

WEAMA Legislative & Public Policy Accomplishments

“A 10-year Retrospective”

2018

[SB 6157](#) Regarding Prior Authorization, passed the legislature & signed by Governor. Health insurers are now prohibited from requiring prior authorization for initial evaluation and management visits; and up to 6 consecutive treatment visits in a new episode of care of chiropractic, physical therapy, occupational therapy, East Asian Medicine, and massage therapy. The bill is effective on June 7, 2018.

Insurance companies aggressively lobbied against the bill. Due to the perseverance of the bill's sponsor, Senator Shelly Short (R) and a team of lobbyists representing East Asian Medicine, chiropractors, massage therapists, physical therapists and occupational therapists, we were successful in preventing excessive prior authorization by insurers in our state!



[ESHB 2489](#), Regarding Opioid Use Disorder Treatment and Prevention. The bill did not pass the Senate at the very last day of session due to controversy over safe injection sites. Prior to the legislative session, WEAMA submitted a letter to Governor Inslee on acupuncture as an alternative to opioids and included recent evidence-based data on the report. Within a week of submitting the letter, WEAMA was invited to attend a meeting with the medical directors of the Health Care Authority, Medicaid and DOH. Due to our efforts, the bill supported non-pharmacological alternatives to opioids.

Opioid Prescribing Rulemaking for Boards and Commissions Required by HB 1427

[ESHB 1427](#) intended to implement safe opioid prescribing rules, expand access and use of Prescription Monitoring Program (PMP) data, and improve access to medication assisted treatment. The final meeting of the Opioid Prescribing Task force was held on March 14, 2018. The [meeting resulted in the final 1427 Conceptual Rules draft version 7.1 \(PDF\)](#).

WEAMA was successful in getting language the draft rules required under HB 1427 Opioid Prescribing on the use of alternative modalities for pain treatment. Here is the rule language:

“The practitioner shall consider multimodal pharmacologic and non-pharmacologic therapy for 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, PT, massage, or sleep hygiene.

2017

Acupuncture Pilot Project for Low-Back Pain at L & I: WEAMA worked with WA State Labor and Industries (L & I) for over 10 years to remove the prohibition for acupuncture and allow treatments. We submitted a successful study on low back pain to L & I in 2016 and in 2017, an [Acupuncture for Low Back Pilot Project](#) was accepted by L & I. Beginning Oct. 1 2017, a pilot project began the use of acupuncture for the treatment of low-back pain. Acupuncture providers who enroll in the pilot project may treat workers, within the guidelines of the project. L & I proposed a Concurrent Rule-Making Process: Pilot Rule waiver process: CR 101 public notice June 2017. Repeal old rule, which has language that excludes L.Ac.s/EAMPs from being reimbursed for their work through L&I. Expected timeline: 9-12 months.

Presentation in Senate Health Care Committee: WEAMA was invited to participate in an Opioid Abuse Work Session in the Senate Health Care Committee on "Acupuncture as an Alternative to Opioids". This was the first opportunity the profession has had to address the opioid epidemic in a public forum with the WA State Legislature.

Nursing Care Quality Assurance Commission Advisory Opinion on Medical Acupuncture for ARNPs: This is an ongoing issue that started by a request by a dual licensed ARNP/EAMP to allow ARNPs to practice Medical Acupuncture with the same training as physicians. WEAMA participated in numerous meetings to assure that training levels were similar being dual licensed as an EAMP. This issue has continued in 2018 and we are still working on a reasonable solution with the Nursing Commission. WEAMA has testified before the Nursing Commission and has been working closely with the Chinese acupuncturists on this issue. Our next steps are to have a meeting with the Nursing Commission with a Chinese interpreter (Mandarin) to discuss appropriate training requirements.

2016

[SHB 2448](#) Concerning the practice of certain East Asian medicine therapies. Passed legislature and signed by the Governor on March 29, 2016. Required DOH, in consultation with East Asian Medicine Advisory Committee, to adopt rules regarding the definition and substances administered as part of PIT.



East Asian Medicine Advisory Committee (EAMAC) Rules on Point Injection Therapy

WEAMA was successful in establishing appropriate rules and education around Point Injection Therapy (PIT). PIT is the subcutaneous, intramuscular and intradermal injection of substances consistent with the practice of East Asian medicine to stimulate acupuncture points, Ashi points, trigger points and meridians.

Education and training for PIT: Minimum of 24 contact hours of PIT training; includes 8 hours of clinical practical experience; And 2-hours of training in the use of intramuscular epinephrine. Effective July 1, 2017. WEAMA was also able to get a letter from DOH substantiating that EAMPs are allowed to purchase PIT substances from vendors legally in WA State.

WEAMA has been successful in preventing Dry Needling in WA State by PTs.

[SB 6374](#) (2016) Allowing physical therapists to perform dry needling with 54 hours of training. Died in the Senate Health Care committee by 1 vote. Hundreds of calls to legislators by EAMPs made a difference...but also upset some legislator's office staff.

