## **SHB 2876** - H AMD **1023**

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By Representative Moeller

## ADOPTED 02/10/2010

- 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:
  - (a) Dosing criteria, including a dosage amount that must not be exceeded unless a podiatric physician and surgeon first consults with a practitioner specializing in pain management;
- 12 (b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;
- (c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and
  - (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.
  - (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, except to the extent that special requirements are 27 needed for opioid-dependent patients experiencing such acute pain.
- NEW SECTION. Sec. 2. A new section is added to chapter 18.32 RCW to read as follows:

- 1 (1) By June 30, 2011, the commission shall adopt new rules on chronic, noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including a dosage amount that must not be exceeded unless a dentist first consults with a practitioner specializing in pain management;
  - (b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;
  - (c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and
    - (d) Guidance on tracking the use of opioids.

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- 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.
  - (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, except to the extent that special requirements are 20 needed for opioid-dependent patients experiencing such acute pain.
- NEW SECTION. Sec. 3. A new section is added to chapter 18.57 RCW to read as follows:
- 23 (1) By December 1, 2010, the board shall repeal its rules on pain 24 management, WAC 246-853-510 through 246-853-540.
- 25 (2) By June 30, 2011, the board shall adopt new rules on chronic, 26 noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including a dosage amount that must not be exceeded unless an osteopathic physician and surgeon first consults with a practitioner specializing in pain management;
- 30 (b) Guidance on when to seek specialty consultation and ways in 31 which electronic specialty consultations may be sought;
- 32 (c) Guidance on tracking clinical progress by using assessment 33 tools focusing on pain interference, physical function, and overall 34 risk for poor outcome; and
- 35 (d) Guidance on tracking the use of opioids, particularly in the 36 emergency department.

- 1 (3) The board shall consult with the agency medical directors' 2 group, the department of health, the University of Washington, and the 3 largest association of osteopathic physicians and surgeons in the 4 state.
  - (4) The rules adopted under this section do not apply:

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- 6 (a) To the provision of palliative, hospice, or other end-of-life 7 care; or
  - (b) To the management of acute pain caused by an injury or a surgical procedure, except to the extent that special requirements are needed for opioid-dependent patients experiencing such acute pain.
- NEW SECTION. Sec. 4. A new section is added to chapter 18.57A RCW to read as follows:
- 13 (1) By December 1, 2010, the board shall repeal its rules on pain 14 management, WAC 246-854-120 through 246-854-150.
- 15 (2) By June 30, 2011, the board shall adopt new rules on chronic, 16 noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including a dosage amount that must not be exceeded unless an osteopathic physician's assistant first consults with a practitioner specializing in pain management;
  - (b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;
    - (c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and
- 25 (d) Guidance on tracking the use of opioids, particularly in the 26 emergency department.
  - (3) The board shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest association of osteopathic physician's assistants in the state.
    - (4) The rules adopted under this section do not apply:
- 31 (a) To the provision of palliative, hospice, or other end-of-life 32 care; or
- 33 (b) To the management of acute pain caused by an injury or a 34 surgical procedure, except to the extent that special requirements are 35 needed for opioid-dependent patients experiencing such acute pain.

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

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- (1) By December 1, 2010, the commission shall repeal its rules on pain management, WAC 246-919-800 through 246-919-830.
  - (2) By June 30, 2011, the commission shall adopt new rules on chronic, noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including a dosage amount that must not be exceeded unless a physician first consults with a practitioner specializing in pain management;
- 10 (b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;
- 12 (c) Guidance on tracking clinical progress by using assessment 13 tools focusing on pain interference, physical function, and overall 14 risk for poor outcome; and
- 15 (d) Guidance on tracking the use of opioids, particularly in the 16 emergency department.
  - (3) The commission shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest professional association of physicians in the state.
    - (4) The rules adopted under this section do not apply:
- 21 (a) To the provision of palliative, hospice, or other end-of-life 22 care; or
- 23 (b) To the management of acute pain caused by an injury or a 24 surgical procedure, except to the extent that special requirements are 25 needed for opioid-dependent patients experiencing such acute pain.
- NEW SECTION. Sec. 6. A new section is added to chapter 18.71A RCW to read as follows:
  - (1) By June 30, 2011, the commission shall adopt new rules on chronic, noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including a dosage amount that must not be exceeded unless a physician assistant first consults with a practitioner specializing in pain management;
- 33 (b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought;
- 35 (c) Guidance on tracking clinical progress by using assessment 36 tools focusing on pain interference, physical function, and overall 37 risk for poor outcome; and

- 1 (d) Guidance on tracking the use of opioids, particularly in the 2 emergency department.
  - (2) The commission shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest professional association of physician assistants in the state.
    - (3) The rules adopted under this section do not apply:

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- 7 (a) To the provision of palliative, hospice, or other end-of-life 8 care; or
  - (b) To the management of acute pain caused by an injury or a surgical procedure, except to the extent that special requirements are needed for opioid-dependent patients experiencing such acute pain.
- NEW SECTION. Sec. 7. A new section is added to chapter 18.79 RCW to read as follows:
  - (1) By June 30, 2011, the commission shall adopt new rules on chronic, noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including a dosage amount that must not be exceeded unless an advanced registered nurse practitioner or certified registered nurse anesthetist first consults with a practitioner specializing in pain management;
- 20 (b) Guidance on when to seek specialty consultation and ways in 21 which electronic specialty consultations may be sought;
  - (c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risk for poor outcome; and
  - (d) Guidance on tracking the use of opioids, particularly in the emergency department.
    - (2) The commission shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest professional associations for advanced registered nurse practitioners and certified registered nurse anesthetists in the state.
      - (3) The rules adopted under this section do not apply:
- 32 (a) To the provision of palliative, hospice, or other end-of-life 33 care; or
- 34 (b) To the management of acute pain caused by an injury or a 35 surgical procedure, except to the extent that special requirements are 36 needed for opioid-dependent patients experiencing such acute pain.

- NEW SECTION. Sec. 8. The boards and commissions required to adopt rules on pain management under sections 1 through 7 of this act shall work collaboratively to ensure that the rules are as uniform as practicable."
- 5 Correct the title.

EFFECT: The striking amendment: (1) Requires the new pain management rules to be adopted by June 30, 2011, instead of December 1, 2010; (2) removes the requirement that the dosing criteria be based on the guidelines developed by the Agency Medical Directors' Group and instead requires that the dosing guidelines include a dosage amount that may not be exceeded without consulting a pain management specialist; (3) exempts end-of-life care from the rules relating to podiatric physicians and surgeons (which makes the rules uniform with the rest of the boards' and commissions' rules); (4) requires that the boards and commissions adopting the rules consult with the largest professional organizations of the professions they regulate (instead of requiring them all to consult with the Washington State Medical Association); and (5) removes the provisions requiring the Optometry Board to adopt pain management rules.

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