

Spring Seminar Meets New CME Mandate

Despite efforts by WOMA in last year's legislative session to exclude DOs from the new license requirement for CME on Suicide, the Legislature mandated DOs and MDs to meet a one-time six-hour requirement. It will be an ongoing requirement for several other professions.

To help DOs meet the requirement and earn valuable AOA 1-A credits, WOMA's Spring Seminar will provide 8 hours on Suicide Assessment, Treatments and Management on March 21, 2015 at PNWU in Yakima. Rules are being established and the Board of Osteopathic Medicine and Surgery will provide a list of approved programs. WOMA has obtained approval of this program by the Board.

The program will also be available by Live Stream, which means you can register to participate online in real time and earn the 1-A credits. A separate registration process is required and will be made available closer to the program. This program will not be recorded for later viewing, but there will be other programs (not

AOA 1-A) that will meet the requirements.

The legislature has pushed back the required completion date to earn the credits by two years, to the end of the first full continuing education reporting period after January 1, 2016, or during the first full continuing education reporting period after initial licensure, whichever is later. The State has a rolling CME period equal to three years prior to license renewal which is on the licensee's birthday.

Program Chair Lynda Williamson has assembled a remarkable faculty and agenda. The morning session features Jeffrey Hedge, DO and Paul Quinnett, PhD and will cover:

- * Attitudes and approach towards working with suicidal patients.
- * Knowledge about suicide - including review of risk factors, protective factors and warning signs.
- * Suicide risk assessment with recommended questions for screening and assessment.
- * Review of barriers to assessment and recommendations for addressing these.

* Suicide risk management with review of evidence-based interventions and best practices based on these.

* Treatment of suicide risk with review of medication treatments that have been studied in regard to suicide risk and review of evidence-based psychological theories of suicide and treatments based on these.

The afternoon session presenters Nathanael Cardon, DO, Mike Karagiozis, DO, Kurt Rossbach, LCSW, Jeffrey Hedge, DO, Charles Meredith, MD, Paul Emmans, DO, Julie Merriam, DO, and Aaron Rhyner, DO will feature thirty minute presentations on the six patient populations of pediatric/adolescent, geriatric, VA/military, Native American, lesbian-gay-bisexual-transgender, and physicians. These will be followed by a panel of case presentations, questions and answers. The program will end with information on how to advocate for your patients and yourself and avoid legislative interference in your ability to practice.

DO Advocacy in Olympia



From left: Amreen Kaur, OMSI, Jeanne Rupert, DO, Senator Barbara Bailey, Mischa Coleman, DO and Jarrad Morgan, OMSIII outside Senator Bailey's office.

DO Day in Olympia was celebrated on Friday, February 6 when sixty osteopathic physicians, PNWU medical students, PNWU and WOMA staff and lobbyist David Knutson set their sights on the offices of state senators and representatives to discuss three of many health care issues on the plates of the legislators this session.

All WOMA physician member participants were eligible for a drawing for a 2015 Convention Physician Registration package. Congratulations to the winner, Jeanne Rupert, DO of Mt. Vernon. Please join us next year for your chance to win! See more starting on page 8.



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The "Washington DO" is the official publication of the Washington Osteopathic Medical Association, published in February, May, August and November. Members are encouraged to submit articles for potential publication. Signed columns are, in all cases, the opinion of the author. For advertising information, please contact the WOMA executive offices at (206) 937-5358. Deadlines for ads and articles are the 10th of the month preceding the publication.

Notice of Meetings

Saturday, March 21, 2015
WOF Board 6:00 p.m.
WOMA Board Dinner
6:15 p.m. (approx)

Oxford Suites
1701 E Yakima Ave
Yakima, WA 98901

Governor Seeks Board Member Applicants

Due the January 1st retirement of Peter Kilburn, DO, the Board of Osteopathic Medicine and Surgery has an immediate need for a DO to complete his term which expires in July 2017. And, if proposed legislation to increase the number of board members is approved, two more osteopathic physicians, an additional public member and a physician assistant licensed by the board will be needed. All positions are appointed by Governor Inslee.

Physician members must have been in active practice as a licensed osteopathic physician and surgeon in Washington for at least five years immediately preceding appointment. All members must be U.S. citizens and must be Washington residents.

Public member representatives may not: Be a member of any other healthcare licensing board or commission; Have a fiduciary obligation to a facility rendering healthcare services; Have a financial interest in the rendering of health services.

The following expectation guidelines are intended to serve as a reference for current members and for prospective appointees of the board: Attend regular board meetings, scheduled quarterly during business hours on Fridays. There is also Department of Health one-day Board, Commission, and Committee conference; Participate in telephone conferences to close cases. These take about two hours and are usually done between board meetings; Participate in settlement conferences with respondent's attorney, staff attorney and/or board staff. Usually held at the convenience of the reviewing board member and can take several hours. The number held each year depends on the number of cases charged for that board member; Participate on hearing panels from one day to several days two to three times per year. Hearings may be held in the respondent's practice area to accommodate witnesses. A panel of three board members is generally utilized to hear disciplinary cases. All board

Rulemaking Resumed

A few years ago WOMA requested the Board of Osteopathic Medicine and Surgery to create a retired active credential for osteopathic physicians and a rule change to allow DOs to delegate supervision of laser, light, radio frequency and plasma devices to equalize rules with the allopathic physicians. After three requests over two or three years, the Board agreed to the rulemaking. At that time the Governor had a freeze on rule-making, which delayed it until last year when the freeze was lifted. When rule-making resumed priority was given to updating and revising the Physician Assistant rules due to a legislatively mandated completion date, and the others were placed on the back burner.

Now that the PA rules are final, the Board is resuming the rulemaking process on these two issues and adding clarification to the sexual misconduct rule. A CR-102 hearing notice is anticipated for the Board of Osteopathic Medicine and Surgery meeting scheduled for May 15 in Yakima. A couple of months after the hearing is done the rules will be completed and a CR103 will be filed with a brief description of the rule and the associated WAC numbers, a copy of the final rule language, and the effective date of the rule, usually 31 days from the filing.

members are not required to participate in every hearing; Prepare for all meetings by reading materials sent one to two weeks in advance of the scheduled meeting date. The packets take an average of two to four hours to read prior to each business meeting. In addition, between eight and 24 hours are spent reviewing complaint files prior to each meeting; Assist newly appointed board members as necessary.

