ESSB 5229 – Health Equity CE

Rules Hearing

October 20, 2023

Agenda

- Open hearing
- Call for questions regarding the rule or hearing process
- Call for testimony from the public and interested parties regarding proposed language
- Call for written comments
- Commissioners discuss comments and proposed language
- Vote
- Close hearing

Rule Development Timeline

February 2023: Inquiry CR-101 – Announces possible rulemaking

April 2023: Interested parties work – workshop, drafts, formal input

August 2023: CR-102 – formal proposal

October 2023: Public hearing and written comments

December 2023: CR-103 – Final rule adoption and Concise Explanatory Statement

Early 2024: Rules are in effect

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Proposed Language – Physician Assistants

NEW SECTION

WAC 246-918-195 Health equity continuing education training requirements. (1) A physician assistant must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician assistant completes count toward meeting applicable continuing education requirements in the same category specified in WAC 246-918-180.

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Proposed Language – Physicians

NEW SECTION

WAC 246-919-445 Health equity continuing education training requirements. (1) A physician must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician completes count toward meeting applicable continuing education requirements in the same category specified in WAC 246-918-460.

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Next Steps

File the CR-103 or Permanent Rulemaking documents.

Rules effective in early 2024.

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Contact

To receive updates, information, and invitations to future rulemaking activities, please sign up for our GovDelivery: https://public.govdelivery.com/accounts/WADOH/subscriber/new?topic_id=WADOH_153

Submit written comments to:

medical.rules@wmc.wa.gov

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Resources

Washington Medical Commission Website

wmc.wa.gov

Washington Medical Commission Rules Website

https://wmc.wa.gov/policies-rules/rules-and-regulations-progress

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NEW SECTION - Physician Assistants

WAC 246-918-195 Health equity continuing education training requirements. (1) A physician assistant must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician assistant completes count toward meeting applicable continuing education requirements in the same category specified in WAC 246-918-180.

NEW SECTION - Physicians

WAC 246-919-445 Health equity continuing education training requirements. (1) A physician must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician completes count toward meeting applicable continuing education requirements in the same category specified in WAC 246-919-460.

September 19, 2023

Amelia Boyd
Program Manager
Washington Medical Commission

RE: WMC CR-102 health equity continuing education

Dear Amelia,

On behalf of the Washington State Medical Association (WSMA) and our over 12,000 physician and physician assistant members, thank you for the opportunity to provide comment on the Washington Medical Commission (Commission) establishing health equity continuing medical education requirements for physicians and physician assistants. As the organization that brought the originating legislation forward, **we are proud to offer our support for the CR-102.**

The WSMA worked extensively with the Department of Health (Department) on the model rules established in WAC 246-12 which reflect feedback from a diverse community of stakeholders: patients, physicians, and other health care professionals. We appreciate that the Commission incorporated the model rules into the CR-102 – including the two-hour requirement every four years.

We also appreciate that the CR-102s issued by the Commission and the Board of Osteopathic Medicine and Surgery are uniform – ensuring that allopathic physicians, osteopathic physicians, and physician assistants have the same continuing education requirements in this space.

The Commission's adoption of the CR-102 will ensure consistency, provide flexibility for both the physician and the Commission, and reflect the legislature's intent in passing SB 5229. Thank you for the opportunity to share our support. Should you have further questions, please contact billie@wsma.org.

Sincerely,

Billie Dickinson

Associate Director of Policy
Washington State Medical Association

WSR 23-18-007
PROPOSED RULES
DEPARTMENT OF HEALTH
(Washington Medical Commission)
[Filed August 23, 2023, 4:00 p.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 23-05-054.

Title of Rule and Other Identifying Information: Health equity continuing education (CE) requirements for allopathic physicians, WAC 246-919-445, and physician assistants, WAC 246-918-195. The Washington medical commission (WMC) is proposing new sections of rule to establish health equity CE requirements to implement ESSB 5229 (chapter 276, Laws of 2021).

Hearing Location(s): On October 20, 2023, at 8:30 a.m. Register for the virtual meeting via [Microsoft] Teams https://events.gcc.teams.microsoft.com/event/8ab2751c-9156-4c44-94b2-39d78e013a63@11d0e217-264e-400a-8ba0-57dcc127d72d; or attend in person at the Department of Health, 111 Israel Road S.E., Room 160, Tumwater, WA 98501. To join the WMC's rules interested parties email list, please visit https://public.govdelivery.com/accounts/WADOH/subscriber/new?topic_id=WADOH_153.

Date of Intended Adoption: October 20, 2023.

Submit Written Comments to: Amelia Boyd, Program Manager, P.O. Box 47866, Olympia, WA 98504-7866, email https://fortress.wa.gov/doh/policyreview, by October 13, 2023.

Assistance for Persons with Disabilities: Contact Amelia Boyd, phone 1-800-525-0127, TTY 711, email medical.rules@wmc.wa.gov, by October 13, 2023.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: RCW 43.70.613 (3)(b) directs the rule-making authority for each health profession licensed under Title 18 RCW that is subject to CE to adopt rules requiring a licensee to complete health equity CE training at least once every four years. The statute also directs the department of health (department) to create model rules establishing the minimum standards for health equity CE programs. The department filed model rules for health equity CE minimum standards on November 23, 2022, under WSR 22-23-167. Any rules adopted by WMC must meet or exceed the minimum standards in the model rules in WAC 246-12-800 through 246-12-830.

WMC is proposing new WAC 246-919-445 for allopathic physicians and new WAC 246-918-195 for physician assistants to implement ESSB 5229. WMC is proposing adopting the health equity model rules, WAC 246-12-800 through 246-12-830, for allopathic physicians and physician assistants to comply with RCW 43.70.613.

The proposed rule adds two hours of health equity education, as required in the model rules, to be completed as part of the current CE requirements every four years. The proposed rule does not change total CE hours but requires two hours in health equity CE every four years which is absorbed into the existing number of CE hours required. The health equity CE requirement is counted under existing, unspecified CE requirements for the profession.

Reasons Supporting Proposal: The goal of health equity CE is to equip health care workers with the skills to recognize and reduce health inequities in their daily work. The content of health equity trainings include implicit bias trainings to identify strategies to reduce bias during assessment and diagnosis in an effort to address

structural factors, such as bias, racism, and poverty, that manifest as health inequities.

Two hours of training allows individuals to gain a foundation in health equity that can have an immediate positive impact on the professional's interaction with those receiving care. Health equity training enables health care professionals to care effectively for patients from diverse cultures, groups, and communities, varying race, ethnicity, gender identity, sexuality, religion, age, ability, socioeconomic status, and other categories of identity. The two hours of health equity CE credits may be earned as part of the health professional's existing CE requirements, therefore not requiring completion of additional CE hours.

Statutory Authority for Adoption: RCW 18.71.017, 18.130.050, and 43.70.613.

Statute Being Implemented: RCW 43.70.613.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: WMC, governmental.

Name of Agency Personnel Responsible for Drafting: Amelia Boyd, 111 Israel Road S.E., Tumwater, WA 98501, 360-918-6336; Implementation and Enforcement: Melanie de Leon, 111 Israel Road S.E., Tumwater, WA 98501, 360-236-2755.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Amelia Boyd, P.O. Box 47866, Olympia, WA 98504-7866, phone 360-918-6336, email amelia.boyd@wmc.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(3) as the rule content is explicitly and specifically dictated by statute.

Is exempt under RCW 19.85.025(4).

Explanation of exemptions: This rule only applies to CE for professionals and does not apply to businesses.

Scope of exemption for rule proposal:

Is fully exempt.

August 21, 2023
Melanie de Leon
Executive Director

OTS-4644.1

NEW SECTION

WAC 246-918-195 Health equity continuing education training requirements. (1) A physician assistant must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician assistant completes count toward meeting applicable continuing

education requirements in the same category specified in WAC 246-918-180.

[]

OTS-4643.1

NEW SECTION

WAC 246-919-445 Health equity continuing education training requirements. (1) A physician must complete two hours of health equity continuing education training every four years as described in WAC 246-12-800 through 246-12-830.

(2) The two hours of health equity continuing education a physician completes count toward meeting applicable continuing education requirements in the same category specified in WAC 246-919-460.

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Business Meeting
October 20, 2023

FORMAL HEARING SCHEDULE

WASHINGTON Medical Commission
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Hearing	Respondent	Case No.	Location
2023 October			
16-Oct	Saadi, James A., MD	M2022-838	Virtual
26-Oct **through** 27-Oct	Thompson, Robert, MD	M2021-553	Virtual
30-Oct **through** 31-Oct	McQuivey, David, PA-C	M2023-61	Virtual
2023 November			
2-Nov	Smith, Steven L., MD	M2022-722	TBD
6-Nov **through** 10-Nov	Bauer, William, MD	M2022-53	TBD
13-Nov	Riyaz, Farhaad, MD	M2022-716	TBD
30-Nov **through** 1-Dec	Ravasia, Debra J., MD	M2022-986	TBD
2023 December			
6-Dec **through** 8-Dec	Bitton, Blake, PA-C	M2022-617	TBD
8-Dec **through** 9-Dec	Adan, John, MD	M2021-757	TBD
19-Dec **through** 20-Dec	Flinders, Craig, MD	M2022-618	TBD
19-Dec **through** 21-Dec	Rice, James, MD	M2021-286	TBD

Hearing	Respondent	Case No.	Location
2024 January			
2-Jan **through** 5-Jan	Washington, William, MD	M2021-755	TBD
8-Jan	Figueras, Dominic, MD	M2022-50	TBD
2024 February			
6-Feb **through** 7-Feb	Shaffer, Jaclyn, MD	M2021-748	TBD
22-Feb **through** 23-Feb	Benson, David B., MD	M2022-721	TBD
2024 March			
1-Mar	Tantuwaya, Lokesh, MD	M2021-382	TBD
6-Mar **through** 8-Mar	Apter, Robert, MD	M2022-488	TBD
18-Mar **through** 20-Mar	Turner, Michael, MD	M2022-194	TBD
2024 April			
17-Apr **through** 19-Apr	Lin, Wei-Hsung, MD	M2022-202	TBD

2023 Meeting Schedule

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
June 30 **10 am – 11 am**	Virtual	Policy: Interested Parties
July 5 **4 pm – 5 pm**	Virtual	Policy Committee
July 13 **8 am – 1:45 pm** **2 pm – 5 pm**	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Case Disposition Personal Appearances
July 14 **8 am – 9:30 am**	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Business
August 24 **8 am – 1:45 pm** **2 pm – 5 pm**	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Case Disposition Personal Appearances
September 29 **10 am – 11 am**	Virtual	Policy: Interested Parties
October 5 **8 am – 5 pm**	Labor & Industries Headquarters 7273 Linderson Way SW, Tumwater, WA	Case Disposition
October 6 **Time: TBD**	Labor & Industries Headquarters 7273 Linderson Way SW, Tumwater, WA	Commissioner Retreat
October 13 **10 am – 11 am**	Virtual	Policy Committee
October 20 **9 am – 11 am**	Virtual	Business
November 16 **8 am – 1:45 pm** **2 pm – 5 pm**	Department of Health Town Center 2 (TC2) 111 Israel Rd SE, Tumwater	Case Disposition Personal Appearances
December 8 **10 am – 11 am**	Virtual	Policy: Interested Parties

Association Meetings

Association	Date(s)	Location
WSMA Annual Meeting	September 23-24, 2023	Bellevue, WA
WAPA Fall Conference	TBA	TBA

Other Meetings

Program	Date(s)	Location
CLEAR Annual Conference	September 27-30, 2023	Salt Lake City, UT
FSMB Board Attorneys Workshop	Nov 30-Dec 1, 2023	Louisville, KY

Approved: May 26, 2023

Updated: October 6, 2023

2024 Meeting Schedule

WASHINGTON Medical Commission
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Date & Time	Location	Meeting Type
January 4 **10 am – 11 am**	Virtual	Policy Committee
January 11 **8 am – 1:45 pm** **2 pm – 5 pm**	Virtual	Case Disposition Personal Appearances
January 19 **9am – 11 am**	Virtual	Business
February 15 **8 am – 5 pm**	In-Person Location TBD	Case Disposition
March 7 **8 am – 1:45 pm** **2 pm – 5 pm**	In-Person Location TBD	Case Disposition Personal Appearances
March 21 **10 am – 11 am**	Virtual	Policy: Interested Parties
April 11 **10 am – 11 am**	Virtual	Policy Committee
April 18 **8 am – 1:45 pm** **2 pm – 5 pm**	In-Person Location TBD	Case Disposition Personal Appearances
April 26 **9 am – 11 am**	Virtual	Business
May 24 **8 am – 5 pm**	Virtual	Personal Appearances
June 6 **10 am – 11 am**	Virtual	Policy: Interested Parties
June 20 **8 am – 1:45 pm** **2 pm – 5 pm**	In-Person Location TBD	Case Disposition Personal Appearances
June 27 **10 am – 11 am**	Virtual	Policy Committee
July 11 **8 am – 1:45 pm** **2 pm – 5 pm**	Virtual	Case Disposition Personal Appearances
July 19 **9 am – 11 am**	Virtual	Business

Approved: May 26, 2023

Updated: May 26, 2023

Date & Time	Location	Meeting Type
September 12 **8 am – 1:45 pm** **2 pm – 5 pm**	In-Person Location TBD	Case Disposition Personal Appearances
September 19 **10 am – 11 am**	Virtual	Policy: Interested Parties
September 26 **10 am – 11 am**	Virtual	Policy Committee
October 3 **8 am – 1:45 pm** **2 pm – 5 pm**	In-Person Location TBD	Case Disposition Personal Appearances
October 11 **9 am – 11 am**	Virtual	Business
November 14 **8 am – 5 pm**	Virtual	Case Disposition
December 5 **10 am – 11 am**	Virtual	Policy: Interested Parties
TBD	In-Person Location TBD	Commissioner Retreat

Commission Meeting Agenda
October 20, 2023 – 2nd Revised

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Department of Health, Washington Medical Commission (WMC) meetings. This agenda is subject to change. The Business Meeting will begin at 9:00 am on October 20, 2023, until all agenda items are complete. The WMC will take public comment at the Business Meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

The WMC is providing a virtual option for members of the public for the Business meeting.

Virtual via Teams Webinar: Registration link can be found below.
Physical location: Department of Health, 111 Israel Rd SE, TC2 Rm 145, Tumwater, WA

Time	Friday – October 20, 2023
Open Session	
8:30 am	**Rules Hearing**

To attend virtually, register for this hearing at: WMC Rules Hearing & Business Meeting

Health equity continuing education – ESSB 5229 – WSR #23-18-007

Agenda	Presented by:	Page(s)
Housekeeping	Amelia Boyd	NA
Hearing opened by Presiding Officer	Karen Domino, MD	NA
• Introduction		
• Call for questions regarding the rule or hearing process		
• Call for testimony from the public and interested parties regarding proposed language	Proposed language in packet	Pages 9-10
• Call for written comments		Page 11
• Commissioners discuss comments and proposed language		
• Vote		
CR-102 document	In packet	Pages 12-14
Hearing closed by Presiding Officer	Karen Domino, MD	NA

Open Session

9:00 am Business Meeting

To attend virtually, **register** for this meeting at: WMC Rules Hearing & Business Meeting

This meeting will begin at the conclusion of the rules hearing or 9:00 am, whichever is later.

1.0 Chair Calls the Meeting to Order

2.0 Public Comment

The public will have an opportunity to provide comments. ***If you would like to comment, please limit your comments to two minutes. Please identify yourself and who you represent, if applicable, when the Chair opens the floor for public comment. If you would prefer to submit written comments, send them to amelia.boyd@wmc.wa.gov by October 19, 2023.***

3.0 Chair Report

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4.0 Consent Agenda

Items listed under the Consent Agenda are considered routine agency matters and will be approved by a single motion without separate discussion. If separate discussion is desired, that item will be removed from the Consent Agenda and placed on the regular Business Agenda. — Action

4.1 Minutes – Approval of the July 14, 2023 Business Meeting minutes. — Pages 24-27

4.2 Agenda – Approval of the October 20, 2023 Business Meeting agenda. — Pages 21-23

5.0 New Business

5.1 **Senate Bill (SB) 5411 – Increasing the scope of practice of naturopathic physicians** — Action, Pages 28-41

Kyle Karinen, Executive Director, will present SB 5411 for discussion and vote.

- Naturopathy Sunrise App Report 2023 — Pages 42-43
- Naturopathy Sunrise Request 2023 — Pages 44-64
- Washington Association of Naturopathic Physicians Comment — Pages 65-66
- MQAC Naturopath Sunrise Comment 2014 — Pages 67-68

6.0 Old Business

6.1 **Committee/Workgroup Reports** — Update

The Chair will call for reports from the Commission's committees and workgroups. Written reports begin on page 69.

See page 70 for a list of committees and workgroups.

High Reliability Organizations (HiRO) Workgroup — Report/Action, Pages 71-74

Mike Farrell, Supervising Staff Attorney, will present the Foundation for Health Care Quality Patient Safety Collaboration Statement of Understanding revised document for discussion and possible further revisions. Please send comments and suggestions on this document to michael.farrell@wmc.wa.gov.

6.2 **Rulemaking Activities** — Update

Rules Progress Report provided on page 75.

- Request to initiate the next step in the rulemaking process, CR-102, for WAC 246-919-330 Postgraduate medical training. Emergency rulemaking, filed as WSR 23-15-056 on July 13, 2023, has already been completed on this subject. This request is to make the emergency rules permanent through standard rulemaking. This rulemaking is removing a barrier to licensure for MDs. The CR-101 was filed on August 23, 2023, as WSR #23-18-005. — Action, CR-101 on page 76
- Request to initiate the next step in the rulemaking process, CR-102, for Physicians and Physician Assistants general provisions for opioid prescribing and tapering rules. The CR-101 was filed on August 16, 2023, as WSR #23-17-094. — Action, CR-101 on pages 77-78

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6.3 **Lists & Labels Request**

The Commission will discuss the requests received for lists and labels, and possible approval or denial of these requests. Approval or denial of these applications is based on whether the requestor meets the requirements of a "professional association" or an "educational organization" as noted on the application (RCW 42.56.070(9)).

- Recruiting Resources — Pages 79-85
- Washington State Medical Association — Pages 86-138

6.4 **Delegation of Signature Authority** — Action

Micah Matthews, Deputy Executive Director, will present this revised document for discussion and vote. — Pages 139-141

7.0 Policy Committee Report

Christine Blake, Public Member, Chair, will report on items discussed at the Policy Committee meeting held on October 13, 2023. The agenda was as follows: — Report/Action

- Proposed Interpretive Statement: Application of the Office-based Surgery Rule, WAC 246-919-601, to the Use of Nitrous Oxide — Pages 142-145
- Proposal to begin rulemaking process to define "qualified physician" under \new optometry law: Enrolled Substitute Senate Bill 5389, Chapter 400, Laws of 2023 — Page 146

8.0 Member Reports

The Chair will call for reports from Commission members.

9.0 Staff Member Reports

The Chair will call for further reports from staff. — Written reports pages 147-160

10.0 AAG Report

Heather Carter, AAG, may provide a report.

11.0 Adjournment of Business Meeting

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Business Meeting Minutes
July 14, 2023

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Link to recording: https://youtu.be/C1uKU5NsofQ

Commission Members

Michael Bailey, Public Member
Christine Blake, Public Member
Toni Borlas, Public Member – Absent
Po-Shen Chang, MD – Absent
Jimmy Chung, MD
Diana Currie, MD – Absent
Karen Domino, MD, Chair
Arlene Dorrough, PA-C
Anjali D'Souza, MD
Harlan Gallinger, MD
April Jaeger, MD – Absent
Ed Lopez, PA-C, Officer-at-Large
Sarah Lyle, MD – Absent
Terry Murphy, MD, Chair Elect
Elisha Mvundura, MD – Absent
Robert Pullen, Public Member
Scott Rodgers, JD, Public Member
Claire Trescott, MD – Absent
Richard Wohns, MD – Absent
Yanling Yu, PhD, Public Member

WMC Staff in Attendance

Christine Babb, Investigator
Taylor Bacharach-Nixon, Admin. Assistant
Colleen Balatbat, Staff Attorney
Jennifer Batey, Legal Support Staff Manager
Alex Bielaski, Case Manager
Amelia Boyd, Program Manager
Carolynn Bradley, Management Analyst
Kayla Bryson, Executive Assistant
Jimi Bush, Director of Quality & Engagement
Marisa Courtney, Licensing Manager
Melanie de Leon, Executive Director
Joel DeFazio, Staff Attorney
Tanya Eberly, Health Services Coordinator
Kelly Elder, Staff Attorney
Anthony Elders, Compliance Officer
Mike Farrell, Policy Development Manager
Gina Fino, MD, Investigator
Ryan Furbush, Paralegal
Rick Glein, Director of Legal Services
Mike Hively, Director of Operations & Informatics
Jenelle Houser, Investigator
Ken Imes, Information Liaison
Kyle Karinen, Staff Attorney
Shelley Kilmer-Ready, Legal Assistant
Jeff Kinstler, Investigator
Pam Kohlmeier, MD, JD, Attorney
Emma Marienthal, Licensing Lead
Stephanie Mason, PR & Legislative Liaison
Sherrise Martin, Health Services Coordinator
Micah Matthews, Deputy Executive Director
Joe Mihelich, Health Services Coordinator
Lynne Miller, Paralegal
Fatima Mirza, Program Case Manager
Nick Morris, Demographics & Informatics Specialist
Freda Pace, Director of Investigations
Stormie Redden, Legal Assistant
Chris Waterman, Complaint Intake Manager
Mahi Zeru, Equity & Social Justice Manager

Others in Attendance

Tracy Bahm, Assistant Attorney General
Chris Bandoli
Marlon Basco-Rodillas, Depart.of Health (DOH)
Chris Bundy, MD, Executive Medical Director, Washington Physicians Health Program
Heather Cantrell, Policy Analyst, DOH
Heather Carter, Assistant Attorney General
Srini Chandra
Billie Dickinson, Washington State Medical Association (WSMA)
Rose Edwards
Hillary Norris, Policy Analyst, WSMA
Lindsay Trant-Sinclair, DOH

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1.0 Call to Order

Karen Domino, MD, Chair, called the meeting of the Washington Medical Commission (WMC) to order at 8:00 a.m. on July 14, 2023.

2.0 Public Comment

There were no public comments.

