

FINAL BILL REPORT

SHB 1045

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Synopsis as Enacted

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).

House Committee on Health Care & Wellness
Senate Committee on Health Care

Background:

East Asian medicine practitioners are licensed by the Department of Health (DOH), and the Secretary of Health acts as their disciplining authority. 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 practitioners are required to prepare and submit to the DOH a written plan for consultation, emergency transfer, and referral to other health care providers. The practitioner must submit the plan with the initial licensure application and then annually at the time the practitioner renews his or her license. Among other things, the plan requires the practitioner to attest that in an emergency, he or she will initiate the emergency medical system by dialing 911, request an ambulance, and provide patient support until emergency response arrives. The 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 a primary care provider. If the patient refuses, he or she must sign a waiver acknowledging the risks associated with the failure to pursue treatment from a primary care provider.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Summary:

Advisory Committee.

The East Asian Medicine Advisory Committee (Committee) is established. It consists of five members, all of whom must be Washington residents. Four members must be East Asian medicine practitioners who have at least five years' experience and who have been actively engaged in practice within two years of appointment. One member must be a member of the public with an interest in the rights of health services consumers. Members serve three-year terms and may not serve more than two consecutive full terms.

Committee members are appointed by and serve at the pleasure of the Secretary of Health. The Committee is charged with advising and making recommendations to the DOH on standards for the practice of East Asian medicine. It must meet at least once a year. Committee members are immune from civil or criminal liability for the DOH's disciplinary proceedings or other official acts performed in good faith. Committee members are entitled to reimbursement for travel expenses and may be compensated up to \$50 per day for attending an official meeting or performing other statutorily prescribed duties.

Written Referral Plan.

The requirement that an East Asian medicine practitioner develop a written plan for consultation, emergency transfer, and referral to other providers is eliminated. In an emergency, an East Asian medicine practitioner must initiate the emergency medical system by calling 911, request an ambulance, and provide patient support until emergency response arrives.

Votes on Final Passage:

House	96	0
Senate	49	0

Effective: July 24, 2015