



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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**NOTICE OF ADOPTION OF AN INTERPRETIVE STATEMENT**

**Title of Interpretive Statement:** Clarification of Opioid Prescribing Rules

**Issuing Entity:** Department of Health

**Subject Matter:** Clarification of existing rules around prescribing opioids and managing existing patients on chronic opioid therapy.

**Effective Date:** September 20, 2019

**Contact Person:** Please contact the appropriate board or commission at <https://www.doh.wa.gov/OpioidPrescribing/ContactUs>

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: September 26, 2019**

**TIME: 2:56 PM**

**WSR 19-20-063**



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

September 20, 2019

Re: Clarification of opioid prescribing rules

Dear Provider,

The Washington State Department of Health and its partner boards and commissions have received reports of patients on chronic opioid therapy whose opioids have been rapidly tapered or discontinued. We are also hearing reports of patients on chronic opioid therapy who are unable to find providers willing to care for them. The appropriate treatment of pain is an integral part of clinical medicine. The purpose of this letter is to help you better understand the existing rules around prescribing opioids and managing existing patients on chronic opioid therapy so that you feel comfortable continuing to care for these individuals.

*Dose Restrictions*

The [Washington State opioid prescribing rules](#) do **not** set a regulatory limit on the daily dosage of opioids that can be prescribed in the state. When opioids are started, the [Centers for Disease Control and Prevention \(CDC\)](#) recommend that providers prescribe the lowest effective dose, use caution when prescribing opioids at any dosage, and avoid **escalating new chronic pain patients** to doses greater than 90 mg MME per day or carefully justify a decision to do so based on an assessment of benefits and risks. While we support these recommendations, we do not use the CDC opioid prescribing guideline to determine if a violation of the opioid rules has occurred. Under Washington State rules, if a healthcare provider believes a patient being treated for chronic pain needs more than 120 mg MME per day to adequately address their pain, the healthcare provider is generally required to consult with a pain specialist. There are multiple mechanisms for accomplishing the consult requirement described in the rules, and the rules provide an exception to this consult requirement, described below.

*Patients on High-Dose Chronic Opioid Therapy*

Neither the Washington State opioid prescribing rules nor the CDC opioid prescribing guideline support rapidly tapering or discontinuing opioids for patients on existing opioid doses exceeding 90 mg MME per day under most circumstances. Abruptly tapering or discontinuing opioids in a patient who is physically dependent may cause serious patient harms including severe withdrawal symptoms, uncontrolled pain, psychological distress, and in rare instances, suicide.

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Healthcare providers accepting new patients on chronic opioid therapy that exceeds 120 mg MME per day should not feel pressured to change a patient's current opioid dose until an appropriate assessment suggests that a change is indicated. Under Washington's rules, patients with chronic pain new to your practice and on high-dose opioids are exempt from mandatory pain specialist consultation requirements for the **first three months** of newly established care if the patient is being treated for the same condition(s); is on a stable and non-escalating opioid dose; has been compliant with written agreements and treatment plans; and has improved or stable function at the presenting dose. During this time period, the healthcare provider should evaluate the benefits and risks of chronic opioid therapy and determine if any tapering can or should be done. This critical time of re-evaluation of their opioid regimen is an opportunity to develop a stronger therapeutic rapport with your patient and to integrate non-opioid and non-pharmacologic therapies into a treatment plan offering valuable tools and skills for your patient to more safely self-manage pain and improve their quality of life.

According to Washington State opioid prescribing rules, tapering would be expected for patients on chronic opioid therapy when one or more of the following occurs:

- The patient requests tapering;
- The patient experiences a deterioration in function or pain;
- The patient is noncompliant with the written agreement;
- Other treatment modalities are indicated;
- Evidence of misuse, abuse, substance use disorder, or diversion;
- The patient experiences a severe adverse event or overdose;
- Unauthorized escalation of doses; or
- An authorized escalation of dose with no improvement in pain or function.

After the assessment period, if the patient is following a tapering schedule or the patient's pain and function are stable on a non-escalating dosage of opioids, a consultation is not required regardless of opioid dose. Tapering schedules should be slow enough to minimize withdrawal symptoms.

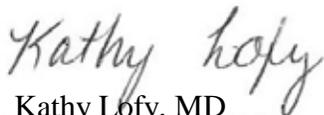
This letter is not intended to be a comprehensive review of the Washington State opioid prescribing rules. Instead, we have focused on the parts of the rules that seem to be causing the most confusion or apprehension. We encourage you all to take the time to read the new opioid prescribing rules in their entirety at:

<https://www.doh.wa.gov/OpioidPrescribing/HealthcareProviders>. Reading the rules counts towards continuing education credits required as part of the rule.

Thank you for your serious efforts to address our opioid crisis and provide comprehensive, patient-centered care. We recognize that the myriad federal, state, and local policies and recommendations have created a complex working environment for you. We hope this letter helps to alleviate any remaining confusion around opioid prescribing rules in Washington. If you have further questions, feel free to contact your appropriate board or commission (<https://www.doh.wa.gov/OpioidPrescribing/ContactUs>).

Thank you again for the work you do every day to care for the residents of Washington State!

Sincerely,



Kathy Lofy, MD  
State Health Officer  
Washington State Department of Health



Alden W. Roberts, MD  
Chair  
Medical Commission



Tracy D. Rude, LPN  
Chair  
Nursing Care Quality Assurance Commission



John Finch, Jr., DO  
Chair  
Board of Osteopathic Medicine and Surgery



Julia Richman, DDS  
Chair  
Dental Quality Assurance Commission



Randolph Anderson, DPM  
Chair  
Podiatric Medical Board

Additional Resources:

[Medical Commissions Interpretative Statement on Opioid Prescribing and Monitoring for Patients \(March 2019\):](https://wmc.wa.gov/sites/default/files/public/documents/OpioidINS2019-01.pdf)

<https://wmc.wa.gov/sites/default/files/public/documents/OpioidINS2019-01.pdf>

<https://wmc.wa.gov/sites/default/files/public/documents/Opioid-PatientsINS2019-02.pdf>

CDC Advises Against Misapplication of the Guideline for Prescribing Opioids for Chronic Pain (April 2019): <https://www.cdc.gov/media/releases/2019/s0424-advises-misapplication-guideline-prescribing-opioids.html>