3.0 Chair Report

Dr. Domino spoke about the Executive Director, Melanie de Leon's accomplishments such as:

- Reducing timeframes for licensing
- Sexual Misconduct Analysis Review Team (SMART) training
- New additions to the Case Management Team (CMT) meetings
    - Off-Ramp Process
    - Practitioner Support

Congratulated Ms. de Leon on her upcoming, and well-deserved, retirement.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

4.1 Minutes from the May 26, 2023, Business Meeting

4.2 Agenda for July 14, 2023.

Motion: The Chair entertained a motion to approve the Consent Agenda. The motion was seconded and approved unanimously.

5.0 Old Business

5.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet. There were no additional reports.

5.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet. In addition to the written report the following request was made:

Amelia Boyd, Program Manager, requested the WMC initiate rulemaking on WAC 246-918-076 and WAC 246-919-397 in response to HB 1009 Concerning military spouse employment.

6.0 Policy Committee Report

Christine Blake, Public Member, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on July 5, 2023. The agenda was as follows:

Guidance Document: Social Media and Electronic Communications

Ms. Blake stated the committee discussed the document at length. Ms. Blake asked Mike Farrell, Policy Development Manager, to provide more information on this item. Mr. Farrell presented the revisions from the previous document as well as one additional revision. Ms. Blake stated the committee recommended approving the document as revised.

Motion: The Chair entertained a motion to approve the document as revised. The motion

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was approved unanimously.

Procedure: Panel Consent Agenda
Mr. Farrell stated this document was reviewed as part of the WMC's four-year review process. He also presented a change to the document.

Motion: The Chair entertained a motion to approve the document as revised. The motion was approved unanimously.

Procedure: Approving Entities to Credential Pain Management Specialists
Mr. Farrell stated this document was reviewed as part of the WMC's four-year review process. He also presented a change to the document.

Motion: The Chair entertained a motion to approve the document as revised. The motion was approved unanimously.

7.0 Member Reports

Ms. Blake ask Micah Matthews, Deputy Executive Director, to give an update on the HELMS project. Mr. Matthews stated there is progress on the project and that the licensing piece appears to be ready to go.

8.0 Staff Reports

The reports below are in addition to the written reports that were included in the meeting packet.

Dr. Domino asked Mr. Matthews to provide more information about Commissioners returning travel reimbursement requests. Mr. Matthews clarified that these requests should be submitted, ideally, within 30 days after travel. He went on to say that these requests can be submitted within 90 days after travel.

Ms. de Leon spoke about the successes of both the Commissioners and staff over the last 9 years while she's been the Executive Director.

9.0 AAG Report

Heather Carter, AAG, had nothing to report.

10.0 Adjournment

The Chair called the meeting adjourned at 8:31 am.

Submitted by

Amelia Boyd, Program Manager

Karen Domino, MD, Chair
Washington Medical Commission

Approved October 20, 2023

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S-0619.1

SENATE BILL 5411

State of Washington 68th Legislature 2023 Regular Session

By Senators Short, Randall, Robinson, Shewmake, Valdez, Warnick, C. Wilson, and L. Wilson

Read first time 01/17/23. Referred to Committee on Health & Long Term Care.

AN ACT Relating to addressing a shortage of primary care services by increasing the scope of practice of naturopathic physicians; amending RCW 18.36A.020, 18.36A.040, and 69.41.030; reenacting and amending RCW 69.50.101; adding new sections to chapter 18.36A RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** The legislature finds that:

(1) Naturopathic physicians, licensed under chapter 18.36A RCW since 1987 and chapter 18.36 RCW since 1919, are recognized as primary care providers in both statute and rule, and have served in this role for many years through private health plans, in apple health (medicaid), and with the Indian health service systems.

(2) Washington has a shortage of primary care services that poses a significant risk to public health resulting in increased human suffering and increased costs. The coronavirus pandemic has added strain on an already overburdened health care system, further exposing the need to empower primary care providers to practice to the full scope of their training.

(3) In some areas, naturopathic physicians are the only available health care providers. As such, they need authority for all appropriate primary care services consistent with their education and

patient populations. This act supports better patient care, prevents duplication of services, reduces emergency department visits, and is more cost-effective for patients, health plans, and state agencies.

(4) Naturopathic medical training emphasizes behavioral health, counseling, and lifestyle medicine in addition to conventional medical diagnostics and treatments, including pharmaceutical prescriptions. Many patients seek care with naturopathic physicians in order to stop taking or lower their doses of prescription medications. Most controlled substances cannot be stopped without a careful dosage taper. Enabling naturopathic physicians to practice to the full extent of their training, to include authority to prescribe and deprescribe controlled substances, allows them to play a more significant role in addressing the ongoing opioid and benzodiazepine crises facing our communities.

(5) The legislature first granted naturopathic physicians limited prescriptive authority in 1987 and expanded this in 2005 to include all legend drugs and limited controlled substances in Schedules III through V of the uniform controlled substances act. Licensed naturopathic physicians in neighboring states currently have prescriptive authority beyond what those in Washington have. Licensed naturopathic physicians have demonstrated competence and safety in prescribing controlled substances both here and in surrounding states.

(6) This act recognizes the board of naturopathy (established by the legislature in 2011), and its role in rule making for determination of specific clinical parameters and educational requirements in the same manner as other boards and commissions with primary care authority.

NEW SECTION. **Sec. 2.** A new section is added to chapter 18.36A RCW to read as follows:

(1) Subject to the requirements of this section, a naturopathic physician may prescribe and administer legend drugs and controlled substances contained in Schedules II through V of the uniform controlled substances act, chapter 69.50 RCW, as necessary in the practice of naturopathy.

(2) A naturopathic physician who prescribes controlled substances shall register with the department to access the prescription monitoring program established in chapter 70.225 RCW.

(3) By rule, the board shall establish education and training requirements related to prescribing legend drugs and controlled substances. A naturopathic physician may prescribe and administer drugs pursuant to subsection (1) of this section only if he or she satisfies the education and training requirements established by the board.

NEW SECTION. **Sec. 3.** A new section is added to chapter 18.36A RCW to read as follows:

A naturopathic physician may sign and attest to any certificates, cards, forms, or other required documentation that a physician may sign, so long as it is within the naturopathic physician's scope of practice. This includes, but is not limited to, disability determinations, physician orders for life-sustaining treatment, hospice orders, student athletic forms, guardianships, powers of attorney, and similar legal documents.

Sec. 4. RCW 18.36A.020 and 2021 c 179 s 21 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Board" means the board of naturopathy created in RCW 18.36A.150.

(2) "Colon hydrotherapist" means a person certified under this chapter to perform colon hydrotherapy pursuant to an affiliation with one or more naturopaths.

(3) "Colon hydrotherapy" means the performance of enemas or colonic irrigation.

(4) "Common diagnostic procedures" means the use of venipuncture consistent with the practice of naturopathic medicine, commonly used diagnostic modalities consistent with naturopathic practice, health history taking, physical examination, radiography, examination of body orifices excluding endoscopy, laboratory medicine, and obtaining samples of human tissues, but excluding incision or excision beyond that which is authorized as a minor office procedure.

(5) "Department" means the department of health.

(6) "Educational program" means an accredited program preparing persons for the practice of naturopathic medicine.

(7) "Homeopathy" means a system of medicine based on the use of infinitesimal doses of medicines capable of producing symptoms

similar to those of the disease treated, as listed in the homeopathic pharmacopeia of the United States.

(8) "Hygiene and immunization" means the use of such preventative techniques as personal hygiene, asepsis, public health, and immunizations, to the extent allowed by rule.

(9) "Manual manipulation" or "mechanotherapy" means manipulation of a part or the whole of the body by hand or by mechanical means.

(10) "Minor office procedures" means primary care ((~~and~~)) services; procedures incident thereto of superficial lacerations, lesions, ((~~and abrasions~~)) minor injuries, and the removal of foreign bodies located in superficial structures, not to include the eye; and the use of antiseptics and topical or local anesthetics in connection therewith. "Minor office procedures" also includes ((~~intramuscular, intravenous, subcutaneous, and intradermal~~)) injections and topical applications of substances consistent with the practice of naturopathic medicine and in accordance with rules established by the ((~~secretary~~)) board.

(11) "Naturopath" ((~~means~~)) or "naturopathic physician" mean an individual licensed under this chapter.

(12) "Naturopathic medicines" means vitamins; minerals; botanical medicines; homeopathic medicines; hormones; and ((~~those legend drugs and controlled~~)) other nutrients, compounds, and natural substances consistent with naturopathic medical practice ((~~in accordance with rules established by the board. Controlled substances are limited to codeine and testosterone products that are contained in Schedules III, IV, and V in chapter 69.50 RCW~~)).

(13) "Nutrition and food science" means the prevention and treatment of disease or other human conditions through the use of foods, water, herbs, roots, bark, or natural food elements.

(14) "Physical modalities" means use of physical, chemical, electrical, and other modalities ((~~that do not exceed those used as of July 22, 2011, in minor office procedures or common diagnostic procedures,~~)) including, but not limited to, heat, cold, air, light, water in any of its forms, sound, massage, durable medical equipment, and therapeutic exercise.

(15) "Radiography" means the ordering, but not the interpretation, of radiographic diagnostic and other imaging studies and the taking and interpretation of standard radiographs.

(16) ((~~"Secretary" means the secretary of health or the secretary's designee.~~

~~(17)~~)) "Suggestion" means techniques including but not limited to counseling, biofeedback, and hypnosis.

Sec. 5. RCW 18.36A.040 and 2011 c 40 s 2 are each amended to read as follows:

Naturopathic medicine is the practice by ((~~naturopaths~~)) naturopathic physicians of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. A ((~~naturopath~~)) naturopathic physician is responsible and accountable to the consumer for the quality of naturopathic care rendered.

The practice of naturopathic medicine includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies, of nutrition and food science, physical modalities, minor office procedures, homeopathy, naturopathic medicines, legend and nonlegend drugs and controlled substances contained in Schedules II through V of the uniform controlled substances act, chapter 69.50 RCW, hygiene and immunization, contraceptive devices, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and treatment of a patient in concert with a practitioner licensed under chapter 18.57 or 18.71 RCW. No person licensed under this chapter may employ the term "chiropractic" to describe any services provided by a ((~~naturopath~~)) naturopathic physician under this chapter.

Sec. 6. RCW 69.41.030 and 2020 c 80 s 41 are each amended to read as follows:

(1) It shall be unlawful for any person to sell, deliver, or possess any legend drug except upon the order or prescription of a physician under chapter 18.71 RCW, an osteopathic physician and surgeon under chapter 18.57 RCW, an optometrist licensed under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician and surgeon under chapter 18.22 RCW, a naturopathic physician under chapter 18.36A RCW, a veterinarian under chapter 18.92 RCW, a commissioned medical or dental officer in the United States armed forces or public health service in the discharge of his or her official duties, a duly licensed physician or dentist employed by the veterans administration in the discharge of his or her official

duties, a registered nurse or advanced registered nurse practitioner under chapter 18.79 RCW when authorized by the nursing care quality assurance commission, a pharmacist licensed under chapter 18.64 RCW to the extent permitted by drug therapy guidelines or protocols established under RCW 18.64.011 and authorized by the commission and approved by a practitioner authorized to prescribe drugs, a physician assistant under chapter 18.71A RCW when authorized by the Washington medical commission, or any of the following professionals in any province of Canada that shares a common border with the state of Washington or in any state of the United States: A physician licensed to practice medicine and surgery or a physician licensed to practice osteopathic medicine and surgery, a physician licensed to practice naturopathic medicine, a dentist licensed to practice dentistry, a podiatric physician and surgeon licensed to practice podiatric medicine and surgery, a licensed advanced registered nurse practitioner, a licensed physician assistant, or a veterinarian licensed to practice veterinary medicine: PROVIDED, HOWEVER, That the above provisions shall not apply to sale, delivery, or possession by drug wholesalers or drug manufacturers, or their agents or employees, or to any practitioner acting within the scope of his or her license, or to a common or contract carrier or warehouse operator, or any employee thereof, whose possession of any legend drug is in the usual course of business or employment: PROVIDED FURTHER, That nothing in this chapter or chapter 18.64 RCW shall prevent a family planning clinic that is under contract with the health care authority from selling, delivering, possessing, and dispensing commercially prepackaged oral contraceptives prescribed by authorized, licensed health care practitioners: PROVIDED FURTHER, That nothing in this chapter prohibits possession or delivery of legend drugs by an authorized collector or other person participating in the operation of a drug take-back program authorized in chapter 69.48 RCW.

(2)(a) A violation of this section involving the sale, delivery, or possession with intent to sell or deliver is a class B felony punishable according to chapter 9A.20 RCW.

(b) A violation of this section involving possession is a misdemeanor.

Sec. 7. RCW 69.50.101 and 2022 c 16 s 51 are each reenacted and amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(a) "Administer" means to apply a controlled substance, whether by injection, inhalation, ingestion, or any other means, directly to the body of a patient or research subject by:

(1) a practitioner authorized to prescribe (or, by the practitioner's authorized agent); or

(2) the patient or research subject at the direction and in the presence of the practitioner.

(b) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser. It does not include a common or contract carrier, public warehouseperson, or employee of the carrier or warehouseperson.

(c) "Board" means the Washington state liquor and cannabis board.

(d) "Cannabis" means all parts of the plant *Cannabis*, whether growing or not, with a THC concentration greater than 0.3 percent on a dry weight basis; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. The term does not include:

(1) The mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination; or

(2) Hemp or industrial hemp as defined in RCW 15.140.020, seeds used for licensed hemp production under chapter 15.140 RCW.

(e) "Cannabis concentrates" means products consisting wholly or in part of the resin extracted from any part of the plant *Cannabis* and having a THC concentration greater than ten percent.

(f) "Cannabis processor" means a person licensed by the board to process cannabis into cannabis concentrates, useable cannabis, and cannabis-infused products, package and label cannabis concentrates, useable cannabis, and cannabis-infused products for sale in retail outlets, and sell cannabis concentrates, useable cannabis, and cannabis-infused products at wholesale to cannabis retailers.

(g) "Cannabis producer" means a person licensed by the board to produce and sell cannabis at wholesale to cannabis processors and other cannabis producers.

(h) "Cannabis products" means useable cannabis, cannabis concentrates, and cannabis-infused products as defined in this section.

(i) "Cannabis researcher" means a person licensed by the board to produce, process, and possess cannabis for the purposes of conducting research on cannabis and cannabis-derived drug products.

(j) "Cannabis retailer" means a person licensed by the board to sell cannabis concentrates, useable cannabis, and cannabis-infused products in a retail outlet.

(k) "Cannabis-infused products" means products that contain cannabis or cannabis extracts, are intended for human use, are derived from cannabis as defined in subsection (d) of this section, and have a THC concentration no greater than ten percent. The term "cannabis-infused products" does not include either useable cannabis or cannabis concentrates.

(l) "CBD concentration" has the meaning provided in RCW 69.51A.010.

(m) "CBD product" means any product containing or consisting of cannabidiol.

(n) "Commission" means the pharmacy quality assurance commission.

(o) "Controlled substance" means a drug, substance, or immediate precursor included in Schedules I through V as set forth in federal or state laws, or federal or commission rules, but does not include hemp or industrial hemp as defined in RCW 15.140.020.

(p)(1) "Controlled substance analog" means a substance the chemical structure of which is substantially similar to the chemical structure of a controlled substance in Schedule I or II and:

(i) that has a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance included in Schedule I or II; or

(ii) with respect to a particular individual, that the individual represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance included in Schedule I or II.

(2) The term does not include:

(i) a controlled substance;

(ii) a substance for which there is an approved new drug application;

(iii) a substance with respect to which an exemption is in effect for investigational use by a particular person under Section 505 of the federal food, drug, and cosmetic act, 21 U.S.C. Sec. 355, or chapter 69.77 RCW to the extent conduct with respect to the substance is pursuant to the exemption; or

(iv) any substance to the extent not intended for human consumption before an exemption takes effect with respect to the substance.

(q) "Deliver" or "delivery" means the actual or constructive transfer from one person to another of a substance, whether or not there is an agency relationship.

(r) "Department" means the department of health.

(s) "Designated provider" has the meaning provided in RCW 69.51A.010.

(t) "Dispense" means the interpretation of a prescription or order for a controlled substance and, pursuant to that prescription or order, the proper selection, measuring, compounding, labeling, or packaging necessary to prepare that prescription or order for delivery.

(u) "Dispenser" means a practitioner who dispenses.

(v) "Distribute" means to deliver other than by administering or dispensing a controlled substance.

(w) "Distributor" means a person who distributes.

(x) "Drug" means (1) a controlled substance recognized as a drug in the official United States pharmacopoeia/national formulary or the official homeopathic pharmacopoeia of the United States, or any supplement to them; (2) controlled substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in individuals or animals; (3) controlled substances (other than food) intended to affect the structure or any function of the body of individuals or animals; and (4) controlled substances intended for use as a component of any article specified in (1), (2), or (3) of this subsection. The term does not include devices or their components, parts, or accessories.

(y) "Drug enforcement administration" means the drug enforcement administration in the United States Department of Justice, or its successor agency.

(z) "Electronic communication of prescription information" means the transmission of a prescription or refill authorization for a drug of a practitioner using computer systems. The term does not include a prescription or refill authorization verbally transmitted by telephone nor a facsimile manually signed by the practitioner.

(aa) "Immature plant or clone" means a plant or clone that has no flowers, is less than twelve inches in height, and is less than twelve inches in diameter.

(bb) "Immediate precursor" means a substance:

(1) that the commission has found to be and by rule designates as being the principal compound commonly used, or produced primarily for use, in the manufacture of a controlled substance;

(2) that is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance; and

(3) the control of which is necessary to prevent, curtail, or limit the manufacture of the controlled substance.

(cc) "Isomer" means an optical isomer, but in subsection (gg)(5) of this section, RCW 69.50.204(a) (12) and (34), and 69.50.206(b)(4), the term includes any geometrical isomer; in RCW 69.50.204(a) (8) and (42), and 69.50.210(c) the term includes any positional isomer; and in RCW 69.50.204(a)(35), 69.50.204(c), and 69.50.208(a) the term includes any positional or geometric isomer.

(dd) "Lot" means a definite quantity of cannabis, cannabis concentrates, useable cannabis, or cannabis-infused product identified by a lot number, every portion or package of which is uniform within recognized tolerances for the factors that appear in the labeling.

(ee) "Lot number" must identify the licensee by business or trade name and Washington state unified business identifier number, and the date of harvest or processing for each lot of cannabis, cannabis concentrates, useable cannabis, or cannabis-infused product.

(ff) "Manufacture" means the production, preparation, propagation, compounding, conversion, or processing of a controlled substance, either directly or indirectly or by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container. The term does not include the preparation, compounding, packaging, repackaging, labeling, or relabeling of a controlled substance:

(1) by a practitioner as an incident to the practitioner's administering or dispensing of a controlled substance in the course of the practitioner's professional practice; or

(2) by a practitioner, or by the practitioner's authorized agent under the practitioner's supervision, for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale.

(gg) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium, opium derivative, and any derivative of opium or opium derivative, including their salts, isomers, and salts of isomers, whenever the existence of the salts, isomers, and salts of isomers is possible within the specific chemical designation. The term does not include the isoquinoline alkaloids of opium.

(2) Synthetic opiate and any derivative of synthetic opiate, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the isomers, esters, ethers, and salts is possible within the specific chemical designation.

(3) Poppy straw and concentrate of poppy straw.

(4) Coca leaves, except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives or ecgonine or their salts have been removed.

(5) Cocaine, or any salt, isomer, or salt of isomer thereof.

(6) Cocaine base.

(7) Ecgonine, or any derivative, salt, isomer, or salt of isomer thereof.

(8) Any compound, mixture, or preparation containing any quantity of any substance referred to in (1) through (7) of this subsection.

(hh) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. The term includes opium, substances derived from opium (opium derivatives), and synthetic opiates. The term does not include, unless specifically designated as controlled under RCW 69.50.201, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). The term includes the racemic and levorotatory forms of dextromethorphan.

(ii) "Opium poppy" means the plant of the species Papaver somniferum L., except its seeds.

(jj) "Person" means individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

(kk) "Plant" has the meaning provided in RCW 69.51A.010.

(ll) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(mm) "Practitioner" means:

(1) A physician under chapter 18.71 RCW; a physician assistant under chapter 18.71A RCW; an osteopathic physician and surgeon under chapter 18.57 RCW; an optometrist licensed under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010 subject to any limitations in RCW 18.53.010; a dentist under chapter 18.32 RCW; a podiatric physician and surgeon under chapter 18.22 RCW; a veterinarian under chapter 18.92 RCW; a registered nurse, advanced registered nurse practitioner, or licensed practical nurse under chapter 18.79 RCW; a naturopathic physician under chapter 18.36A RCW who is licensed under RCW 18.36A.030 subject to any limitations in RCW 18.36A.040 and section 2 of this act; a pharmacist under chapter 18.64 RCW or a scientific investigator under this chapter, licensed, registered or otherwise permitted insofar as is consistent with those licensing laws to distribute, dispense, conduct research with respect to or administer a controlled substance in the course of their professional practice or research in this state.

(2) A pharmacy, hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state.

(3) A physician licensed to practice medicine and surgery, a physician licensed to practice osteopathic medicine and surgery, a dentist licensed to practice dentistry, a podiatric physician and surgeon licensed to practice podiatric medicine and surgery, a licensed physician assistant or a licensed osteopathic physician assistant specifically approved to prescribe controlled substances by his or her state's medical commission or equivalent and his or her supervising physician, an advanced registered nurse practitioner licensed to prescribe controlled substances, a naturopathic physician licensed to prescribe controlled substances, or a veterinarian

licensed to practice veterinary medicine in any state of the United States.

(nn) "Prescription" means an order for controlled substances issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe controlled substances within the scope of his or her professional practice for a legitimate medical purpose.

(oo) "Production" includes the manufacturing, planting, cultivating, growing, or harvesting of a controlled substance.

(pp) "Qualifying patient" has the meaning provided in RCW 69.51A.010.

(qq) "Recognition card" has the meaning provided in RCW 69.51A.010.

(rr) "Retail outlet" means a location licensed by the board for the retail sale of cannabis concentrates, useable cannabis, and cannabis-infused products.

(ss) "Secretary" means the secretary of health or the secretary's designee.

(tt) "State," unless the context otherwise requires, means a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, or a territory or insular possession subject to the jurisdiction of the United States.

(uu) "THC concentration" means percent of delta-9 tetrahydrocannabinol content per dry weight of any part of the plant *Cannabis*, or per volume or weight of cannabis product, or the combined percent of delta-9 tetrahydrocannabinol and tetrahydrocannabinolic acid in any part of the plant *Cannabis* regardless of moisture content.