You may apply online at <https://fortress.wa.gov/es/governor/boardsapplication>.

WOMA Welcomes New Members

At its quarterly meeting held December 6, 2014, the Board of Governors approved the following applications for membership:

Active

Lara Edinger, DO PCOM-09

Postgraduate

Thomas Carmine Van Deven, DO
AZCOM'12

PNWU Class of 2018

Drew Ableman
Joel Adams
Laura Adams
Lydia Albjerg
Lino Araujo
Trevor Archibald
Katherine Arkwright
Sarah Balog
Glen Bennion
Scott Bradeen
Taylor Brown
Logan Bushnell
James Calamia
Aaron Canfield
Elia Cole
Jessie Coleman
Paul Copperman
Christopher Crudder
Kenneth Cullander
Brenden Cutter
Grace DeHoff
Daniel Dunbar
Nathanael Eisenhut
Danielle Ello
Danielle Ellzey
Tiffany Etterman
Rahul Farwaha
Zachary Featherstone
Molly Fillion
Michael Franklin
Kolton Fraser
Erik Garcia
Carlee Gibbons
Catherine Glasser
Teigen Goodeill
Bret Gorham
Andrew Gray
Ryan Grow

Thomas Hanna
Matthew Haskell
Michael Hemming
Shelley Higman
Rachel Horton
Megan Hubbard
Isaac Ingersoll
Jacob Jensen
Dallin Johanssen
Nicole Johnson
Rusty Jones
Aureen Kaur
Rachel Kennedy
Sahar Khalaj
Daniel Khokhorin
Yelena Kiseleva
Adm Knutson
Patrick Kunkel
Andrea Langford
Braxton-Jesse Lee
Dustin Lima
Anthony Luu
Carolanne Lyons
Matthew Manni
Cody Marchetti
Kelsey Martell
Alex Marvel
Paul Matiaco
Jared Maybee
Emma Mayfield
Keegan McAfee
Kyle McClain
Cierra Miller
Sarah Moats
Lincoln Mosier
Alana Muir
Nina Ngo
Christian Nilsen
Lindsay Noah-Vermillion
Ashley Olson
Jayson Osborn
Isaac Pak
Victoria Patchen
Gerardo Perez

Travis Podbilski
David Pratt
Brian Proctor
Spenser Rentz
Colton Rishor-Olney
Katherine Roberts
Rachel Rosedale
Lyudmila Rudneva
Alexander Ryder
Deanne Sameshima
Tyler Schulz
Warren Scott
Namratta Sehgal
Matthew Shakespeare
Lea Shim
Kevin Sigley
Bethany Sigurdson
Kenneth Sjoren
Tyler Slade
Kendall Stevens
Aaron Stewart
Walter Stewart
Adam Stranberg
Matthias Struck
Julie Tan
Daniel Taylor
Chelsie Thomas
Michael Thompson
Sarah Thompson
Linh Tran
Nguyen-Thao Tran
Violeta Tregoning
Lauren Tsai
Tate Vance
Michael Walleri
Michael Warren
TaReva Warrick-Stone
Jared Wenn
Riley Westein
Shaina Whittlesey
Hans Wilhelm
Emilie Wong
Forrest Yeakley

Nominations Sought

The Washington Osteopathic Medical Association Board of Governors will consider nominations for the 2015 Physician of the Year at its quarterly meeting on March 21, 2015. The award is made to an individual physician who demonstrates competency in osteopathic methods of diagnosis and treatment with compassionate, competent and caring medicine. He or she is a credible role model professionally and personally to his/

her community, to other health professionals, residents and students.

The nominee must be a WOMA member. Nominations are accepted from colleagues, staff, patients and family and should be submitted to the WOMA office at PO Box 16486, Seattle, WA 98116-0485 no later than March 10, 2015. Nominations may also be faxed to 206-933-6529 or emailed to kitter@woma.org.

Getting to Know You

WOMA is pleased to welcome new active member Lara Edinger, DO. Dr. Edinger is a 2009 graduate of PCOM. She did her postgraduate training in the neurology residency program at Drexel College of Medicine where she served as Chief Resident 2012-2013. In 2014 she completed an Interventional Pain Fellowship at University of Virginia School Medicine.

She is currently in the practice of Interventional Pain Management and Neurology at the Rockwood Clinic in Spokane.

L&I Seeks Nominee for IIMAC

The Industrial Insurance Medical Advisory Committee (IIMAC) was formed by the Washington State Legislature in 2007 to advise the department on matters related to the provision of safe, effective, and cost-effective treatments for injured workers, including but not limited to the development of practice guidelines and coverage criteria, review of coverage decisions and technology assessments, review of medical programs, and review of rules pertaining to health care issues.

The Committee is to aid in the development of practice guidelines and coverage criteria, review of coverage decisions and technology assessments, review of medical programs, and review of rules pertaining to health care issues and other issues related to the provision of goods and services to injured workers as approved by the Department and Committee.

The IIMAC has 14 members nominated by statewide clinical groups, specialty societies, and/or associations and are appointed by the Director of Labor & Industries.

CMS Intends to Shorten Meaningful Use Reporting Period

On Thursday, the Centers for Medicare and Medicaid Services announced that it intends to update rules for the Electronic Health Record (EHR) Incentive Programs in 2015, with the goal of reducing the reporting burden on providers.

The agency will consider proposals to realign the reporting period with the calendar year to allow hospitals more time to onboard 2014 Edition software; shorten the 2015 reporting period to 90 days; and otherwise modify the program to "reduce complexity and lessen providers' reporting burdens." The new rule is expected this spring and is separate from the forthcoming Stage 3 proposed rule that is expected to be released by early March.

Nominees must demonstrate knowledge and expertise in one or more of the following: Family or general practice, Orthopedics, Neurology, Neurosurgery, General Surgery, Physical Medicine and Rehabilitation, Psychiatry Internal Medicine, Osteopathic Medicine, Pain Management and Occupational Medicine.

