



Bob Ferguson
ATTORNEY GENERAL OF WASHINGTON

Administration Division
PO Box 40100 • Olympia WA 98504-0100 • (360) 753-6200

March 12, 2018

Dear Opioid Prescribing Task Force Members:

Thank you for your service on the Opioid Prescribing Task Force.

My office is one of many state agencies impacted by this devastating epidemic. As we collectively work to help families and communities across our state prevent and respond to opioid addiction, my office has filed litigation against a major opioid manufacturer, worked with our law enforcement partners to convene stakeholders and issue a report with recommendations to reduce the supply of illegal opioids, and requested that the Legislature take commonsense steps to require providers to check the Prescription Monitoring Program and limit the amount of pills prescribed.

As you prepare for the final stakeholder meeting before conveying the task force recommendations to your respective boards and commissions, I respectfully request that you consider the following points to enhance patient safety.

Prescription Monitoring Program (PMP). I am deeply concerned that checking the PMP upon the third prescription is inconsistent with guidance from the Centers for Disease Control and Prevention (CDC) and the Agency Medical Directors' Group (AMDG). I urge you to reconsider. As noted by several task force members, checking the PMP every time opioids are prescribed is the clearest standard for providers. The CDC recommends a PMP check before every opioid prescription, but at a minimum, upon the initial prescription and quarterly for chronic opioid therapy. Providers in our state should at least be required to meet this minimum standard.

Limitations on Prescriptions. Although I am pleased to see a seven-day limit on acute opioid prescriptions in the draft rules, I am concerned to see the carve-out allowing a fourteen-day supply for perioperative care. As you know, the AMDG Guideline only recommends this amount of opioids for major procedures. I urge you to revise the rules to ensure that youth and adults undergoing minor procedures do not receive excessive amounts of opioids, especially given the fact that other pain treatments can be just as effective and far less risky.

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As the draft rules currently stand, after a simple extraction of wisdom teeth, a teen could receive a two-week supply of opioids. Such practices are exactly the problem that the work of your task force should stop. According to the AMDG, dental procedures call for a three-day supply of opioids at most.

Moreover, guidance issued by the Bree Collaborative and the Washington Health Alliance indicates that providers should not give youth more than a three-day supply of opioids for acute pain. Providers should carefully weigh the decision to prescribe any opioids to youth, as this choice can have enduring consequences. Even legitimate opioid use before high school graduation is associated with a significantly increased risk of future opioid misuse.

I am truly alarmed by the number of opioid overdoses in Washington and believe that this task force is positioned to make vital changes. As I visit communities in every part of our state, I am approached by individuals personally affected by this epidemic – a family member, friend, or neighbor struggling with addiction or has overdosed – often after receiving an opioid prescription for an injury or surgery. I know that you will keep these individuals at the forefront as you finalize this critical phase of the rulemaking process.

Thank you again for your work to address the opioid crisis.

Sincerely,

A handwritten signature in black ink that reads "Bob Ferguson". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

BOB FERGUSON
Attorney General

RWF/jlg



STATE OF WASHINGTON

May 1, 2018

Catherine Hunter, DO, Chair
Board of Osteopathic Medicine and Surgery
PO Box 47800
Olympia, WA 98504

Dear Chair Hunter:

Thank you for the hard work your representatives performed as part of the Opioid Prescribing Task Force (Task Force) implementing provisions of House Bill 1427, enacted during the 2017 legislative session. As you know, addressing the opioid crisis is one of the greatest public health challenges of our time and will require ambitious action to save lives. As a leader of one of our state's health professional boards or commissions, you have an important role to play in helping to respond to this considerable challenge.

We greatly appreciate your diligence and approach to developing the recommended opioid prescribing rules. The recently completed Task Force process involved broad stakeholder input and many public meetings. Now, as the boards and commissions embark on the formal rulemaking process, we have three requests.

First, we urge you to reconsider the Task Force's recommendation for the frequency of required Prescription Monitoring Program (PMP) checks, changing it from on the second refill for acute conditions to before every initial opioid prescription, which is more aligned with the language proposed by the Agency Medical Directors Group (AMDG).

Second, we also request that you change the prescription requirements to better protect youth – requiring a more specific three-day limit for youth with more rapid recovery procedures unless there is a documented exception in the clinical file. This would be in line with AMDG's recommendations for dental and other surgical procedures, as well as our state's Medicaid policy.

Finally, we ask that you complete the rulemaking process at the earliest opportunity, hopefully by early fall. During the draft rules process we have conversed with colleagues and experts in this field who indicate that the rules are ready and represent a solid regulatory framework for Washington State to curb excess opioid prescribing in this state.