(vv) "Ultimate user" means an individual who lawfully possesses a controlled substance for the individual's own use or for the use of a member of the individual's household or for administering to an animal owned by the individual or by a member of the individual's household.

(ww) "Useable cannabis" means dried cannabis flowers. The term "useable cannabis" does not include either cannabis-infused products or cannabis concentrates.

(xx) "Youth access" means the level of interest persons under the age of twenty-one may have in a vapor product, as well as the degree to which the product is available or appealing to such persons, and

the likelihood of initiation, use, or addiction by adolescents and young adults.

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Washington State Senate

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Senator Annette Cleveland
49th Legislative District

Annette.Cleveland@leg.wa.gov
Phone: (360) 786-7696

May 24, 2023

The Honorable Umair Shah, MD, MPH
Washington State Secretary of Health
Washington State Department of Health
PO Box 47890
Olympia, WA 98504-7890

Dear Secretary Shah,

I am requesting that the Department of Health consider a Sunrise Review application for a proposal that would change the scope of practice for licensed naturopaths to include, among other additions, the ability to prescribe Schedule 2-5 controlled substances.

A copy of the proposal is attached, SB 5411 from the 2023 legislative session. The Senate Health & Long Term Care Committee would be interested in an assessment of whether the proposal meets the sunrise criteria for expanding the scope of practice for a regulated health profession in Washington.

The proponent for this proposal is the Washington Association of Naturopathic Physicians (contact: Carey Morris – careymorris27@gmail.com; 360-961-7125).

I appreciate your consideration of this application and I look forward to receiving your report. Please contact my office if you have any questions.

Sincerely,

Annette Cleveland

Senator Annette Cleveland
Chair, Senate Health & Long Term Care Committee
49th Legislative District

Washington State Senate

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Cc: Kelly Cooper, Washington State Department of Health
Rob Oliver, Washington State Department of Health
Christie Spice, Washington State Department of Health
Carey Morris, Washington Association of Naturopathic Physicians
Greg Attanasio, Washington State Senate Committee Services
Thea Byrd, Washington State Senate Democratic Caucus

WASHINGTON ASSOCIATION OF NATUROPATHIC PHYSICIANS

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Proposal to Increase Scope of Practice
Cover Sheet

To Whom It May Concern:

Please accept this packet as a proposal by the **Washington Association of Naturopathic Physicians (WANP)** to increase the scope of practice of **naturopathic physicians** (Chapter 18.36A RCW – Naturopathy[1]; Chapter 246-836 WAC – Naturopathic Physicians[2]) licensed in Washington State. In particular, the legislative proposal we are seeking review for under the sunrise process was filed as **Senate Bill 5411**[3] during the 2023 Legislative Session, with bipartisan sponsorship of Senators Shelly Short, Emily Randall, June Robinson, Sharon Shewmake, Javier Valdez, Judy Warnick, Claire Wilson, and Lynda Wilson. (Note that a very similar bill – filed as House Bill 4573.4 during the 2014 Legislative Session – has already undergone a review under the sunrise process, completed in December 2014.[4]) In short, the current bill would expand naturopathic prescriptive authority to include controlled substances in Schedules II through V of the Uniform Controlled Substances Act as necessary in the practice of naturopathy; enable naturopathic physicians to sign and attest to any documents or certificates that any primary care provider is routinely expected to sign; update defining language under "minor office procedures" and "physical modalities"; and update the RCW to reflect that our profession is now regulated by an established board rather than by the Office of the Secretary of Health (effective 2011).

As of August 2023, the Washington State Department of Health reports **1,619 licensed naturopathic physicians** in Washington State.

The **Washington Association of Naturopathic Physicians (WANP)**[5], located at **14500 Juanita Drive NE, Room 381, Kenmore, WA 98028**, represents the naturopathic physician profession in Washington. **Executive Director Angela Ross, ND**, is the primary point of contact for this proposal. She can be reached by email at **executive@wanp.org** or via phone at **206.547.2130**. At present, the WANP has a **membership of approximately 480**.

The **American Association of Naturopathic Physicians (AANP)**[6], located at **300 New Jersey Avenue SW, Suite 900, Washington, DC 20001**, represents the naturopathic physician profession nationally. As of August 2023, the AANP has a **membership of approximately 2,100**.

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[1] https://app.leg.wa.gov/rcw/default.aspx?cite=18.36A
[2] https://app.leg.wa.gov/wac/default.aspx?cite=246-836
[3] https://lawfilesext.leg.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Bills/5411.pdf?q=20230817161356
[4] https://doh.wa.gov/sites/default/files/legacy/Documents/2000/NaturopathFinal.pdf?uid=650b3fac5f7a0
[5] https://www.wanp.org
[6] https://naturopathic.org/default.aspx

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Most states have their own professional associations for naturopathic physicians and there are several national specialty and academic organizations. The WANP has some affiliation with many of these organizations through its affiliation with the AANP.

The scope of practice we are seeking in the current bill is already in place in **Oregon**[7] and **Vermont**[8]. Additionally, naturopathic physicians licensed in **Arizona**[9] can legally prescribe controlled substances in Schedules III through V, plus morphine in Schedule II and any other drugs that have been reclassified from Schedule III to Schedule II since 2014; those in **California**[10] are legally permitted to prescribe controlled substances in Schedules III through V under the supervision of a physician or surgeon; and those in **New Mexico**[11] may prescribe all controlled substances in Schedules III through V except for benzodiazepines, opiates, or opiate derivatives.

Thank you in advance for taking the time to review this proposal. Please do not hesitate to reach out with any questions.

In health,

Angela Ross, ND
Executive Director

[7] https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3919
[8] https://legislature.vermont.gov/statutes/fullchapter/26/081
[9] https://www.azleg.gov/viewDocument/?docName=http://www.azleg.gov/ars/32/01501.htm
[10] https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=8.2.&article=4.
[11] https://nmanp.org/wp-content/uploads/2019/10/sb0135.pdf

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Proposal to Increase Scope of Practice

Key Factors to Consider

In considering our proposal to increase the scope of practice of naturopathic physicians to better align with our legally recognized status as primary care providers, we respectfully request consideration of the following:

1.) Define the problem and why the change in regulation is necessary.

The practice of naturopathic medicine has been regulated in Washington State since 1919 – longer than in any other state in the country. Over the past century, the influence of and demand for this holistic approach to healthcare has steadily grown, and modern naturopathic physicians have earned recognition as primary care clinicians playing a key role in the primary healthcare network in Washington. As the world evolves and changes, so too do the needs of patients served by naturopathic doctors. It is past time to update the regulation pertaining to naturopathic physicians to enable trained and competent doctors to help address some of the incredible need that exists in the healthcare system today.

The last increase to naturopathic scope of practice occurred in 2005, when the Washington State Legislature overwhelmingly approved House Bill 1546[12] and granted naturopathic physicians legal authority to prescribe all legend drugs plus codeine and testosterone products contained in Schedules III through V of the Uniform Controlled Substances Act. Since then, naturopathic physicians have consistently demonstrated safety and competence in their prescribing. A lot has changed in healthcare in Washington in the two decades since – much of which supports the need for an increased scope of practice for naturopathic physicians.

In approximately 2013, naturopathic physicians were recognized by the state legislature as primary care providers[13] and, effective January 2014, included as such in Washington's Medicaid/Tribal Health systems. As of August 2023, there are over 450 naturopathic physicians – nearly 30% of licensees – credentialed as Medicaid providers and serving patients in 21 counties across Washington.[14] As more and more patients select naturopathic physicians for their primary care needs (both within Apple Health and outside of it), more and more naturopathic doctors find themselves caring for patients on prescription medications that are not currently in their scope of practice. Patients establish care and rely on their state-recommended primary care practitioner to be able to prescribe refills of their controlled substances, but naturopathic doctors cannot legally provide this necessary care. In these

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[12] https://lawfilesext.leg.wa.gov/biennium/2005-06/Pdf/Bills/Session%20Laws/House/1546.SL.pdf?cite=2005%20c%20158%20§%202

[13] https://app.leg.wa.gov/rcw/default.aspx?cite=74.09.010

[14] https://hca-tableau.watech.wa.gov/t/51/views/ProviderDashboard-EDW/ProviderDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

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cases, the naturopathic primary care physician must explain the limitations on their prescriptive authority and refer the patient out to a different provider type for management of just a few medications. This creates burden not only on the system by requiring funds to reimburse multiple providers for care that could easily be addressed by just one, but also on the patients who have to take additional time off work, pay additional co-pays and other cost shares (depending on insurance plans), and pay to travel. This burden can become prohibitive for patients in remote locations and those who cannot afford the additional costs of time and money. This duplication of services also adversely impacts coordination of care, increasing confusion and requiring more time and effort for patients, clinicians, and staff. There is simply no need for this dual utilization for prescription and management of medications that are routinely handled in the primary care setting.

During the 2019 Legislative Session, the Washington State Legislature passed an omnibus bill pertaining to the Vital Records System. Among other things, Engrossed Substitute Senate Bill 5332[15] defined "physician" as "a person licensed to practice medicine, naturopathy, or osteopathy pursuant to Title 18 RCW." This granted naturopathic physicians legal authority to sign death certificates and other vital records, yet naturopathic physicians remain excluded from signing hospice orders, POLST (portable medical orders) forms, some disability determinations, and more. Patients in need of these documents turn to their primary care physicians for support. Without this signatory authority codified in statute, many private industries and organizations create internal policies that do not include naturopathic physicians as allowable signatories. Once again, this creates undue burden on patients to locate and establish care with additional providers just to sign these documents. It also causes unnecessary delays for completing important (and often time-sensitive) paperwork and costs the system and patients more money.

Currently, Washington State is experiencing significant shortages in the healthcare workforce, and patients continue to suffer longer wait times to get in to see a healthcare practitioner. The COVID pandemic, beginning in 2020, exacerbated these issues. Just this month, the Washington State Medical Association (WSMA) identified the Health Care Workforce as one of its top 3 legislative agenda items for 2024.[16] Earlier this year, the Washington State Hospital Association (WSHA) shared the *2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates*, which demonstrates an average wait time of 24 days for patients to see a primary care provider for a non-urgent condition (like routine health screening).[17] Naturopathic physicians can be a larger part of the solution – but they need to be able to address all routine primary care needs of their patients, including management of controlled substances beyond testosterone and codeine products.

[15] https://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5332-S.SL.pdf?cite=2019%20c%20148%20§%202
[16] https://wsma.org/Shared_Content/News/Membership_Memo/2023/august-25/wsmas-2024-legislative-agenda-a-preview
[17] http://www.wsha.org/wp-content/uploads/mha2022waittimesurveyfinal.pdf

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During the COVID pandemic, naturopathic physicians stepped forward and struggled to keep their clinics open in the midst of tremendous uncertainty and fear. The epidemic of mental and behavioral health crises got much worse, and increasing numbers of patients turned to their primary care providers for support for anxiety, insomnia, panic, and addictions. The National Institutes of Health (NIH) identified mental health as a primary focus of research after early data showed that nearly half of all U.S. Americans reported developing symptoms of anxiety or depression since the pandemic – with 10% reporting that their mental health needs were not being met.[18] In March 2022, the World Health Organization (WHO) reported a 25% increase in anxiety and depression worldwide.[19] The report highlighted that women and youth were the most impacted and that gaps in care during the pandemic were contributing to the problem. The American Psychiatric Association (APA) has published guidelines on the treatment of panic disorder[20] and of substance use disorders[21], and the prescription of benzodiazepines (primarily Schedule IV controlled substances[22]) features prominently in the standard of care treatment of both – particularly to help stabilize patients while waiting for other treatment approaches to take effect or for an appointment to open with a specialist.

Another mental health condition that has been a focus throughout the COVID pandemic is ADHD – especially as children moved to online schooling and adults moved to work-from-home formats. The Centers for Disease Control and Prevention (CDC) reports that 7% of children ages 3-17 have been diagnosed with ADHD in Washington, and that nearly 50% of those are currently on medication for it.[23] The American Academy of Pediatrics (AAP) has published guidelines that direct primary care clinicians to "prescribe US Food and Drug Administration–approved medications for ADHD" alongside behavior therapy, and state that "the evidence is particularly strong for stimulant medications."[24] The primary stimulant medication used to treat ADHD is methylphenidate, which is currently a Schedule II controlled substance.[25] It is important to note that the AAP identifies the primary care clinician as the key player in not only diagnosing but also managing ADHD in patients. Once again, naturopathic physicians are serving as primary care physicians but find their hands tied when providing routine primary care to patients in need.

Yet another shift that has occurred in the last decade is the move to rely more heavily on the primary care clinician for temporary pain management, and this is another reason for this proposal to obtain expanded prescriptive authority. Over the years, more and more hospitals and surgical centers provide limited pain management and instead refer patients to their primary care clinicians for follow up and

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[18] https://covid19.nih.gov/covid-19-topics/mental-health
[19] https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide
[20] https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf
[21] https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf
[22] https://www.deadiversion.usdoj.gov/drug_chem_info/benzo.pdf
[23] https://www.cdc.gov/ncbddd/adhd/data/diagnosis-treatment-data.html
[24] https://publications.aap.org/pediatrics/article/128/5/1007/31018/ADHD-Clinical-Practice-Guideline-for-the-Diagnosis?autologincheck=redirected
[25] https://www.deadiversion.usdoj.gov/drug_chem_info/methylphenidate.pdf

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on-going management of post-procedural pain. This makes good sense, as primary care practitioners are more likely to know the comprehensive personal and family medical histories of their patients and to recognize potentially addictive or drug-seeking behavior early on. But when post-surgical patients are sent to their naturopathic primary care physicians, they frequently end up back in the emergency room because of the current limitation on naturopathic prescriptive authority. Again, the burden here is primarily on the patient but also costs the state and the system more money for care that is typically managed in the primary care setting.

A recent change to federal law that adds support for this proposal for increased scope is the signing and implementation of the federal Consolidated Appropriations Act of 2023[26]. Notably, this eliminated the requirement for health care practitioners to obtain a federal waiver to prescribe medication assisted treatment (MAT) for opioid use disorder (OUD)[27] and established a requirement for 8 hours of training on MAT for OUD for any practitioners registered with the U.S. Drug Enforcement Administration (DEA) to prescribe controlled substances[28]. In light of this passage, both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the DEA have expressed commitment to make medication (primarily buprenorphine, which is a Schedule III narcotic analgesic[29]) for OUD "readily and safely available to anyone in the country who needs it."[30] Many naturopathic physicians in Washington are already registered with the DEA to prescribe codeine and testosterone in Schedules III through V, and these physicians are now mandated to complete training in MAT for OUD. However, state law prohibits them from prescribing this well-documented life-saving medication. Naturopathic physicians are ideally positioned to participate in addressing the opiate addiction crisis, as they are trained to utilize many other lifestyle, counseling, and nonpharmacological modalities in addition to pharmaceuticals to help patients achieve long-term recovery. But they need the legal authority to prescribe medications like buprenorphine and benzodiazepines to provide comprehensive care to those struggling.

There have also been two recent pieces of legislation here in Washington that aimed to expand access to care by updating language around what types of providers could provide said care. Engrossed House Bill 1851[31], passed during the 2022 regular legislative session, updated the provider types that could terminate or assist in terminating a pregnancy from "physician" to "physician, physician assistant, advanced registered nurse practitioner, or other health care provider acting within the provider's scope of practice." Conversations with legislative champions of this bill revealed that the inclusion of

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[26] https://www.congress.gov/bill/117th-congress/house-bill/2617/text
[27] https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20(OUD)
[28] https://www.deadiversion.usdoj.gov/pubs/docs/MATE_training.html
[29] https://www.deadiversion.usdoj.gov/drug_chem_info/buprenorphine.pdf
[30] https://www.samhsa.gov/sites/default/files/dear-colleague-letter-fda-samhsa.pdf?utm_source=SAMHSA&utm_campaign=ccca9b7af8-EMAIL_CAMPAIGN_2023_05_10_01_10&utm_medium=email&utm_term=0_-ccca9b7af8-%5BLIST_EMAIL_ID%5D
[31] https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1851.SL.pdf?q=20230828124709

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"*other health care provider*" was intended to include clinicians such as naturopathic physicians and midwives, but the current limitations in naturopathic prescriptive authority and outdated language in the minor office procedures section of naturopathic scope preclude their participation. Similarly, Engrossed Substitute Senate Bill 5179[32], passed during the 2023 regular legislative session, updated the provider types that could participate in Washington's Death with Dignity Act from "physician" to "qualified medical provider." The bill further defined "attending qualified medical provider" as "the qualified medical provider who has primary responsibility for the care of the patient and treatment of the patient's terminal disease." In other words, the "attending qualified medical provider" is expected to be the patient's primary care provider. The bill as passed requires that the medications involved must be prescribed by the "attending qualified medical provider" (rather than by the "consulting qualified medical provider"). Therefore, the currently limited prescriptive authority of naturopathic physicians resulted in an automatic exclusion of naturopathic doctors under the bill's definition of "qualified medical provider," which was expanded to include a physician or osteopathic physician, a physician assistant, or an advanced registered nurse practitioner. Once again, this list includes all statute-recognized primary care providers except for naturopathic physicians – even though naturopathic physicians routinely provide primary care and support through end of life and occasionally receive requests for Death with Dignity from certain terminally ill patients.

Both of these bills clearly intend to expand their respective authority to all primary care provider types in Washington in order to expand access to care, but in both cases, the existing limitations on the prescriptive authority of naturopathic physicians prevents their participation – even despite having patients wanting this care and despite naturopathic physicians being willing (and competent) to provide it. Decisions around reproduction and end of life are deeply personal, and patients should be able to make these decisions with their primary care provider of choice. Expanding the scope of practice of naturopathic physicians as proposed would empower patients to seek the care they need from the provider they trust. And it would be in line with the legislative intent of expanding access to these important services.

In summary, naturopathic physicians are trained to be primary care physicians and are recognized as such by many Washington State departments, including Department of Health, Health Care Authority, Department of Labor and Industries, and Department of Vital Records. However, the current scope of practice does not match that of all other recognized primary care providers in Washington. Naturopathic doctors have been given the incredible responsibility of serving patients as primary care providers, yet they have restricted access to the tools routinely used in a primary care setting. This creates undue burden on and confusion for patients and the healthcare system as a whole and should be remedied through a change in regulation and an update to naturopathic scope of practice.

[32] https://lawfilesext.leg.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5179-S.SL.pdf?q=20230829172914

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2.) Explain how the proposal addresses the problem and benefits the public.

This proposal would increase the scope of practice of Washington-licensed naturopathic physicians to better match that of other statute-recognized primary care practitioners, thereby enabling them to provide the full scope of primary care services to patients.

This regulatory update would benefit the public in numerous ways, including:

This proposal would help address the on-going workforce shortage of healthcare providers in Washington State by enabling additional highly trained physicians to fulfill the full range of primary care needs of patients across the state. Allowing full prescriptive authority and codifying legal authority of naturopathic physicians to sign key health documents for patients (disability claims, hospice orders, etc.) increases opportunities for naturopathic physicians to work in community health clinics, hospital systems, and private integrated clinics, all of which currently must bear the costs of dual utilization internally when they bring naturopathic physicians on board.

This proposal would reduce barriers to access to care – particularly to traditionally underserved patients in rural and remote areas and to those of lower socioeconomic status. Naturopathic physicians live and work in 48 of 49 legislative districts in Washington and may be the only healthcare practitioner within a large radius in some of the more rural communities. The burden on patients having to seek care from multiple providers because naturopathic physicians do not legally have full prescriptive or signatory authority (and not because of a lack of competence, training, or safety) can be too much to bear for the most vulnerable among us.

This proposal would save money for patients, for taxpayers and the state, and for private insurers by decreasing dual utilization and duplicative care for no good reason.

This proposal would enable naturopathic physicians to play a larger role in helping to address behavioral health concerns of patients both by allowing them to prescribe life-saving medications like benzodiazepines for alcohol use disorder or buprenorphine for opioid use disorder and by allowing them authority to work with patients to safely taper use of controlled substances.

The public would be well-served by having access to additional competent and attentive prescribers to help address a full range of mental health conditions – from ADHD to panic disorder. These conditions are routinely diagnosed and managed in the primary care setting, and forcing a traumatized or struggling patient to have care delayed while they wait to be seen by a specialist or another type of provider with advanced prescriptive authority is frankly cruel and not in the best interest of either the individual patient or of the society in which they live.

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3.) What is the minimum level of education and training necessary to perform the new skill or service based on objective criteria?

A review of Washington State statutes pertaining to opioid and other prescribing reveals a wide range when trying to establish an objective minimum level of education and training necessary to perform the increased scope we are seeking.

In Washington, the following healthcare professionals have authority to prescribe some or all controlled substances: medical doctor, osteopath, naturopathic physician, podiatrist, dentist, nurse practitioner, physician assistant, and optometrist.

When it comes to foundational training in these fields, a search of the curricula of local programs for each demonstrates the following: Bastyr University offers a 4-year Doctor of Naturopathic Medicine (ND) program totaling 300 credit hours – 13.5 of which are specifically related to pharmacology.[33] The University of Washington School of Medicine offers a 4-year Medical Doctor (MD) program totaling 288 credit hours.[34] Accredited colleges of podiatric medicine offer a 4-year Doctor of Podiatric Medicine (DPM) program totaling 173.5 credit hours – 8 of which appear to be specifically related to pharmacology.[35] Pacific University in Oregon offers a 4-year Doctor of Optometry (OD) program totaling 128 credit hours – 5 of which appear to be specifically related to pharmacology.[36] The University of Washington School of Dentistry offers a 4-year DDS program with 1 course that appears to be specifically related to pharmacology.[37] The University of Washington School of Nursing offers a 3-year Doctor of Nursing Practice – Family Nurse Practitioner (DNP) program totaling 93 credit hours – 5 of which appear to be specifically related to pharmacology.[38] The University of Washington Physician Assistant (PA) program offers a 2-year program totaling 162 credit hours – 6 of which appear to be specifically related to pharmacology.[39] Based on publicly available program descriptions, it appears two of these professions require additional training through formal residency post-graduation. Others may have residencies available, but they do not appear to be required for licensure.

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[33] https://bastyr.smartcatalogiq.com/en/2023-2024/academic-catalog/school-of-naturopathic-medicine/graduate-programs/doctor-of-naturopathic-medicine/

[34] https://www.washington.edu/students/gencat/program/S/school_medicine.html#:~:text=Medical%20School%20Curriculum%20(For%20students%20entering%202022%20or%20after),three%20phases%2C%20totaling%20288%20credits.&text=The%20first%2018%20months%20of%20the%20medical%2Dstudent%20curriculum%20start,two%2Dweek%20clinical%20immersion%20course.