Nominees shall possess a license to practice medicine or osteopathic medicine in the State of Washington. Nominees shall have an active medical practice, with a majority of the practice occurring within the State of Washington. Nominees must be members in good standing with any applicable agencies, boards, professional licensing boards or commissions.

Ruth Bishop, DO will be retiring and resigning her appointment to the board later this year. If you are qualified and would like to be considered for nomination by WOMA for appointment to the Labor and Industries Medical Advisory Committee, please email your CV to Kathie Iltter at kitter@woma.org.

AOA Publishes Updated State ACA Implementation Resource

In 2013, the AOA developed its *State ACA Implementation: Improving Access through HIE Implementation and Medicaid Expansion*. The implementation of most provisions of the ACA are underway, and the environment has changed significantly since the initial release of this document. In response, the AOA is releasing a 2015 Update to this resource (attached).

This document is meant to provide a comprehensive overview of important information relating to state ACA implementation including background research, analysis and related AOA policy. The 2015 updated version also includes new

AOA Changes Specialty CME Requirement

The issue of limitations on the amount of specialty credit that AOA board certified members can submit from certain CME providers over a three year CME cycle has been under consideration for some weeks now. The Bureau of Osteopathic Specialists (BOS) met on November 8, to review the implications and concerns voiced by state and specialty affiliated organizations. This resulted in the BOS putting a resolution forward to the Executive Committee of the AOA Board of Trustees for action. ECS Resolution No. 1 was approved on November 21, 2014. The resolved clauses read:

RESOLVED, that the current 25-credit maximum per CME cycle for specialty credit for AOA state society seminars, acute care hospital programs, COM seminars and osteopathic foundation seminars be rescinded; and be it further

RESOLVED, that this policy revision be retroactive to January 1, 2013, the beginning of the current AOA CME cycle.

The implementation of the policy requires changes in the current IT programming for CME reports. Once available, more information regarding the projected timeline will be provided by the AOA.

This will be especially helpful for AOA-certified family physicians who will be able to use all of the WOMA credits they earn to meet their specialty CME requirement.

information on state ACA activities, relevant court cases and ongoing efforts by the AOA. This includes the AOA's Act to Action Campaign and a practice management webinar: *The Nuts and Bolts of the Affordable Care Act 2014*.

This information can also be found on the Act to Action section of the AOA website. Any questions or comments can be directed to Nick Schilligo, MS, Associate Vice President, State Government Affairs, at nschilligo@osteopathic.org.

New PA Rules Adopted

Following a December 5, 2013 hearing, the Board of Osteopathic Medicine and Surgery (board) adopted changes to the current rules regulating osteopathic physician assistants (PAs). The final rulemaking order for these changes was filed with the Code Reviser's Office on January 8, 2015. These changes will become effective on February 8, 2015.

Substitute House Bill (SHB) 1737 (Chapter 203, Laws of 2013) required the Board of Osteopathic Medicine and Surgery (board) and the Medical Quality Assurance Commission (commission) to work in collaboration with a statewide organization representing the interests of physician assistants (PAs) to modernize the current PA rules.

In response to SHB 1737, the board and commission established a Joint Physician Assistant Rules Committee (committee) consisting of members from the commission, the board, the Washington Academy of Physician Assistants (WAPA), and the University of Washington's MEDEX physician assistant training program. The workgroup convened several open public meetings from November 2013 through June 2014, which included two webinars and five in-person workshops to consider draft rule revisions and solicit stakeholder feedback and comments.

The amended rules:

- Add a new definitions section to define terms used throughout the chapter.
- Add a new section that states that an application cannot be retracted if grounds for denial exist. This section aligns osteopathic PA rules with existing allopathic PA rules.
- Streamline osteopathic PA requirements relevant to their prescriptive authority.

Does WOMA have your current practice address and phone number? You can check quickly by going to the website at www.woma.org and selecting the Find a DO tab. Look yourself up and if corrections need to be made, send them to kitter@woma.org.

- Clarify background check requirements for new applicants.
- Provide direction for how an osteopathic PA can return to active status when their license has expired.
- Revise PA supervision requirements and physician/PA ratios in remote clinic sites and non-remote clinic sites.
- Update the renewal and continuing medical education information to align with the allopathic PA rules and be more consistent with current national standards.
- Add a new section establishing requirements for delegation agreements.
- Add a new section establishing steps and requirements needed for active allopathic PAs who are in good standing who want to obtain an osteopathic PA license.
- Add a new section to establish a retired active credential under RCW 18.130.250 and the steps needed to obtain and renew this credential.
- Revise a section to clarify the scope of an osteopathic PA if their supervising or sponsoring physician is subject to disciplinary action.
- Amend a section to allow PAs to delegate the use of light, laser, radiofrequency, or plasma devices to qualified individuals not credentialed by the Department of Health.

In addition to these section amendments, general housekeeping and technical editing of rules are proposed to clarify and simplify language so as to assist with reading ease and comprehension of the regulations.

The Law Pertaining to Record Requests

When a patient authorizes a health care provider or health care facility to disclose the patient's health care information, a health care provider or health care facility is required to honor an authorization. If requested, a health care provider must provide a copy of the recorded health care information unless the health care provider or health care facility denies the patient access to health care information if the health care provider reasonably concludes that:

- (a) Knowledge of the health care information would be injurious to the health of the patient;
- (b) Knowledge of the health care information could reasonably be expected to lead to the patient's identification of an individual who provided the information in confidence and under circumstances in which confidentiality was appropriate;
- (c) Knowledge of the health care information could reasonably be expected to cause danger to the life or safety of any individual;
- (d) The health care information was compiled and is used solely for litigation, quality assurance, peer review, or administrative purposes; or
- (e) Access to the health care information is otherwise prohibited by law.

A health care provider or health care facility may charge a reasonable fee for providing the health care information and is not required to honor an authorization until the fee is paid.

For the entire law pertaining to records and other laws go to <http://www.doh.wa.gov/licensespermitsandcertificates/ProfessionsNewReneworUpdate/OsteopathicPhysician/Laws>.