DOH Public Hearing on PT Dry Needling Sunrise Review Draft released on December 2016. Dry needling is not approved at this time, but DOH recommends that with legislative approval, PTs could do dry needling. Overwhelming response during comment period, 609 pages of public comments. Largest turnout for a Sunrise Review ever! Over 100 people attended.

Representative Eileen Cody, the Chair of the House Health Care Committee asked for an Attorney General Opinion: April 15, 2016 RE: Scope of Practice of Physical Therapy. Their official opinion was: "The practice of dry needling does not fall within the scope of practice of a licensed physical therapist." WEAMA supported successful lawsuit against PTs practicing Dry Needling.

2015

[HB 1045](#) Concerning the practice of East Asian medicine. Created the 5-member East Asian Medicine Advisory Committee (EAMAC) to advise DOH on East Asian Medicine and Acupuncture. The bill also eliminated the requirement that an East Asian medicine practitioner develop a written plan for consultation, emergency transfer, and referral to other providers.



[HB 1471](#) Mitigating Barriers to Care: (Passed legislature) Imposes requirements on health carriers and health plans offered to public employees relating to prior authorization and contracting practices. A carrier may not require prior authorization for an evaluation and management visit or an initial treatment visit with a contracting provider in a new episode of chiropractic, physical therapy,

occupational therapy, East Asian medicine, massage therapy, or speech and hearing therapies.



[HB 1042](#) Prohibits PT Dry Needling (did not pass legislature): WEAMA supported this bill clarifying that the PT scope of practice does not include dry needling. The penetration of human tissue with an acupuncture needle for dry needling is outside the plain text of their authorized scope of practice. A King County Superior Court lawsuit also confirmed that dry needling is outside of the PT scope of practice. Those operating outside of their scope of practice are in violation of the Uniform Disciplinary Act and considered Unprofessional conduct.

2014

Sometimes it takes a few years to get bills through the state legislature and [HB 1339](#)—Clarifying the scope of practice for East Asian medicine practitioners and removing certain referral requirements was one of those bills! In the 2013 WA State Legislative Session, HB 1339 passed the House of Representatives, the Senate Health Care Committee and Senate Rules Committee unanimously, but died on the floor of the Senate on the last day of session as they ran out of time. It has bipartisan support, with no amendments and no controversy. It ran again in 2014 but was still not able to make it over the finish line until 2015!!

1. Removes outdated language from RCW 18.06.140 requiring a primary health care provider's signature and agreement to consult with and accept referred patients from an East Asian Medicine Practitioner (EAMP) before the EAMP may get or renew his/her license.

2. Clarifies their scope of practice by amending RCW 18.06.010 to read as follows: (1) (n) East Asian massage, reflexology, and Tui na, which is a method of East Asian bodywork....

[SHB 2742](#)(2014) Requiring a rule-making process to interpret the scope of practice of a health care profession. WEAMA was instrumental in getting this bill introduced by Representative Cody, the chair of the House Health Care Committee this session to reign in "rogue" professional boards. Sadly, the bill did not make it to the floor for a vote.

[E2SSB 5540](#) Health coverage/out-of-state carriers: We were successful in helping to kill this bill that would allow out of state carriers to offer plans in Washington State without complying with our mandates as every category provider laws.

2013

[HB 1339](#)—Clarifying the scope of practice for East Asian medicine practitioners and removing certain referral requirements. This was the first year that WEAMA ran this legislation and it did not pass the legislature. HB 1339 is now considered a “Carryover” bill for the 2014 legislative session.

Office of the Insurance Commissioner Issue: WEAMA petitioned the Office of Insurance Commissioner, requesting that EAMPs to be added to the list of health care providers eligible to be covered under the locum tenens rule. That would allow another EAMP to substitute for an EAMP who is under contract with an insurer but who is away on vacation, injured, or ill. The substitute would be paid by the insurer even if s/he was not under contract with that insurer.

OIC denied our petition. It applied the same logic it had when it considered and denied similar petitions from chiropractors and physical therapists. In summary it says that OIC follows the Medicare guidelines for requiring insurers to allow locum tenens providers, and it adds naturopaths and ARNPs because they are primary care providers. It observed that the rule does not prohibit insurers from paying for locum tenens providers.

Office of the Insurance Commissioner Rulemaking- Essential Health Benefits under Affordable Care Act: WEAMA assured that acupuncture benefits remained in the final rulemaking for the Essential Health Benefits baseline plan for the state. It includes 12 acupuncture services per calendar year without a referral and acupuncture treatment visits without application of the visit limitation requirements, when provided for chemical dependency.

2012

Here are the bills that WEAMA worked on in the state legislature in 2012:

SB 6447-regarding funding for work study programs. This bill would have required a 3% surcharge on all health care professions licenses including East Asian Medicine practitioners. It also imposed a \$10.00 fee on all business licenses in the state. I worked with a team of lobbyists to stop this bill from gaining a vote in the committee hearings and signed in as opposed for WEAMA. The bill died in the Senate Higher Education committee.

