



Washington D.O

Winter Supplement 2/15/2015

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Northwest Osteopathic History—Call for Source Materials

by Jeanne Rupert, DO, PhD

The osteopathic profession is at a crossroads in our state, in our region and nationwide. The business environment of healthcare is changing and the medical education system is changing, and there are both new opportunities and new challenges. Those of us who have been in the profession for a while know that there is a rich legacy which can be lost if not carried forward prominently at this time of transformation.

One of the reasons to know and study history is to be aware of our identity, and how events have shaped

it. I am initiating a project to write a comprehensive regional history of osteopathic medicine in the Pacific Northwest, in collaboration with WOMA and PNWU. We would like to invite all DOs and anyone who may be in possession of historical resources to contribute them to the project. The plan is for historical materials to be indexed and permanently archived at PNWU.

Here is a working list of resources that would be useful:

- State society archives/records
- Letters, recorded materials, newspaper articles

- State board archives/records
- Legislative records
- Personal recollections and interviews

- Hospital records
- Individual and organizational records related to medical student and resident training

- General resources related to the history of medicine in the region

Please contact Kathie Itter at the WOMA office (kitter@woma.org, 206-937-5358) if you have materials to contribute. Thank you!

WOMA Spring Seminar Accreditation Received

WOMA's Spring Seminar, "Suicide Assessment, Treatments and Management", has received the following accreditations: 8 hours AOA-Category 1-A CME; 8 hours ABOFP specialty credits, and up to 8:00 Prescribed Credits from the American Academy of Family Practice.

The program is scheduled to take place on Saturday, March 21st at PNWU in Yakima, Washington. It has been approved by the Washington State Board of Osteopathic Medicine and Surgery for the newly legislated mandate for physicians to complete at least 6 hours in a board-approved program on suicide assessment, treatment and management.

When the legislation was adopted last year, it originally required the training to be completed during the first full renewal period after initial licensure or the first full renewal period after January 1, 2014,

whichever is later. Because the list of recommended programs were designed more for mid-level practitioners and school counselors, the WOMA CME committee put together a proposal for a program geared for osteopathic physicians which was presented to the Board of Osteopathic Medicine and Surgery and they approved it. In addition to meeting the state licensing requirements, the program will help those who need AOA category 1-A credits for the CME cycle ending this December.

Realizing the need for the development of more programs and some clarification, the legislature is considering a revised bill with a two-year extension on the original deadline, so physicians will likely have more time to comply. For those who are unable to attend the program in Yakima, plans are underway to live stream it in real time so that the Category 1-A credits will apply. It

VA Seeks DOs for Osteopathic Outreach

The U.S. Department of Veterans Affairs is seeking a DO to work in the Office of Academic Affiliations and focus on engaging the osteopathic community. This position would work across health professions to assist the VA in achieving entering into new partnerships with the academic, educational, and clinical osteopathic and family medicine communities. Learn more about this opportunity by going to <https://www.usajobs.gov/GetJob/ViewDetails/393141000>.

will require pre and post questions to be answered with a 70% passing grade. Live-stream registration will be available around March 1st and will be through the company that provides the platform. A link will be sent to everyone and posted on the WOMA website, www.woma.org, when it is available.



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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.

New Legislative Alert System

In an effort to keep our members engaged in what the legislature is considering that can affect their practice, WOMA is using a new email alert system. When an important piece of legislation is coming up for a vote, you may receive an email asking you to contact your Senator and/or Representatives to vote for or against it. The notice will provide a pre-written note that you can personalize and in two clicks the message is on its way by email to your legislators.

WOMA's Department of Public Affairs and our lobbyist David Knutson can really use your help in letting the legislators know how their vote will help or hinder your ability to practice, improve access to health care or interfere with public safety by expanding scopes of practice for providers who are not properly trained.

Recently an alert went out concerning House Bill 1485 which, if approved, will re-establish and rename the Family Practice Education Advisory Board as the Family Medicine Education Advisory Board (FMEAB). The FMEAB must advise the schools of medicine in the implementation of the Family Medicine Residency Network including the selection of areas where affiliated residency programs will exist, the allocation of state funds, and procedures for review and evaluation of the programs. The FMEAB consists of the following members: the deans of the schools of medicine (PNWU and UW and any

subsequent medical schools) participating in the FMRN (who serve as co-chairs); the chairs of the departments of family medicine at the medical schools; two public members, one from east of the Cascade Mountains and one from west of the Cascade Mountains, appointed by the Governor; a member appointed by the Washington State Medical Association; a member appointed by the Washington Osteopathic Medical Association; a member appointed by the Washington State Academy of Family Physicians; a hospital administrator appointed by the Governor; and a director representing the directors of community based family practice residency programs, appointed by the Governor.