**102nd Annual
NW Osteopathic Convention
June 25-28, 2015
Semiahmoo Resort
Blaine, WA
Save the Dates!**

Medical Marijuana Authorization Guidelines

On August 8, 2014, the Department of Health facilitated a public workgroup of representatives from the Board of Naturopathy, the Board of Osteopathic Medicine and Surgery, the Medical Quality Assurance Commission, and the Nursing Care Quality Assurance Commission. The workgroup's purpose was to develop draft guidelines that describe the professional practice standards for healthcare professionals when authorizing the medical use of marijuana under chapter 69.51 RCW.

On September 5, 2014, the workgroup distributed initial draft guidelines for public comment over a two-week period. After reviewing public comments, workgroup members revised the practice guidelines. Workgroup members individually approved the revised practice guidelines, so the workgroup didn't need an additional public meeting by teleconference. At regularly scheduled public business meetings, each of the four boards and commissions will review, discuss and possibly adopt the revised guidelines. The Washington State Board of Osteopathic Medicine and Surgery reviewed and adopted Medical Marijuana Authorization Practice Guidelines at its September 26, 2014, business meeting.

Purpose

To improve patient safety and maintain the dignity of the health professions in the state of Washington, the Board of Naturopathy, the Medical Quality Assurance Commission, the Nursing Care Quality Assurance Commission, and the Board of Osteopathic Medicine and Surgery have worked together to adopt shared professional practice standards expected of all healthcare professionals who authorize medical marijuana under Washington State law.

Guidelines

A healthcare professional may provide valid documentation to authorize medical marijuana to a qualifying patient under Chapter 69.51A RCW under the following conditions:

Section 1: Patient Examination

1. A healthcare professional should obtain, evaluate, and document the patient's health history and physical examination in the health record prior

to treating for a terminal or debilitating condition.

a. The patient's health history should include:

i. Current and past treatments for the terminal or debilitating condition;

ii. Comorbidities; and

iii. **Any substance abuse.**

b. The healthcare provider should:

i. Complete an initial physical examination as appropriate based on the patient's condition and medical history; and

ii. Review the patient's medications including indication(s), date, type, dosage, and quantity prescribed.

Section 2: Treatment Plan

2. A healthcare professional should document a written treatment plan that includes:

a. Review of other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana;

b. Advice about other options for treating the terminal or debilitating medical condition;

c. Determination that the patient may benefit from treatment of the terminal or debilitating medical condition with medical use of marijuana;

d. Advice about the potential risks of the medical use of marijuana to include:

i. The variability of quality and concentration of medical marijuana;

ii. Adverse events, including falls or fractures;

iii. Use of marijuana during pregnancy or breast feeding; and

iv. The need to safeguard all marijuana and marijuana infused products from children and pets or domestic animals.

e. Additional diagnostic evaluations or other planned treatments;

f. A specific duration for the medical marijuana authorization for a period no longer than 12 months; and

g. A specific ongoing treatment plan as medically appropriate.

Section 3: Ongoing treatment

3. A healthcare professional should conduct ongoing treatment as medically appropriate to review the course of patient's treatment, to include:

a. Any change in the medical condition;

b. Any change in physical and psychosocial function; and

c. Any new information about the patient's terminal or debilitating medical condition.

Section 4: Maintenance of Health Records

4. A healthcare professional should maintain the patient's health record in an accessible manner, readily available for review, and include:

a. The diagnosis, treatment plan, and therapeutic objectives;

b. Documentation of the presence of one or more recognized terminal or debilitating medical conditions identified in RCW 69.51A.010(6) or approved pursuant to RCW 69.51A.070;

c. Results of ongoing treatment; and

d. The healthcare professional's instructions to the patient.

Section 5: Treating Minor Patients or Patients Without Decision Making Capacity

5. If the patient is under the age of 18 or the patient is without decision making capacity, the healthcare professional should:

a. Ensure the patient's parent, guardian, or surrogate participates in the treatment and agrees to the medical use of marijuana;

b. Consult with other healthcare providers involved in the patient's treatment, as medically indicated and as agreed to by the patient's parent, guardian, or surrogate, before authorization or reauthorization of the medical use of marijuana; and

c. Include a follow-up discussion with the minor's parent or patient surrogate to ensure the parent or patient surrogate continues to participate in the treatment.

Section 6: Continuing Education

6. A healthcare professional issuing authorizations or valid documentation for the medical use of marijuana on or after the effective date of these guidelines should complete a minimum of three hours of continuing education related to medical marijuana. Such program should explain the proper use of marijuana, including the pharmacology and effects of marijuana (e.g., distinction between cannabidiol (CBD) and tetrahydrocannabinol (THC); methods of administration; and potential side effects or risks).



Bear Droppings... ..

by Loren H. Rex, D.O.

Ho! Ho!, Ho!. Merry Christmas to one and all. Well it appears we have survived another edition of the Holidays or perhaps they should be called the Hollow days. Actually I think the Australians might have the right idea when they refer to this time of year as the "silly season." I don't want to rain on anyone's parade but I am just not a holiday sort of guy. I love Thanksgiving and always have seen it as a great ending for my favorite time of year: fall. After a wonderful dinner featuring every possible thing that you shouldn't eat, when the dishes are done from dinner, as far as I am concerned the Holidays are finished. Don't get me wrong, I love giving gifts but I like to give a gift when someone does something nice for me and not when Madison Avenue says it is time to do it or I will be forever seen as an enemy of all that is good and American

And so, as time inexorably moves forward, we came to Christmas day and a time at which the obtaining of sustenance became appropriate. My part time room mate Mark was off the road and so it was time to start the age old process of going out for food. According to Linda, my office manager of 30+ years, Mark and I are the "Odd Couple" only both of us are Oscar, so arriving at a decision on where to go isn't likely. Most interchanges go pretty much the same. One asks "do you want to go out for dinner or stay home" followed by "I don't care." This, of course, happens no matter who starts the questioning. When a decision on in or out is reached, the next hurdle is approached as to "what do you want for dinner? This is always met with "I don't care, you decide." This can sometimes go on for a large amount of time until one of us finally says "ok let's go for a particular kind of food" which then launches a discussion on when was the last time we had that kind of food for

dinner. Invariably, Mark then proceeds to describe his favorite place in the USA for this kind of food. Since he sometimes lives on the road for months at a time, this can take a while. And so after the termination of our pas de deux it was concluded our choices were Shari's or Denny's. This should be a no brainer except for the fact that Mark is stingier than Scrooge Mc Duck and I couldn't care less. So the question becomes is Shari's @ \$14.95, including pie, a better deal than Denny's @ \$10.95, pie not included, but a 15% discount on my AARP card. AARGHHH!