[35] https://www.samuelmerritt.edu/catalog/curriculum-overviews#Podiatric%20Medicine

[36] https://www.pacificu.edu/optometry-od/curriculum

[37] https://dental.washington.edu/course-catalog/view-courses-year/

[38] https://students.nursing.uw.edu/wp-content/uploads/2022/06/DNP-FNP-2022-Curriculum-Grid.pdf

[39] https://familymedicine.uw.edu/medex/pa-program/curriculum/didactic-year/

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Comparison of core program length, total credits, pharmacology-specific credits, and residency requirement.

Program	Program length	Total credits	Pharm-specific credits	Residency required
ND	4 years	300	13.5	No
MD	4 years	288	Unk	Yes
DPM	4 years	173.5	8	Yes
OD	4 years	128	5	No
DDS	4 years	Unk	Unk (1 course)	No
DNP-FNP	3 years	93	5	No
PA	2 years	162	6	No

To prescribe opioids, a physician (MD or DO), podiatrist (DPM), or physician assistant (PA) in Washington State must complete a one-time 1-hour training in best practices of opioid prescribing and the rules pertaining their respective scopes of practice.[40] A dentist in Washington State must complete a one-time 3-hour training regarding best practices in opioid prescribing and rules pertaining to their scope.[41] A nurse practitioner in Washington State may apply for prescriptive authority (which includes opioids) on demonstrating completion of 30 contact hours of education in pharmacology (not specifically in opioids).[42] An optometrist (OD) in Washington State may apply for certification by the optometry board to use pharmaceuticals after demonstrating 60 hours in general and ocular pharmacology (not specific to opioids).[43] [Note: With the passage of the MATE Act, all of these provider types (including naturopathic physicians) now have to complete a one-time 8-hour training in opioid use disorders in order to obtain or renew a DEA registration.]

We submit that the training already in place for naturopathic physicians is in line with or superior to the minimum level of education and training necessary for this increased scope based on comparison to other professions that already have this scope.

4.) Explain how the proposal ensures practitioners can safely perform the new skill or service.

As proposed, Senate Bill 5411[44] ensures practitioners can safely perform this increased scope of practice through Section 2, which requires any naturopathic physicians who prescribe controlled substances to register with the Department of Health to access the Prescription Monitoring Program (PMP) and which requires the regulatory board to establish education and training requirements

[40] https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-875&pdf=true; https://app.leg.wa.gov/WAC/default.aspx?cite=246-922-685&pdf=true; https://app.leg.wa.gov/WAC/default.aspx?cite=246-918-825&pdf=true
[41] https://app.leg.wa.gov/wac/default.aspx?cite=246-817-909
[42] https://app.leg.wa.gov/wac/default.aspx?cite=246-840
[43] https://app.leg.wa.gov/WAC/default.aspx?cite=246-851-400&pdf=true
[44] https://lawfilesext.leg.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Bills/5411.pdf?q=20230817161356

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related to prescribing legend drugs and controlled substances. Only those naturopathic physicians who meet the education and training requirements spelled out by the regulatory board would be allowed to prescribe additional controlled substances.

While not explicitly mentioned in SB 5411, all healthcare professionals are subject to the Uniform Disciplinary Act[45], which prohibits any healthcare provider (including naturopathic physicians) from incompetence, negligence, or malpractice. Providing any care that the practitioner is not fully trained to competence to provide would be grounds for discipline under this Act.

5.) Explain how the current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

While this increased scope would be new for Washington-licensed naturopathic physicians, all accredited naturopathic medical schools in North America train students to the most advanced scope of practice in the country. Therefore, the current education and training has adequately prepared naturopathic physicians for this increased scope for many years.

The Council on Naturopathic Medical Education (CNME) is recognized by the U.S. Department of Education as the accrediting body for naturopathic medical programs. Per its *Handbook of Accreditation for Naturopathic Medicine Programs*[46], eligibility criteria include the requirement that an accredited naturopathic medical program "is residential, consists of a minimum of four academic years, and requires a minimum of 4,100 clock hours, including a minimum of 1,200 hours devoted to clinical training."

Additionally: "The academic component provides an in-depth study of human health, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment classroom learning. The following subject matter/courses are included:

1. Biomedical sciences, including anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program
2. Environmental and public health, including epidemiology, immunology and infectious diseases
3. Pharmacology and pharmacognosy
4. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses

[45] https://app.leg.wa.gov/RCW/default.aspx?cite=18.130
[46] https://cnme.org/wp-content/uploads/2022/08/CNME-Handbook-of-Accreditation-August-2022-Edition.pdf

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5. Therapeutic subject matter/courses, including botanical medicine, homeopathy, emergency and legend drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and Oriental medicine, medical procedures/emergencies, and minor surgery
6. Clinical subject matter/courses, including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology, and hematology"

In terms of coverage of controlled substances in the current curriculum at several accredited naturopathic medical schools, the deans at Bastyr University in Washington and California, National University of Natural Medicine (NUNM) in Oregon, and Sonoran University of Health Sciences in Arizona provided information on each of their specific programs.

<u>Bastyr University</u>

Kristina Conner, ND, MSOM, Dean of the School of Naturopathic Medicine at Bastyr University in Kenmore, WA, and San Diego, CA, provided the following information on the required courses relating to controlled substances there:

1. BC 6112 Medical Pharmacology
    a. Required Course, Spring Year 2
    b. 3.0 credits, 33.0 hours
        i. This module contains basic principles for the safe and effective use of pharmaceuticals, including mechanism of action and potential adverse effects.
2. BP 6200 Psychopathology
    a. Required Course, Winter Year 2
    b. 2.0 credits, 22.0 hours
        i. This course trains students to assess and diagnose psychological conditions and refer or manage mental health conditions.
3. BP7300 Naturopathic Approaches to Addictions
    a. Required Course, Fall Year 3
    b. 6.0 credits, 66.0 hours
        i. The focus of this course is the assessment, treatment and management of addictions from a naturopathic perspective.
4. NM7332-7335, NM8301 Clinical Pharmacology 1-5
    a. Required Courses, Years 3-4
    b. 2.5 credits total, 27.5 hours
    c. This required course series instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions. Each course focuses on a body system, as follows:
        i. Clinical Pharmacology 1—pain and musculoskeletal system.

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1. Includes 2 hours on opioid medications

ii. Clinical Pharmacology 2-Nervous System, Mental Health conditions, and Endocrine system
    1. Includes 2 hours on stimulants and 2 hours on anxiolytics which include some controlled substances

iii. Clinical Pharmacology 3-Digestive, Cardiovascular, and Respiratory Systems
iv. Clinical Pharmacology 4—Eye, Ears, Nose Throat, Renal, and Reproductive Systems
v. Clinical Pharmacology 5—Integumentary System

5. Students may manage patients on controlled substances in their required rotations. During their clinical training, they must demonstrate competency in the following areas which may be relevant to controlled substance use and abuse:
    a. Professional Ethics
    b. Counseling
    c. Mental status examination
    d. Diagnosis and management of Mental illness
    e. Diagnosis and management of Nervous system disorders
    f. Musculoskeletal exam
    g. Diagnosis and management of Musculoskeletal conditions, acute
    h. Diagnosis and management of Musculoskeletal conditions, chronic

In summary, graduates of Bastyr University's Doctor of Naturopathic Medicine program are trained in the prescription and management of controlled substances. Additionally, they are trained to assess substance use disorders and refer or manage those conditions, as appropriate. Courses span the 4-year curriculum and clinical training.

Admittedly, there was less focus on pharmaceuticals (including controlled substances) at Bastyr University prior to naturopathic scope expansion in Washington in 2005, but the curriculum was soon adjusted to better align with that taught at other accredited naturopathic medical schools once the new scope went into effect. When the new law went into effect, both Bastyr University and the WANP offered training courses on controlled substances and other pharmaceuticals to bring earlier graduates into compliance with the rules established in WACs 246-836-210[47] and 246-836-211[48]. According to Paul Anderson, ND, Professor of Pharmacology for Bastyr University's School of Naturopathic Medicine from approximately 2006 to approximately 2012, the pharmacology curriculum has included in depth coverage of controlled substances since at least 2009. In particular, the course syllabi, notes, and slide decks demonstrate coverage of legend drugs as well as coverage of testosterone prescribing and management; pharmaceutical management of pain (including opiates, synthetic opioids, and opiate overdose); opiate cough suppressants; benzodiazepines and barbiturates; other drugs of abuse and

[47] https://app.leg.wa.gov/wac/default.aspx?cite=246-836-210
[48] https://app.leg.wa.gov/wac/default.aspx?cite=246-836-211

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misuse; and management of addiction and drug-seeking behaviors. Dr. Conner confirmed this information, adding: "After 2012, course content and syllabi reflect an equal or higher number of hours devoted to pharmacology… [including] the addition of Medical Pharmacology in 2018. That [added] 3 additional credits (33 hours)."

National University of Natural Medicine (NUNM)

Kelly Baltazar, ND, DC, MS, Dean of the College of Naturopathic Medicine at National University of Natural Medicine (NUNM) provided the following information on the required courses in their curriculum[49] relating to controlled substances:

NUNM's curriculum is an organ-based block curriculum. Threaded through each of the block courses is content pertaining to therapeutic modalities such as botanical medicine, nutrition, homeopathy, hydrotherapy, practitioner cultivation, evidence-based medicine/evidence-informed practice (EBM/EIP), ethics, and pharmacology. Therefore, in the below information, there are not standalone pharmacology courses but rather an outline of the total credits for the relevant blocks. Within those blocks, NUNM's core curriculum contains 141.5 required hours of pharmacology.

The following are the required core courses in the curriculum relating to controlled substances and where controlled substances are taught:

1. Therapeutic Modalities II
    a. Required course, Year 1
    b. 6.0 credits, 72 hours
        i. This class explores the history, philosophy, and foundational concepts of pharmacology and explores how this modality is employed as part of a holistic approach to medicine. This class explores the principles of how medications physiologically interact with the body. Students learn major drug classes and start to build knowledge of indications, contraindications and how to prescribe drugs. This class discusses opioids and opioid use disorder.
2. Musculoskeletal Lecture, Tutorial, & Lab
    a. Required courses, Year 2
    b. 18.0 credits, 252 hours
        i. This course explores musculoskeletal-based conditions and implements comprehensive management plans. The course includes pain education and opioids for pain management.
3. Reproductive Systems (Andrology, Gynecology, & Natural Childbirth) Lecture, Tutorial, & Lab
    a. Required courses, Year 3
    b. 14.5 credits, 180 hours
        i. This course discusses Testosterone.
4. Psychology & Mental Health

[49] https://catalog.nunm.edu/preview_program.php?catoid=7&poid=177

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   a. Required courses, Year 3
   b. 7.0 credits, 84 hours
      i. This course discusses stimulant medications, benzodiazepines, ketamine, and DEA/PDMP monitoring.

Additionally, each organ-based block instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions. These courses are as follows:

1. Year 2 courses
   a. Cardiology & Pulmonology
   b. Hematology & Oncology
   c. Gastroenterology & Proctology
   d. Urology & Nephrology
   e. Metabolism & Endocrinology
2. Year 3 courses
   a. Rheumatology & Immunology
   b. Eyes, Ears, Nose, Throat (EENT)
   c. Dermatology & Minor Surgery
   d. Pediatrics & Geriatrics
   e. Environmental Medicine & Parenteral Therapy

In addition to the required core courses, students may manage patients on controlled substances during their required clinical rotations or may have exposure to patients being managed on controlled substance during their required 216 preceptorship hours. All students must demonstrate competency in the following areas during their clinical rotations, which may be relevant to controlled substance use and abuse:

1. Pharmacological prescription: total of 12 in at least 8 different condition categories
   a. The student must demonstrate the ability to prescribe a pharmaceutical medication safely and accurately.
   b. The student must demonstrate knowledge of the indications and contraindications of the drug, mechanism of action (MOA) for the active ingredient, side effects, potential interactions, and dosage and duration.
   c. The student must be able to provide justification for the individual prescription along with any available evidence for that use.
   d. The student must discuss the prescription and any applicable out-of-pocket costs with the patient and complete a PARQ and assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient's questions and needs.
2. Mental Health/Lifestyle Counseling

   a. The student must demonstrate the ability to successfully provide and document counseling for 12 patient visits, including:
      i. Substance and alcohol use/abuse counseling (ability to identify, treat and/or refer when indicated)
      ii. Mental health conditions (ability to diagnose, treat and/or refer when indicated)
      iii. Pain management education

Lastly, all NUNM students are assessed during their primary clinical rotations on the following and are expected to be competent in these areas upon graduating:

1. Coordination of Patient Care Within the Health Care System
2. Medical Records Documentation
3. Communication and Interaction with patients and families
4. Various aspects of Professionalism and Ethics

In summary, NUNM students are trained throughout the curriculum in prescribing and management of controlled substances. They are also trained to understand when appropriate referrals are indicated.

<u>Sonoran University of Health Sciences</u>

Jessica Mitchell, ND, Dean of the College of Naturopathic Medicine at Sonoran University of Health Sciences in Tempe, AZ, provided the following information on the required courses in the curriculum[50] there related to controlled substances:

1. PHAR 6010, 6020, 6030 Pharmacology and Pharmacotherapeutics I-III
   a. Required courses, Year 2
   b. 9.0 total credits, 99 hours
      i. These courses discuss therapeutic drugs and drugs of abuse including side effects, toxicity, interactions, and contraindications.
2. ERMD 8014 Emergency Medicine
   a. Required course, Year 3
   b. 3.0 credits, 33 hours
      i. Students learn how to manage acute medical conditions including overdose utilizing Advanced Cardiac Life Support and medications.
3. GNMP 7030 General Medical Practice – Endocrinology
   a. Required course, Year 3
   b. 2.5 credits, 27.5 hours
      i. Students learn endocrinology including appropriate use of prescription of hormones.
4. GNMP 8076 General Medical Practice – Geriatrics
   a. Required course, Year 4

[50] https://www.sonoran.edu/wp-content/uploads/2022/10/Sonoran-College-of-Naturopathic-Medicine-Fall_Spring-2022-2023-4yr-Program-of-Study-rev.-10-25-22.pdf

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   b. 2.0 credits, 22 hours
      i. Students learn assessment and treatment of geriatric patients including medication management.
5. PSYC 8040 Mind-Body Medicine: Medical Management of Addiction
   a. Required course, Year 4
   b. 1.5 credits, 16.5 hours
      i. This course provides training in caring for people suffering from addiction.

In addition to the required courses listed above, the students have the following requirements and training opportunities:

1. Students take ten additional clinical science courses (e.g. cardiology, neurology, rheumatology, etc.) where pharmaceuticals are discussed as part of the management of disease processes.
2. Sonoran University offers an elective course in Medical Cannabis designed to educate students on the appropriate clinical uses of medical cannabis and the prescribing laws in Arizona.
3. Students obtain 1,232 hours on clinical rotations and a minimum of 500 patient contacts while they are at Sonoran. Naturopathic Physicians in Arizona are licensed as primary care physicians with a large pharmacy scope. Most of our student rotations are family practice which means that many of the patients seen are taking medications and that the supervising physician is prescribing medications where appropriate.
4. Sonoran University has two community clinics, offering 6 clerkship opportunities per week, where substance abuse disorders are common among the participants.

Students in the Naturopathic Medicine program are training as primary care providers to the large scope of practice in Arizona. They are trained in prescription and management of controlled substances and the assessment of substance use disorders.

Post-Graduation Continuing Medical Education

After graduation, naturopathic physicians in Washington are required to maintain competence in their field by completing a minimum of 60 hours of continuing medical education every 2 years. As part of this 60-hour requirement, Washington-licensed naturopathic physicians are required to take a minimum of 15 hours specifically in pharmacology.[51]

For comparison to other states where naturopathic physicians have this advanced prescriptive authority: Naturopathic physicians licensed in Oregon have prescriptive authority that includes medications in Schedules II through V. Post-graduation, they are required to obtain 32 hours of continuing education, including 10 hours of pharmacology-specific continuing education, annually and 1 hour of continuing education in pain management every 2 years.[52] Those licensed in Arizona also have prescriptive authority that includes medications in Schedules II through V. They are required to

[51] https://app.leg.wa.gov/WAC/default.aspx?cite=246-836-080&pdf=true
[52] https://www.oregon.gov/obnm/Pages/ContinuingEducation.aspx

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obtain 30 hours of continuing education, including 10 hours of pharmacology-specific continuing education, annually.[53] Naturopathic physicians licensed in Vermont also have prescriptive authority that includes medications in Schedules II through V and they must complete 30 credits of continuing education every 2 years with no specific requirement for pharmacology credits.[54]

For comparison to other professions in Washington with this advanced prescriptive authority: MDs/DOs[55] are required to complete 200 hours of continuing education every 4 years, with no specific requirement for pharmacology hours; podiatrists[56] and PAs[57] are required to complete 100 hours of continuing education every 2 years, with no specific requirement for pharmacology hours; optometrists are required to complete 50 hours of continuing education every 2 years, with no specific requirement for pharmacology hours; ARNPs/DNPs[58] with prescribing rights are required to complete 45 hours of continuing education every 2 years, including 15 hours of pharmacology; and dentists[59] are required to complete 63 hours of continuing education every 3 years, with no specific requirement for pharmacology hours.

Comparison of continuing education credit requirements in Washington.

Profession	**Total requirement**	**Average annual credits**	**Pharm-specific credits**
MD	200/4 years	50	N/A
DPM	100/2 years	50	N/A
PA	100/2 years	50	N/A
ND	60/2 years	30	15/2 years (7.5/year)
OD	50/2 years	25	N/A
DNP-FNP	45/2 years	22.5	15/2 years (7.5/year)
DDS	63/3 years	21	N/A

6.) Is an increase in education and training necessary? If so, are the approved educational institutions prepared to incorporate the increase?

As indicated above, the accredited naturopathic medical schools have been ensuring competence to the proposed scope for many years based on the advanced prescriptive authority and practice of licensed naturopathic physicians in several other states. Since a Sunrise Review was completed on this same topic in December 2014, the continuing competency program for Washington-licensed

[53] https://apps.azsos.gov/public_services/Title_04/4-18.pdf
[54] https://legislature.vermont.gov/statutes/section/26/081/04130
[55] https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-430&pdf=true
[56] https://app.leg.wa.gov/WAC/default.aspx?cite=246-922-300&pdf=true
[57] https://app.leg.wa.gov/WAC/default.aspx?cite=246-918-180&pdf=true
[58] https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-361&pdf=true;
https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-450&pdf=true
[59] https://app.leg.wa.gov/WAC/default.aspx?cite=246-817-440&pdf=true

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naturopathic physicians has been overhauled to better align with that of other advanced scope health professions. At this time, we submit that the groundwork has already been laid for this increased scope for naturopathic physicians in Washington State and that no increase in training or education is immediately necessary to approve this proposal.

That said, the proposal does defer to the state regulatory board of naturopathy for rule-making and there may be additional training or educational requirements put in place by that body. We have secured a commitment from leadership at Bastyr University to work with us, the regulatory board, and the consortium of accredited naturopathic medical schools to incorporate any additional requirements established by our board.

7.) How does the proposal ensure that only qualified practitioners are authorized to perform the expanded scope of practice?

In 2005, when naturopathic physicians gained legal authority to prescribe codeine and testosterone products in Schedules III through V, rules were written to ensure that only qualified practitioners were authorized to prescribe these limited controlled substances. Specifically, WAC 246-836-210 and 246-836-211 require authorization by the regulatory Board to prescribe controlled substances:

WAC 246-836-210:
"(3) Prior to being allowed to administer, prescribe, dispense, or order controlled substances, a naturopathic physician must meet the requirements in WAC **246-836-211** and have obtained the appropriate registration issued by the Federal Drug Enforcement Administration."

WAC 246-836-211:
"(1) Upon approval by the board, naturopathic physicians may obtain a current Federal Drug Enforcement Administration registration. The board may approve naturopathic physicians who have:
(a) Provided documentation of a current Federal Drug Enforcement Administration registration from another state; or
(b) Submitted an attestation of at least four hours of instruction. Instruction must be part of a graduate level course from a school approved under chapter **18.36A**, 18.71, 18.57, or **18.79** RCW. Instruction must include the following:

(i) Principles of medication selection;
(ii) Patient selection and therapeutics education;
(iii) Problem identification and assessment;
(iv) Knowledge of interactions, if any;
(v) Evaluation of outcome;
(vi) Recognition and management of complications and untoward reactions; and
(vii) Education in pain management and drug seeking behaviors."

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Only naturopathic physicians who complete and attest to the training spelled out by the regulatory board in WAC 246-836-211 above receive an "authorization for DEA registration" on their licenses. Without this "authorization for DEA registration" documented directly on their Naturopathic Physician License in Washington, a naturopathic physician cannot obtain a DEA registration for Washington State. Without a DEA registration in Washington State, it is illegal for a naturopathic physician to prescribe any controlled substances for patients in the State of Washington.

These rules remain in place under the current proposal, and the current proposal allows an opportunity by the regulatory Board of Naturopathy to impose additional training and educational requirements if necessary. The current proposal establishes that "a naturopathic physician may prescribe and administer drugs pursuant to subsection (1) of this section only if he or she satisfies the education and training requirements established by the board."

8.) If there are other factors in RCW 18.120.030 relevant to the proposal, please address them in detail.

We submit that naturopathic physicians are highly committed to protecting the public from harm based on their training and foundational philosophy, which directs naturopathic doctors to use the lowest force effective intervention[60]. Additionally, there are already rules in place to ensure that the public is protected from harm by requiring authorization by the regulatory Board of Naturopathy to prescribe controlled substances, and this proposal includes an ability by the Board to implement additional training and educational requirements for naturopathic physicians seeking to utilize advanced prescriptive authority.

This profession has been licensed and regulated as "naturopathic physicians" in Washington since 1987. Naturopathic doctors have practiced autonomously and responsibly since then. Recognized in statute as both primary care providers and physicians, they have legal authority to supervise registered nurses[61], licensed practical nurses[62], medical assistants[63], and colon hydrotherapists[64]. They have safely prescribed all legend drugs and limited controlled substances since 2005. Their core and continuing education has advanced over the years. Naturopathic physicians are already responsible for life and death decisions in daily patient care – managing multiple potentially deadly medications (e.g. insulins, blood thinners, anti-hypertensives, antidepressants), deciding when to refer a patient out for specialized care, and understanding the difference between something that can wait and something that requires immediate attention. The generally low costs of malpractice insurance for the

[60] https://aanmc.org/naturopathic-medicine/
[61] https://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260
[62] https://app.leg.wa.gov/RCW/default.aspx?cite=18.79.270
[63] https://app.leg.wa.gov/rcw/default.aspx?cite=18.360&full=true#18.360.010
[64] https://app.leg.wa.gov/RCW/default.aspx?cite=18.36A.095&pdf=true

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naturopathic profession speak to the relative safety and competent care naturopathic physicians provide.