SSB 6103 –Concerning the practice of reflexology and massage therapy. This would require the certification of reflexologists under the Uniform Disciplinary Act. DOH may certify an applicant without exam if the applicant has practiced reflexology for at least five years prior to the effective date of the act and applies for certification within one year of the effective date of the act. Section 6 of the bill states that this chapter does not apply to: (2) The practice of a profession by individuals who are licensed, certified, or registered under other laws of this state and who are performing services within their authorized scope of practice. We believe that this would cover EAMPs who may practice reflexology as part of their scope of practice under acupressure.

SB 6640-regarding interstate health compacts. WEAMA wants to insure that Interstate Health Compacts do not diminish Washington State mandates on Every Category Provider. This bill would allow the Insurance Commissioner to negotiate with other states to form health care insurance compacts. It is scheduled for a hearing in the House Health Care Committee this week.

SB 6346 –Harmonizing state requirements regarding discrimination against health care providers with federal requirements, would assure inclusion of all essential benefits mandated by the Affordable Care Act. WEAMA was supportive of this bill.

2011

SHB 1493 Providing greater transparency to the health professions disciplinary process. WEAMA worked with other providers to assure that this bill was not punitive to health care practitioners. It was initially brought about by a constituent who was unhappy with the Medical Quality Assurance



Commission. It now Provides greater transparency to the health professions disciplinary process. Requires a disciplining authority to: (1) Provide a party making a complaint or report of unprofessional conduct with a reasonable opportunity to supplement or amend the contents of the complaint or report; and (2) Promptly respond to inquiries made by the party regarding the status of the complaint or report.

Labor and Industries-Began researching the possibility of EAMP's becoming L & I Providers. There was an initial fact-finding meeting with Legislative and Medical staff at L & I. The most important research and data review question: Is acupuncture effective in treating pain and improving function for injured workers? A Full Systematic Review-At least one year away, maybe longer because of L & I staff constraints.

DOH Rulemaking on East Asian Medicine Practitioners: Chapter 246-802 WAC Amending Acupuncturist Rules to Reflect Updated East Asian Medicine Statute

Purpose: Chapter 246-803 WAC replaces the term acupuncture with East Asian medicine; clarifies the scope of practice for East Asian medicine practitioners; establishes training, examination, and patient waiver requirements; and clarifies the inactive license status option. The rules are necessary to align the current rules with 2010 legislation (SSB 6280). Effective September 23, 2011.

2010

[SSB 6280](#)-East Asian Medicine Practitioners After 2 ½ years, WEAMA (formerly WAAMA) succeeded in passing  SSB 6280-East Asian Medicine Practitioners,  scope of practice and title of profession change legislation, Governor Gregoire signed bill into law on April 1, 2010, in the Governor's Conference Room updating your scope of practice for the first time in 25 years. The bill went into effect on June 10, 2010.

2009

[Acupuncture Scope of Practice Sunrise Review](#). Prior to passing our scope of practice and title of profession change legislation, the association was required to do a Sunrise Review by legislators. The time and energy it takes to do a review is extensive! Here is the executive summary by DOH:

Proposal Acupuncturists are regulated under Chapter 18.06 RCW. The scope of practice has not been updated for 24 years. The Washington Acupuncture and Oriental Medicine Association (WAOMA) (applicant) seeks to make additions to the current scope of practice and to change the title of the profession from acupuncturist to Asian Medicine Practitioner.

The proposal would add several treatment methods and make changes to others. Specifically, Asian Medicine Practitioners would be allowed to:

- Use lancets, in addition to acupuncture needles, to directly and indirectly stimulate acupuncture points and meridians.
- Give dietary advice as a stand-alone treatment no longer in conjunction with the current allowed techniques.
- Teach breathing, relaxation and exercise techniques.
- Use qi gong, a Chinese meditative and exercise system.
- Offer health education.
- Conduct and analyze in-office testing of temperature, blood pressure, auscultation (listening to the body's internal sounds), weight, body fat percentage, urine, saliva, stool, and blood to assist the practitioner in determining the need for referral to a primary care physician and to assist in treatment.
- Perform massage and tui na, a Chinese form of manipulative therapy.
- Use heat and cold therapies.
- Recommend and dispense herbs, vitamins, minerals, and dietary and nutritional supplements.

Recommendation from the Department of Health (department) recommends adoption of the proposed scope of practice changes, in whole or part; with the exception of medical testing. The

department does not take a position on the name change except to recognize procedural and fiscal effects to existing systems.

2019 was a very busy legislative year. WEAMA made its first attempt to change the name of the profession to Oriental Medicine Practitioner, but legislators did not like the use of the term Oriental and the bill died. There was also another acupuncture association that tried to establish an acupuncture commission. This bill died as well in 2009.

[HB 1390](#) Modifying the name of and titles within the acupuncture profession.

[HB 1398](#) Creating the acupuncture quality assurance commission.

[SB 5320](#) Modifying the name of and titles within the acupuncture profession.