

## WEAMA April 2018 Legislative Session Summary

Prepared by Leslie Emerick, WEAMA Lobbyist



*Governor Inslee Bill Signing of  
SB 6157 Prior Authorization*

*March 22, 2018*



*Senator Shelly Short, bill sponsor of SB 6157*

### Legislative Overview

The legislative session was officially over on March 8, 2018, but the Governor continued to sign bills for weeks after the session was over. For the first time in five years there was not a Special Session to finalize a budget. We are still waiting to see if the WA Supreme Court will accept the latest funding for the McCleary Decision that requires fully funding education under the state constitution. I believe it is likely they will approve of the legislatures last budget since they added nearly a billion dollars into the budget for education. Luckily the state's revenues came in with an additional \$1.4 billion to help finish the job this year!

Legislators were anxious to get home and start campaigning! All House of Representative positions are up for election and half of the Senate. As you are aware, the balance of power between the Republicans and the Democrats in the House and Senate is very slim. Elections have consequences and with such slim margins, we could see more changes in the balance of power. That is why contributing to the [WEAMA PAC](#) is so important this year. I am already getting calls from legislators to donate to their campaigns! It is important to support legislators who support East Asian Medicine or who may be hearing bills related to our profession. Contributions open doors and conversations about your profession.

4/10/18

### [ESSB 6157 Prior Authorization](#)

WEAMA worked closely with chiropractic, physical therapy, occupational therapy, massage therapy, or speech and hearing therapies associations on a Prior Authorization bill for about 3 years now. As a team we “worked the doors” in the Senate and the House to request that legislators come out and speak with us regarding the bill. We were facing stiff opposition from all the health insurance providers. Near to the final vote in the Senate, an amendment was negotiated with the insurance companies on the bill. The bill allows for one visit for initial evaluation and six uninterrupted visits before you have to do another prior authorization. We started with 12 visits, then 8 and in the end were only able to negotiate 6, but from what our providers tell me this will still help as some insurers start prior auth after 3-4 visits.

### *State Agency Regulatory Update*

#### **DOH Opioid Prescribing Rulemaking**

WEAMA has been working with the state agencies on using Acupuncture as an alternative to opioids for a number of years. Since the Governor’s Opioid bill died this legislative session, the Opioid Rulemaking being done with prescribing Boards and Commissions are the only “vehicle” that is still moving forward legislatively that can promote the use of Acupuncture as an alternative to Opioids. The Opioid Prescribing Rules ([ESHB 1427](#)) intends to implement safe opioid prescribing rules, expand access and use of Prescription Monitoring Program (PMP) data, and improve access to medication assisted treatment. We were successful in keeping this language in the final draft of the rules:

#### CONCEPTUAL DRAFT VERSION 6.2 GENERAL PROVISIONS

246-XXX-X05 Use of Alternative Modalities for Pain Treatment (1) The practitioner shall consider multimodal pharmacologic and non-pharmacologic therapy for ~~acute, subacute, or perioperative~~ pain rather than defaulting to the use of opioid therapy alone whenever reasonable, evidence-based, clinically appropriate, alternatives exist. A practitioner may combine opioids with other medications and treatments, including, but not limited to, acetaminophen, acupuncture, chiropractic, cognitive behavior therapy, nonsteroidal anti-inflammatory drugs (NSAIDS), osteopathic manipulative treatment, physical therapy, massage, or sleep hygiene.

Now the draft rule document goes to the individual commissions and boards who prescribe opioids in our state to be approved. Some may amend the document to fit their needs...but in theory, it will remain substantially the same language agreed upon by the workgroup.

The next meeting of the **Opioid Response Workgroup will be April 24, 2018, 9am – 12pm.** This group meets regularly separate from the rules workgroup to address issues related to Opioid Abuse in our state. I attend the meetings whenever possible.

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### **Acupuncture and ARNPs Medical Acupuncture Advisory Opinion with NCQAC**

WEAMA has been informed that Representative Eileen Cody, Chair of the House Health Care Committee, has sent a letter to the Nursing Care Quality Assurance Commission (NCQAC) requesting that they do rulemaking on the ARNP Medical Acupuncture issue and rescind their Advisory Opinion. We are now waiting to see what the response from NCQAC is back to Representative Cody and if they will accept her request.

Background: has approved of an [Advisory Opinion on Medical Acupuncture: Scope of Practice for Advanced Registered Nurse Practitioners](#). The Advisory Opinion significantly expands their scope of practice into a highly regulated state profession trained to practice acupuncture and requiring national certification with the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

WEAMA strongly supports the EAMAC request for rulemaking and feel that there is a need for additional public review and clarification of this significant of a scope expansion into an entirely different system of medicine. We believe that the decision by the NCQAC is in conflict with the Administrative Procedures Act, RCW 34.05.230 Interpretive and policy statements.

WEAMA is meeting with ARNPs United on April 23, 2018 at Bastyr's campus in Seattle to discuss how we can work cooperatively together on training requirements and an integrated care model.

### **East Asian Medicine Advisory Committee ([EAMAC](#))**

Here is the meeting schedule of upcoming EAMAC meetings in the state. The department is reviewing chapter 246-803 WAC to begin the rule drafting process. The rules writing process is open to the public. The public is welcome to take part in helping us write rules. Rules are also known as regulations, Washington Administrative Code, or WAC. The rule-making process includes public notices and workshops, and usually a public hearing before a rule becomes final.

June 22, 2018 Location to be determined. Vancouver, WA	I
September 14, 2018 Department of Health Creekside Two Center Point, Room 309 20425 72 <sup>nd</sup> Ave. S., Bldg. 2, Ste. 310 Kent, WA   <a href="#">Directions</a>	I
November 9, 2018	

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Department of Health  
Creekside Two Center Point, Room 307  
20425 72<sup>nd</sup> Ave. S., Bldg. 2, Ste. 310  
Kent, WA | [Directions](#)

### **Labor and Industries Pilot Project**

Here is a link to the Acupuncture Pilot Project at L & I:

<http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/ByCondition/Acupuncture.asp>

### ***Health Technology Assessment Program:***

I set up a conference call with Josh Morse, Brenda Loew and I at the Health Technology Assessment (HTA) program on March 16, 2018. We discussed what would be required for HTA to re-review the migraine headache decision. WEAMA could submit request for a re-review of acupuncture for migraine headaches, but we would have to provide persuasive evidence-based documentation to have it reconsidered. We are still researching options currently.

### ***Physical Therapy Dry Needling***

- Mediated Discussion with PTWA on May 4<sup>th</sup>, 2018
- PT Interstate Compact with possible legislation next session.

### ***Potential 2019 WEAMA Legislation (Under consideration only, no draft developed yet)***

#### ***RCW 18.06 Update***

- Legislative committee needs to review RCW 18.06 by section to see if it needs updating.
- Involve Bastyr University, Seattle Institute of Oriental Medicine (SIOM) and Middle Way Acupuncture Institute to assure that what they are teaching is in our scope of practice.
- Clarify what EAMP licensure hours should be to pass the NCCAOM test in statute.
- Work with Bastyr to develop a dual licensure path for other profession to practice acupuncture.
- Determine whether Continuing Education (CE) make sense for EAMPs and what that would look like.
- Research other states who offer Acupuncture in their Medicaid program, get legislation or authority used as a model for WA State.
- Find data on the cost of an opioid addicted patient.