We left home at approximately 6:45 pm to go to Shari's and were met by a solid wall of people waiting to get in. A short drive to Denny's and another line but possibly shorter in length and it is still before 8: pm. Actually, we were seated quickly with an explanation that "we are very busy so service will be slower than usual" but how bad can it be; it is the special dinner after all. Mark with his cola drink and I with Iced Tea settled in to await the delivery of our "special" Christmas dinner. Our waitress appeared and took our orders and disappeared; so far so good. In the next half hour, five people ate and left our section which didn't seem like a good deal since they all arrived after we did. Next was the "I'm outta here" group who also came in after we led the way. This is not looking good since we have been here an hour now. We flagged down the waitress and enquired, politely, what was going on and received a reiteration of the company line of how busy they were. However, since it was now 9 pm we asked to see the manager who sent the waitress to the kitchen to retrieve our order. He looked at the order and informed us he failed to see the problem since we arrived at 8:56 pm and what did we expect? I told him that by now, about one hour and

fifteen minutes since we arrived, I expected to at least be served. He pointed out the Computer says we just got there and I pointed the possible fallibility of computers, at which point the waitress admitted she had failed to turn in the order which could be the cause of the problem. In a show of managerial leadership, the manager said he would take care of the problem shortly. The waitress reappeared with our dinners and announced that we would receive a 20% discount and a piece of FREE pie. When we quizzed her as to what our choices might be, we were informed that the pie was actually all gone but there was some apple stuff which was apple pie filling and she could put some of the caramel ice cream topping on it to make it better. Amazingly we deferred.

When the waitress returned with our check sans a charge for pie I decided to try and push the ending of the evening and gave her my AARP 15% discount card and was told "oh no sir, we already gave you a discount" which is what I thought the company line would be. I pointed out that the "discount" was actually "hush money" to get me to shut up about the service. I asked if Denny's still gave people a free breakfast on their birthday and was told "yes we do" I pointed out that perhaps I would be back for my birthday or maybe not. Well, now off to home and some analytic study to figure out which was the best deal, Shari's @ \$14.95, including pie, or Denny's @ \$10.95, pie not included, but a 15% discount on my AARP card. AARGHHH!

Bear

DO Day in Olympia

For DO Day in Olympia, in addition to providing blood pressure checks and OMT, the sixty osteopathic physicians, medical students and staff made it a point to stop by the offices of all 147 members of the Washington State Legislature on February 6th. It was a day to make legislators aware of the osteopathic medical profession and its contribution to health care in Washington State. Due to the limited time allotted for visits (often ten minutes or less) participants focused on three issues!

First was the need for more GME programs and restoration of funds in the Health Professional Loan Repayment and Scholarship Program (HPLRP). **House Bill 1485** will expand the medical schools participating in the residency network to include the Pacific Northwest University of Health Sciences College of Osteopathic Medicine and any other medical school accredited by the Liaison Committee of Medical Education or the Commission on Osteopathic College Accreditation. It will expand the types of residencies to include Internal Medicine and other related primary care areas. House Bill 1485 will require the Joint Legislative Audit Review Committee (JLARC) to conduct a performance audit of the Family Medicine Residency Network and report to the Legislature in even-numbered years. It will re-establish the Family Practice Education Advisory Board as the Family Medicine Education Advisory Board to advise the medical schools on the implementation of the Family Medicine Residency Network, including the selection of areas where affiliated programs will exist, the allocation of state funds and procedures for review and evaluation of the programs. It will include a WOMA appointee on the Board. **Senate Bill 5010** will restore funding to the successful HPLRP.



PNWU Assistant Dean for Clinical Education Anita Showalter, DO discusses issues with Representative Paul Harris (R) District 17.



Paul Matiaco, OMSI converses with Senator Mark Miloscia (R) District 30.



Osteopathic physicians and students lunch with legislators and legislative assistants.

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Bill Report



Representative Norm Johnson (R) 14th District, Paul Emmans, Jr, DO, Paul Emmans, III, DO and Gene Emmans.

Second was **restoration of the Medicaid “bump” to Medicare rates** for primary care services by the State. Congress failed to renew the temporary increase January 1st which can affect a physician’s ability to accept new Apple Health (Medicaid) patients. The higher rate attracts more Apple Health providers, increasing access and keeping Apple Health patients out of emergency rooms for non-emergent complaints. This is an item that needs to be included in the State budget this year.

The third issue involves mental health patients and involuntary commitment for evaluation. This is one of the real reasons why the suicide rate is so high, not a lack of physician suicide training, which the Legislature believed they could fix with a mandatory Suicide CME requirement. A designated mental health professional (MHP) is a master’s level therapist employed by counties to evaluate and determine who meets the criteria for involuntary hospitalization for a mental health evaluation. There is currently no appeal process for the family or a treating psychiatrist if they disagree with the MHP decision. **House Bill 1258** and companion **Senate Bill 5269** allow an immediate family member, guardian or conservator of a person to petition the superior court for a review of the MHP decision. WOMA is requesting amendments to the bills to include treating psychiatrist as someone who can appeal the decision.

Washington D. O.

