

WEAMA 2019 Legislative Proposal Timeline and Background Information

Historical Background:

2017 Legislative Discussions

The discussions with the WEAMA membership on running legislation actually began in 2017. At the WEAMA Fall Conference in 2017 I spoke with the membership about potential legislation for the 2018 legislative session. There were a number of issues that we were considering addressing as early as the fall of 2017:

- Acupuncture Definitions: including Ashi or trigger points; Auricular (ear) acupuncture, such as NADA protocol or Battlefield Acupuncture (BA)
- Must pass a nationally or internationally certified training program for acupuncture/East Asian Medicine approved by the Secretary of Health
- Revises exemptions from RCW to state that persons practicing acupuncture must meet training standards of a nationally or internationally certified training program.
- Repeals 18.57A.070 RCW Osteopathic physician acupuncturist—Licensure and 18.71A.085 RCW Physician Assistant Acupuncture.
- Continuing Education (CE) requirements for East Asian Medicine practitioners may be developed through a rulemaking process with the approval of the Secretary of Health.

Part of the reason for running legislation in 2018 was to be able to push back on a legislative proposal by the PTs to do dry needling. It was a legislative strategy to run a bill that would challenge their proposal. The strategy worked, and the PTs held off running legislation for another year. The board decided to hold off on running legislation in the 2018 session and begin work for the 2019 legislative session.

2018

After the 2018 legislative session ended in March, we had more information on how to craft a bill for the 2019 legislative session and began to review the current statute, RCW 18.06 more closely. At the 2018 WEAMA Spring Conference I presented information again to the membership that we were considering running legislation in the 2019 legislative session and would be working on it over the interim before session.

Here are the talking points from my presentation at the Spring Conference:

Prepared by Leslie Emerick

Our last major scope update to RCW 18.06 was in 2010 when we changed the name of the profession to East Asian Medicine Practitioners. We have had some minor, but important updates since then, such as removing the requirement for a primary care providers signature before you could renew your license and clarifying Point Injection Therapy in your scope of practice.

What we are finding is that there has been some confusion around Acupuncture as a system of medicine vs a technique under East Asian Medicine. That needs to be clarified. We need to rework the definitions around acupuncture, what it is, what points you use and clarify what type of needles are used for acupuncture.

The board has approved an Expanded Legislative Committee for broad review as we get going. The Board will maintain a smaller committee for hot issues the larger committee for working on the RCW update.

WEAMA would like to involve Bastyr University, Seattle Institute of Oriental Medicine (SIOM) and Middle Way Acupuncture Institute in our review process to assure that new modalities are included in your scope.

We need to better clarify the number of hours needed for EAMP to be able to pass the NCCAOM test. Currently your scope only has 500 hours and you receive much more than that!

We need to determine if Continuing Education (CE) is needed and what it would look like. We need to work with Bastyr & others to clarify the number of hours for dual licensure training for other professions to practice acupuncture. We also need to clarify what Medical Acupuncture is for Physicians & ARNPs. There is lots to do over the summer and we will begin stakeholder work soon!

Timeline for 2019 WEAMA Legislative Proposal

May –September 2018

- WEAMA Public Policy Committee was established. Around 30 members signed up at the Spring Conference to participate. A group was set up on Glip with their emails and notices for policy meetings began to go out. There are recordings available of these meetings for interested members of WEAMA.
- A detailed review of our current [RCW 18.06](#) began to see what needs to be updated and/or fixed based on feedback and discussion that had occurred at the Spring meeting, legislative session and with the East Asian Medicine Advisory Committee.
- WEAMA participate in a facilitated conversation with the Physical Therapy Association of WA on their legislative proposal on dry needling for the 2019 legislative session. Determine how to respond in our 2019 legislation as to what they are proposing.

