

HOUSE BILL REPORT

SHB 1045

As Passed Legislature

Title: An act relating to the practice of East Asian medicine.

Brief Description: Concerning the practice of East Asian medicine.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Tharinger, Harris, Van De Wege, Rodne, Moeller, Clibborn, Cody, G. Hunt, Jinkins, Gregerson, Santos and Riccelli).

Brief History:

Committee Activity:

Health Care & Wellness: 1/27/15, 1/30/15 [DPS].

Floor Activity:

Passed House: 2/9/15, 96-0.

Passed Senate: 4/15/15, 49-0.

Passed Legislature.

Brief Summary of Substitute Bill

- Creates the East Asian Medicine Advisory Committee to advise the Department of Health.
- Eliminates the requirement that an East Asian medicine practitioner develop a written plan for consultation, emergency transfer, and referral to other providers. Requires an East Asian medicine practitioner to take certain steps in an emergency.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short and Tharinger.

Staff: Alexa Silver (786-7190).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

East Asian medicine practitioners are licensed by the Department of Health (DOH). East Asian medicine is a health care service that uses East Asian medicine diagnosis and treatment to promote health and treat organic or functional disorders. It includes: acupuncture; the use of electrical, mechanical, or magnetic devices to stimulate acupuncture points or meridians; moxibustion; acupressure; cupping; dermal friction technique; infra-red; sonopuncture; laserpuncture; point injection therapy (aquapuncture); dietary advice and health education based on East Asian medical theory; breathing, relaxation, and East Asian exercise techniques; qi gong; East Asian massage and Tui na; and superficial heat and cold therapies.

East Asian medicine practitioners are required to prepare and submit to the DOH a written plan for consultation, emergency transfer, and referral to other health care providers. The plan must be submitted with the initial licensure application and then annually at the time the practitioner renews his or her license. Among other things, the plan requires the practitioner to attest that in an emergency, he or she will initiate the emergency medical system by dialing 911, request an ambulance, and provide patient support until emergency response arrives. The DOH may withhold a license if the plan does not meet the standards in DOH rules.

In addition to the written plan, an East Asian medicine practitioner who sees a patient with a potentially serious disorder must immediately request a consultation or recent diagnosis from a primary care provider. If the patient refuses, he or she must sign a waiver acknowledging the risks associated with the failure to pursue treatment from a primary care provider.

Summary of Substitute Bill:

Advisory Committee.

The East Asian Medicine Advisory Committee (Committee) is established. It consists of five members, all of whom must be Washington residents. Four members must be East Asian medicine practitioners who have at least five years' experience and who have been actively engaged in practice within two years of appointment. One member must be a member of the public with an interest in the rights of health services consumers. Members serve three-year terms and may not serve more than two consecutive full terms.

Committee members are appointed by and serve at the pleasure of the Secretary of the DOH. The Committee is charged with advising and making recommendations to the DOH on standards for the practice of East Asian medicine. It must meet at least once a year. Committee members are immune from civil or criminal liability for the DOH's disciplinary proceedings or other official acts performed in good faith. Committee members are entitled to reimbursement for travel expenses and may be compensated up to \$50 per day for attending an official meeting or performing other statutorily prescribed duties.

Written Referral Plan.

The requirement that an East Asian medicine practitioner develop a written plan for consultation, emergency transfer, and referral to other providers is eliminated. In an emergency, an East Asian medicine practitioner must initiate the emergency medical system by calling 911, request an ambulance, and provide patient support until emergency response arrives.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) In 2010 the acupuncture ad hoc committee at the Department of Health (DOH) was eliminated by a bill that eliminated various boards and commissions. Since then, the DOH has relied on the East Asian Medicine Association, an advocacy group, to provide feedback. The DOH also occasionally hires licensed East Asian medicine practitioners for assistance with disciplinary cases that require professional review of the standard of care. There is a need for a formal advisory committee to review these issues and make recommendations. East Asian medicine practitioners would continue to be regulated by the DOH, and the East Asian Advisory Committee would not be a disciplining authority. The cost would be paid out of licensing fees.

Before East Asian medicine practitioners were independently licensed, they were licensed as physician assistants. There was a form involved, and the written referral plan requirement is a holdover from that arrangement. The written plan does three things, including requiring that the person call 911 in an emergency. The requirement to have a physician's signature has been a barrier to license renewal. The elimination of the written plan passed the House of Representatives unanimously last year, but the bill ran out of time in the Senate.

(Opposed) None.

Persons Testifying: Representative Tharinger, prime sponsor; Leslie Emerick and Curt Eschels, Washington East Asian Medicine Association; Dan Dingle, South Sound Acupuncture Association; and Leslie Suggett.

Persons Signed In To Testify But Not Testifying: None.