House Bill 1485 is an effort in collaboration between the University of Washington, Pacific NW University and any additional medical schools for increasing primary care graduate medical education programs throughout underserved areas of Washington. The bill requires the Joint Legislative Audit Review Committee (JLARC) to conduct a performance audit and evaluation of the family medicine residency programs to determine the locations of the residency programs, whether the programs are in health professional shortage areas and how the distribution of programs changes over time. The audit must compare the number of residents who attended an in-state versus out-of-state medical school and whether graduate of the residency programs in health professional shortage areas continue to work within shortage areas. JLARC will report their findings to the appropriate legislative committees by November 1, 2016 and every even year thereafter. HB1485 creates the Family Medicine Education Advisory Board which consists of nine members as follows. One member appointed by each of the deans of PNWU and UW; two citizen members appointed by the governor (one for each side of the crest of the Cascade Mountains; one member appointed each by WOMA, WSMA and WAFP; one hospital administrator representing hospitals with family medicine residencies appointed by the WSHA, and one director of a community-based family medicine residency program appointed by the family medicine residency network. The two members appointed by the deans will be co-chairs of the advisory board and serve as permanent members of the advisory board without term limits. The advisory board will consider and provider recommendations on the selection of the areas within the state where affiliate residency programs could exist, the allocation of funds appropriated and the procedures for review and evaluation of the residency programs.

Now comes two new bills, House Bill 2065 and companion Senate Bill 5909, (self-titled the omnibus health care access act of 2015) indicating that **the University of Washington has abandoned the collaborative approach in House Bill 1485, removing the PNWU and WOMA appointees from participation in the advisory board, removing the JLARC oversight and audits and placing control of the residency placement and funding with the UW.** The bills do include an “osteopath” on the advisory board, but “osteopaths” (DOs of limited license that did not perform surgery or prescribe medications whose scope of practice was limited to manipulation) haven’t been licensed in Washington State since 1959.

Hopefully House Bill 1485 will prevail and the other two bills will not make the February 20th cutoff to be read in committee reports in their house of origin. If they do, you will be asked to take action to defeat both.

WOMA Legislative Update February 10, 2015

House Bill 1005: The circumstances under which a third-party payor may release health care information with an authorization is expanded to allow third-party payors to disclose health care information without an authorization to the same extent that health care providers are authorized to disclose health care information under state health care privacy laws. HHCC ES January 30.

House Bill 1042: Clarifies that dry needling is not included in the scope of practice of a physical therapist. Public hearing in HHHC on January 27. *WOMA supports.*

HB 1067: Limits the sunset review and termination of the Medicaid Fraud False Claims Act (MFFCA) to the qui tam provisions of the MFFCA, and extends the sunset review and termination of the qui tam provisions to 2020. This was a controversial law when enacted, but only with respect to the qui tam provisions. We support the other parts of the MFFCA that provide

additional tools to the Attorney General to fight fraud. The qui tam provisions allow individuals to pursue cases that the Attorney General has declined to pursue. Evidence suggests that these relator cases are frivolous, rarely result in recoveries, and impose significant time and costs on defendants. Seventy-three percent of qui tam actions are ultimately dismissed. It is inappropriate to allow a case that has been rejected by the Attorney General to be pursued by a private individual. Physicians in small private practice can face devastating financial consequences even from investigations alone. The qui tam law is unbalanced in that it allows an award of fees and costs to a prevailing relator, but a prevailing defendant can obtain an award only if the claim is clearly frivolous, vexatious, or for harassment. This bar is so high it can never be met. This is an extremely high price to pay for the potential of an extra 10 percent in recoveries. The 10 percent bump in the recovery is not even beneficial since after the relator's share is taken out, the state nets less. Passed House Judiciary and referred to Appropriations. *WOMA opposes*

HB 1080: Makes appropriations to restore funding to the health professional loan repayment and scholarship program fund. *WOMA supports.* Public Hearing SWM 1/28

HB 1103: Authorizes the department of health to provide data in the prescription monitoring program to the personnel in certain test sites. HHCC Executive Session January 30. *-WOMA Opposes*

HB 1135: Authorizes a disciplining authority to, after investigation, offer a remediation plan to licensed health and health-related professions to resolve eligible complaints of unprofessional conduct. Feb 10 HCHC.

HB 1140: Requires the state health care authority to: (1) Establish a program to support primary care providers in the assessment and provision of the appropriate diagnosis and treatment of adults with behavioral health disorders

through the provision of primary care psychiatric consultation services; and (2) Pursue program financing options to supplement state funds with funds from other public or private sources. Feb 13 HCHC

HB 1173 Limits the use of unreasonable non-compete agreements to protect the physician-patient relationship. HHCC ES Feb 11

HB 1258: Allows an immediate family member, guardian, or conservator of a person to petition the superior court for review of a designated mental health professional's decision, if the designated mental health professional decides not to detain a person for evaluation and treatment or forty-eight hours have elapsed since the designated mental health professional received notice of the person and has not taken action to have the person detained. HA ES January 28. *WOMA supports*

HB 1259: Authorizes an advanced registered nurse practitioner to sign and attest to certain required documentation that a physician may sign, so long as it is within his or her scope of practice. HHCC ES 1/30

HB 1275: Increases Board of Osteopathic Medicine and Surgery to 8 osteopathic physicians, 2 public members and 1 PA licensed by the board. **HHCC Executive Session January 30.** *WOMA requested this bill due to the increased work load of the board, whose membership has not increased while the number of licensees has more than tripled.* Passed House. In SHC.

HB 1287: Modifies involuntary treatment act provisions relating to less restrictive alternative orders. EA HJ Feb 5

HB 1288: Requires the state institute for public policy to complete a study regarding the implementation of certain aspects of the involuntary treatment act. HHCC public hearing January 28

HB 1339: Creates a process to allow the secretary of the department of health to intercede and stay a

decision of a disciplining authority that expands scope of practice. EA HHCC Jan 30 *WOMA supports.*

HB 1340: Establishes a health workforce innovation project approval process, within the oversight of the department of health, that: (1) Teaches new skills to existing categories of health care personnel; (2) Uses existing skills in new circumstances or settings; (3) Accelerates the training of existing categories of health care personnel; and (4) Teaches new health care roles and skills to previously trained persons whose skills or license is not recognized within the state. EA HHCC Feb 6 *WOMA does not support the change in the language that permits (rather than requires) the Department to consult with stakeholders, or that provides that the Department's decisions are not appealable.*

HB 1369: Allows students to provide health care services under certain circumstances. *Needs an amendment to include DOs and DO PAs.* EA HHCC Feb 13

HB 1403: Recognizes the application of telemedicine as a reimbursable service by which an individual receives medical services from a health care provider without in-person contact with the provider. Reduces the compliance requirements on hospitals when granting privileges or associations to telemedicine physicians. *Needs to be amended to include Dos and osteopathic board.* EA HHCC Feb 3