We hope we have made the case above that the education, training, and professional ability of naturopathic physicians to safely perform this increased scope meets or exceeds the training of other healthcare practitioners in Washington who currently enjoy the scope of practice we are seeking.

We also hope that we have demonstrated that this proposal would increase access, improve continuity of care, and reduce costs – for individual patients, healthcare employers, insurance carriers, taxpayers, and the state – by reducing unnecessary dual utilization and allowing naturopathic doctors to provide the full breadth of care they are trained and licensed to provide.

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Washington Medical Commission
PO Box 47866
Olympia, WA 98504
ATTN: Kyle Karinen, Executive Director

18 October 2023

Re: October 20 regular business meeting agenda item 5.1: Senate Bill (SB) 5411 – Increasing the scope of practice of naturopathic physicians

Greetings, Mr. Karinen and esteemed Commissioners:

I am writing on behalf of the Washington Association of Naturopathic Physicians (WANP) to express appreciation for what I hope will be a thoughtful and honest discussion of Senate Bill 5411[1] – the bill put forward by my organization aiming to increase access to care, reduce costs, and ensure public safety by aligning naturopathic scope of practice in Washington with our statute-recognized status as primary care providers and in recognition of the extensive medical training our doctors receive. I am sure you are aware that the Washington State Department of Health (DOH) is currently engaged in a Sunrise Review[2] of this bill. I sincerely hope that any Commissioners participating in the discussion and vote on this matter have taken the time to review the full applicant report[3] provided in support of this effort. (I note that the bill language is included in the meeting packet but not the other Sunrise Review-associated documents, including the request letter from Senator Annette Cleveland[4] and the applicant report.)

While it is unclear from the public agenda what, exactly, the Commission will be discussing and voting on regarding a bill that relates to a health care profession that is regulated by its own Department of Health-supported Board and which is in the midst of the Department-led Sunrise Review, I wanted to offer the following points for consideration by the Commission in any ensuing discussion of this bill:

In order to become licensed in Washington, naturopathic physicians must complete a minimum of 4 years of a U.S. Department of Education-accredited naturopathic medical school program and pass a series of exams to ensure competence of practice. The medical school training is much like that of our conventional colleagues and provides a solid foundation in human anatomy (including cadaver lab), pathology, physiology, biochemistry, histology, immunology, and more, as well as more in-depth study of the clinical sciences covering all body systems (e.g. cardiology, pulmonology, gastrointestinal, neurology, urology, gynecology, maternity care, etc.). The naturopathic medical program also includes a significant amount of pharmacology both as its own independent coursework and woven throughout both didactic and clinical training. This pharmacology training includes controlled substances, which are already in the scope of practice of numerous naturopathic colleagues in other states. There really are just two primary differences between a naturopathic medical program and a conventional medical program. First, the philosophy and approach to patient care is slightly different as naturopathic doctors are taught to consider and treat the

[1] https://doh.wa.gov/sites/default/files/2023-10/SenateBill5411-NP.pdf?uid=652f2d58dc171
[2] https://doh.wa.gov/about-us/programs-and-services/executive-office-prevention-safety-and-health/health-systems-quality-assurance/sunrise-reviews
[3] https://doh.wa.gov/sites/default/files/2023-10/NaturopathySunriseAppReport2023.pdf?uid=65208b53a2046
[4] https://doh.wa.gov/sites/default/files/2023-10/NaturopathySunriseRequest2023.pdf?uid=6530163a74d40

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whole person, to address the root cause of any illness or disease, and to use the lowest force effective intervention with patients, among other things. Second, in addition to all of the same basic and clinical sciences taught in both conventional and naturopathic medical schools, naturopathic physicians are also extensively trained in the use of botanical medicine, physical medicine, counseling, and medical nutrition, and they are especially expert in understanding the possible myriad interactions not only among various drugs but also among supplements and pharmaceuticals.

Washington State (and the rest of the country) is contending with a significant healthcare workforce shortage – particularly in the rural areas of our state. As cited in the applicant report, the Washington State Medical Association (WSMA) has identified the Health Care Workforce as one of its top 3 legislative agenda items for 2024.[5] The *2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates* demonstrates an average wait time of 24 days for patients to see a primary care provider for a non-urgent condition.[6] Increasing numbers of people need care for significant behavioral and mental health conditions – to include support and medication-assisted treatment for opioid use disorder. The federal government (as evidenced by the MATE Act), the U.S. Drug Enforcement Administration (DEA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) are all unified in the perspective that there is a dire need for more prescribers to have access to life-saving medications like buprenorphine. Naturopathic physicians in Washington are well-trained, professionally competent, and able to help. These are just a fraction of the reasons we respectfully and humbly ask for your support for this scope expansion effort.

The applicant report submitted for the Sunrise Review on Senate Bill 5411 provides much more information on why and how this bill would truly serve patients, serve our state, support our overwhelmed conventionally-trained colleagues, increase access to care, and reduce costs for all involved. We would be honored to continue this important conversation and to serve as a resource for your commissioners who are interested in learning more in the interest of protecting and advancing the public health.

Please do not hesitate to reach out with any questions about this letter, Senate Bill 5411, or the applicant report submitted.

In health,

Angela Ross, ND
Executive Director

[5] https://wsma.org/Shared_Content/News/Membership_Memo/2023/august-25/wsmas-2024-legislative-agenda-a-preview
[6] http://www.wsha.org/wp-content/uploads/mha2022waittimesurveyfinal.pdf

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

July 24, 2014

Ms. Sherry Thomas
Washington State Department of Health
P.O. Box 47850
Olympia, Washington 98504-7850

Re: Sunrise review addressing naturopathic prescriptive authority

Dear Ms. Thomas:

I am the Chairman for the Medical Quality Assurance Commission. I have received comments from several members of the Medical Commission commenting on the sunrise review application to allow naturopathic physicians to prescribe controlled substances contained in Schedules II through V of the state's Uniform Controlled Substances Act. I oppose the proposal for the following reasons:

First, naturopaths do not have the necessary training and education to safely and effectively prescribe controlled substances. Medical and osteopathic physicians receive extensive training in pharmacology and in the clinical application of pharmacology in their medical specialty training. This training and clinical application is critical as many controlled substances are complicated to use and are highly addictive to patients. Naturopaths are trained to use naturopathic medicines, as defined in RCW 18.36A.020(9). Naturopaths do not have the training to diagnose serious conditions that may require the use of controlled substances, and then to prescribe controlled substances in a safe and effective manner.

Second, the proposal is inconsistent with legislation passed in 2010. The legislature passed HB 2876 to address a public health crisis: the rapid increase in overdose deaths from prescription opioids. The legislation directed five boards and commissions to develop rules governing the management of chronic non-cancer pain. The result was significant. Last year, the Department of Health announced that the overdose death rate dropped 23% between 2008 and 2011. Though this decrease in deaths is the result of a concerted state-wide effort to address this problem, the legislation played a key role in raising awareness of the issue, and in the Medical Commission's development of an educational program to educate providers on safe and effective use of opioids in managing chronic pain. Permitting naturopathic physicians, with their limited training in

pharmacology, to prescribe all controlled substances may very well negate the public safety gains from this important legislation.

For these reasons, I believe the proposal will not promote safe and effective prescribing of controlled substances. I recommend that the Department of Health inform the Legislature that expanding the scope of a naturopathic physician's practice to include prescribing all controlled substances places patients at risk and is not in the public interest.

Thank you for the opportunity to express the concerns on this proposal.

Sincerely,

Richard A. Brantner, MD
Chairman, Washington State Medical Quality Assurance Commission

Committee/Workgroup Reports:
October 20, 2023

High Reliability Organizations Workgroup – Chair: Dr. Chung Staff: Mike Farrell
The workgroup met in July. The workgroup will meet on October 13 to review a revised Statement of Understanding with the Foundation for Health Care Quality that details how the Commission works with the Foundation on CRP certified cases.

Healthcare Disparities Workgroup – Chair: Dr. Currie Staff: Kyle Karinen
No updates to report.

Committees & Workgroups

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Amelia Boyd

Please note, any committee or workgroup that is doing any interested parties work or getting public input must hold open public meetings.

PM = Public Member

Updated: October 12, 2023

Foundation for Health Care Quality
Washington Medical Commission

Patient Safety Collaboration
Statement of Understanding

I. Introduction

This is a Statement of Understanding (SOU) between the Washington Medical Commission (Commission) and The Foundation for Health Care Quality (Foundation) to enter into a Patient Safety Collaboration on cases that complete the Communication and Resolution Program (CRP), which is an innovative approach to reduce medical errors and improve patient safety in the state of Washington. The Patient Safety Collaboration has the potential to improve patient safety by encouraging early and broad reporting of unanticipated outcomes, leading to swifter reporting to the Commission, root cause analyses, individual remediation, systems improvement, and state-wide learning. This SOU replaces the SOU signed on February 24, 2017.

II. Parties

Foundation for Health Care Quality: The Foundation is a non-profit organization dedicated to providing a trusted, independent, third party resource to all participants in the health care community including patients, providers, payers, employers, government agencies, and public health professionals. The Foundation collaborated with the University of Washington to develop the CRP through a research grant from the Agency for Healthcare Research and Quality within the United States Department of Health and Human Services.

Washington Medical Commission: The Commission was created under Chapter 18.71 RCW to regulate physicians and physician assistants and is part of the Washington State Department of Health. The Commission promotes patient safety and enhances the integrity of the profession through licensing, discipline, rule-making and education. In its disciplinary function, the Commission investigates complaints of unprofessional conduct or of impairment against physicians and physician assistants, and imposes discipline, if warranted.

III. CRP Protocol

A. When it becomes apparent that a participating physician or physician assistant (hereinafter "provider") was possibly involved in an unanticipated outcome, whether by admission, or by discovery by others, the provider must immediately report the event (within 24 hours of discovery) to the patient and the patient's family, to the institution (if any), and to the providers' professional liability insurer.

B. The CRP process is followed: (see "Communication and Resolution Programs (CRPs): What Are They and What Do They Require?" https://edr.oregonpatientsafety.org/reports/resources/content/Docs/CRPs_WhatTheyAre.pdf)

1. The provider and the institution, if any, provide ongoing information and support to the patient and, if the patient consents, to the patient's family throughout the process.

2. The institution, if any, provides support for the providers involved.
3. The institution, the insurer, or the provider investigates the event to determine the factors that contributed to the unanticipated outcome.
4. If appropriate, the provider apologizes and offers fair compensation, financial or non-financial, to the patient.
5. Individual and system remediation is effected to prevent reoccurrence.

C. The provider and institution, if any, will comply with all mandatory reporting laws. This includes the reporting of a payment to the patient and reporting of cases requiring "mandatory" reporting under existing statutes and regulations.

D. The provider or the institution, if any, may complete an application and submit the case with relevant documents to the Foundation for CRP certification. The case will be analyzed by an independent Review Panel, housed within the Foundation, comprised of, at a minimum, patient advocates, risk or claims managers, physicians and physician assistants, and an individual with knowledge and expertise regarding the physician disciplinary process.

E. The Review Panel reviews the case and determines whether all of the elements listed in B, above, have been satisfied. When the review is completed, the Review Panel notifies the provider or the institution whether the event has been certified or has not been certified.

F. A provider who has engaged in substance abuse, drug diversion, patient abuse, fraud, sexual misconduct, violation of provider-patient boundaries, theft, deceit, or intentional or reckless misconduct in this case is disqualified from participation in the CRP certification process.

G. The provider or the institution, if any, may report certification of the CRP event to the Commission. The report will include sufficient detail to allow the Commission to make a fully informed decision regarding disposition of the complaint consistent with its statutory mandate.

H. The CRP certification Review Panel will report to the Commission the premature termination or withdrawal of a provider from the CRP certification process involving any case that is subject to mandatory reporting under current Washington law.

I. The Department of Health has designated the Foundation's CRP certification process as Coordinated Quality Improvement Program (CQIP) under RCW 43.70.510. Information and documents created specifically for, and collected and maintained by, the Foundation as part of the CRP certification process are not subject to review or disclosure, or discovery or introduction into evidence in any civil action, and are exempted from disclosure under chapter 42.56 RCW.

IV. Commission Protocol

The Commission will use the following procedure to handle cases that have been certified by the Review Panel or are undergoing review by the Review Panel.

A. When the Commission receives an independent complaint related to care or a mandatory report from a healthcare institution or insurer about an event, it will use its normal process and inform the involved provider by letter that it has received such a report.

B. If the provider notifies the Commission that he or she is participating in the CRP certification process regarding that case, the Commission will record that fact in the file.

C. Consistent with its statutory mandate to protect the public, the Commission will evaluate the case according to its customary protocols.

D. Upon receipt of a report that a CRP event has been certified by the CRP certification Review Panel as satisfactorily completed, the Commission will place the certification report and accompanying documents provided by the institution into its case file. The Commission will review the results of its own investigation, and the CRP certification report with its accompanying documents and use its discretion to determine whether to close the case with no further Commission action based on remedial action that has been completed and its judgment that patient safety issues have been fully addressed.

E. All reports and documents provided to the to the Commission, except for documents protected by RCW 43.70.510 as part of a Coordinated Quality Improvement Program, may be subject to public disclosure under the state public records act, Chapter 42.56 RCW.

V. Lessons Learned

An important part of improving patient safety is the dissemination of lessons learned to all parties involved in patient care, including the individual practitioner, the involved institution (if any), the state medical association, the state physician assistant association, the state hospital association, and other state health care associations and regulatory bodies. The Foundation and the Commission will explore ways to disseminate lessons learned to healthcare providers and institutions throughout Washington.

VI. Annual Report

The Foundation will submit an annual report to the Commission summarizing its work over the previous fiscal year and providing data, if available, on whether the CRP certification process improved patient safety in the state of Washington.

VII. Roles and Responsibilities

This SOU clarifies the roles and responsibilities, but cannot and does not change the laws regulating the Commission, the Washington State Department of Health or state agencies in general. The Foundation maintains full control over administration of its processes and the Commission maintains full responsibility and discretion to exercise its legal authority.

VIII. Effective Date

This SOU is effective when signed by both parties. The SOU will remain in effect for a period of one year after the signature completion and may be renegotiated as appropriate thereafter.

IX. Amendments

This statement of understanding may be amended only by mutual written agreement of the parties negotiated and signed by personnel authorized to bind each of the parties. Either party may initiate a process for amending the SOU by requesting a meeting to be held as soon as practicable.

X. Termination

Either party may unilaterally terminate this Statement of Understanding. The party wishing to terminate shall give the other party ten (10) days written notice of its intent to terminate.

Kyle S. Karinen Executive Director Washington Medical Commission	Ginny Weir, MPH CEO Foundation for Health Care Quality
Date	Date

WMC Rules Progress Report						Projected filing dates		
Rule	**Status**	**Date**	**Next step**	**Complete By**	**Notes**	**CR-101**	**CR-102**	**CR-103**
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD		Complete	TBD	TBD
SB 5229 - Health Equity CE	CR-102 filed	8/23/2023	Hearing	10/20/2023		Complete	Complete	December 2023
General provision for opioid prescribing and tapering	CR-101 filed	8/16/2023	Request to initiate CR-102	10/20/2023		Complete	January 2024	TBD
Standard rulemaking - WAC 246-919-330	CR-101 filed	8/23/2023	Request to initiate CR-102	10/20/2023		Complete	January 2024	TBD
HB 1009 Military Spouse	CR-101 filed	9/12/2023	Workshops	January 2024		Complete	TBD	TBD

Updated: 10/12/2023

WSR 23-18-005
PREPROPOSAL STATEMENT OF INQUIRY
DEPARTMENT OF HEALTH
(Washington Medical Commission)
[Filed August 23, 2023, 3:34 p.m.]

Subject of Possible Rule Making: Removing postgraduate medical training barriers to licensing; WAC 246-919-330 Postgraduate medical training. The Washington medical commission (commission) is considering amending WAC 246-919-330(4) to remove two requirements that have become a barrier to licensure.

Statutes Authorizing the Agency to Adopt Rules on this Subject: RCW 18.71.017 and 18.130.050.

Reasons Why Rules on this Subject may be Needed and What They Might Accomplish: The commission is considering amending WAC 246-919-330 to eliminate the outdated requirement for consecutive years of training in no more than two programs. This change would remove a barrier for qualified applicants to obtain licensure.

Due to the practitioner shortage, multiple pathways to board certification eligibility have been opened by the University of Washington (UW), the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Medical Specialties (ABMS). Multiple ABMS boards have programs that specifically target international medical graduates and place them in four-year training programs, with only years one and three [being] ACGME accredited. The outcome of these programs would be physicians who are ineligible for licensure through the commission, despite four years of postgraduate training through UW. The first graduates of those programs will complete their training in June 2023.

Separately and recently, applications have come through where the physician has six years of postgraduate training from their efforts to become dual licensed as a physician and a dentist. This clause has resulted in denial of those applications since parts of the training are accredited under ACGME and the rest under the Commission on Dental Accreditation, the dental profession equivalent of ACGME.

The commission has also filed an emergency rule on WAC 246-919-330(4) under WSR 23-15-056 on July 13, 2023, to address this issue while permanent rule making is in process.

Other Federal and State Agencies that Regulate this Subject and the Process Coordinating the Rule with These Agencies: None.

Process for Developing New Rule: Collaborative rule making.

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting Amelia Boyd, Program Manager, P.O. Box 47866, Olympia, WA 98504, phone 360-918-6336, TTY 711, email amelia.boyd@wmc.wa.gov, website https://wmc.wa.gov.

Additional comments: To join the interested parties email list, please visit https://public.govdelivery.com/accounts/WADOH/subscriber/new?topic_id=WADOH_153.

August 21, 2023
Melanie de Leon
Executive Director

WSR 23-17-094
PREPROPOSAL STATEMENT OF INQUIRY
DEPARTMENT OF HEALTH
(Washington Medical Commission)
[Filed August 16, 2023, 8:11 a.m.]

Subject of Possible Rule Making: Physicians and physician assistants general provision for opioid prescribing and tapering rules. The Washington medical commission (commission) is considering amending the following rules to modernize the language, add clarity, and bring the rules more in line with current practice: WAC 246-918-801 (physician assistants) Exclusions, 246-918-845 (physician assistants) Patient evaluation and patient record—Subacute pain, 246-918-855 (physician assistants) Patient evaluation and patient record—Chronic pain, 246-918-870 (physician assistants) Periodic review—Chronic pain, 246-918-900 (physician assistants) Tapering considerations—Chronic pain, 246-919-851 (physicians) Exclusions, 246-919-895 (physicians) Patient evaluation and patient record—Subacute pain, 246-919-905 (physicians) Patient evaluation and patient record—Chronic pain, 246-919-920 (physicians) Periodic review—Chronic pain, and 246-919-950 (physicians) Tapering considerations—Chronic pain. The commission is considering amending these WAC to modernize the language, add clarity, and bring the rules more in line with current practice.

Statutes Authorizing the Agency to Adopt Rules on this Subject: RCW 18.71.017 and 18.130.050.

Reasons Why Rules on this Subject may be Needed and What They Might Accomplish: On November 3, 2022, the Center for Disease Control and Prevention (CDC) released an update to their 2016 "Clinical Practice Guideline for Prescribing Opioids for Chronic Pain", entitled "CDC Clinical Practice Guideline for Prescribing Opioids for Pain" (guideline). The guideline expands its scope to include opioid prescribing for all pain (with certain exemptions). As such, the guideline more closely parallels the Washington state opioid prescribing rules developed in 2017-2018 and implemented in January of 2019, mandated by ESHB 1427 (chapter 297, Laws of 2017), and covering all Washington state opioid prescriber groups, including all allopathic physicians and physician assistants overseen by the commission. However, there are some differences.

The commission contracted with Gregory Terman, MD, who is a former pro tempore commissioner of the commission as well as a professor of anesthesiology and pain medicine at the University of Washington in Seattle, to do a comprehensive comparison of the commission's opioid prescribing rules covering physicians (WAC 246-919-850 through 246-919-990) and physician assistants (WAC 246-918-800 through 246-918-835) to the guideline. Dr. Terman was also asked to recommend changes to the commission's opioid prescribing rules based on the differences found between the commission's opioid prescribing rules and the guideline. Dr. Terman provided the commission with a report titled "Comparing and Contrasting the 2022 CDC Opioid Prescribing Guideline and the 2019 Washington State Prescribing Rules" (report). Based on the recommendations in the report, the commissioners voted to initiate rule making on the following items:

1. Exempting patients with sickle cell disease.

2. State in rule that not all chronic pain patients need to be tapered off opioids.

3. Clearer rules regarding biological specimen testing.

Rules on this subject may be needed to allow patients with sickle cell disease to receive the care they need in an efficient manner, provide physicians and physician assistants with more clarity on when and how to taper patients to whom they prescribe opioids for chronic pain, and provide rules that address how to work with patients that have an aberrant biological specimen test.

Other Federal and State Agencies that Regulate this Subject and the Process Coordinating the Rule with These Agencies: None.

Process for Developing New Rule: Collaborative rule making.

Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication by contacting Amelia Boyd, Program Manager, P.O. Box 47866, Olympia, WA 98504-7866, phone 360-918-6336, TTY 711, email amelia.boyd@wmc.wa.gov, website https://wmc.wa.gov.

Additional comments: To join the interested parties email list, please visit https://public.govdelivery.com/accounts/WADOH/subscriber/new?topic_id=WADOH_153.

August 14, 2023
Melanie de Leon
Executive Director

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

This is an application for approval to receive lists, not a request for lists. You may request lists after you are approved. Approval can take up to three months.

RCW 42.56.070(8) limits access to lists. Lists of credential holders may be released only to professional associations and educational organizations approved by the disciplining authority.

- A "professional association" is a group of individuals or entities organized to:
  - Represent the interests of a profession or professions;
  - Develop criteria or standards for competent practice; or
  - Advance causes seen as important to its members that will improve quality of care rendered to the public.
- An "educational organization" is an accredited or approved institution or entity which either
  - Prepares professionals for initial licensure in a health care field or
  - Provides continuing education for health care professionals.

x☐ We are a "professional association" ☐ We are an "educational organization."

