

April 19, 2021

WAEMA Legislative Update!

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Your Washington Acupuncture and Eastern Medicine Association (WAEMA) has been working hard this legislative session to clarify and expand your scope of practice and passed new legislation into your state law ([RCW 18.06](#)). We have worked collaboratively with other medical professions to gain reimbursement for PPE during the pandemic with healthcare insurers and have worked closely with the Department of Health to finalize rulemaking for Continuing Education and updating your Washington Administrative Codes ([WAC 246-803](#)). It will also finalize language in WAC changing the profession name to Acupuncture and Eastern Medicine.



Great News!! [SB 5018 Acupuncture and Eastern Medicine](#) bill passed the Washington State Legislature unanimously and was signed by the Governor on April 16, 2021. The bill does a variety of things such as updating the language clarifying what is currently in your scope of practice and it expands the substances that a practitioner can use for Point Injection Therapy.

Acupuncture and Eastern medicine means a health care service using acupuncture or Eastern medicine diagnosis and treatment to promote health and treat organic or functional disorders, which includes a variety of traditional and modern acupuncture and Eastern medicine therapeutic treatments, such as the practice of acupuncture techniques and herbal medicine to maintain and promote wellness; prevent, manage, and reduce pain; and treat substance use disorder.

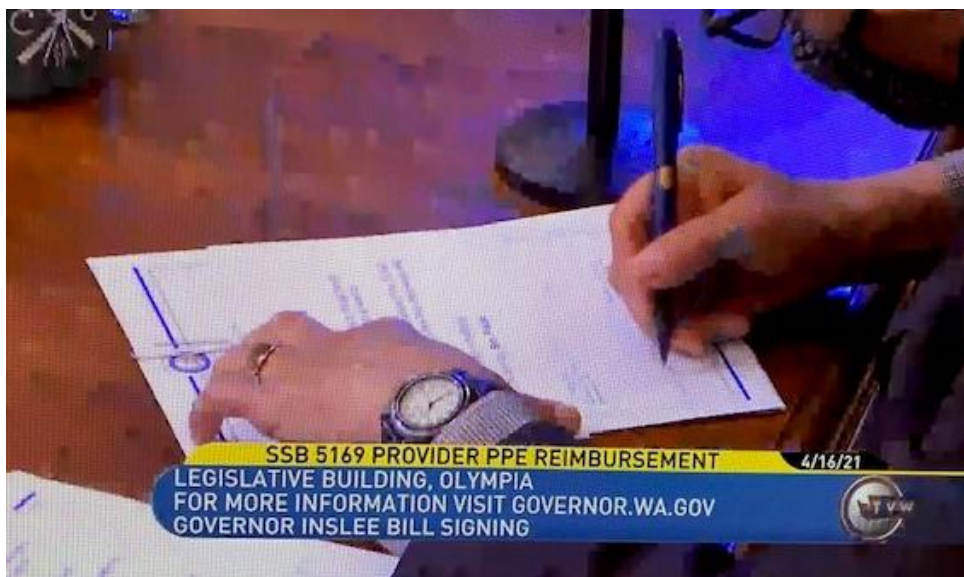
An acupuncture and Eastern medicine practitioner may: use presterilized disposable needles, such as filiform and other acupuncture needles, syringes, or lancets to stimulate meridians, and acupuncture points including ashi points, motor points, trigger points, and other nonspecific points on the body; perform intramuscular needling and dry needling of trigger points in accordance with acupuncture and Eastern medicine training; perform all points and protocols for

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ear acupuncture; and use contact needling and noninsertion tools such as teishin, enshin, or zanshin.

Point injection therapy, as defined in rule by DOH, includes injection of local anesthetics, such as lidocaine and procaine, for reducing pain during point injection therapy. An acupuncture and Eastern medicine practitioner using point injection therapy may use oxygen, and epinephrine for potential emergency purposes, such as an allergic or adverse reaction, or for patient care and safety.

Prior to administering local anesthetics, epinephrine, or oxygen while providing point injection therapy services, an acupuncture and Eastern medicine practitioner must satisfy education and training requirements established by DOH. DOH must adopt rules establishing these training requirements by July 1, 2021.



SSB 5169 PPE Reimbursement Legislation

On Friday, April 16, Governor Inslee signed into law Senate Bill 5169, concerning provider reimbursement for personal protective equipment (PPE) during the state of emergency related to COVID-19. Because the legislation has an emergency clause, it will be effective upon the Governor's signature.

For the duration of the federal public health state of emergency related to COVID-19, a health benefit plan regulated by the Office of the Insurance Commission must reimburse a health care provider who bills for incurred PPE expenses as a separate expense, using the American Medical Association's current procedural terminology code 99072 or as subsequently amended, \$6.57 for each individual patient encounter. This act is not intended to apply to health care services not provided in person. Enrollee cost sharing is limited to the covered service according to the terms

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and conditions of the health benefit plan and does not apply to an expense for PPE. This act expires upon the termination of the federal public health state emergency related to COVID-19 as declared by the United States Department of Health and Human Services.

WAEMA was a strong supporter of this legislation throughout the process, and we thank our colleagues at WSMA for their leadership on this issue.

Final DOH Rules on Continuing Education go into Effect on May 9, 2021!

This rulemaking was based on legislation that WAEMA was the proponent of over the past few years. Below you will see links to the CR103 Final Rule-Making order filed on April 8, 2021 as WSR#21-09-008 along with the final rules and Concise Explanatory Statement. The Department of Health (department) opened chapter 246-803 WAC and amended the rules to implement the following legislation:

Substitute House Bill (SHB 1865) (chapter 308, Laws of 2019):

1. Added new requirements for continuing education;
2. Changed “East Asian” to “acupuncture and Eastern medicine,”
3. Deleted the apprenticeship and tutorial requirements; and
4. Made other housekeeping changes.

Engrossed Substitute House Bill (ESHB) 1551 (chapter 76, Laws of 2020). The department amended the rules to remove references to AIDs education and training.

Engrossed Substitute House Bill (ESHB) 2411 (chapter 229, Laws of 2020). The department added new requirements for suicide prevention and education for acupuncture and Eastern medicine practitioners. The rules are effective May 9, 2021. If there are any questions, feel free to contact Vicki Brown, Acupuncture and Eastern Medicine Program Manager, at vicki.brown@doh.wa.gov.

- [CONCISE EXPLANATORY STATEMENT - 4.pdf](#)
- [2109008accupunctureandeastasianmedicinepractioner103final.pdf](#)