all prescriptions; and
- The requirements for the co-prescribing of naloxone.

The letter also respectfully requests the Nursing Commission to consider amending the proposed rules to:

- Establish a seven-day prescribing limit for all acute prescribing, including perioperative, or to establish a hard fourteen-day limit for all perioperative prescription at discharge; and
- Establish a three-day prescribing limit for all youth prescriptions for acute and perioperative pain.

A letter was received from ARNPs United of Washington State on July 31, 2018. The letter thanks the Nursing Commission for the opportunity to provide comments and asks the Nursing Commission to consider the following on the proposed rules:

- Amend WAC 246-840-460 (Intent section) to recommend using “current, evidence based professional guidelines” to avoid recommending specific guidelines in rule
- Clarification on what is meant by “accepted conversion tables or calculators”
- Clarification on what is meant by “the first issuance of a prescription for an opioid”
- Amend the time frame for completing the continuing education requirement in WAC 246-840-4655

- Urge the Department of Health to create a patient notification document on the risks of opioids, safe storage, and proper disposal to simplify the patient notification requirement for practitioners.
- Clarify if the rules do not apply to intra and post-procedural periods since they do not apply to “procedural pre-medications”.
- Further consideration of the weight based opioid dosing requirement for pediatric patients listed in WAC 246-840-4950. (Special Populations)

The letter from ARNPs United also urges the Nursing Commission to consider reconciling the differences in NCQAC proposed rule language compared to the Medical Commission’s proposed rule language. This includes:

- The inclusion of the diagnosis code on all opioid prescriptions
- The mandatory documentation requirements
- The authorization to release the written agreement for treatment
- The requirement to query the PMP upon establishing a relationship with a new provider
- The coordination that must occur when providing episodic care between the ARNP and patient’s chronic pain treatment practitioner
- Regarding co-prescribing, the exception to the documentation requirement for emergency care
- The required prescription for Naloxone when prescribing 50 MED or above
- PMP query discrepancies; and the
- Documentation requirement for tapering

A letter was received from Quest Diagnostics on July 31, 2018 in support of the biological sample testing included in the proposed rules and offers the following suggestions in rule language:

- Amend terminology such as “screen” and “biological specimen test” in rule language to “drug test” and “biological specimen drug test”.
- Include a requirement for baseline drug testing prior to beginning treatment for chronic pain.
- Increase drug test frequencies for the periodic review of chronic pain based upon patient’s risk category.

An email was received from Melissa Johnson, on behalf of the Washington Association of Nurse Anesthetists’, on July 30, 2018. The email requests the amendment in proposed ARNP Opioid Prescribing Rule language to include Certified Registered Nurse Anesthetists (CRNAs) as pain management specialist based upon CRNA education and clinical training.

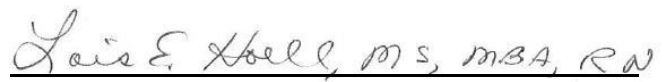
An email was received from a retired active Washington State registered nurse, Leanna Glasby, on July 5, 2018. The emails urges the Nursing Commission to consider chronic pain patients with a history of cancer when adopting the proposed ARNP Opioid Prescribing Rules and to not discourage practitioners from treating patients with chronic pain.

An email was received from Jeb Shepherd, of the Washington State Medical Association, on August 6, 2018. The email expresses concern in not including the other Washington State prescribing board and commission requirements for a pain management specialist in WAC 246-840-493. Mr. Shepherd states that current proposed rule language could be confusing and

may be interpreted incorrectly to mean that an ARNP is only permitted to refer to an ARNP pain management specialist.



Tracy Rude, LPN
Chair



Lois Hoell, MS, MBA, RN
Secretary/Treasurer