Troy Kastrup	4022062318	trpyoy@recruitingresources.com
Primary Contact Name ⮥	Phone ⮥	Email ⮥
		www.recruitingresources.com
Additional Contact Names (Lists are only sent to approved individuals) ⮥		Website URL⮥
		86-3006297
Professional Assoc. or Educational Organization ⮥		Federal Tax ID or Uniform Business ID number ⮥
2800 Jackson Blvd, Suite 2		Rapid City, SD 57702
Street Address ⮥		City, State, Zip Code ⮥

Explore work force IN Washington

1. How will the lists be used? ⮥

MD and DO physicians, Physician Assistants, Advanced Practice Nurses

2. What profession(s) are you seeking approval for? ⮥

Please attach information that demonstrates that you are a "professional association" or an "educational organization" and a sample of your proposed mailing materials.
Attach completed application to your recent list request using the public portal:
https://www.doh.wa.gov/aboutus/publicrecords

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Troy Kastrup /S/	July 31, 2023
Signature ⮥	Date ⮥

If you have questions, please call (360) 236-4836.

For Official Use Only

Approved: _____ _____ (5-year / one-time)

Denied: _____

Authorizing Signature: _____

Printed Name: _____

Title: _____ Date: _____

Troy Kastrup (Health Systems Quality Assurance #R053175-073123)

Health Systems Quality Assurance Details

Type of Record(s):	Other/Unknown (Provide description below)|
Is this a list request?:	Yes

Request Information

Describe the Record(s) Requested:	all MD/DO all PA All Nurses (Advanced practice, CRNA, RN, LPN) Named, Address, Phone, Email
From Date:	6/1/2021
To Date:	7/1/2023

Other Request Information

Preferred Method to Receive Records:	Electronic via Request Center
Modified Request Description:	Summary of the public record desired that will be visible in the public archive if the request is published.

Legacy ID

Request Legacy ID (Parent):		
COVID-19 Related:	No	Check if this request is related to COVID-19.
Multi-Divisional Request:	No	Check if this request has records from multiple divisions
Internal Status:	List	This status is not visible to the requester.

Clarifications

Extend Required Completion Date

Extend Required Completion Date:	Select desired time and Save to adjust the Required Completion Date. Send a message to the requester to notify the requester after saving.

Appeal Information

Exemptions

State Reporting Bill

Changed Response Time:

Clarification Sought:	
Installments:	
Records Provided:	
Scanned Docs:	
Physical Records Provided:	
Actual Completion Date:	
Type of Requester:	Individual

List Request Details

You have requested access to a list or lists of individuals. RCW 42.56.070(8) prohibits agencies from providing access to lists of individuals requested for commercial purposes (with the exception of recognized professional associations or educational organizations).

To receive the requested list, you must complete the declaration contained in Section 1 that you will not use the list for a commercial purpose. At a minimum, "commercial purposes" means that such lists are utilized to contact or affect such individuals to facilitate, in any manner, profit-expecting activity.

Select the appropriate options below.

Select the category you represent below:	Personal Use - No Professional or Educational Affiliation (For Non-Commercial Purpose)
I understand that “commercial purposes” means that the person/entity requesting the records intends to use them to facilitate profit-expecting business activity.:	Yes
I understand that the use for commercial purposes of said records may also violate the rights of the individuals named herein and may subject me to liability for such commercial use.:	Yes
I declare that I and/or the entity I represent will not use the requested records for commercial purposes. I also acknowledge it is my affirmative duty to prevent others from using the records for commercial purposes.:	Yes

The PRA at RCW 42.56.080 authorizes agencies to require a requester to provide information as to the purpose of a request “to establish whether inspection and copying would violate RCW 42.56.070(8).”

1. I am requesting the list of individuals on behalf of:	Organization or Business
Name of organization or business:	Recruiting Resources

Website address:	www.recruitingresources.com
Purpose of organization or business:	bring healthcare providers to rural Washington
The organization or business is a professional association or educational organization recognized by the professional licensing or examination board:	No
The request is for a list of applicants for professional licenses and of professional licensees of the subject area of the association or organization:	Yes
2. The purpose in making this request for the list of individuals is:	recruit to rural Washington.
3. I or the organization/business intend to generate revenue or financial benefit from using the list of individuals:	Yes
4. I or the organization/business intend to solicit money or financial support from any of the individuals on the list:	No
5. I or the organization/business intend to make individuals on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities:	No
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:	Yes

Days in Status (Internal - Updated Overnight)

Internal Fields

5 Day Letter Sent*:	***** Please select **Yes** once you have sent the 5 Day letter. ****** If you are not closing this request at the same time the 5 day letter is being sent, you **MUST** update the **Required Completion Date** at the right with an estimated completion date.
5 Day Letter Date**:	
Estimated Completion Date:	

Message History

Date

On 7/31/2023 11:08:30 AM, System Generated Message:
Subject: Health Systems Quality Assurance :: R053175-073123

Body:

Dear Troy Kastrup:

Thank you for submitting a public records request to the Washington State Department of Health. Your request has been received and is being processed in accordance with the State of Washington Public Records Act, Chapter 42.56 RCW. Your request was received in this office on 7/31/2023 and given the reference number R053175-073123 for tracking purposes. You will receive an official acknowledgement letter within 5 business days from this date.

Not all public documents are available in electronic format. If the document(s) requested are not available electronically, we will make them available for inspection or by paper copy in accordance with the Public Records Act, Chapter 42.56 RCW.

Sincerely,

Washington State Department of Health
Health Systems Quality Assurance
Public Records

To monitor the progress or update this request please log into the DOH Online Public Records Center

Track the issue status and respond at: https://washingtondoh.govqa.us/WEBAPP//_rs/RequestEdit.aspx?rid=132928

On 7/31/2023 11:08:28 AM, Troy Kastrup wrote:
Request Created on Public Portal

Request Details

Reference No:	R053175-073123
Create Date:	7/31/2023 11:08 AM
Update Date:	7/31/2023 11:47 AM

Completed/Closed:	No
Required Completion Date:	8/7/2023
Status:	Received
Priority:	Low
Assigned Dept:	Health Systems Quality Assurance
Assigned Staff:	KRISTIN TOWNE
Customer Name:	Troy Kastrup
Email Address:	troy@recruitingresources.com
Phone:	4022062318
Source:	Web

Boyd, Amelia (WMC)

From: Boyd, Amelia (WMC)
Sent: Monday, October 2, 2023 6:04 PM
To: troy@recruitingresources.com
Subject: FW: Application for an organization to receive lists
Attachments: WA List app.pdf; TROY KASTRUP PRR.pdf

Hello again,

We have not received the requested documents and the deadline is next week. Please let me know if you have any questions.

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Amelia Boyd, BAS
Program Manager
Washington Medical Commission
Mobile: (360) 918-6336

Were you satisfied with the service you received today? Yes or No

---

From: Boyd, Amelia (WMC)
Sent: Monday, July 31, 2023 1:48 PM
To: troy@recruitingresources.com
Subject: FW: Application for an organization to receive lists

Good afternoon,

We have received your application to receive lists and labels. As per the application, please provide us with "information that demonstrates that you are a 'professional association' or an 'educational organization' and a **sample of your proposed mailing materials**." Please provide this information by October 13, 2023. Your application and supplemental materials will be reviewed at the WMC's October 20, 2023, Business meeting.

Please let me know if you have any questions.

Thank you,

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Amelia Boyd, BAS
Program Manager
Washington Medical Commission
Mobile: (360) 918-6336

Washington State Department of Health
Health Professions Quality Assurance

Application for Approval to Receive Lists

This is an application for approval to receive lists, not a request for lists. You may request lists after you are approved. Approval can take up to three months.

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  - Represent the interests of a profession or professions;
  - Develop criteria or standards for competent practice; or
  - Advance causes seen as important to its members that will improve quality of care rendered to the public.
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  - Prepares professionals for initial licensure in a health care field or
  - Provides continuing education for health care professionals.

☒ We are a "professional association" ☐ We are an "educational organization."

Justin Dale	206-441-9762	jod@wsma.org
Primary Contact Name ↴	Phone ↴	Email ↴

Aaron Waldkoetter	www.wsma.org
Additional Contact Names (Lists are only sent to approved individuals) ↴	Website URL ↴

Washington State Medical Association	Federal Tax ID: 91-0462170
Professional Assoc. or Educational Organization ↴	Federal Tax ID or Uniform Business ID number ↴

2001 6th Ave Ste 2700	Seattle, WA 98121
Street Address ↴	City, State, Zip Code ↴

To maintain accurate information for physicians and PAs practicing in WA State; for credentialing purposes; for internal and external professional business purposes; for CME and GME notification.

1. How will the lists be used? ↴

Physicians (MD, DO) and physician assistants (PA-C, MD PAs and DO PAs)

2. What profession(s) are you seeking approval for? ↴

Please attach information that demonstrates that you are a "professional association" or an "educational organization" and a sample of your proposed mailing materials.
Attach completed application to your recent list request using the public portal:
https://www.doh.wa.gov/aboutus/publicrecords

Alternate options: Email to: PDRC@DOH.WA.Gov Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Justin Dale	9/11/2023
Signature ↴	Date ↴

If you have questions, please call (360) 236-4836.

For Official Use Only

Approved: _____ _____ (5-year / one-time)
Denied: _____

Authorizing Signature: _____
Printed Name: _____
Title: _____ Date: _____

WSMA REPORTS
JULY/AUG 2023
A PUBLICATION FOR THE MEMBERS OF THE WASHINGTON STATE MEDICAL ASSOCIATION

Raising Our Voices

In the midst of consolidations, physician leadership lights the way to patient-centered care

Opioid Analgesic FREE REMS CE

UNIVERSITY OF ILLINOIS CHICAGO
College of Pharmacy

REMS risk evaluation and mitigation strategy

Right Therapy
Right Time
Right Outcome

Academic detailers from UIC share up-to-date information on pharmacotherapy and treatment guidelines through interactive discussions on opioid safety.

Connect with clinical pharmacists
- 15 to 20 minute virtual visits
- 1:1 focused education
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Get the latest information
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- Saving Lives with Naloxone
- Pain in Special Populations

Discuss evidence-based resources
- Tools targeted for real-world prescribing decisions
- Relevant, practical pharmacotherapy insights

Earn free CE credit
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- Meets DEA requirements for Opioid Analgesic REMS education

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THANK YOU!

Membership powers the work of the WSMA.

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COVER ILLUSTRATION: PETE RYAN; THIS PAGE, CLOCKWISE: MJGRAPHICS; FREEPIK.COM; JUKAN TATEISI BJHT VIA UNSPLASH; FREEPIK.COM

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With some exceptions, WSMA Reports *follows Associated Press style.* WSMA Reports *is gender inclusive and uses preferred pronouns when requested.*

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Leadership Is Key to Change

As president of the WSMA, I've had so many wonderful opportunities to represent the WSMA and our members. I've been asked most often to speak on the topic of leadership, which is something I've focused on for a long time in my career.

Leadership is one of my core passions. As physicians, by the very nature of our work we are all leaders, regardless of title, hierarchy, or work setting. I believe leading is integral to our professional responsibilities, and that if you're not at the table, then you're on the menu.

We know that if physicians aren't in the room speaking up on behalf of the profession and our patients, decisions will be made without us by people who don't know what takes place in the exam room. To achieve patient-centered care, we must raise up our voices to ensure patients are the focus, even as we also need to better understand and navigate the business side of health care.

At the recent WSMA Leadership Development Conference, the overarching agenda was leading transformational change—an appropriate theme considering we've all been so busy transforming and managing change in the aftermath of a pandemic and the associated upheaval it caused. We heard from several speakers on various aspects of this topic (see page 18 to read more), but something Louise Keogh Weed said really resonated with me: "Leadership is the key way we maximize our mission. It's the way we change the world, not only in the service we provide, but also in our organizations."

We can be the change we want to see. We have the opportunity to help build a better house of medicine—one that is informed by physician expertise and values, where community is celebrated, diversity and inclusion fostered, and all voices lifted.

To do that, we need to lean into leadership and help navigate a better way forward for the profession and patients. In our roles as physicians and physician assistants we are able to contribute expertise, experience, knowledge, vision, and, hopefully, wisdom, to our patients, teams, and communities.

When physicians take the lead, we put patients over profits, ensuring better outcomes for all. By leading, we can create extraordinary workplaces, live out our values, care for ourselves and others, make the case for wellness to administrators, and more.

We *can* make a difference. Let's do it!

Katina Rue, DO, FAAFP, FACOFP
WSMA President

ILLUSTRATION: OBERONVIA SHUTTERSTOCK

When she's not studying and preparing for a life in medicine, WSMA medical student member Angie Yossef pursues her life as an artist.

PHOTO: COURTESY ANGIE YOSSEF, OMS III

Member Profile
Angie Yossef, OMS III

Studies at: Pacific Northwest University College of Osteopathic Medicine.

How long in school: Third-year medical student.

Why WSMA: One of my mentors once shared this quote: "The person you will be in five years is based on the books you read and the people you surround yourself with today." To me, the WSMA is a platform where I can run alongside a community of like-minded health care reformers, patient advocates, and catalysts of transformation who are passionate about finding creative solutions to improve patients' health outcomes. I believe in the power of one-on-one care we have as clinicians in collaborating with patients for the betterment of their health. I also believe in marrying that to active involvement in policymaking to continue creating a better, more efficient patient-centered health care system.

My top concerns in medicine: As an immigrant, I've spent my life between two countries with different cultures, mindsets, and health care systems. I've experienced the challenges of integrating into society and in accessing medical care. I am concerned about other immigrants navigating the same path. I hope others don't have to wait 10 years before being seen by a physician for the first time in the ICU as my father did. Part of my research as a health scholar for rural and underserved medicine is to explore the underlying factors and root causes contributing to the gap in access to care. I am equally concerned about health care costs, and our philosophy and practical approach to preventative care.

> "Part of my research as a health scholar for rural and underserved medicine is to explore the underlying factors and root causes contributing to the gap in access to care."

What inspires me about being in medicine: Many things inspire my journey in medicine: spirituality and faith, my mother, mentors, as well the lives of humanitarian physicians such as Dr. Paul Farmer, who pioneered access to medical care in the hardest communities abroad, and Dr. Magdy Yacoub, who dedicated his life to medical research and innovation, and emphasized facilitating access to surgical care in remote communities and stressed the importance of the quality of care being delivered to those most in need. These examples inspire me in the way they stewarded medical knowledge and advanced health care without a compromise.

Why I want to be a physician: Prior to medical school, I was involved in humanitarian work serving the medical and social needs of rural and under-resourced communities in Mexico, Thailand, and Egypt. I also helped run a free clinic alongside a team of clinicians serving the needs of the medically under-insured and refugee families who had fled war zones, lost their lands and houses, and witnessed the death of loved ones. I am compelled to get medical knowledge and skills I need to go back to make a tangible difference and bring hope to these communities.

In my spare time: Besides medicine, I am also an artist and enjoy anything creative and hands-on. I primarily use acrylic paint but have also worked with other mediums from watercolors and oils to epoxy resin. Every year I usually get inspired to put together one or two big projects that I end up giving away to friends and family. Most recently, I have been getting into pyrography and incorporating other textures and materials with it, but I am still working on mastering those wood-burning techniques.

Members in the News

John Vassall, MD, of Seattle was appointed senior director of leadership faculty in the Office of Land Grant Mission and Community Engagement at the Elson S. Floyd College of Medicine at Washington State University. In his new role, he will recruit and support faculty for the Leadership in Medicine and Healthcare and the Master of Healthcare Administration and Leadership programs, teach leadership courses, support the dean for clinical faculty recruitment, and help create a community leadership education program. Dr. Vassall most recently served as associate dean for clinical education at WSU's Everett location.

Stephanie Fosback, MD, FACP, of Pullman received the outstanding volunteer clinical teacher award from the American College of Physicians. The award is given to an ACP member who has consistently volunteered their services to instruct medical students, residents, or other trainees outside of their academic responsibilities, and who serves as a role model and mentor. Dr. Fosback is a primary care physician at Palouse Medical in Pullman and is a clinical associate professor at the University of Washington School of Medicine.

Douglas Wood, MD, of Seattle received the Rodger Winn Award from the National Comprehensive Cancer Network for his expert judgment and commitment to excellence on the NCCN's Clinical Practice Guidelines in Oncology. Dr. Wood is the Henry N. Harkins professor and chair of the department of surgery at the University of Washington School of Medicine and the Fred Hutch Cancer Center.

Chloe Peters, MD, of Seattle received the Dr. Reem Ghalib Award for Promotion of Gender Equity, an award that promotes gender equity by supporting female physicians and trainees in their careers. Dr. Peters is a urology research resident at the Urology Residency Program at UW Medicine in Seattle.

Newsclip

A Special Thank You

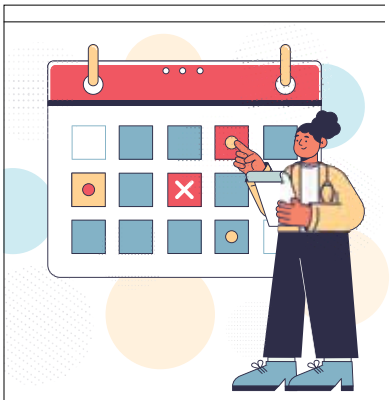
Tom Pendergrass, MD, MSPH, of Kirkland has retired from serving on two of WSMA's continuing medical education committees after more than 30 years of service. Dr. Pendergrass served as a member of WSMA's CME Program Committee and CME Accreditation Committee since the 1990s. He also served as chair of the CME Program Committee for more than 20 years.

As the CME Program Committee chair, he oversaw the review and approval of all of WSMA's CME offerings since 2000, when the WSMA became accredited by the Accreditation Council for Continuing Medical Education. During his tenure on the committee, the program was awarded accreditation with commendation for two accreditation cycles in a row.

As a CME Accreditation Committee member, he dedicated countless hours to reviewing written materials for accredited CME providers across Washington, Alaska, and Oregon, helping the WSMA support these organizations as they provide continuing professional development opportunities to physicians throughout the Pacific Northwest.

Dr. Pendergrass worked at Seattle Children's for more than 45 years, as a pediatric hematologist-oncologist and as an administrator in educator roles. He was director of medical education for Seattle Children's and was the vice chair for educational affairs for the University of Washington department of pediatrics from 1990-2016.

The WSMA extends its sincere gratitude to Dr. Pendergrass for his years of service and leadership in helping the WSMA maintain a standard of excellence with its education programs.



Hold the Date

JULY 28
CME webinar: Highly Functioning Interprofessional Teams

AUG. 11
Health Equity M&M Webinar Series

AUG. 18
CME webinar: Restoring Hope for Meaning in Medicine

To register for these events, visit wsma.org. For a calendar of WSMA, state specialty, and county medical society events, visit wsma.org/calendar.

ILLUSTRATION: PIKISUPERSTAR ON FREEPIK.COM

Leadership: What I've Learned so Far

After my undergraduate studies, I spent three years studying leadership development, effective communication, and interpersonal development. I am grateful for my time working on teams with well-seasoned leaders in their fields, co-founding a small family business, starting up training programs for non-profit organizations, and leading mission teams.

From these experiences, I learned that:

1. Leadership goes beyond a title or position. It is a role and a function in which we all operate in various forms to leave a positive impact.
2. The longevity and the greatness of a leader is measured by their ability to look after and invest in the growth and advancement of their team members to eventually surpass them in advancing the mission and vision they stand for.
3. Intentional two-way solution-focused communication is vital in expectation-building and for the success of any team.

—ANGIE YOSSEF, THIRD-YEAR MEDICAL STUDENT AT PACIFIC NORTHWEST UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE

Angie Yossef, a third-year medical student at Pacific Northwest University, attended this year's WSMA Leadership Development Conference. She is seated in the front row, second from left, in this photo of the early career attendees.

LISA VENTICINQUE PHOTOGRAPHY

Clint Hauxwell, MD

Teaching students the art of advocacy.

As an assistant professor teaching clinical medicine at the University of Washington School of Medicine in Spokane and faculty advisor for UW's Family Medicine Interest Group, Clint Hauxwell, MD, is working to encourage medical students to get involved in shaping the future of medicine through legislative advocacy. Dr. Hauxwell talked with *WSMA Reports* about his work with medical students and their unique perspective on the policymaking process.

***WSMA Reports:* Tell our readers a little about your work with medical students around the importance of advocacy and organized medicine.**

Dr. Hauxwell: In my roles with the UW, I have had the privilege of observing medical students as they serve the community—for example, by treating patients at the local homeless shelter or by meeting with high school students who are interested in pursuing a career in health care. I work with students who entered medical school with a desire to make a difference in the lives of their patients, but few of them understand the concept of organized medicine and how institutions such as the WSMA and Washington Academy of Family Physicians can act as conduits for positive change.

I have been inspired by the advocacy opportunities afforded by membership in the WSMA and wanted to challenge local medical students to take advantage of those opportunities as well. At UWSOM Spokane we have coordinated an annual workshop where representatives from the WSMA and WAFP discuss advocacy from the perspectives of their organizations. This year, [2022-23 WSMA President] Katina Rue, DO, and [WSMA CEO] Jennifer Hanscom did an excellent job of introducing the resolution process and its impact on WSMA's policy and legislative agendas.

What motivated you to get involved with that work?

I saw a desire on the part of medical students to effect change on the local and state levels, and I recognized that both the WSMA and WAFP eagerly encourage student and early-career physician involvement. I distinctly remember being at the WSMA Leadership Development Conference in Chelan when a medical student stood up to make comments during one of the workshops. His input was received with enthusiastic applause from the other participants, and really highlighted the fact the students and residents are valued members of the WSMA.

What advocacy or policy issues in health care have you found that medical students are most passionate about?

Students are consistently interested in issues that directly impact patient health and are less concerned about policies that are aimed specifically at improving the lives of physicians. At the WSMA House of Delegates, student resolutions often focus on improving health care for the underprivileged. In a sense, students serve as the conscience of an organization such as the WSMA, reminding us that our focus should always be patient-centered. Over the past several years, students have proposed resolutions at the HOD focusing on prediabetes care, transgender health, and migrant worker safety.

How do you connect the dots between advocacy and how its outcomes can have a tangible impact on students' daily practice once they become physicians?

I think it is important to provide concrete examples of how advocacy, through the resolution process, has impacted WSMA lobbying efforts and has resulted in new legislation. We try to walk the students through the process: "Here is the issue, here is the successful [House of Delegates] resolution that addressed the issue, and, finally, here is the legislation that was eventually passed, with the support of the WSMA." Fortunately, we have many examples of successful student resolutions that have directed WSMA's policy or legislative agenda.

What advice would you give to students as the first step to getting involved with advocacy?

