

SENATE BILL REPORT

SHB 1045

As of March 23, 2015

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: Passed House: 2/09/15, 96-0.

Committee Activity: Health Care: 3/23/15.

SENATE COMMITTEE ON HEALTH CARE

Staff: Evan Klein (786-7483)

Background: East Asian Medicine Practice. 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 Written Consultation Plans. East Asian medicine practitioners must prepare and submit to 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 their license. Among other things, the plan requires the practitioner to attest that in an emergency, they will call 911, request an ambulance, and provide patient support until emergency response arrives. 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

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a primary care provider. If the patient refuses, the patient must sign a waiver acknowledging the risks associated with the failure to pursue treatment from a primary care provider.

Summary of Bill: East Asian Medicine Advisory Board. An East Asian medicine advisory board is established, to consist of five members, all of whom must be Washington residents. The members are appointed by and serve at the pleasure of the Secretary of Health. Four members must be licensed East Asian medicine practitioners with at least five years of practical experience and who have been actively engaged in practice within two years of the appointment. The fifth member must be appointed from the public at large and have an interest in the rights of consumers of health services. Members are appointed to three-year terms.

The board must meet at least once per year, and must advise and make recommendations to the Secretary of Health on standards for the practice of East Asian medicine.

Board members are immune from suit in a civil or criminal action, based on DOH's disciplinary proceedings or other official acts performed in good faith.

East Asian Medicine Written Consultation Plans. The requirement that East Asian medicine practitioners develop a consultation plan is removed. In an emergency, a licensed 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.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: In 2010 the acupuncture ad hoc committee at DOH was eliminated by a bill that eliminated various boards and commissions. Since then, DOH has relied on the East Asian Medicine Association, an advocacy group, to provide feedback. There is a need for a formal advisory committee to review these issues and make recommendations. 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 requirement to have a physician's signature has been a barrier to license renewal.

OTHER: There are concerns about whether the advisory committee would be open to the public. This bill does not adequately protect the state tax revenue base.

Discipline would still be undertaken by the Secretary of Health and the board would not have rulemaking authority.

Persons Testifying: PRO: Representative Tharinger, prime sponsor; Leslie Emerick, Curt Eschels, Christopher Huson, WA East Asian Medicine Assn.

OTHER: Kristi Weeks, DOH; Arthur West, citizen.

Persons Signed in to Testify But Not Testifying: No one.