HB 1424: Amends requirement for CME on Suicide to become effective January 1 2016 and Beginning July 1, 2017, the training required must be on the model list developed by the Board of Osteopathic Medicine and Surgery. Nothing in this affects the validity of training completed prior to July 1, 2017. **Feb 13 HCHC**

HB 1437: Modifies the all payer claims database to improve health care quality and cost transparency by changing provisions related to definitions regarding data, reporting and pricing of products,

responsibilities of the office of financial management and the lead organization, submission to the database, and parameters for release of information. EA HHCC Feb 3 *WOMA is concerned this is more about cost saving and less about outcomes and quality.*

HB 1471: Imposes requirements on health carriers relating to prior authorization and the use of subcontractors. Feb 11 HCHC

HB 1485: Creates a family medicine education advisory board and requires the board to advise the deans and the chairs of the departments of family medicine in the implementation of the educational programs provided for in chapter 70.112 RCW (family medicine—education and residency programs). A WOMA appointee is included on the advisory board. Requires the joint legislative audit and review committee to conduct a performance audit and evaluation of the family medicine residency programs created in chapter 70.112 RCW. Requires the schools of medicine to coordinate with the office of student financial assistance to notify prospective family medicine students and residents of their eligibility for the health professional loan repayment and scholarship program. EA HHCC Feb 6. *WOMA supports.*

HB 1559: Changes certain courses of instruction: (1) Common to the University of Washington and Washington State University; and (2) Exclusive to the University of Washington. Authorizes and directs the board of regents of Washington State University to establish, operate, and maintain a school of medicine at the university. *WOMA opposes an additional tax-funded medical school and believes funds would be better spent in developing primary care GME programs.* ES HHE Feb 6

HB 1626: health care provider may choose whether to provide care to a qualified health plan enrollee in the second or third month of the grace period, except as required by the charity care law. Feb 11 HCHC

HB 1671: Authorizes a practitioner to prescribe, dispense, distribute, and

deliver an opioid antagonist to a person at risk of experiencing an opioid-related overdose or to another person who is in a position to assist a person at risk of experiencing an opioid-related overdose. **Feb 10 HCHC**

HB 1683: See SB 5443

HB 1700: See SB 5340 No hearing scheduled

HB 2065 WOMA Opposes - see Bill Report Article on page 9.

SB 5010: Makes appropriations to restore funding to the health professional loan repayment and scholarship program fund. *WOMA supports.* Public Hearing SWM Feb 11

SB 5011: Health information release. See HB 1005. SHCC public hearing January 22

SB 5027: Clinical lab access to PMP. *WOMA opposes – see HB1103.* EA SHC Feb 9

SB 5052: Establishes the cannabis patient protection act. Adopts a comprehensive act that uses the regulations in place for the recreational market to provide regulation for the medical use of marijuana. SHCC public hearing January 22. EC SWM Feb 9

SB 5078: Requires twenty-two percent of the funds distributed to the basic health plan trust account from marijuana excise taxes and certain fees, penalties, and forfeitures from marijuana producer, processor, and retailer licenses to be used to fund evidence-based or research-based, intensive community interventions shown to promote recovery and reduce the need for inpatient hospitalization for persons with mental illness, persons with co-occurring mental illness and chemical dependency disorders, or both. SCHH&MHH January 19

SB 5084: Clarifying the all payer claims database to improve health care quality and cost transparency by changing certain definitions regarding data, reporting and pricing of products, responsibility of the

office and lead organization, and parameters for release of information. Feb 10 Public hearing SHC.

SB 5151 Requires a disciplining authority for certain health care professions to adopt rules requiring a person authorized to practice the profession regulated by the disciplining authority to receive cultural competency continuing education training. Requires the department of health to approve, develop, and make available to each disciplining authority a list of continuing education opportunities related to cultural competency. No hearing scheduled

SB 5175: Telemedicine. See HB 1403 EA SHC Feb 5. *WOMA Supports*

SB 5269: Appeal of detention decision. See HB1258. EA SHSMMH Feb 5. *WOMA supports*

SB 5287: Medicaid False Claims Act. See HB 1067. *WOMA Supports.* Feb 10 Public Hearing SHC

SB 5340: By January 1, 2017, health insurance carriers issuing a qualified health plan in the Exchange must reimburse a health care provider or health care facility for all non-fraudulent claims for service provided to an enrollee during the grace period. Reimbursement may not be recouped due to enrollee non-payment of premiums. The Exchange Board must ensure health insurance carriers follow the terms of a contract with a health care provider or health care facility that include reimbursing a health care provider or facility for non-fraudulent claims for services provided to an enrollee during the 90-day grace period. Prior to terminating the coverage of an enrollee in a grace period, the Exchange must conduct outreach with the specific goal of ensuring that enrollees who are late in making premium payments are aware that they may be eligible for Medicaid coverage or for an increased subsidy level. Where possible, the outreach must include correspondence via mail, email, and telephone. Feb 2 Public Hearing SHCC

WPHP Offers Mindfulness Programs

SB 5418: L&I must create a pilot program under which the department partners with a medical management firm for the treatment and medical management of catastrophically injured workers. (This is said to be an attempt by one medical management firm to generate \$millions for itself) Feb 9 Exec. Sess. SCL.

SB 5443: The information that health plans must provide to potential purchasers is modified to include information on incentive payments for the prescription of specific formulary and non-formulary medications. Health plans must make available descriptions and justifications for all provider compensation programs, including any incentive or penalty programs that are intended to encourage providers to withhold services, or to minimize or avoid referrals to specialists. Feb 5 Public Hearing SHC

SB 5474: See HB 1135. No hearing scheduled

SB 5815: Authorizes a naturopath to prescribe and administer legend drugs; hydrocodone products contained in Schedule II of the uniform controlled substances act; and controlled substances contained in Schedules III through V of the uniform controlled substances act. WOMA Opposes. No hearing scheduled

SB 5909 WOMA opposes. See Bill Report article on page 9

- Key
EA - Executive Action
ES – Executive Session
HA – House Appropriations
HHCC – House Health Care & Wellness Committee
HHE – House Committee on Higher Education
SCL – Senate Committee on Commerce and Labor
SCHH&MHH – Senate Committee on Human Services and Mental Health & Housing
SHCC – Senate Health Care Committee
SHSMHH – Senate Human Services, Mental Health and Housing
SWM – Senate Ways and Means

The Washington Physicians Health Program has broadened its scope of services to include wellness programs that enhance a physician's health so they are better able to help others.