The first thing that I recommend is that they join an organization! This could be their county medical society, a specialty society, or the WSMA. Students are encouraged to identify an issue that they are passionate about and that needs to be addressed in Washington state. Historically we have held a resolution writing workshop and have directed them to the tutorial on the WSMA website. I find that medical students need minimal encouragement to get involved! —KATIE HOWARD

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Raising Our Voices

Physician leadership lights the way to patient-centered care in the midst of consolidations. BY RITA COLORITO

Health care consolidations have been part of her medical career since Joanne Roberts, MD, former senior vice president and chief value officer at Providence, entered medicine in 1985. By the time the palliative medicine specialist retired in 2021, she had been through eight consolidations—an economic trend that has accelerated in recent years. Today, several major corporations dominate in Washington state, with the locus of control often moving from local hospital or practice administrations to corporate offices. Virginia Mason Health System and CHI Franciscan forming a joint operating company is the most recent local merger.

The economic sea change is due, in part, to the cost of doing business today and in response to similar consolidations nationwide. Many WSMA physicians work within these consolidated systems or soon will. A 2021 analysis by the Physicians Advocacy Institute found nearly seven in 10 doctors are either employed by a hospital or a corporation.

Consolidation isn't the only economic trend creating turbulence in health care today—that list would include escalating prescription drug costs, medical debt, staggering corporate profits, and an influx of profit-driven private equity into health care, among others. But the phenomenon certainly tops the list, and, together with those other trends, helps to form what physicians sometimes feel is the broken umbrella under which they must work today.

Navigating the new normal

The concern many physicians often express, either publicly or privately: Consolidation minimizes the patient and physician experience at the expense of maximizing margins. The newly created systems point to greater fiscal efficiencies, better coordinated patient care, and increased ability to move toward the value-based care models that many organizations, including the WSMA and the Washington State Department of Health, embrace as the future of medicine.

PETER YAN

"The toothpaste is out of the tube, and we can't shove it back in," says Jennifer Hanscom, CEO of the WSMA. "As physicians navigate this consolidated practice environment, we must ensure that the physician-patient relationship and physicians' professional and independent judgment remain protected, even in our quest to have a healthy bottom line. What's essential is that physicians don't shy away from this conversation but instead lean in. Their ability to see the delivery system through a physician-patient lens is a unique perspective that they bring to the table."

Market pressures have often been blamed for increasing physician demoralization. It's a serious concern, says Hanscom, as health care systems face a growing physician shortage.

"We often hear the term 'no margin, no mission.' And yes, finances matter. But on a basic level, if you want to be financially successful, you have to deliver good care. And to deliver good care, you need to attract a workforce that is committed and able to do their best work," says Hanscom. "We need physicians who have that lived experience to be at those decision-making tables. That's crucial not only to good patient care, but also to having a good care delivery system."

During and after consolidations, Dr. Roberts has noticed a sense of helplessness among front-line physicians and middle-level managers who often respond, she says, with a "just-keep-my-head-down-and-take-care-of-my-patients" approach.

But there are things physicians can and should do to navigate what can feel like an economic tsunami, say experts. It starts with remembering the unique and necessary role they occupy, says Dr. Roberts, who now serves as a leadership development coach based in St. Paul, Minnesota.

"Physicians are the most key people in making these consolidations and mergers successful," she says. "The finances are in service to caring for patients. It's on physicians to keep reminding leaders that is the way the systems are set up to operate."

Leading through change

To better advocate for their patients and themselves, Dr. Roberts recommends all physicians—both those aspiring to leadership roles and front-line physicians—learn basic leadership skills, something not traditionally taught in medical school.

"If you are part of a large system, it's not your clinical skills that are going to make you feel like you are having an effect on the system. It's your leadership skills," says Dr. Roberts. "If I understand the basics of finances, I understand why certain decisions are made. If I understand and learn negotiation skills,

"If you are part of a large system, it's not your clinical skills that are going to make you feel like you are having an effect on the system. It's your leadership skills." —JOANNE ROBERTS, MD

MJGRAPHICS

then I can work with my colleagues across the new organization and we can agree on the way we're going to work together. But if you don't step up and develop those leadership skills, then I imagine you feel like a cog in a big system."

Hanscom encourages all WSMA members to take comprehensive leadership training through WSMA's Center for Leadership Development. During WSMA's first-ever Physician Leadership Course, the basic leadership "boot camp" that anchors the center's curriculum, Hanscom recalls physician leaders admitting to not understanding several common business acronyms. "It was this 'Aha!' moment for them," says Hanscom. "By learning the language of leadership, they learned to be more effective in bringing their perspective to the table, to do what's best for their patients and community."

Effective communication is bidirectional, says Jamie Park, MD, who recently became the new chief medical officer at Providence Swedish North Puget Sound. A family physician by craft, Dr. Park previously served as CMO for Valley Medical Center, a system which has a strategic alliance with UW Medicine. He's also gone through several consolidations during his 25-year career.

"It's also important for physicians to be able to listen and understand what organizations are trying to accomplish, because it doesn't work when you say, 'This is what I need,' when you don't understand what the other side is trying to accomplish," says Dr. Park. "Leadership training and understanding for even front-line positions can really open people's eyes as to what makes an organization tick, how process improvement works, all those kinds of things. So even though physicians may not be planning those things, they can interact with people who are doing those things in a more successful way."

Understanding market economics

Jeff Collins, MD, who retired from his last leadership role as regional chief physician executive for Providence's Washington and Montana region in December 2019, says physicians need to understand the economics of health care to effect meaningful change.

"When I started out in private practice in the late 80s, about 80% of doctors were in one- or two-doctor offices. We were criticized for being inefficient and old-fashioned," Dr. Collins recalls. Starting in the 1990s, Dr. Collins, like many other private-practice physicians, joined progressively larger physician groups, spurred in large part, he says, by the burden of ever-changing Medicare rules and growing administrative complexities.

"I can remember myself in an interview at the time saying, 'Physicians didn't invent this market, we're just trying to learn how to be successful in the marketplace,'" says Dr. Collins, who served as WSMA president from 2004-2005. Even back then, one of WSMA's goals was helping physicians deal with the rise of health care consolidations.

In 2006, Dr. Collins became chief medical officer for Sacred Heart Medical Center in Spokane, the biggest hospital in the Providence system at the time. Like Dr. Roberts, he went through several consolidations with Providence.

Now on the outside looking in, Dr. Collins echoes a general criticism often leveled at consolidations. "[Consolidations] are not really delivering on the promises of scale that are supposed to happen when you consolidate," he says. "It's really part of a larger dynamic in the whole country of market fundamentalism, where the whole business community has decided that the market is going to solve all our problems."

Rather than alleviating economic burdens, consolidations can add new financial pressures on physicians, says Dr. Collins. "Physicians are often given data on their cost efficiency. And the data are incorporated into their compensation formula ... So, their patients' needs are put into direct conflict with the physicians' financial and career well-being, which contributes to burnout."

But Dr. Collins emphasizes that physicians shouldn't fall into the victimhood mindset, something he says he still sees all too often. "It's important when consolidations happen to understand what the value structure is at the core of the merged corporation and how they're going to incentivize behavior going forward," he says. Once physicians understand the system's value framework, they can bring their insights and experiences to the table to make it better, says Dr. Collins.

Although Dr. Collins says physicians are inherently conflict avoidant, he encourages them to embrace conflict when it matters. He recalls times when he challenged data or data analysis used to drive health care decisions. "I was able to engage the folks I worked with in a productive way by saying, 'You know, that is really not very patient-centric. It's pretty hospital-centric. If you were a patient, how would you deal with that situation?'" he says.

Protecting autonomy

Physicians often worry that consolidation will further erode their autonomy, a component often cited as critical to physician motivation and job satisfaction. Assuming the worst will happen can become a self-fulfilling prophecy, says Dr. Park.

"It's very easy to develop assumptions about what the new partnership either means or doesn't mean," says Dr. Park. "And if two people are acting on assumptions, if they're acting from two different playbooks, it just makes things more complicated."

Mentoring from someone who has gone through the consolidation process can help override some of those knee-jerk reactions, says Dr. Park, who counts Edward Walker, MD, MHA, who developed and teaches WSMA's Center for Leadership Development basic and advanced course curriculum, which now includes the Physician Leadership

Quoted

Joanne Roberts, MD

Jamie Park, MD

Jeff Collins, MD

Andrew Jones, MD

"To be a leader in health care is to take on the whole work of not only making our system better, but also to have it work better for our patients, which is so much more than simple slogans like 'patients first' or 'high-quality care.'" —ANDREW JONES, MD

Course, the Dyad Leadership Course, and the Leadership Masterclass, as his mentor. "The benefit of that is not necessarily that you're going to know exactly how it's going to go for you or your group. But you're going to know better what questions to ask, what things to look for. It's an opportunity to turn an unknown into a known."

Rethinking "patient first"

Every consolidation is different. What physicians can do to ensure that any health care system doesn't shortchange patient care or physician autonomy will vary depending on the system structure.

"There is no perfectly green grass in the world of health care. Everywhere I have been does some things well and has opportunities in other areas," says Andrew Jones, MD, who became CEO of Confluence Health in July 2022. Prior to joining Confluence, Dr. Jones was the chief medical officer and vice president of medical affairs for St. Mary's Medical Center in Grand Junction, Colorado, and served in medical leadership for nearly 25 years for various organizations.

C-suite leaders, including Dr. Jones and Dr. Park, increasingly believe a patient-first care model is insufficient for integrated systems.

"I often see physicians want to focus only on 'quality care' or 'patients first' as a way to avoid the messiness of health care today and the questions about cost, workforce, community, diversity, and a host of other [issues]," says Dr. Jones. "That is shortsighted. To be a leader in health care is to take on the whole work of not only making our system better, but also to have it work better for our patients, which is so much more than simple slogans like 'patients first' or 'high-quality care.'"

Rather than a patient-first mindset, both Dr. Jones and Dr. Park say effective consolidations and organizations focus on the Quadruple Aim medical model: improving population health; enhancing the patient experience; reducing the cost of care; and improving caregiver satisfaction and well-being.

"If physicians want to be leaders in health care, they can't avoid any of these areas," says Dr. Jones. "Physician leaders can add amazing value with their knowledge of the system and their commitment to patients. Physicians can also struggle when they don't respect areas of health care that they either don't understand or don't like."

"It's better to say that we put the patient at the center of our decisions. But those things surround it and affect all of our decisions," says Dr. Park.

Though Dr. Park never worked as a private-practice physician, he understands the fear some may feel at the prospect of consolidation. "It's human nature to think about all the bad things that may happen," says Dr. Park. "But these types of moves can be beneficial for all involved. There are financial benefits to consolidation. We can leverage organizational capabilities to deliver even better care for patients. But, again, to do that it's key to understand what's the same, what's different, and then have a good plan for moving forward, for developing some shared values. And everyone has to be part of that conversation."

***Rita Colorito** is a freelance writer specializing in health care.*

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Leading in a Changing Landscape

As the profession undergoes rapid change, physician leaders need a combination of business skills and people skills to succeed.

BY JOHN GALLAGHER

Medicine has always been a business, but business has never driven the profession as much as it does today. Consolidation, financial pressures, hiring shortages, administrative burdens—a series of business issues ostensibly unrelated to the delivery of care but having a tremendous impact on it—have converged to create a crisis situation for physician leaders in Washington state and across the nation.

Unfortunately, physicians starting their careers are frequently unprepared for that side of the profession. "Physicians spend significant time learning about the human body and how to effectively manage disease processes," says Vanessa Carroll, MD, chief medical officer of Mary Bridge Children's Hospital in Tacoma. "But health care is a team sport, and being able to interact with people having different perspectives is important not just in patient care but in operations. How do you keep a hospital open? How do you communicate effectively with people? Some of these skills are not taught in medical school or residency."

Having the skills necessary to navigate through a rapidly changing landscape is critical for physicians moving into leadership roles. Some skills are practical, like understanding budgets and strategic planning, while others are soft skills, like how to build teams and communicate effectively.

Barbara Thompson, MD, who was appointed chief medical officer of Mary Bridge Children's Hospital's health network earlier this year, agrees. "All physicians are leaders, but they are never really taught to lead in school," she notes. "Since COVID, we really see how important leadership is, not just leadership through the pandemic, but to keep physicians inspired and provide direction back to the 'why' of medicine."

This combination of skills—a firm understanding of the business side of medicine along with the tools to coach toward a desired outcome—come at a particularly fraught time for the profession. Finding the training that provides that set of skills is an important part of ensuring successful leadership.

Unsurprisingly, physicians are turning to business programs to prepare them for the new landscape that they are facing. Indeed, the number of medical school graduates who have also earned an MBA has been steadily rising. According to the American Association of Medical Colleges, a total of 85 MDs had earned both degrees in 2003-2004. By 2021-2022, that number had more than tripled, to 237.

However, the challenge facing today's leaders isn't just a matter of grappling with financial pressures and staffing issues. It's how to address a system that is, in many ways, fundamentally broken when it comes to addressing the needs of physicians and advanced practice clinicians. Chief among these challenges is addressing the underlying causes of burnout.

"We're not burning out, we're being burned out," says Edward Walker, MD, MHA, a professor emeritus in the departments of psychiatry and behavioral sciences and health services at the University of Washington in Seattle and senior physician advisor

ILLUSTRATION: SOLARSEVEN

"Since COVID, we really see how important leadership is, not just leadership through the pandemic, but to keep physicians inspired and provide direction back to the 'why' of medicine." — BARBARA THOMPSON, MD

for the WSMA Center for Leadership Development. "Burnout is a feature, not a bug. COVID just drove that home."

"Even before COVID, physicians and advanced practice clinicians felt the job was getting too hard to do," Dr. Walker says. "As the amount and complexity of our daily work started piling up, it felt like the administrative burden was disproportionate to direct patient care." Previously, the focus was on physicians taking care of themselves, but Dr. Walker believes that now only changing the system itself will help restore physicians' well-being.

"I think the sine qua non for the next decade for physician leaders is training up to help redesign the system," Dr. Walker says. "The key insight now is how do you join with an administrative partner to redesign the system to reduce burnout."

Physicians and advanced practice clinicians with the right skills are uniquely positioned to help move the system toward a more sustainable place. "If we're partnering effectively and speaking a common language, that's where the creative solutions can develop," says Dr. Carroll. "It's about being informed and understanding the 'why' in decision-making to understand what's mission critical and then being able to communicate that to our colleagues in order for them to understand the rationale."

Quoted

Vanessa Carroll, MD

Barbara Thompson, MD

Edward Walker, MD, MHA

Some of that communication begins with leaders knowing how to encourage their colleagues to remember why they became physicians to begin with.

"I don't think we're going to get past burnout just by paying people better or giving someone a course on resilience," says Dr. Thompson. "I'm not saying those things can't help. Ultimately, what we have to do is connect people back to the 'why,' that everyone ends your day feeling that you made a difference. We still need to be reminded that we're doing good things and we're keeping the humanity in corporate medicine."

Being able to speak the language of business is great, but it needs to be combined with the ability to coach others toward agreeing on a course of action. "Reading the spreadsheet and talking about planning are important to establish our operational credibility," says Dr. Thompson. "But it's not enough to have the info if you don't have the skills to bring people along with you."

While many of these skills are taught in an MBA curriculum, a formal degree is not necessarily essential for all physician leaders, says Dr. Walker. "You don't need to be able to formulate the strategic plan, but you need to implement it," he points out. "You don't have to construct a budget, but you have to understand it and explain it to your doctors."

WSMA's Center for Leadership Development offers a curriculum that allows physicians to gain that understanding, along with other leadership skills, for their career journey.

The Physician Leadership Course is essentially a "boot camp" for physicians and physician assistants who want to know more about health care leadership or who would like to brush up on their leadership competencies. The Dyad Leadership Course allows physicians and their administrative dyad partners the opportunity to improve team function and achieve greater operational success within their clinical system. For those seeking to develop their skills even further, the intensive three-day Leadership Masterclass examines the complex challenges facing leaders and provides the tools necessary to solve them.

Both Dr. Carroll and Dr. Thompson have MBA degrees and also attended the WSMA Physician Leadership Course.

"I was actually in the process of getting my MBA while I had the chance to take this course," says Dr. Carroll. "It was fascinating to see just how well it aligned with the MBA curriculum. It doesn't go into the detail, but it hits the pearls of business and operation."

"One of the great things about the program was learning from each other," says Dr. Thompson, who took both the Physician Leadership Course and the Dyad Leadership Course. "It was wonderful to spend time with other physician leaders, because going into leadership can be a little bit lonely."

As the Dyad Leadership Course underscores, many administrators are interested in partnering with physician leaders committed to improving the system.

"The notion now is to acquire the skills you need that will help you be valuable to an administrator also interested in redesign," he says. "What I have found over the past decade is that administrators respect physicians who are broadly trained and can understand what the administrator is doing." At the same time, says Dr. Walker, "Physicians look to a physician leader and will be more likely to believe you if you say, 'I have a strong partner here in this administrator.'"

Ultimately, as the profession undergoes sometimes wrenching changes, it will take the combined efforts of everyone in the system to effect the changes needed to fix it. Physicians and advanced practice clinicians will have to play pivotal roles for that effort to succeed.

"We're seeing organizations and health care systems really struggle," says Dr. Carroll. "Just imagine if we could leverage the strengths of the people working with us to find the solutions encompassing all of our roles."

***John Gallagher** is a freelance writer specializing in health care.*

Artificial Intelligence and Risk Management

Fast-evolving artificial intelligence technologies are breaking new ground and introducing familiar risks.

BY HEATHER EDWARDS, RN

There is great excitement around the numerous current opportunities to incorporate artificial intelligence into your practice or organization's operations. According to a survey from Definitive Healthcare, "One-third of hospitals and imaging centers report using artificial intelligence, machine learning, or deep learning to aid tasks associated with patient-care imaging or business operations."

The AI health care market is growing so rapidly that federal and state regulatory agencies are exploring legal implications, having not yet developed many regulations. This lack of regulation does not mean that use of this technology is without risk, however. Tedros Adhanom Ghebreyesus, director general of the World Health Organization, warned that "Like all new technology, artificial intelligence ... can also be misused and cause harm."

Although AI liability is not yet well developed, it is important that organizations develop processes for: cataloging AI tools in use; assessing opportunities to minimize risks associated with AI tools in use; and formally assessing proposed AI tools. Additionally, organizations should develop a governing process to administer the approval or denial of proposed AI tools.

When developing a governance process, determine the relevant stakeholders in your organization. Every organization is unique and varies in size and composition. Be sure to include stakeholders from across the organization.

Checklist for assessing AI tools

To ensure consistency, it can be helpful to develop and implement tools to assess AI devices and software. Items on these checklists may include, but are not limited to:

- Who owns the project? Include clinical and IT owners.
- Who will track complaints, problems, costs, and successes related to the project?
- Is the software cleared for use by the federal Food and Drug Administration?

MACROVECTOR/VIA FREEPIK.COM

- What is the category of problem that the software is designed to solve? For example, is it a research question or a problem related to clinical quality or patient or population health?
- Is this for all patients, or will a select population of patients be exposed to the intervention?
- Has a medical-device tool assessment been completed?
- How are clinicians and staff trained in using this technology? How is that training documented?
- Will the AI be used by all physicians and health care professionals, or only certain clinicians?
- What new finding or recommendation is generated?
- Are there any conflicts of interest?
- How is the clinician notified that AI was used? For example, is there notation on final reports that AI was used?
- How is the patient notified that AI was used?
- What is the consent process, including consent for data repurposing, if indicated?
- How is the data handled?
- How will you manage software upgrades?
- When and how will ongoing evaluation be done?

Understanding risks and vulnerabilities

Health systems may face legal challenges, as well, such as allegations of a negligent credentialing claim. There may be liability claims for failing to properly assess a new AI system, failing to provide training, or failing to complete and process updates and maintenance on equipment for an AI algorithm. Another vulnerability could be related to how the technology may perpetuate inequity in health care delivery. In a 2019 paper in the *Journal of Global Health,* "Artificial Intelligence and Algorithmic Bias: Implications for Health Systems," the authors define algorithmic bias as "the application of an algorithm that compounds existing inequities in socioeconomic status, race, ethnic background, religion, gender, disability, or sexual orientation and amplifies inequities in health systems." Therefore, it is recommended that you initiate conversations about bias early. Sample questions to ask your potential AI vendors include:

- What ongoing efforts are you making to eliminate bias in your technology?
- Do you have multiple sources of data?
- What metrics do you use to evaluate your work?

Some other considerations include ensuring that AI does not increase "pop-up-alert fatigue." This could potentially cause the clinician to unintentionally accept orders or acknowledge alerts. AI technology introduces a new means for misdiagnosis if the clinician agrees with an AI decision-making "suggestion" that turns out to be wrong, or if the clinician disagrees with the AI suggestion and it turns out to be correct. Also consider potential outcomes if a clinician becomes overly dependent on AI—they may have difficulties if the AI software becomes unavailable. This could lead to liability issues if the clinician is not prepared to complete the surgery, task, or procedure without relying on AI. It is unknown if future litigation could arise because a clinician refused to use available AI in care delivery. Discuss these topics with your governance team and develop guidance proactively.

Privacy and security

As AI continues to be used in the health care space, privacy and security will remain significant issues. Large amounts of data may be accessed between systems, which may increase the risk for a breach or cyberattacks. Suggestions to mitigate this risk could include:

- Ensuring that your current privacy regulations are updated to take AI systems and use of data into account.
- Identifying any confidentiality and data-privacy risks.
- Making sure you have a clear understanding of your business associate agreements or other agreements to share data.
- If you are committed to sharing deidentified data, ensuring that you can meet the Health Insurance Portability and Accountability Act Privacy Rule's deidentification standard outlined in sections 164.514(b) and (c)—covered entities must use one of two validated methods: expert determination or safe harbor. Data sharing between different organizations could violate HIPAA if this process is not followed.

Summary

AI is a rapidly developing technology. Risk managers should remain alert to emerging technologies and regulations that can affect patient care and safety, and clinicians and organizations need to prepare for changes in laws affecting AI use.

- Implement a governance board to evaluate the technology's risks and benefits to patient care.
- Develop a policy on transparency and patient consent processes before the first day of using the product in clinical operations.
- Partner with IT to ensure that cybersecurity requirements have been met and develop a process that assigns maintenance and software update management.
- Develop user training. Determine whether the technology requires credentialing, and make sure this takes place and is documented prior to any staff using the technology.
- Conduct routine evaluations of the performance of machine-learning algorithms and staff compliance, then review the documentation of all education processes to identify any risks of unexpected outcomes and ensure that AI is helping the organization accomplish its goals.

For in-depth information on this topic, see the World Health Organization's Ethics and Governance of Artificial Intelligence for Health, and the National Library of Medicine's Sources of Risk of AI Systems.

