

## Overview of Senate Bill 6028 and House Bill 2325 (Proposed PMP Mandate) – Requested by the Attorney General

Key Points of Legislation	Health Care Authority Opioid Clinical Policy (Effective 11/1/17 Medicaid; 1/2/18 UMP)	Potential Impact on OPTF Work To Date
<ul style="list-style-type: none"> <li>• <b>Affects RCW 69.50 (Uniform Controlled Substances Act) and RCW 70.225 (Prescription Monitoring Program).</b></li> <li>• <i>RCW 69.50.308</i>: amended to require that practitioners review the PMP before issuing any prescription for an opiate or benzodiazepine.</li> <li>• <i>RCW 70.225.010</i>: amended define “practitioners” subject to the proposed PMP mandate as follows: physicians, dentists, podiatrists, physician assistants (osteopathic and allopathic), and ARNPs.</li> <li>• Adds a new section to RCW 70.225, requiring practitioner review of PMP and document that review in patient record, but provides specific exemptions from PMP review: inpatient care, care to offenders in DOC institutions, emergency care, and when the PMP is temporarily inaccessible as a result of technological or electrical failure.</li> </ul>	<p>HCA requires check of PDMP for opioid or concurrent use of benzos and other sedatives on Chronic Opioid Attestation form (for chronic non-cancer pain) to be submitted to initiate PA.</p>	<p>May adversely impact patients in rural areas who must travel for opioid refills.</p> <p>May result in under-treatment of legitimate pain.</p> <p>The OPTF discussed mandating PMP use at November 2017 OPTF meeting. Nine members voted in favor; one member voted in opposition.</p>

## Overview of Senate Bill 6050 and House Bill 2272 (Prescription Limits) – Requested by the Attorney General

Key Points of Legislation	Health Care Authority Opioid Clinical Policy (Effective 11/1/17 Medicaid; 1/2/18 UMP)	Potential Impact on OPTF Work To Date
<ul style="list-style-type: none"> <li>• <b>Affects RCW 69.50 (Uniform Controlled Substances Act)</b></li> <li>• Creates a new section limiting first time outpatient opiate prescriptions to 7 days for patients 21 and older and to 3 days for patients under 21.</li> <li>• Provides an exception under specific circumstances: treatment of pain associated with cancer, palliative, hospice or other end-of-life care. The condition triggering the exemption must be documented in the patient record.</li> <li>• Requires discussion of risks between prescribers and patients of: addiction and overdose associated with opiate use, and concurrent use of opiates with other drugs with patients. Provider must obtain written consent prior to prescribing. Content of consent form is described in the legislation.</li> <li>• Specifically excludes medications approved by the FDA for treatment of opioid use disorder.</li> <li>• Does not preempt boards and commission from adopting restrictions more stringent than this legislation.</li> </ul>	<ul style="list-style-type: none"> <li>• Applies to patients covered by Washington Apple Health (Medicaid), both FFS and MCO effective November 1, 2017.</li> <li>• Applies Uniform Medical Plan (UMP) subscribers for prescriptions filled on or after January 2, 2018.</li> <li>• Grandfathers patients with history of opioid use, subject to certain criteria. Provides exceptions for patients already receiving ongoing opioid therapy; patients receiving cancer therapy; patients in hospice, palliative, or end-f-life care.</li> <li>• Limits the number of pills that the Uniform Medical Plan (UMP) and Medicaid will cover for members: Age 20 or younger: 18 pills or 90 milliliters of liquid (about a 3-day supply; Age 21 or older: 42 pills or 210 milliliters of liquid (about a week’s supply)</li> <li>• <i>Medicaid policy</i> specifically covers opioids and synthetics: Butorphanol; Codeine; Fentanyl; Hydrocodone; Hydromorphone; Levorphanol; Meperidine; Morphine; Oxycodone; Oxymorphone; Pentazocine; Tapentadol; and Tramadol. Buprenorphine and methadone are covered under different policies.</li> <li>• <i>UMP policy</i> specifically covers opioids and synthetic (butorphanol, codeine, fentanyl, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, pentazocine, tapentadol, and tramadol)</li> <li>• Neither policy covers buprenorphine and methadone.</li> </ul>	<p>The task force has discussed prescribing limits generally; consensus not yet reached on this topic.</p> <p>Bill may result in: increased patient visits and prescription writing; pharmacists may need to consult with prescribers more often when exception process is used.</p>