At this time, WPHP is offering Mindfulness for Healthcare Professionals, a program designed to promote mental health and improved functioning by engaging mind and body. The five week course is adapted from Jon Kabat-Zinn's Mindfulness Based Stress Reduction and combines didactic presentations, exercises, interactive discussions, and homework.

WPHP is currently registering participants for Mindfulness programs in Mount Vernon, Kirkland and Seattle. These programs are open to any physician, physician assistant, dentist, veterinarian or podiatrist in the state.

WPHP will be offering four different Mindfulness Series Programs this spring. Mindfulness is designed to reduce stress and improve general mental health. Mindfulness does not eliminate life's pressures, but it can help health professionals respond to pressures in a calmer manner that benefits one's heart, head and body.

Mindfulness Series Programs are open to physicians, dentists, veterinarians, physician assistants or podiatrists. No past or current involvement with WPHP is necessary.

Each series is five weeks in length. The series commitment is four weekday evening classes and one full day weekend retreat. The programs will be facilitated by Mindfulness Northwest. The cost is \$150 for the five week series. **Space is limited.**

Seattle Series 1: April 8, Wednesday, 6-8:30pm April 15, Wednesday, 6-8:30pm April 22, Wednesday, 6-8:30pm April 25, Saturday, 9am-4pm May 6, Wednesday, 6-8:30pm Location: 720 Olive Way, Downtown Seattle
Seattle Series 2: April 9, Thursday, 6-8:30pm April 16, Thursday, 6-8:30pm April 23, Thursday, 6-8:30pm April 25, Saturday, 9am-4pm May 7, Thursday, 6-8:30pm Location: 720 Olive Way, Downtown Seattle
Kirkland Series: April 20, Monday, 6-8:30pm April 27, Monday, 6-8:30pm May 4, Monday, 6-8:30pm May 9, Saturday, 9am-4pm May 18, Monday, 6-8:30pm Location: EvergreenHealth Hospital 12040 NE 128th Street, Kirkland Room TAN 250
Mt. Vernon Series: April 28, Tuesday, 6-8:30pm May 5, Tuesday, 6-8:30pm May 12, Tuesday, 6-8:30pm May 17, Tuesday, 6-8:30pm May 19, Sunday, 9am-3pm May 19, Tuesday, 6-8:30pm Location: Skagit Regional Health 1415 E. Kincaid, Mount Vernon Cascade Conference Room
For additional information, contact:

Jason Green, WPHP Wellness Program Director, at jgreen@wphp.org.

To confirm:
By phone: please call and provide a credit card number for a one-time charge

By mail: send a check made out to WPHP (address below), Attn: Jason Green

Questions?
Phone (206) 583-0127 or (800) 552-7236



February 10, 2015

Dear Colleague,

No matter how long it's been since you attended osteopathic medical school, you probably remember how difficult it could be for you and/or your classmates to study and worry about how you were going to afford tuition, books and living expenses.

The Washington Osteopathic Foundation (WOF) was organized to support osteopathic education and training in Washington State. The WOF board started a loan program in 1971 that not only assists the students; it provides an incentive in the form of low interest rates to those who practice in Washington upon completion of their training. It currently provides up to \$10,000 per year at a modest 3% interest with lenient repayment terms. Several of you have taken advantage of this program.

Over the last forty-four years the program has been able to sustain itself with the repayment of loans. Now that we have an osteopathic medical school in Washington with more of the enrollees from Washington than any other Pacific Northwest State, and annual tuition is upwards of \$40,000, we are experiencing an increase in loan requests.

In addition to our loan program, the WOF also provides a few small scholarships and sponsors an annual osteopathic pre-med forum in Washington to make sure that those students are aware that they have a choice in medical education and degrees.

I am writing to you today to ask you to consider a tax-deductible contribution to the WOF to help continue its programs. Contributions last year were far below what we needed and we could sure use your help. now

If you can do this, please complete and return the form on the back of this letter with your check or VISA/MasterCard information. All contributions made by April 15th will be acknowledged in the 2015 Spring Edition of the Washington DO newsletter and on WOMA's website.

I know that some of you have generously supported the school in Yakima and other osteopathic medical schools and for that we commend you. This is a simple way of showing our students, regardless of which school they attend, that we want them to practice here in Washington. Your consideration is greatly appreciated.

Sincerely,

David Lukens, DO
President

PO Box 16486 / Seattle, WA 98116-0486 / Phone 206-937-5358 / Fax 206-933-6529



Washington Osteopathic Foundation Contribution Form

(Please print legibly)

Donor Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Amount of tax-deductible donation \$ _____

The WOF Tax-ID number is 23-7115033.

You may make your contribution in memory of a deceased person or in honor of someone living. If you wish to do so, please indicate below:

My contribution is in memory of _____

Or

My contribution is in honor of _____

Unless otherwise indicated, donations will be deposited in the general account to support loans, osteopathic training and CME in Washington State.

_____ I prefer my donation to go to the general loan fund.

_____ I prefer my donation to go to the Warren Lawless Scholarship Fund

_____ I prefer my donation to go to the Eugene Imamura Scholarship Fund

_____ I am interested in sponsoring a named scholarship fund. Please contact me.

Authorization to Charge Credit Card

Please charge to the credit card listed below: ___ Visa ___ MasterCard

Credit Card Number _____

Expiration Date _____ CID Number* _____

Name _____

(as it appears on the credit card)

Billing Statement Address _____

City, State, Zip _____

Authorized Signature _____ Date _____

*3 digit number on the back of credit card

Please send your form and contribution to: **WOF/PO Box 16486 / Seattle, WA 98116-0486**

Phone 206-937-5358 /Fax 206-933-6529