## **ESHB 2876** - S AMD **259**

By Senators Keiser, Pflug

PULLED 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 to read as follows:
- 5 (1) By June 30, 2011, 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:

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- 10 (i) A dosage amount that must not be exceeded unless a podiatric 11 physician and surgeon first consults with a practitioner specializing 12 in pain management; and
- (ii) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.
- 16 (b) Guidance on when to seek specialty consultation and ways in 17 which electronic specialty consultations may be sought;
- 18 (c) Guidance on tracking clinical progress by using assessment 19 tools focusing on pain interference, physical function, and overall 20 risk for poor outcome; and
  - (d) Guidance on tracking the use of opioids.
- 22 (3) The board shall consult with the agency medical directors' 23 group, the department of health, the University of Washington, and the 24 largest professional association of podiatric physicians and surgeons 25 in the state.
  - (4) The rules adopted under this section do not apply:
- 27 (a) To the provision of palliative, hospice, or other end-of-life 28 care; or
- 29 (b) To the management of acute pain caused by an injury or a 30 surgical procedure.

- NEW SECTION. Sec. 2. A new section is added to chapter 18.32 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:

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- (i) A dosage amount that must not be exceeded unless a dentist first consults with a practitioner specializing in pain management; and
- 8 (ii) Exigent or special circumstances under which the dosage amount 9 may be exceeded without consultation with a practitioner specializing 10 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.
- 17 (2) The commission shall consult with the agency medical directors' 18 group, the department of health, the University of Washington, and the 19 largest professional association of dentists in the state.
  - (3) 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.
- NEW SECTION. Sec. 3. A new section is added to chapter 18.57 RCW to read as follows:
- 27 (1) By June 30, 2011, the board shall repeal its rules on pain 28 management, WAC 246-853-510 through 246-853-540.
- 29 (2) By June 30, 2011, the board shall adopt new rules on chronic, 30 noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including:
- (i) A dosage amount that must not be exceeded unless an osteopathic physician and surgeon first consults with a practitioner specializing in pain management; and
- (ii) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.

- (b) Guidance on when to seek specialty consultation, including information on sufficient training and experience to exempt an osteopathic physician and surgeon from the specialty consultation requirement, 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
- 9 (d) Guidance on tracking the use of opioids, particularly in the 10 emergency department.
- 11 (3) The board shall consult with the agency medical directors' 12 group, the department of health, the University of Washington, and the 13 largest association of osteopathic physicians and surgeons in the 14 state.
  - (4) 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.
- NEW SECTION. Sec. 4. A new section is added to chapter 18.57A RCW to read as follows:
- 22 (1) By June 30, 2011, the board shall repeal its rules on pain 23 management, WAC 246-854-120 through 246-854-150.
  - (2) By June 30, 2011, the board shall adopt new rules on chronic, noncancer pain management that contain the following elements:
  - (a) Dosing criteria, including:

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- (i) A dosage amount that must not be exceeded unless an osteopathic physician's assistant first consults with a practitioner specializing in pain management; and
- (ii) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.
- 33 (b) Guidance on when to seek specialty consultation, including 34 information on sufficient training and experience to exempt an 35 osteopathic physician's assistant from the specialty consultation 36 requirement, and ways in which electronic specialty consultations may 37 be sought;

- 1 (c) Guidance on tracking clinical progress by using assessment 2 tools focusing on pain interference, physical function, and overall 3 risk for poor outcome; and
  - (d) Guidance on tracking the use of opioids, particularly in the 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:
- 10 (a) To the provision of palliative, hospice, or other end-of-life 11 care; or
- 12 (b) To the management of acute pain caused by an injury or a surgical procedure.
- NEW SECTION. Sec. 5. A new section is added to chapter 18.71 RCW to read as follows:
- 16 (1) By June 30, 2011, the commission shall repeal its rules on pain 17 management, WAC 246-919-800 through 246-919-830.
- 18 (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:

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- (i) A dosage amount that must not be exceeded unless a physician first consults with a practitioner specializing in pain management; and
  - (ii) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.
  - (b) Guidance on when to seek specialty consultation, including information on sufficient training and experience to exempt a physician from the specialty consultation requirement, and ways in 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 (3) 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 physicians in the state.

- 1 (4) The rules adopted under this section do not apply:
- 2 (a) To the provision of palliative, hospice, or other end-of-life care; or
- 4 (b) To the management of acute pain caused by an injury or a surgical procedure.
- 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:

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- (i) A dosage amount that must not be exceeded unless a physician assistant first consults with a practitioner specializing in pain management; and
  - (ii) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.
  - (b) Guidance on when to seek specialty consultation, including information on sufficient training and experience to exempt a physician assistant from the specialty consultation requirement, 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, 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 association of physician assistants in the state.
    - (3) 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.
- NEW SECTION. Sec. 7. A new section is added to chapter 18.79 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:

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- (i) 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; and
- (ii) Exigent or special circumstances under which the dosage amount may be exceeded without consultation with a practitioner specializing in pain management.
- (b) Guidance on when to seek specialty consultation, including information on sufficient training and experience to exempt an advanced registered nurse practitioner or certified registered nurse anesthetist from the specialty consultation requirement, 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, 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:
- 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.
- NEW SECTION. Sec. 8. (1) 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.
- 33 (2) On January 11, 2011, each of the boards and commissions 34 required to adopt rules on pain management under sections 1 through 7 35 of this act shall submit a report to the appropriate committees of the 36 legislature detailing the progress made toward adopting the rules 37 required by this act."

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

EFFECT: The dates for repealing current Board rules for pain management and adopting new ones are aligned to both be June 30, 2011.

Rules must consider special circumstances when dosage amounts may be exceeded without consultation from a pain specialist.

Rules adopted by each practitioner board or commission must include information on sufficient training and experience to exempt a practitioner from the specialty consultation requirement.

In January 2011, each of the boards and commissions must report to the legislature on progress developing new pain rules.

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