The Legislature states its intent to increase the number of family medicine physicians in shortage areas by providing a fiscal incentive for hospitals and clinics to develop or expand residency programs. The Legislature also states its intent to encourage family medicine residents to work in shortage areas by funding the Health Professional Loan Repayment and Scholarship Program. With approval of HB 1485 and a budget to provide the incentives for hospitals and clinics to create or expand residencies in rural and underserved areas, much-needed primary care programs will help to fill the physician shortages.

We know you don't have a lot of time to get involved in the legislative process, but not getting involved results in legislation that can impede your practice and make unnecessary demands on your time. Please take a couple of minutes to respond when you get an alert.

The Bree Collaborative

The Bree Collaborative is a state-level "mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State." Jeanne Rupert, DO PhD is the WOMA representative to the Bree.

Dr. Rupert reports that at the January 2015 meeting, the group voted to accept an Addiction and Dependence Treatment Report and

Recommendations. There was also an update on how stakeholders are working together to adopt prior recommendations on low back pain care. A committee was proposed to study coronary artery bypass graft surgery bundled payment in the next year, with recommendations anticipated by 2016. The group also heard presentations on Washington State's progress in reducing potentially avoidable hospital

readmissions, and the innovative Plan for a Healthier Washington.

All activities of the Bree are open to public review, and WOMA members are encouraged to review Bree activities at: <http://www.breecollaborative.org/>

AOA ACGME Update

By Robert Juhasz, DO, President

February 9th marked another historic moment in medicine, as the AOA and AACOM were recognized as full member organizations at the ACGME Board of Directors meeting in Scottsdale, Arizona. Once again, I had the privilege of representing the osteopathic profession, along with AOA Executive Director and CEO Adrienne White-Faines and AACOM President and CEO Stephen Shannon, DO.

We were thrilled to witness the full participation of our newly seated board members, Karen J. Nichols, DO (AOA), David A. Forstein, DO (AOA), Clint E. Adams, DO (AACOM), and Gary L. Slick, DO (AACOM). We also heard the unanimous votes of approval for the ONMM Review Committee standards, and the standards for the Osteopathic Recognition Review Committee which will incorporate the tenets of osteopathic medicine into the six ACGME core competencies.

At the end of these approvals came a rousing level of applause from all across the room as Osteopathic Medicine was fully embraced in the accreditation system.

I want to recognize the great work of our colleagues on the ACGME Osteopathic Principles Committee, who played a critical role in ensuring that osteopathic principles and practices are incorporated into the ACGME accreditation process.

The ACGME Board of Directors voted on nominations to a majority of its Review Committees (RCs), including approving the first DO representatives to serve on the RCs. The AOA congratulates all appointees! A full list is posted on Osteopathic.org. Soon we expect an announcement on the ACGME Senior Vice President selected to oversee osteopathic programs. These are vital steps in ensuring osteopathic representation within the governance of the single GME accreditation system.

Federal Update

President's Proposed Budget Addresses Payment Reform and GME

On February 2, President Obama released the Administration's federal budget proposal for fiscal year (FY) 2016. According to budget documents and Administration officials, the President's budget proposes that Congress set the federal spending level at \$3.99 trillion, a \$259 billion increase in federal spending over FY 2015, which would result in a budget deficit of \$474 billion for FY 2016.

The budget is forecasted to reduce the cumulative federal budget deficit by \$1.8 trillion over the next 10 years mainly through health care, tax, and immigration reforms.

The President's proposed budget would create \$423 billion in overall savings over 10 years under the Medicare program. The budget does so by aiming to cut Medicare spending on provider reimbursement by \$350 billion and another \$84 billion from structural reforms to the program.

The budget also increases funding by approximately \$8 billion on Medicaid and proposes to extend the Children's Health Insurance Program (CHIP) for four more years.

Key health care provisions include:

- Eliminating the Sustainable Growth Rate (SGR), establishing annual physician updates and encourages practitioners to participate in quality and efficiency-focused alternative payment models (\$44 billion above the President's Budget adjusted baseline).

