

ESHB 2876 - S COMM AMD

By Committee on Health & Long-Term Care

NOT ADOPTED 03/04/2010

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 18.22 RCW
4 to read as follows:

5 (1) By December 1, 2010, the board shall repeal its rules on pain
6 management, WAC 246-922-510 through 246-922-540.

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

9 (a) Dosing criteria, including a dosage amount that must not be
10 exceeded unless a podiatric physician and surgeon first consults with
11 a practitioner specializing in pain management;

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

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

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

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

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

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

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

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

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

3 (a) Dosing criteria, including a dosage amount that must not be
4 exceeded unless a dentist first consults with a practitioner
5 specializing in pain management;

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

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

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

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

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

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

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

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

22 (1) By December 1, 2010, the board shall repeal its rules on pain
23 management, WAC 246-853-510 through 246-853-540.

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

26 (a) Dosing criteria, including a dosage amount that must not be
27 exceeded unless an osteopathic physician and surgeon first consults
28 with a practitioner specializing in pain management;

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

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

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

36 (3) The board shall consult with the agency medical directors'

1 group, the department of health, the University of Washington, and the
2 largest association of osteopathic physicians and surgeons in the
3 state.

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

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

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

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

11 (1) By December 1, 2010, the board shall repeal its rules on pain
12 management, WAC 246-854-120 through 246-854-150.

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

15 (a) Dosing criteria, including a dosage amount that must not be
16 exceeded unless an osteopathic physician's assistant first consults
17 with a practitioner specializing in pain management;

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 physician's assistants in the state.

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

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

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

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

35 (1) By December 1, 2010, the commission shall repeal its rules on
36 pain management, WAC 246-919-800 through 246-919-830.

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

3 (a) Dosing criteria, including a dosage amount that must not be
4 exceeded unless a physician first consults with a practitioner
5 specializing in pain management;

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

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

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

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

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

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

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

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

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

25 (a) Dosing criteria, including a dosage amount that must not be
26 exceeded unless a physician assistant first consults with a
27 practitioner specializing in pain management;

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

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

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

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

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

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

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

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

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

10 (a) Dosing criteria, including a dosage amount that must not be
11 exceeded unless an advanced registered nurse practitioner or certified
12 registered nurse anesthetist first consults with a practitioner
13 specializing in pain management;

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

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

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

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 associations for advanced registered nurse
24 practitioners and certified registered nurse anesthetists in the state.

25 (3) 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. 8.** The boards and commissions required to adopt
31 rules on pain management under sections 1 through 7 of this act shall
32 work collaboratively to ensure that the rules are as uniform as
33 practicable."

NOT ADOPTED 03/04/2010

1 On page 1, line 1 of the title, after "management;" strike the
2 remainder of the title and insert "adding a new section to chapter
3 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new
4 section to chapter 18.57 RCW; adding a new section to chapter 18.57A
5 RCW; adding a new section to chapter 18.71 RCW; adding a new section to
6 chapter 18.71A RCW; adding a new section to chapter 18.79 RCW; and
7 creating a new section."

EFFECT: An exception to the rules is permitted for opioid-
dependent patients experiencing acute pain caused by injury or surgical
procedure.

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