We realize that the Task Force had multiple conversations regarding these issues. The Task Force initially voted unanimously to recommend checking the PMP before every initial opioid prescription, before eventually adopting an alternative proposal. It is a testament to the Task Force's work that we have only these two concerns that we have decided to encourage you to reconsider.

On the whole, the PMP is an important public health tool, and we strongly support its use. At the same time, we appreciate the need to continue to integrate the PMP into practice workflows. For some, the time it takes to perform queries may create disincentives to use the PMP. However, as we are in the midst of an opioid crisis, we need to act as urgently as possible to balance these competing interests, while prioritizing public health and safety. PMP checks have been proven to reduce high-risk prescribing in other states where they are required. As Governor, I assure you that our efforts will continue to simplify accessing PMP data in Washington State, either directly or via integration with electronic health records systems. We believe the following AMDG language balances these interests:

“The practitioner shall ensure a PMP query is performed prior to the prescription of an opioid or sedative hypnotic at the following times:

- (a) At the first opioid prescription for acute pain unless clinical exception is documented; such exceptions should be rare, occurring in less than 10% of the first prescriptions;
- (b) At first refill for acute pain if not checked with initial prescription due to documented clinical exception;
- (c) The time of transition from acute to subacute pain;
- (d) The time of transition from subacute to chronic pain; and
- (e) At the time of pre-operative assessment for any elective surgery or prior to discharge for non-elective surgery.”

We are encouraged that some boards and commissions have already agreed to this approach or even more protective requirements. To that end, we urge all the boards and commissions to consider enhanced PMP protections and a more intent focus on youth prescribing.

Thank you again for your hard work and dedication to serving the people of Washington State.

Sincerely,



Jay Inslee
Governor



Bob Ferguson
Attorney General

cc: Blake Maresh, Executive Director, Board of Osteopathic Medicine and Surgery



STATE OF WASHINGTON

May 1, 2018

John Carbery, DMD, Chair
Dental Quality Assurance Commission
PO Box 47877
Olympia, WA 98504

Dear Chair Carbery:

Thank you for the hard work your representatives performed as part of the Opioid Prescribing Task Force (Task Force) implementing provisions of House Bill 1427, enacted during the 2017 legislative session. As you know, addressing the opioid crisis is one of the greatest public health challenges of our time and will require ambitious action to save lives. As a leader of one of our state's health professional boards or commissions, you have an important role to play in helping to respond to this considerable challenge.

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Sincerely,



Jay Inslee
Governor



Bob Ferguson
Attorney General

cc: Trina Crawford, Executive Director, Dental Quality Assurance Commission



STATE OF WASHINGTON

May 1, 2018

Warren B. Howe, MD, Chair
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504

Dear Chair Howe:

Thank you for the hard work your representatives performed as part of the Opioid Prescribing Task Force (Task Force) implementing provisions of House Bill 1427, enacted during the 2017 legislative session. As you know, addressing the opioid crisis is one of the greatest public health challenges of our time and will require ambitious action to save lives. As a leader of one of our state's health professional boards or commissions, you have an important role to play in helping to respond to this considerable challenge.

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Sincerely,



Jay Inslee
Governor



Bob Ferguson
Attorney General

cc: Melanie de Leon, Executive Director, Medical Quality Assurance Commission



STATE OF WASHINGTON

May 1, 2018

Tracy Rude, LPN, Chair
Nursing Care Quality Assurance Commission
PO Box 47864
Olympia, WA 98504

Dear Chair Rude:

Thank you for the hard work your representatives performed as part of the Opioid Prescribing Task Force (Task Force) implementing provisions of House Bill 1427, enacted during the 2017 legislative session. As you know, addressing the opioid crisis is one of the greatest public health challenges of our time and will require ambitious action to save lives. As a leader of one of our state's health professional boards or commissions, you have an important role to play in helping to respond to this considerable challenge.

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Sincerely,



Jay Inslee
Governor



Bob Ferguson
Attorney General

cc: Paula Meyer, Executive Director, Nursing Care Quality Assurance Commission



STATE OF WASHINGTON

May 1, 2018

Randy Anderson, DPM, Chair
Podiatric Medical Board
PO Box 47800
Olympia, WA 98504

Dear Chair Anderson:

Thank you for the hard work your representatives performed as part of the Opioid Prescribing Task Force (Task Force) implementing provisions of House Bill 1427, enacted during the 2017 legislative session. As you know, addressing the opioid crisis is one of the greatest public health challenges of our time and will require ambitious action to save lives. As a leader of one of our state's health professional boards or commissions, you have an important role to play in helping to respond to this considerable challenge.

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Sincerely,



Jay Inslee
Governor



Bob Ferguson
Attorney General

cc: Blake Maresh, Executive Director, Podiatric Medical Board