

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE HOUSE BILL 2876**

61st Legislature  
2010 Regular Session

Passed by the House March 11, 2010  
Yeas 96 Nays 1

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**Speaker of the House of Representatives**

Passed by the Senate March 11, 2010  
Yeas 36 Nays 12

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Barbara Baker, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 2876** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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**ENGROSSED SUBSTITUTE HOUSE BILL 2876**

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AS AMENDED BY THE SENATE

Passed Legislature - 2010 Regular Session

**State of Washington**                      **61st Legislature**                      **2010 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Moeller, Green, and Morrell)

READ FIRST TIME 01/26/10.

1            AN ACT Relating to pain management; adding a new section to chapter  
2 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new  
3 section to chapter 18.57 RCW; adding a new section to chapter 18.57A  
4 RCW; adding a new section to chapter 18.71 RCW; adding a new section to  
5 chapter 18.71A RCW; adding a new section to chapter 18.79 RCW; and  
6 creating a new section.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8            NEW SECTION.    **Sec. 1.** A new section is added to chapter 18.22 RCW  
9 to read as follows:

10            (1) By June 30, 2011, the board shall repeal its rules on pain  
11 management, WAC 246-922-510 through 246-922-540.

12            (2) By June 30, 2011, the board shall adopt new rules on chronic,  
13 noncancer pain management that contain the following elements:

14            (a)(i) Dosing criteria, including:

15            (A) A dosage amount that must not be exceeded unless a podiatric  
16 physician and surgeon first consults with a practitioner specializing  
17 in pain management; and

18            (B) Exigent or special circumstances under which the dosage amount

1 may be exceeded without consultation with a practitioner specializing  
2 in pain management.

3 (ii) The rules regarding consultation with a practitioner  
4 specializing in pain management must, to the extent practicable, take  
5 into account:

6 (A) Circumstances under which repeated consultations would not be  
7 necessary or appropriate for a patient undergoing a stable, ongoing  
8 course of treatment for pain management;

9 (B) Minimum training and experience that is sufficient to exempt a  
10 podiatric physician and surgeon from the specialty consultation  
11 requirement;

12 (C) Methods for enhancing the availability of consultations;

13 (D) Allowing the efficient use of resources; and

14 (E) Minimizing the burden on practitioners and patients.

15 (b) Guidance on when to seek specialty consultation and ways in  
16 which electronic specialty consultations may be sought;

17 (c) Guidance on tracking clinical progress by using assessment  
18 tools focusing on pain interference, physical function, and overall  
19 risk for poor outcome; and

20 (d) Guidance on tracking the use of opioids.

21 (3) The board shall consult with the agency medical directors'  
22 group, the department of health, the University of Washington, and the  
23 largest professional association of podiatric physicians and surgeons  
24 in the state.

25 (4) The rules adopted under this section do not apply:

26 (a) To the provision of palliative, hospice, or other end-of-life  
27 care; or

28 (b) To the management of acute pain caused by an injury or a  
29 surgical procedure.

30 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.32 RCW  
31 to read as follows:

32 (1) By June 30, 2011, the commission shall adopt new rules on  
33 chronic, noncancer pain management that contain the following elements:

34 (a)(i) Dosing criteria, including:

35 (A) A dosage amount that must not be exceeded unless a dentist  
36 first consults with a practitioner specializing in pain management; and

1 (B) Exigent or special circumstances under which the dosage amount  
2 may be exceeded without consultation with a practitioner specializing  
3 in pain management.

4 (ii) The rules regarding consultation with a practitioner  
5 specializing in pain management must, to the extent practicable, take  
6 into account:

7 (A) Circumstances under which repeated consultations would not be  
8 necessary or appropriate for a patient undergoing a stable, ongoing  
9 course of treatment for pain management;

10 (B) Minimum training and experience that is sufficient to exempt a  
11 dentist from the specialty consultation requirement;

12 (C) Methods for enhancing the availability of consultations;

13 (D) Allowing the efficient use of resources; and

14 (E) Minimizing the burden on practitioners and patients.

15 (b) Guidance on when to seek specialty consultation and ways in  
16 which electronic specialty consultations may be sought;

17 (c) Guidance on tracking clinical progress by using assessment  
18 tools focusing on pain interference, physical function, and overall  
19 risk for poor outcome; and

20 (d) Guidance on tracking the use of opioids.

21 (2) The commission shall consult with the agency medical directors'  
22 group, the department of health, the University of Washington, and the  
23 largest professional association of dentists in the state.

24 (3) The rules adopted under this section do not apply:

25 (a) To the provision of palliative, hospice, or other end-of-life  
26 care; or

27 (b) To the management of acute pain caused by an injury or a  
28 surgical procedure.

29 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.57 RCW  
30 to read as follows:

31 (1) By June 30, 2011, the board shall repeal its rules on pain  
32 management, WAC 246-853-510 through 246-853-540.