- Extending the Medicaid parity payment parity rate for primary care services through December 31, 2016 (costs \$6.3 billion).

- Providing mandatory funding for the targeted graduate medical education GME support program, supporting more than 13,000 residents over 10 years (costs \$5.3 billion between FY 2016 and 2025).

- Better aligning GME payments with patient care costs (saves \$16.3 billion over 10 years).

- Investing in CMS quality measurement (costs \$90 million over 10 years).

- A proposal to lift the sequestration caps in spending and provide increases in many non-defense and defense spending accounts.

Apply for NHSC Loan Repayment

The National Health Service Corps (NHSC) Loan Repayment Program fiscal year 2015 application cycle is now open. This program is open to licensed family physicians and other primary care medical, dental, and mental and behavioral health providers who are employed or seeking employment at NHSC-approved service sites. The deadline for applications is March 30.

Awardees will be eligible to receive up to \$50,000 in exchange for an initial two-years of full-time clinical service if they practice in a Health Professional Shortage Areas (HPSA) of 14 and above.

Awardees can also receive up to \$30,000 in exchange for an initial two years of full-time service if they practice in a HPSA of 13 and below. With continued service, NHSC providers may be eligible to pay off the entirety of their student loans. Details on NHSC approved sites is available online.

To assist applicants, the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) has scheduled conference calls - the next call will be held on February 18 from 8:00pm - 10:00pm EST. To access the call: Dial-in Number: 1-888-391-6801 Passcode: 8081979

Need 1-A Credits?

The current AOA CME cycle ends December 31, 2015. AOA members are required to earn a minimum of 130 credits in those three years, including at least 30 in Category 1-A.

WOMA can help with two opportunities coming up. You can register now for Suicide Assessment, Treatments and Management which will provide 8 Category 1-A credits on March 21st at PNWU in Yakima. It will also be available by livestream with registration available in a couple of weeks.

The 102nd Northwest Osteopathic Convention will offer 24 Category 1-A credits in a variety of topics June 25-28 at Semiahmoo in Blaine. Registration will be available in April.

WOMA Legislative Update

February 15, 2015

February 20th is the last day to read in committee reports in house of origin, except House fiscal committees and Senate Ways & Means and Transportation committees.

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. HHC 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 HHC 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. Public Hearing 2/18 in HA. *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. HCC 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. Voted out of HHC Feb 13. *WOMA supports*

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. Scheduled for HCC Executive Session 2/17

HB 1173 Limits the use of unreasonable non-compete agreements to protect the physician-patient relationship. Scheduled for HCC Executive Session 2/17

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. HCC 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. HCC 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. HCC Executive Session 2/19

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 HCC 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 HCC Feb 6

HB 1369: Allows students to provide health care services under certain circumstances. *Needs an amendment to include DOs and DO PAs.* EA HCC 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 HCC 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 17 HHC Executive Session

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. HA Public Hearing 2/18

HB 1471: Imposes requirements on health carriers relating to prior authorization and the use of subcontractors. HCC Executive Session 2/18

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 HCC 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.* 2/12 Ref to Appropriations

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. HHC Executive Action 2/13

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 2/13 Voted out of HHC. *WOMA supports*

HB 1873: Requires physicians and physician assistants, at the time of license renewal, to provide the information requested by the medical quality assurance commission. *Needs amendment to add DOs and DO PAs.*

HB 1916: Administrative provisions related to state and local programs for substance use disorder services are recodified in the same chapter governing the administration of the community mental health program. The Department of Social and Health Services (Department) is redesignated from being the state mental health authority to the state behavioral health authority. 2/17 HCC ES

HB 2065: UW alternative to HB 1485 eliminating participation by PNWU and WOMA, JLARC audits and puts the UW in charge of funds and residency program location determination. *WOMA opposes*

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

SB 5011: Health information release. See HB 1005. Exec Action 1/29

SB 5027: Clinical lab access to PMP. *WOMA opposes – see HB 1103.* 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. 1/26 Executive Action SHSMHH

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

SB 5269: Appeal of detention decision. See HB1258. 2/18 Hearing SWM. *WOMA supports*

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

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 SHC

SB 5379: Revises the definition of “terminal or debilitating medical condition,” for purposes of the medical use of cannabis act, to include posttraumatic stress disorder. 2/17 Public Hearing SHC

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 2/13 Exec Action

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: 5772: Requires physicians and physician assistants, at the time of license renewal, to provide the information requested by the medical quality assurance commission. 2/16 Public hearing SHC – needs amendment to add DOs and DO PAs.

