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HOUSE BILL 2599

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State of Washington                      62nd Legislature                      2012 Regular Session

By Representatives Green, Harris, and Dammeier

Read first time 01/18/12. Referred to Committee on Health Care & Wellness.

1            AN ACT Relating to suspending the pain management rules adopted  
2 pursuant to chapter 209, Laws of 2010; amending RCW 18.22.240,  
3 18.32.785, 18.57.285, 18.57A.090, 18.71.450, 18.71A.100, and 18.79.400;  
4 and declaring an emergency.

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

6            **Sec. 1.** RCW 18.22.240 and 2010 c 209 s 1 are each amended to read  
7 as follows:

8            (1) By June 30, 2011, the board shall repeal its rules on pain  
9 management, WAC 246-922-510 through 246-922-540.

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

12           (a)(i) Dosing criteria, including:

13           (A) A dosage amount that must not be exceeded unless a podiatric  
14 physician and surgeon first consults with a practitioner specializing  
15 in pain management; and

16           (B) Exigent or special circumstances under which the dosage amount  
17 may be exceeded without consultation with a practitioner specializing  
18 in pain management.

1 (ii) The rules regarding consultation with a practitioner  
2 specializing in pain management must, to the extent practicable, take  
3 into account:

4 (A) Circumstances under which repeated consultations would not be  
5 necessary or appropriate for a patient undergoing a stable, ongoing  
6 course of treatment for pain management;

7 (B) Minimum training and experience that is sufficient to exempt a  
8 podiatric physician and surgeon from the specialty consultation  
9 requirement;

10 (C) Methods for enhancing the availability of consultations;

11 (D) Allowing the efficient use of resources; and

12 (E) Minimizing the burden on practitioners and patients;

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

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

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

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

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

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

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

28 (5) The board shall suspend, and may not enforce, the rules adopted  
29 under subsection (2) of this section for a period of three years  
30 following the effective date of this section.

31 **Sec. 2.** RCW 18.32.785 and 2010 c 209 s 2 are each amended to read  
32 as follows:

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

35 (a)(i) Dosing criteria, including:

36 (A) A dosage amount that must not be exceeded unless a dentist  
37 first consults with a practitioner specializing in pain management; and

1 (B) Exigent or special circumstances under which the dosage amount  
2 may be exceeded without consultation with a practitioner specializing  
3 in pain management.

4 (ii) The rules regarding consultation with a practitioner  
5 specializing in pain management must, to the extent practicable, take  
6 into account:

7 (A) Circumstances under which repeated consultations would not be  
8 necessary or appropriate for a patient undergoing a stable, ongoing  
9 course of treatment for pain management;

10 (B) Minimum training and experience that is sufficient to exempt a  
11 dentist from the specialty consultation requirement;

12 (C) Methods for enhancing the availability of consultations;

13 (D) Allowing the efficient use of resources; and

14 (E) Minimizing the burden on practitioners and patients;

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

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

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

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

24 (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.

29 (4) The commission shall suspend, and may not enforce, the rules  
30 adopted under this section for a period of three years following the  
31 effective date of this section.

32 **Sec. 3.** RCW 18.57.285 and 2010 c 209 s 3 are each amended to read  
33 as follows:

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

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)(i) Dosing criteria, including:  
2 (A) A dosage amount that must not be exceeded unless an osteopathic  
3 physician and surgeon first consults with a practitioner specializing  
4 in pain management; and  
5 (B) Exigent or special circumstances under which the dosage amount  
6 may be exceeded without consultation with a practitioner specializing  
7 in pain management.  
8 (ii) The rules regarding consultation with a practitioner  
9 specializing in pain management must, to the extent practicable, take  
10 into account:  
11 (A) Circumstances under which repeated consultations would not be  
12 necessary or appropriate for a patient undergoing a stable, ongoing  
13 course of treatment for pain management;  
14 (B) Minimum training and experience that is sufficient to exempt an  
15 osteopathic physician and surgeon from the specialty consultation  
16 requirement;  
17 (C) Methods for enhancing the availability of consultations;  
18 (D) Allowing the efficient use of resources; and  
19 (E) Minimizing the burden on practitioners and patients;  
20 (b) Guidance on when to seek specialty consultation and ways in  
21 which electronic specialty consultations may be sought;  
22 (c) Guidance on tracking clinical progress by using assessment  
23 tools focusing on pain interference, physical function, and overall  
24 risk for poor outcome; and  
25 (d) Guidance on tracking the use of opioids, particularly in the  
26 emergency department.  
27 (3) The board shall consult with the agency medical directors'  
28 group, the department of health, the University of Washington, and the  
29 largest association of osteopathic physicians and surgeons in the  
30 state.  
31 (4) 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.  
36 (5) The board shall suspend, and may not enforce, the rules adopted  
37 under subsection (2) of this section for a period of three years  
38 following the effective date of this section.

1           **Sec. 4.** RCW 18.57A.090 and 2010 c 209 s 4 are each amended to read  
2 as follows:

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

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)(i) Dosing criteria, including:

8           (A) A dosage amount that must not be exceeded unless an osteopathic  
9 physician's assistant first consults with a practitioner specializing  
10 in pain management; and

11           (B) Exigent or special circumstances under which the dosage amount  
12 may be exceeded without consultation with a practitioner specializing  
13 in pain management.