33 (2) By June 30, 2011, the board shall adopt new rules on chronic,  
34 noncancer pain management that contain the following elements:

35 (a)(i) Dosing criteria, including:

36 (A) A dosage amount that must not be exceeded unless an osteopathic

1 physician and surgeon first consults with a practitioner specializing  
2 in pain management; and

3 (B) Exigent or special circumstances under which the dosage amount  
4 may be exceeded without consultation with a practitioner specializing  
5 in pain management.

6 (ii) The rules regarding consultation with a practitioner  
7 specializing in pain management must, to the extent practicable, take  
8 into account:

9 (A) Circumstances under which repeated consultations would not be  
10 necessary or appropriate for a patient undergoing a stable, ongoing  
11 course of treatment for pain management;

12 (B) Minimum training and experience that is sufficient to exempt an  
13 osteopathic physician and surgeon from the specialty consultation  
14 requirement;

15 (C) Methods for enhancing the availability of consultations;

16 (D) Allowing the efficient use of resources; and

17 (E) Minimizing the burden on practitioners and patients.

18 (b) Guidance on when to seek specialty consultation and ways in  
19 which electronic specialty consultations may be sought;

20 (c) Guidance on tracking clinical progress by using assessment  
21 tools focusing on pain interference, physical function, and overall  
22 risk for poor outcome; and

23 (d) Guidance on tracking the use of opioids, particularly in the  
24 emergency department.

25 (3) The board shall consult with the agency medical directors'  
26 group, the department of health, the University of Washington, and the  
27 largest association of osteopathic physicians and surgeons in the  
28 state.

29 (4) The rules adopted under this section do not apply:

30 (a) To the provision of palliative, hospice, or other end-of-life  
31 care; or

32 (b) To the management of acute pain caused by an injury or a  
33 surgical procedure.

34 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.57A RCW  
35 to read as follows:

36 (1) By June 30, 2011, the board shall repeal its rules on pain  
37 management, WAC 246-854-120 through 246-854-150.

1 (2) By June 30, 2011, the board shall adopt new rules on chronic,  
2 noncancer pain management that contain the following elements:

3 (a)(i) Dosing criteria, including:

4 (A) A dosage amount that must not be exceeded unless an osteopathic  
5 physician's assistant first consults with a practitioner specializing  
6 in pain management; and

7 (B) Exigent or special circumstances under which the dosage amount  
8 may be exceeded without consultation with a practitioner specializing  
9 in pain management.

10 (ii) The rules regarding consultation with a practitioner  
11 specializing in pain management must, to the extent practicable, take  
12 into account:

13 (A) Circumstances under which repeated consultations would not be  
14 necessary or appropriate for a patient undergoing a stable, ongoing  
15 course of treatment for pain management;

16 (B) Minimum training and experience that is sufficient to exempt an  
17 osteopathic physician's assistant from the specialty consultation  
18 requirement;

19 (C) Methods for enhancing the availability of consultations;

20 (D) Allowing the efficient use of resources; and

21 (E) Minimizing the burden on practitioners and patients.

22 (b) Guidance on when to seek specialty consultation and ways in  
23 which electronic specialty consultations may be sought;

24 (c) Guidance on tracking clinical progress by using assessment  
25 tools focusing on pain interference, physical function, and overall  
26 risk for poor outcome; and

27 (d) Guidance on tracking the use of opioids, particularly in the  
28 emergency department.

29 (3) The board shall consult with the agency medical directors'  
30 group, the department of health, the University of Washington, and the  
31 largest association of osteopathic physician's assistants in the state.

32 (4) The rules adopted under this section do not apply:

33 (a) To the provision of palliative, hospice, or other end-of-life  
34 care; or

35 (b) To the management of acute pain caused by an injury or a  
36 surgical procedure.

1        NEW SECTION.    **Sec. 5.**    A new section is added to chapter 18.71 RCW  
2    to read as follows:

3        (1) By June 30, 2011, the commission shall repeal its rules on pain  
4    management, WAC 246-919-800 through 246-919-830.

5        (2) By June 30, 2011, the commission shall adopt new rules on  
6    chronic, noncancer pain management that contain the following elements:

7        (a)(i) Dosing criteria, including:

8        (A) A dosage amount that must not be exceeded unless a physician  
9    first consults with a practitioner specializing in pain management; and

10       (B) Exigent or special circumstances under which the dosage amount  
11    may be exceeded without consultation with a practitioner specializing  
12    in pain management.

13       (ii) The rules regarding consultation with a practitioner  
14    specializing in pain management must, to the extent practicable, take  
15    into account:

16       (A) Circumstances under which repeated consultations would not be  
17    necessary or appropriate for a patient undergoing a stable, ongoing  
18    course of treatment for pain management;

19       (B) Minimum training and experience that is sufficient to exempt a  
20    physician from the specialty consultation requirement;

21       (C) Methods for enhancing the availability of consultations;

22       (D) Allowing the efficient use of resources; and

23       (E) Minimizing the burden on practitioners and patients.