- Participate in the Nursing Commission meetings on the ARNP Advisory Opinion on Medical Acupuncture to determine if we need to address in our bill for 2019.
- Discuss potential updates and fixes for RCW 18.06 with the East Asian Medicine Advisory Committee that have become apparent in our WAC update and begin to outline ideas being discussed for legislation in 2019.
- Review what national organizations such as the American Society for Acupuncturists (ASA), the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the National Certification Commission on Acupuncture and Oriental Medicine (NCCAOM) to see if WA State can align with current policy issues nationally.
- Review of evidence-based medicine for non-pharmalogical alternatives to opioids for the state Medicaid program. WEAMA was advocating for acupuncture to be included in a decision package for the Governor's Budget which will be out in December.
- Preliminary discussions regarding the name change for the profession and the association began over the summer as the board was doing research on what was happening nationally with the Bureau of Labor new category for Acupuncturists, the Veterans Administration recent clarification on using licensed Acupuncturists, Opioid legislation on both the state and national level that refers to Acupuncture as an Alternative to Opioids.
- The opioid crisis nationally was driving the discussions around how to make sure WA State was aligned with efforts on both the state and national level to maximize the inclusion of licensed EAMPs/Acupuncturists in the state. The board was becoming well aware that Acupuncture was going mainstream as an alternative to opioids and the term that was being used nationally was Acupuncture, not East Asian Medicine.

September-December 2018

- Discuss options based on the research that individual board members did on state and national issues with full board and public policy committee members.
- Identify key concerns and determine what would go in a draft legislative proposal to present to the membership.
- WEAMA receives petition from Chinese acupuncture community to please consider changing the name of the profession away from East Asian Medicine because of historical connotations regarding East Asian "Sick Man". WEAMA board takes this into consideration when determining the direction of the legislation and potential name change for the profession and association that was already under discussion.
- Bring key provisions in our legislative proposal to the membership for discussion purposes at the Fall Business and Educational Conference.
- Provide opportunity for additional stakeholder opportunity through public policy and official board meetings in October through December.
- Provide a survey for the membership to participate in on the name change concept for the bill and the professional association name.

- Send ballots out to entire membership for a vote on the name change for the profession and the association.
- Begin initial discussions with key legislators on the health care committees to see if they would support some of the initial ideas being proposed for a 2019 bill proposed by WEAMA.
- Gain permission from a legislator to work with the Code Reviser attorneys to craft a draft bill to be used for stakeholder purposes. Senator Cleveland, the Chair of the Senate Health Care Committee has given us permission to work with the Code Revisor.
- Develop draft bill language incorporating the ideas that have been proposed by board, East Asian Medicine Advisory Committee, WEAMA membership and public policy committee members with the attorney at the Code Revisers office.
- Discuss key concerns about name change with the Assistant Attorney General for the East Asian Medicine Advisory Committee. Get early feedback as soon as there is a bill draft to review.
- Prepare legislative narrative about what the bill intends to accomplish and the need for the updated statute for a legislative handout.
- Make stakeholder contact with East Asian Medicine and Acupuncture related schools such as Bastyr College and others to get feedback on bill proposal concepts such as the name change.
- Refine draft of bill and legislative narrative based on feedback and survey results.
- Begin discussions with legislative committee staff assigned to the bill development.

December 2018-January 2019

- Finalize bill draft for legislative session after review from membership and board.
- Send to DOH and the East Asia Medicine Advisory committee for final review and comment.
- Gain bi-partisan sponsorship for our legislative proposal in the House and Senate Health Care Committees.
- Finalize bill handout for legislators and interested parties.
- Begin meeting with legislators to discuss the need for the bill and request support.
- Pre-file bill, if possible, in late December, drop bill in hopper for introduction and committee assignment. Bills can be introduced well into a long session of the legislature, so it would not have to be pre-filed, just an option if we are ready to move forward.
- Session starts January 14, 2019 and committee hearing start being schedule with bill hearings. Work to get bill schedule for a public hearing early in the legislative session.
- Track, testify and advocate for bill throughout the session. Work with other interested parties to amend bill if needed.