1. Sets standards of care for Washington State Department of Health Boards and Commissions (ie Medical/Osteopathic/Nursing/Podiatric/Dental) to use when considering state licensing disciplinary action against providers (in response to complaints)

2. Rules directed only to Chronic Opioid Treatment in Chronic Non-Cancer Pain
   a. Excludes: treatment of acute pain, surgical pain, palliative care, cancer pain

3. Requires key history (including elements of an Informed Consent treatment agreement) and frequency (clinical follow-up ≤q6 -12 months) that must be documented in history and ongoing treatment plan:
   a. Pain diagnosis and indications for chronic opioid treatment
   b. Abuse risk assessment
   c. Psychiatric status
   d. Medical co-morbidities (ie sleep apnea)
   e. Treatment effect on Pain, Physical and Psychosocial function
   f. Aberrancy monitoring: protocol for urine toxicology screens, periodic review of available Emergency Department information and Prescription Drug Monitoring programs

4. CME (4 hours lifetime) should be obtained by all prescribers of long-acting opioids – available free online from DOH (Google AMDG+Opioid)

5. Dose criteria above-which clinicians must consult with pain specialist.
   a. Threshold is ≥ 120 mg morphine equivalents daily (MED).
   b. Dose calculator provided online (Google AMDG+Opioid)

6. Dose criteria exemptions- consultation not needed if:
   a. Function improved, dose stable, no special risks
   b. On tapering schedule
   c. Acute time-limited increase
   d. Clinician has (q 2yrs) ≥ 12 hrs of CME on pain treatment
   e. Provider practices in a multidisciplinary pain treatment center
   f. Provider has ≥ 3 years clinical experience and works ≥30% in direct provision of pain care.

7. Guidance on access to Pain Specialists
   a. Defines pain specialist qualifications
   b. Enables telephonic, electronic, and televideo format, as appropriate
   c. Exempt when fail reasonable attempts to obtain consultation