24       (b) Guidance on when to seek specialty consultation and ways in  
25    which electronic specialty consultations may be sought;

26       (c) Guidance on tracking clinical progress by using assessment  
27    tools focusing on pain interference, physical function, and overall  
28    risk for poor outcome; and

29       (d) Guidance on tracking the use of opioids, particularly in the  
30    emergency department.

31       (3) The commission shall consult with the agency medical directors'  
32    group, the department of health, the University of Washington, and the  
33    largest professional association of physicians in the state.

34       (4) The rules adopted under this section do not apply:

35       (a) To the provision of palliative, hospice, or other end-of-life  
36    care; or

37       (b) To the management of acute pain caused by an injury or a  
38    surgical procedure.

1        NEW SECTION.    **Sec. 6.**    A new section is added to chapter 18.71A RCW  
2 to read as follows:

3        (1) By June 30, 2011, the commission shall adopt new rules on  
4 chronic, noncancer pain management that contain the following elements:

5            (a)(i) Dosing criteria, including:

6            (A) A dosage amount that must not be exceeded unless a physician  
7 assistant first consults with a practitioner specializing in pain  
8 management; and

9            (B) Exigent or special circumstances under which the dosage amount  
10 may be exceeded without consultation with a practitioner specializing  
11 in pain management.

12          (ii) The rules regarding consultation with a practitioner  
13 specializing in pain management must, to the extent practicable, take  
14 into account:

15          (A) Circumstances under which repeated consultations would not be  
16 necessary or appropriate for a patient undergoing a stable, ongoing  
17 course of treatment for pain management;

18          (B) Minimum training and experience that is sufficient to exempt a  
19 physician assistant from the specialty consultation requirement;

20          (C) Methods for enhancing the availability of consultations;

21          (D) Allowing the efficient use of resources; and

22          (E) Minimizing the burden on practitioners and patients.

23          (b) Guidance on when to seek specialty consultation and ways in  
24 which electronic specialty consultations may be sought;

25          (c) Guidance on tracking clinical progress by using assessment  
26 tools focusing on pain interference, physical function, and overall  
27 risk for poor outcome; and

28          (d) Guidance on tracking the use of opioids, particularly in the  
29 emergency department.

30        (2) The commission shall consult with the agency medical directors'  
31 group, the department of health, the University of Washington, and the  
32 largest professional association of physician assistants in the state.

33        (3) The rules adopted under this section do not apply:

34            (a) To the provision of palliative, hospice, or other end-of-life  
35 care; or

36            (b) To the management of acute pain caused by an injury or a  
37 surgical procedure.

1        NEW SECTION.    **Sec. 7.**    A new section is added to chapter 18.79 RCW  
2 to read as follows:

3        (1) By June 30, 2011, the commission shall adopt new rules on  
4 chronic, noncancer pain management that contain the following elements:

5            (a)(i) Dosing criteria, including:

6            (A) A dosage amount that must not be exceeded unless an advanced  
7 registered nurse practitioner or certified registered nurse anesthetist  
8 first consults with a practitioner specializing in pain management; and

9            (B) Exigent or special circumstances under which the dosage amount  
10 may be exceeded without consultation with a practitioner specializing  
11 in pain management.

12          (ii) The rules regarding consultation with a practitioner  
13 specializing in pain management must, to the extent practicable, take  
14 into account:

15          (A) Circumstances under which repeated consultations would not be  
16 necessary or appropriate for a patient undergoing a stable, ongoing  
17 course of treatment for pain management;

18          (B) Minimum training and experience that is sufficient to exempt an  
19 advanced registered nurse practitioner or certified registered nurse  
20 anesthetist from the specialty consultation requirement;

21          (C) Methods for enhancing the availability of consultations;

22          (D) Allowing the efficient use of resources; and

23          (E) Minimizing the burden on practitioners and patients.

24          (b) Guidance on when to seek specialty consultation and ways in  
25 which electronic specialty consultations may be sought;

26          (c) Guidance on tracking clinical progress by using assessment  
27 tools focusing on pain interference, physical function, and overall  
28 risk for poor outcome; and

29          (d) Guidance on tracking the use of opioids, particularly in the  
30 emergency department.

31          (2) The commission shall consult with the agency medical directors'  
32 group, the department of health, the University of Washington, and the  
33 largest professional associations for advanced registered nurse  
34 practitioners and certified registered nurse anesthetists in the state.

35          (3) The rules adopted under this section do not apply:

36          (a) To the provision of palliative, hospice, or other end-of-life  
37 care; or

1 (b) To the management of acute pain caused by an injury or a  
2 surgical procedure.

3 NEW SECTION. **Sec. 8.** (1) The boards and commissions required to  
4 adopt rules on pain management under sections 1 through 7 of this act  
5 shall work collaboratively to ensure that the rules are as uniform as  
6 practicable.

7 (2) On January 11, 2011, each of the boards and commissions  
8 required to adopt rules on pain management under sections 1 through 7  
9 of this act shall submit the proposed rules required by this act to the  
10 appropriate committees of the legislature.

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