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: UW alternative to HB 1485 eliminating participation by PNWU and WOMA, JLARC audits and puts the UW in charge of funds and residency program location determination. *WOMA opposes*

PNWU Conference Center Near Completion

The Pacific Northwest University of Health Sciences (PNWU) Conference Center project is nearing completion. The Center located at the corner of University Parkway and Inspiration Drive in Yakima, WA will house much needed study space, two new classrooms and conference amenities for PNWU students, faculty and the local community.

“With the recent class size increase, the addition of Heritage University’s Physician Assistant Program and Washington State University’s Doctor of Pharmacy program, the University Conference Center adds much needed space for study and collaboration,” said University President Dr. Keith Watson.

The facility is designed to accommodate a wide range of events, classes and meetings for both the university and community groups. It is also designed to host continuing medical education classes for the larger Central Washington region.

The building is approximately 10,000 square feet with nine rooms used as group study or conference space. The divisible classroom space accommodates 100 when a divider wall is retracted. Also included in the floor plan are a large conference room, partial catering kitchen and common space.

Key
EA - Executive Action
ES – Executive Session
HA – House Appropriations
HCC – 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
SHC – Senate Health Care Committee
SHSMHH – Senate Human Services, Mental Health and Housing
SWM – Senate Ways and Means (WOMA is currently monitoring unless support or opposition is stated.)

Save the Dates!

102nd Annual Northwest Osteopathic Convention

June 25-28, 2015

Semiahmoo Resort Golf Spa & Conference Facility

Blaine, Washington



The program will provide 24 Hours of AOA Category 1-A CME covering topics in Internal Medicine, Dermatology, Neurology, Substance Abuse, OMM, Infectious Disease and the Business Side of Medicine. Your registration fee includes an electronic syllabus with power and Wi-Fi provided in the classroom, a hosted reception, a continental breakfast, two breakfast buffets, two lunches, two dinners and one brunch.

Semiahmoo is a spectacular seaside resort with free-time activities like golf at two award-winning courses and full-service spa and two on-site restaurants. **Packers Oyster Bar**, recently remodeled, provides casual fare at lunch, dinner and happy hour with oceanfront seafood and spirits and a view of the shimmering lights of White Rock, B.C. The new Pierside Kitchen - serving breakfast and dinner daily – is the dining venue to come for a more upscale, seaside dining environment, featuring fresh, locally inspired products and awesome water views.

Please Join Us!

When class is over, enjoy Semiahmoo athletic facilities which include indoor and outdoor tennis courts and swimming pool, racquet ball courts and a complete health spa. The health spa provides many services, including facials, body treatments, nail and hair services.

The area has great biking/jogging trails. For avid shoppers, Semiahmoo is 20 minutes from Bellingham's Bellis Fair Mall and BC's seaside town of White Rock, or 45 minutes from Vancouver, B.C. Passports, NEXUS Cards or Enhanced Driver's License are required for re-entry into the US. Bike, kayak, scooter and boat rentals are available as are whale watching, island tours and charter fishing through local businesses.



Located 120 miles north of Seattle about 5 miles off of Interstate 5, Semiahmoo is located on the US Side of the Canadian Border. Depending on traffic, it is about a two-hour drive from Seattle. The nearest airport is Bellingham International Airport, about 25 miles south of Semiahmoo. It is served by Alaska/Horizon Air, Allegiant, Frontier, and San Juan airlines. Rental cars are available at the airport.

Golfers seeking an exceptional and scenic outing in Northern Washington State will find both Semiahmoo Golf & Country Club and Loomis Trail Golf Club awesome public course choices. Early booking of tee times is recommended. Both courses have been ranked in the Top 10 of 2014 Golf Week's Best Courses You Can Play!

Semiahmoo beaches provide children an opportunity to hunt small natural treasures or learn about Semiahmoo's fish cannery days dating back to 1894 by visiting the Drayton Harbor Maritime Museum. Take a ride across Drayton Harbor on the Plover Ferry (Washington's oldest passenger foot ferry), bike or skate on miles of pathways or take a swim in the indoor/outdoor pool.

Reservations are available online at www.semiahmoo.com using the special group code WOMA15 or call 360-746-3001.

**Hosted by the Washington Osteopathic Medical Association, www.woma.org, 206-937-5358
To get on our CME distribution list, email kitter@woma.org**