

**ESHB 2876 - S AMD 291**

By Senators Keiser, Pflug

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 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:

9 (a) Dosing criteria, including:

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, at no additional cost to the patient; and

13 (ii) Exigent or special circumstances under which the dosage amount  
14 may be exceeded without consultation with a practitioner specializing  
15 in pain management, including the specific circumstance of a patient  
16 requiring a stable and ongoing course of treatment for pain management  
17 in which an initial consultation shall suffice for that complete course  
18 of treatment.

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

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

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

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 professional association of podiatric physicians and surgeons  
28 in the state.

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

- 1 (a) To the provision of palliative, hospice, or other end-of-life  
2 care; or  
3 (b) To the management of acute pain caused by an injury or a  
4 surgical procedure.

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

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

9 (a) Dosing criteria, including:

10 (i) A dosage amount that must not be exceeded unless a dentist  
11 first consults with a practitioner specializing in pain management, at  
12 no additional cost to the patient; and

13 (ii) Exigent or special circumstances under which the dosage amount  
14 may be exceeded without consultation with a practitioner specializing  
15 in pain management, including the specific circumstance of a patient  
16 requiring a stable and ongoing course of treatment for pain management  
17 in which an initial consultation shall suffice for that complete course  
18 of treatment.

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

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

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

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

28 (3) 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. 3.** A new section is added to chapter 18.57 RCW  
34 to read as follows:

35 (1) By June 30, 2011, the board shall repeal its rules on pain  
36 management, WAC 246-853-510 through 246-853-540.

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

3 (a) Dosing criteria, including:

4 (i) A dosage amount that must not be exceeded unless an osteopathic  
5 physician and surgeon first consults with a practitioner specializing  
6 in pain management, at no additional cost to the patient; and

7 (ii) Exigent or special circumstances under which the dosage amount  
8 may be exceeded without consultation with a practitioner specializing  
9 in pain management, including the specific circumstance of a patient  
10 requiring a stable and ongoing course of treatment for pain management  
11 in which an initial consultation shall suffice for that complete course  
12 of treatment.

13 (b) Guidance on when to seek specialty consultation, including  
14 information on sufficient training and experience to exempt an  
15 osteopathic physician and surgeon from the specialty consultation  
16 requirement, and ways in which electronic specialty consultations may  
17 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

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

23 (3) The board shall consult with the agency medical directors'  
24 group, the department of health, the University of Washington, and the  
25 largest association of osteopathic physicians and surgeons in the  
26 state.

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

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

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

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

34 (1) By June 30, 2011, the board shall repeal its rules on pain  
35 management, WAC 246-854-120 through 246-854-150.

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

1 (a) Dosing criteria, including:

2 (i) A dosage amount that must not be exceeded unless an osteopathic  
3 physician's assistant first consults with a practitioner specializing  
4 in pain management, at no additional cost to the patient; and

5 (ii) Exigent or special circumstances under which the dosage amount  
6 may be exceeded without consultation with a practitioner specializing  
7 in pain management, including the specific circumstance of a patient  
8 requiring a stable and ongoing course of treatment for pain management  
9 in which an initial consultation shall suffice for that complete course  
10 of treatment.

11 (b) Guidance on when to seek specialty consultation, including  
12 information on sufficient training and experience to exempt an  
13 osteopathic physician's assistant from the specialty consultation  
14 requirement, and ways in which electronic specialty consultations may  
15 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 (3) The board shall consult with the agency medical directors'  
22 group, the department of health, the University of Washington, and the  
23 largest association of osteopathic physician's assistants in the state.

24 (4) 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.

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

31 (1) By June 30, 2011, the commission shall repeal its rules on pain  
32 management, WAC 246-919-800 through 246-919-830.

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

35 (a) Dosing criteria, including:

36 (i) A dosage amount that must not be exceeded unless a physician

1 first consults with a practitioner specializing in pain management, at  
2 no additional cost to the patient; and

3 (ii) Exigent or special circumstances under which the dosage amount  
4 may be exceeded without consultation with a practitioner specializing  
5 in pain management, including the specific circumstance of a patient  
6 requiring a stable and ongoing course of treatment for pain management  
7 in which an initial consultation shall suffice for that complete course  
8 of treatment.

9 (b) Guidance on when to seek specialty consultation, including  
10 information on sufficient training and experience to exempt a physician  
11 from the specialty consultation requirement, and ways in which  
12 electronic specialty consultations may be sought;

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

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

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

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

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

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

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

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

30 (a) Dosing criteria, including:

31 (i) A dosage amount that must not be exceeded unless a physician  
32 assistant first consults with a practitioner specializing in pain  
33 management, at no additional cost to the patient; and

34 (ii) Exigent or special circumstances under which the dosage amount  
35 may be exceeded without consultation with a practitioner specializing  
36 in pain management, including the specific circumstance of a patient

1 requiring a stable and ongoing course of treatment for pain management  
2 in which an initial consultation shall suffice for that complete course  
3 of treatment.

4 (b) Guidance on when to seek specialty consultation, including  
5 information on sufficient training and experience to exempt a physician  
6 assistant from the specialty consultation requirement, 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 (2) 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 physician assistants in the state.

16 (3) 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. 7.** A new section is added to chapter 18.79 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:

26 (i) A dosage amount that must not be exceeded unless an advanced  
27 registered nurse practitioner or certified registered nurse anesthetist  
28 first consults with a practitioner specializing in pain management, at  
29 no additional cost to the patient; and

30 (ii) Exigent or special circumstances under which the dosage amount  
31 may be exceeded without consultation with a practitioner specializing  
32 in pain management, including the specific circumstance of a patient  
33 requiring a stable and ongoing course of treatment for pain management  
34 in which an initial consultation shall suffice for that complete course  
35 of treatment.

36 (b) Guidance on when to seek specialty consultation, including  
37 information on sufficient training and experience to exempt an advanced

1 registered nurse practitioner or certified registered nurse anesthetist  
2 from the specialty consultation requirement, and ways in which  
3 electronic specialty consultations may be sought;

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

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

9 (2) The commission shall consult with the agency medical directors'  
10 group, the department of health, the University of Washington, and the  
11 largest professional associations for advanced registered nurse  
12 practitioners and certified registered nurse anesthetists in the state.

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

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

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

18 NEW SECTION. **Sec. 8.** (1) The boards and commissions required to  
19 adopt rules on pain management under sections 1 through 7 of this act  
20 shall work collaboratively to ensure that the rules are as uniform as  
21 practicable.

22 (2) On January 11, 2011, each of the boards and commissions  
23 required to adopt rules on pain management under sections 1 through 7  
24 of this act shall submit the proposed rules required by this act to the  
25 appropriate committees of the legislature."

**ESHB 2876** - S AMD

By Senators Keiser, Pflug

**ADOPTED 03/04/2010**

26 On page 1, line 1 of the title, after "management;" strike the  
27 remainder of the title and insert "adding a new section to chapter  
28 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new  
29 section to chapter 18.57 RCW; adding a new section to chapter 18.57A

1 RCW; adding a new section to chapter 18.71 RCW; adding a new section to  
2 chapter 18.71A RCW; adding a new section to chapter 18.79 RCW; and  
3 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.

A single consultation with a pain specialist shall suffice for a patient on a stable, ongoing course of pain management treatment.

When a health care provider seeks a pain specialist consultation, the patient cannot be charged.

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 the proposed rules to the legislature.

--- END ---