

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 \leq 6-12 months) that must be documented in history and on-going 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 \geq 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) \geq 12 hrs of CME on pain treatment
 - e. Provider practices in a multidisciplinary pain treatment center
 - f. Provider has \geq 3 years clinical experience and works \geq 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