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ENGROSSED SUBSTITUTE HOUSE BILL 2876

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State of Washington                      61st Legislature                      2010 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Moeller, Green, and Morrell)

READ FIRST TIME 01/26/10.

1            AN ACT Relating to pain management; adding a new section to chapter  
2 18.22 RCW; adding a new section to chapter 18.32 RCW; adding a new  
3 section to chapter 18.57 RCW; adding a new section to chapter 18.57A  
4 RCW; adding a new section to chapter 18.71 RCW; adding a new section to  
5 chapter 18.71A RCW; adding a new section to chapter 18.79 RCW; and  
6 creating a new section.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8            NEW SECTION.    **Sec. 1.** A new section is added to chapter 18.22 RCW  
9 to read as follows:

10            (1) By December 1, 2010, the board shall repeal its rules on pain  
11 management, WAC 246-922-510 through 246-922-540.

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

14            (a) Dosing criteria, including a dosage amount that must not be  
15 exceeded unless a podiatric physician and surgeon first consults with  
16 a practitioner specializing in pain management;

17            (b) Guidance on when to seek specialty consultation and ways in  
18 which electronic specialty consultations may 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

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

5 (3) The board shall consult with the agency medical directors'  
6 group, the department of health, the University of Washington, and the  
7 largest professional association of podiatric physicians and surgeons  
8 in the state.

9 (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  
13 surgical procedure, except to the extent that special requirements are  
14 needed for opioid-dependent patients experiencing such acute pain.

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

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

19 (a) Dosing criteria, including a dosage amount that must not be  
20 exceeded unless a dentist first consults with a practitioner  
21 specializing in pain management;

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

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

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

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

31 (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.

1        NEW SECTION.    **Sec. 3.**    A new section is added to chapter 18.57 RCW  
2 to read as follows:

3        (1) By December 1, 2010, the board shall repeal its rules on pain  
4 management, WAC 246-853-510 through 246-853-540.

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

7            (a) Dosing criteria, including a dosage amount that must not be  
8 exceeded unless an osteopathic physician and surgeon first consults  
9 with a practitioner specializing in pain management;

10          (b) Guidance on when to seek specialty consultation and ways in  
11 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.

17        (3) The board shall consult with the agency medical directors'  
18 group, the department of health, the University of Washington, and the  
19 largest association of osteopathic physicians and surgeons in the  
20 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, except to the extent that special requirements are  
26 needed for opioid-dependent patients experiencing such acute pain.

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

29        (1) By December 1, 2010, the board shall repeal its rules on pain  
30 management, WAC 246-854-120 through 246-854-150.

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

33            (a) Dosing criteria, including a dosage amount that must not be  
34 exceeded unless an osteopathic physician's assistant first consults  
35 with a practitioner specializing in pain management;

36            (b) Guidance on when to seek specialty consultation and ways in  
37 which electronic specialty consultations may 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

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

6 (3) The board shall consult with the agency medical directors'  
7 group, the department of health, the University of Washington, and the  
8 largest association of osteopathic physician's assistants in the state.

9 (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  
13 surgical procedure, except to the extent that special requirements are  
14 needed for opioid-dependent patients experiencing such acute pain.

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

17 (1) By December 1, 2010, the commission shall repeal its rules on  
18 pain management, WAC 246-919-800 through 246-919-830.

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

21 (a) Dosing criteria, including a dosage amount that must not be  
22 exceeded unless a physician first consults with a practitioner  
23 specializing in pain management;

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

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

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

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

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

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

1 (b) To the management of acute pain caused by an injury or a  
2 surgical procedure, except to the extent that special requirements are  
3 needed for opioid-dependent patients experiencing such acute pain.

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

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

8 (a) Dosing criteria, including a dosage amount that must not be  
9 exceeded unless a physician assistant first consults with a  
10 practitioner specializing in pain management;

11 (b) Guidance on when to seek specialty consultation and ways in  
12 which 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 (2) 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 physician assistants in the state.

21 (3) 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, except to the extent that special requirements are  
26 needed for opioid-dependent patients experiencing such acute pain.

27 NEW SECTION. **Sec. 7.** A new section is added to chapter 18.79 RCW  
28 to read as follows:

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

31 (a) Dosing criteria, including a dosage amount that must not be  
32 exceeded unless an advanced registered nurse practitioner or certified  
33 registered nurse anesthetist first consults with a practitioner  
34 specializing in pain management;

35 (b) Guidance on when to seek specialty consultation and ways in  
36 which electronic specialty consultations may 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

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

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

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

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

13 (b) To the management of acute pain caused by an injury or a  
14 surgical procedure, except to the extent that special requirements are  
15 needed for opioid-dependent patients experiencing such acute pain.

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

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