14           (ii) The rules regarding consultation with a practitioner  
15 specializing in pain management must, to the extent practicable, take  
16 into account:

17           (A) Circumstances under which repeated consultations would not be  
18 necessary or appropriate for a patient undergoing a stable, ongoing  
19 course of treatment for pain management;

20           (B) Minimum training and experience that is sufficient to exempt an  
21 osteopathic physician's assistant from the specialty consultation  
22 requirement;

23           (C) Methods for enhancing the availability of consultations;

24           (D) Allowing the efficient use of resources; and

25           (E) Minimizing the burden on practitioners and patients;

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

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

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

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

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

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

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

3 (5) The board shall suspend, and may not enforce, the rules adopted  
4 under subsection (2) of this section for a period of three years  
5 following the effective date of this section.

6 **Sec. 5.** RCW 18.71.450 and 2010 c 209 s 5 are each amended to read  
7 as follows:

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

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

12 (a)(i) Dosing criteria, including:

13 (A) A dosage amount that must not be exceeded unless a physician  
14 first consults with a practitioner specializing in pain management; and

15 (B) Exigent or special circumstances under which the dosage amount  
16 may be exceeded without consultation with a practitioner specializing  
17 in pain management.

18 (ii) The rules regarding consultation with a practitioner  
19 specializing in pain management must, to the extent practicable, take  
20 into account:

21 (A) Circumstances under which repeated consultations would not be  
22 necessary or appropriate for a patient undergoing a stable, ongoing  
23 course of treatment for pain management;

24 (B) Minimum training and experience that is sufficient to exempt a  
25 physician from the specialty consultation requirement;

26 (C) Methods for enhancing the availability of consultations;

27 (D) Allowing the efficient use of resources; and

28 (E) Minimizing the burden on practitioners and patients;

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

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

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

36 (3) The commission shall consult with the agency medical directors'

1 group, the department of health, the University of Washington, and the  
2 largest professional association of physicians in the state.

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

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

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

8 (4) The commission shall suspend, and may not enforce, the rules  
9 adopted under subsection (2) of this section for a period of three  
10 years following the effective date of this section.

11 **Sec. 6.** RCW 18.71A.100 and 2010 c 209 s 6 are each amended to read  
12 as follows:

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

15 (a)(i) Dosing criteria, including:

16 (A) A dosage amount that must not be exceeded unless a physician  
17 assistant first consults with a practitioner specializing in pain  
18 management; and

19 (B) Exigent or special circumstances under which the dosage amount  
20 may be exceeded without consultation with a practitioner specializing  
21 in pain management.

22 (ii) The rules regarding consultation with a practitioner  
23 specializing in pain management must, to the extent practicable, take  
24 into account:

25 (A) Circumstances under which repeated consultations would not be  
26 necessary or appropriate for a patient undergoing a stable, ongoing  
27 course of treatment for pain management;

28 (B) Minimum training and experience that is sufficient to exempt a  
29 physician assistant from the specialty consultation requirement;

30 (C) Methods for enhancing the availability of consultations;

31 (D) Allowing the efficient use of resources; and

32 (E) Minimizing the burden on practitioners and patients;

33 (b) Guidance on when to seek specialty consultation and ways in  
34 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.

3 (2) The commission shall consult with the agency medical directors'  
4 group, the department of health, the University of Washington, and the  
5 largest professional association of physician assistants in the state.

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

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

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

11 (4) The commission shall suspend, and may not enforce, the rules  
12 adopted under this section for a period of three years following the  
13 effective date of this section.

14 **Sec. 7.** RCW 18.79.400 and 2010 c 209 s 7 are each amended to read  
15 as follows:

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

18 (a)(i) Dosing criteria, including:

19 (A) A dosage amount that must not be exceeded unless an advanced  
20 registered nurse practitioner or certified registered nurse anesthetist  
21 first consults with a practitioner specializing in pain management; and

22 (B) Exigent or special circumstances under which the dosage amount  
23 may be exceeded without consultation with a practitioner specializing  
24 in pain management.

25 (ii) The rules regarding consultation with a practitioner  
26 specializing in pain management must, to the extent practicable, take  
27 into account:

28 (A) Circumstances under which repeated consultations would not be  
29 necessary or appropriate for a patient undergoing a stable, ongoing  
30 course of treatment for pain management;

31 (B) Minimum training and experience that is sufficient to exempt an  
32 advanced registered nurse practitioner or certified registered nurse  
33 anesthetist from the specialty consultation requirement;

34 (C) Methods for enhancing the availability of consultations;

35 (D) Allowing the efficient use of resources; and

36 (E) Minimizing the burden on practitioners and patients;

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

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

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

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

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

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

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

17 (4) The commission shall suspend, and may not enforce, the rules  
18 adopted under this section for a period of three years following the  
19 effective date of this section.

20 NEW SECTION. **Sec. 8.** This act is necessary for the immediate  
21 preservation of the public peace, health, or safety, or support of the  
22 state government and its existing public institutions, and takes effect  
23 immediately.

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