Heather Edwards, RN, CPHQ, *is a senior clinical risk consultant with Physicians Insurance A Mutual Company.*

This article is an abridged excerpt. For the full guidance, visit phyins.com/resources and search "Artificial Intelligence." This information is provided for educational purposes and is not intended to establish guidelines or standards of care.

Leading Through Transformation

With blue skies, stunning mountains, and sparkling Lake Chelan as a backdrop, some 135 physicians, physician assistants, and medical students gathered for WSMA's Leadership Development Conference on May 19 and 20. With pandemic restrictions eased, WSMA members enjoyed networking, relaxing, and reinvigorating their skills and souls.

This year's program was thoughtfully structured around transforming health care, with an emphasis on the future of health care, creating a culture of wellness, healing the healers through restorative justice, leading others, health equity, and more.

Internationally renowned futurist Ian Morrison, PhD, kicked off the conference and a strong speaker lineup with his forecast for a changing health care environment. Imelda Dacones, MD, a leader in health care transformation and value-based care, brought focus to modernizing business functions and driving innovation. Kevin Hopkins, MD, senior physician advisor with the AMA's Professional Satisfaction and Practice Sustainability Initiative, addressed how system transformation can create a culture of wellness. Mirna Ramos-Diaz, MD, and Pedro Flores, PhD, deeply engaged attendees in restorative justice—reframing leadership to address people's needs, get their input, give more grace, and go deeper with information sharing. In addition to these plenary sessions, several breakout opportunities offered more on restorative justice and practice transformation, along with fireside chats with WSMA health equity consultant Edwin Lindo, JD, and Ian Morrison and a presentation by Amy Compton-Phillips, MD, on improving the human experience of care.

On Saturday, Lindo again took the stage to discuss standing strong against the "Anti-DEI" movement, and health management expert Louise Keogh-Weed led a two-part interactive workshop on making change in the real world.

An intense and inspiring experience, one attendee said of the conference: "Very engaging; loved the format; took action steps away!"

Mark your calendar now for next year's Leadership Development Conference at Campbell's Resort on Lake Chelan, May 17-18, 2024.

LISA VENTICINQUE PHOTOGRAPHY

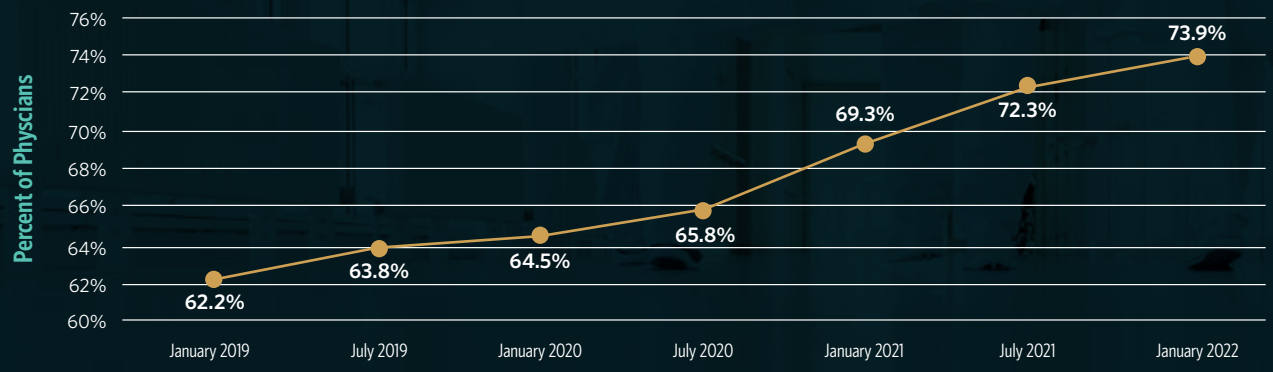
Clockwise from top left: Conference attendees' "white coat" photo; futurist Ian Morrison, PhD; Amy Compton-Phillips, MD; Imelda Dacones, MD; ice cream social; welcoming conference attendees; networking; Bridget Bush, MD, with WSMA President Katina Rue, DO, and President-Elect Nariman Heshmati, MD; members reconnecting.

BY THE NUMBERS

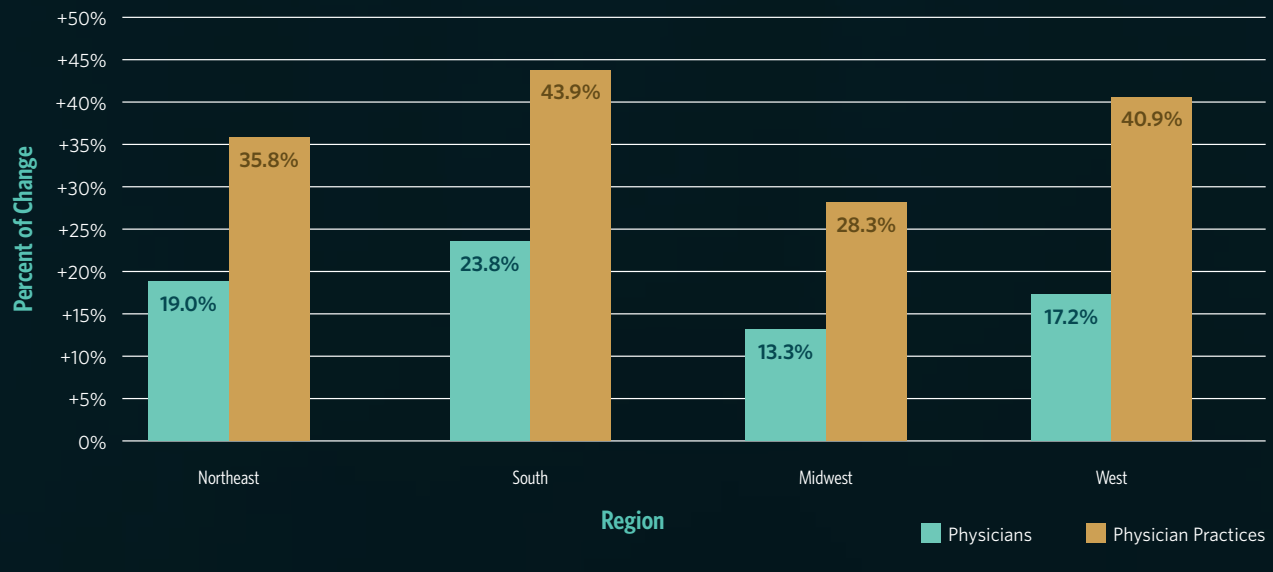
The Great Consolidation

The COVID-19 pandemic accelerated the ongoing trend of physicians leaving private practice for employment, spurred by hospitals and other corporate entities acquiring medical practices, part of a wave of consolidation throughout the health care industry.

Percent of U.S. Physicians Employed by Hospitals or Corporate Entities



Percent Increase in Hospital or Corporate Employed Physicians and Owned Practices



Source: COVID-19's Impact on Acquisitions of Physician Practices and Physician Employment 2019-2021, prepared by Avalere Health on behalf of the Physicians Advocacy Institute.

PHOTO: KZENON VIA SHUTTERSTOCK

JUKAN TATEISI BJHT VIA UNSPLASH

> To make things happen, I needed to inspire people to be different, to share in the transformation of our work together, and to involve everyone in a team effort to realize change.

The Reluctant Leader

Inspiring others starts with nurturing the leader within.

EDWARD WALKER, MD

I couldn't answer. I had no idea. The awkward silence felt embarrassing.

The physician sitting across from me had come for leadership coaching. I always enjoyed interacting with rising physician leaders, especially in the early stages of their development when they are first realizing their true potential. Her question was harmless, but it stopped me in my tracks: "When did you first decide to become a physician leader?"

Honestly, I didn't know. I still don't. It wasn't a single decision at a specific point in time, more of a slow realization that I was doing things that were consistent with being a leader, the formal roles I was slowly adopting evolving naturally rather than from ambition.

Having reflected on that moment, I've realized that many of the major decisions we make over the course of our lives are not simple transitions. I decided today at 11:30 a.m. to go out to lunch, but I don't recall the exact moment I decided to marry the woman I love. Some decisions are lightning strikes, but the really important ones often resemble the imperceptibly slow dawning of a new day.

To be honest, I don't think I ever aspired toward any of the many leadership positions I've held. Each chapter started out with a desire to be the best doctor I could be at that phase of my career. In the process of making care more safe, efficient, patient-centered, satisfying, and cost-effective, I ran into resistance and obstacles that could only be surmounted by assuming responsibility and authority. I recall several moments when I reluctantly concluded that the person to whom I reported was less interested or able to raise the bar in these areas, so I couldn't move forward without moving up.

Each time, something remarkable happened. As I assumed the responsibility and accountability of the role, a vision of what could happen beyond my initial plans would slowly materialize. To make things happen, I needed to inspire people to be different, to share in the transformation of our work together, and to involve everyone in a team effort to realize change. Yes, there were often colleagues with competing, sometimes self-interested visions, but the key was always to build the coalition around best practices in quality and fiscally responsible, patient-centered care.

Several times a year I stand in front of a group of future physician leaders in my WSMA Physician Leadership Course and we own up to why we're there. For some, it's the realization that they have already accepted the responsibilities of being a clinic medical director and they need the skills. For a small number of others, they've seen a path to being a chief medical officer, and they like what they see. But for many, maybe half the class, there are looming questions: "Should I be a leader?" "Can I make a difference?" "Do I have the right stuff?" By the end of the course, most have answered these questions for themselves.

They know what they need to do. They have been reluctant leaders all along. Now they have the path.

Edward Walker, MD, MHA, *is a professor emeritus in the departments of psychiatry and behavioral sciences and health services at the University of Washington in Seattle and senior physician advisor for the WSMA Center for Leadership Development.*

Are you passionate about this or another topic? Send us your story (less than 500 words) at editors@wsma.org.

Washington State Medical Association
Physician Driven, Patient Focused

2001 Sixth Ave Suite 2700
Seattle, WA 98121

YOU'RE INVITED

to the 2023 Annual Meeting of the WSMA House of Delegates

Held in person at The Westin Bellevue, Sept. 23-24, 2023

Join your colleagues from across the state for the 2023 Annual Meeting of the WSMA House of Delegates, when the approximately 175 voting members of the association gather to debate and determine policy, elect officers, and network with colleagues.

The Annual Meeting isn't just for delegates—all are welcome to attend the event and take advantage of the educational offerings, network, and learn more about the WSMA. It's a great way to gain insight on how policy is made at the association and witness firsthand how the efforts of dedicated, passionate physicians, physician assistants, residents, and medical students are building a stronger house of medicine and a healthier Washington.

Learn more and register for the free event at wsma.org.

Interested in serving as a delegate at the meeting?

The House of Delegates is composed of WSMA members who represent, and are designated by, their respective county society or specialty society, as well as representatives of WSMA's special sections and board of trustees. If you would like to serve as a delegate at the 2023 Annual Meeting, please contact your local county society or state specialty society.

Important meeting deadlines

AUG. 4 – Reports and resolutions due for inclusion in delegate handbook.

AUG. 24 – Final deadline for reports and resolutions. Delegate handbook will be available for download.

SEPT. 1 – Deadline to make room reservations at The Westin Bellevue.

SEPT. 23-24 – The 2023 WSMA Annual Meeting.

2023 | Session Overview

Washington State Medical Association
Physician Driven, Patient Focused

Legislative Report

2023-2024 LEGISLATIVE BIENNIUM
YEAR 1 of 2

From Your President

DEAR COLLEAGUES,

In this time of extraordinary change and challenge in health care, the WSMA remains dedicated to uniting Washington state physicians and physician assistants with the belief that, together, we can make Washington the best place to practice medicine and to receive care.

Look no further than these pages for a compelling demonstration of that work on your behalf. WSMA's legislative advocacy remains the top-rated reason for physicians and physician assistants paying their dues dollars year after year and the WSMA and its hard-working staff, with the engagement of its members, ensure those dues dollars are well spent.

Engagement is the key. Whether engaging in our advocacy, our highly rated leadership development curriculum, or our other education and networking opportunities, or even just engaging the "Enter" key on your keyboard when paying your membership dues, it's you who powers the WSMA. I thank each and every one of you for your engagement, no matter what that looks like.

I'm awed by the capacity of what we can achieve when we come together with purpose and vision. We are truly stronger together. As you review this report, be proud of what we've accomplished—and hopeful for what else we can do.

KATINA RUE, DO, FAAFP, FACOFP
PRESIDENT, WASHINGTON STATE MEDICAL ASSOCIATION

Contents

WSMA Government Affairs and Policy Team

The WSMA is the only professional physician organization in Washington state that has full-time in-house advocacy staff in Olympia. Under the direction of WSMA CEO Jennifer Hanscom, your team at the Capitol works tirelessly to represent your interests in the Legislature. For questions regarding WSMA's political and legislative advocacy, contact the WSMA Olympia office at 360.352.4848.

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Alex Wehinger, *Associate Director of Legislative and Political Affairs*
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Lisa Venticinque Photography

Session Overview

"We must continue to advocate at all levels of government, in this Washington and the other Washington, to protect our patients and their access to evidence-based health care services."

—Nariman Heshmati, MD,
WSMA president-elect and OB-GYN

OVERVIEW:
How the house of medicine fared during the 2023 legislative session. A look at policies impacting physicians, physician assistants, patients, and the practice of medicine in our state.

IN THIS SECTION:

WSMA GOVERNMENT AFFAIRS AND POLICY TEAM

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Director of Government Affairs

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INTRODUCTION

2023 Legislative Session: Another Strong Showing for the Physician Community

Lisa Venticinque Photography

THE 2023 WASHINGTON STATE legislative session adjourned "sine die" on Sunday, April 23, after legislators adopted a two-year, $70 billion state operating budget set to take effect on July 1. The 2023 session saw many successful outcomes for the physician community, including the passage of patient-focused, WSMA-priority legislation addressing access to care, administrative burden, liability, and public health, and a budget that features substantial investments in health care priorities.

Topping the list of new legislative policies is one instigated by the WSMA. The unanimous passage in both the House and Senate of HB 1357, WSMA prior authorization legislation, was the result of a years-long effort by the WSMA on behalf of its physician and physician assistant members to reduce the administrative burdens and care delays associated with the insurance carrier practice. The reforms contained in HB 1357 help establish Washington state as a leader in prior authorization reform, progress of which WSMA members can be justifiably proud.

Preserving access to abortion, reproductive health, and gender-affirming care services was also top of mind for WSMA members and Washington lawmakers as policymakers and health professionals mobilized to meet the challenges arising in the wake of the U.S. Supreme Court's overturning of Roe v. Wade. The passage of protections for these services during the 2023 session goes a long way toward honoring Washington's legacy of supporting both these essential care needs and the patients and practitioners who seek and provide them.

WSMA's advocacy during and outside of legislative session is primarily driven and defined by forward-thinking policies authored by members and adopted by the House of Delegates, often in response to facts on the ground. Just as efforts to curtail abortion and gender-affirming care have led to delegates in recent years passing policies supportive of these services, delegates have responded to the increase in gun violence in our state and nation by passing policies to mitigate the public health impacts wrought by the proliferation and politicization of firearms. These policies in turn helped to guide WSMA's advocacy this session, leading to several policy breakthroughs on the issue of gun violence, including a ban on the manufacture and sale of semiautomatic firearms.

Last but not least on WSMA's legislative policy agenda during the 2023 session was defending against scope of practice expansion proposals from non-physician professions that would potentially endanger patient safety. There were a remarkable number of scope proposals put before lawmakers this session, as the Legislature and health care professions sought to respond to health care workforce challenges. As we have in recent years, the WSMA supports a multipronged approach to building our state's workforce, which includes investing in health care workforce and increasing the use of physician-led teams, while opposing scope proposals that ignore the unique training of physicians, fail to include necessary education and training requirements, and jeopardize patient safety. Many of the scope proposals in 2023 fell into the latter category, with the WSMA defeating all but one of the proposals we opposed.

On the budget policy side, the state operating budget, covering the 2023–2025 fiscal biennium, makes substantial investments in WSMA priorities, including health care workforce, behavioral health, abortion access, and public health, with no significant tax increases on physicians included. However, the budget fell shy of

HB = House Bill | SB = Senate Bill

"Everything we do at the WSMA is done with our patients in mind. With the rise in gun violence, efforts to limit reproductive health care services, and seemingly endless barriers to practicing medicine, sometimes it feels like the cards are stacked against both the individual patient and the physician. Each patient-centered policy that passes is a beacon of hope and a step toward making our state the best place to practice medicine and to receive care."

—2022–2023 WSMA President Katina Rue, DO

meeting one of WSMA's top budget priorities, making only partial provisions toward WSMA's ask of Medicaid reimbursement rate increases for professional services and necessitating continued advocacy to ensure the state is fully funding the Medicaid program and supporting access to care for patients. Detailed information on the budget and its provisions is offered on the following pages.

As these policy outcomes and many more in the pages of this report demonstrate, the advocacy of physicians, physician assistants, and organized medicine matters. The WSMA is powered by the engagement of physicians and PAs, from establishing WSMA's policies and legislative agenda to meeting with their legislators, testifying on bills, and responding to WSMA's calls to action during session. Thank you for your membership, your engagement, and for all you do for your patients, for the profession, and for the house of medicine.

Inside the 2023–2025 State Operating Budget

IN ODD-NUMBERED YEARS, the primary duty of the Legislature is approving a new state budget. Or more accurately, three state budgets. In addition to an operating budget that funds much of what we associate with state government, such as health care, education, and social services, there's also a transportation budget and a capital budget that funds state infrastructure. All three budgets run on two-year cycles that begin on July 1.

Totaling nearly $70 billion, the operating budget passed by the Legislature this session makes substantial investments in health care workforce, behavioral health, abortion access, and public health. It increases state spending by around $5 billion, with major areas of new investments including climate change, housing and homelessness, and special education. And it funds more than $2 billion in pay increases for state workers collectively bargained by the governor and labor unions.

No significant tax increases were included in the final budget. During the 2023 session, there was consideration of replacing the state's business and occupation tax with a "margin tax," the establishment of a "wealth tax," and increasing property taxes to fund housing, with none of those efforts making it across the finish line.

WSMA's top budget priorities for the 2023 session were increasing Medicaid rates and bolstering the health care workforce. For the latter, the budget includes investments in physician residencies, health professional loan repayment, and nurse education and training. And while the final budget does make provisions for Medicaid rate increases, it only partially funds WSMA's ask of across-the-board increases to at least the rates paid by Medicare. Continued advocacy will be needed to ensure the state is fully funding the Medicaid program and supporting access to care for patients.

The budget does fund Medicaid rate increases in other contexts, most notably for hospitals. In the case of hospitals and certain other entities, Medicaid funding is augmented by a "safety net assessment," which is levied on the entities to leverage additional federal funds that can be used for rate increases. By contrast, WSMA's request for professional services rate increases would be funded from the state's general fund (and also bolstered by leveraged federal dollars).

The final budget and associated legislation extend the hospital safety net in perpetuity and expand it to fund rate increases. The WSMA was supportive of the hospital safety net assessment proposal that was brought forward by the Washington State Hospital Association. We are pleased to see the Legislature help ensure the financial stability of our hospital systems by extending this levy and look forward to working with lawmakers to ensure our outpatient practice community is prioritized similarly in the 2024 session.

BUDGET HIGHLIGHTS

ISSUE	FUNDING
Medicaid professional services rates Increases Medicaid professional services rates for certain service categories, beginning July 1, 2024.	$32M
Medicaid primary care services rates Establishes a 2% rate increase for primary care physician services, effective Jan. 1, 2025.	$3M
Medicaid behavioral health services rates Increases access to behavioral health services for Medicaid patients through increased reimbursement rates, effective Jan. 1, 2024.	$6M
Family medicine physician residencies Maintains and expands the Family Medicine Residency Program.	$18M
Psychiatry residencies Provides for the Psychiatry Residency Program at UW to offer additional adult residency positions and two child and adolescent psychiatry fellowship positions.	$5M
Health Professional Student Loan Repayment Program Increases funding for the state's Health Professional Student Loan Repayment Program.	$10M
Reproductive health care services Ongoing funding to maintain access to abortion, including grants to licensed health professionals and for patient outreach, workforce retention and recruitment incentives, and security investments.	$15.5M
Contraception vending machines One-time funding is provided to offer grants to institutions to provide contraception vending machines for students and staff.	$200K
Exchange premium subsidies Continues premium assistance for individuals with income up to 250% of the federal poverty level for the 2023–2025 fiscal biennium.	$25M
Health care coverage for undocumented residents Expands health coverage for Washington residents with incomes at or below 138% of the federal poverty level, regardless of immigration status, beginning July 1, 2024.	$52M
Foundational Public Health Services Increases FPHS funding that is distributed to local public health jurisdictions, tribal governments, and the state Department of Health.	$324M
Tobacco prevention Supports programs that prevent initiation of tobacco usage and help people quit smoking.	$5M
Cancer prevention Maintains existing services, enhances data systems, and increases work in addressing inequities around services related to cancer treatment.	$3M

ISSUE	FUNDING
Firearm safety and violence prevention Funds grants supporting evidence-based violence prevention and intervention services and that support safe storage programs and suicide prevention outreach and education efforts.	$12M
988 and behavioral health crisis response Implements updates to the state's behavioral health crisis response system, including funding for technology platform changes, additional staff, and grants to mobile rapid response teams and community-based crisis teams, among other appropriations.	$84.5M
COVID-19 Continues COVID-19 public health and response activities, including the distribution of testing supplies, providing vaccinations, and overseeing vaccine logistics and distribution.	$20M
School-based health centers Increases access to health care in academic settings by expanding the school-based health center program.	$2M
Opioid education For programs that help prevent inappropriate opioid prescribing, including the WSMA and Washington State Hospital Association jointly run Better Prescribing, Better Treatment initiative.	$2M
Health provider contracting study One-time funding is provided to study health insurance affordability.	$500K
Guaranteed basic income Allows a nonprofit organization to continue the operation of the guaranteed basic income program.	$2M
Diaper assistance Increases the cash benefit by $100 per month for households with a child under the age of 3 that are receiving Temporary Assistance for Needy Families. The funding is intended to assist with the cost of diapers.	$17M
Telehealth Collaborative Continues the Collaborative for the Advancement of Telemedicine, hosted by UW's Telehealth Services, through June 30, 2025.	$100K
Health care workforce Provides funding for several programs designed to grow the state's health care workforce, largely focused on nurses.	$24.5M
Center for Indigenous Health Intends to help increase the number of American Indian and Alaska Native physicians practicing in the state.	$1M

Gov. Jay Inslee signs HB 1357, WSMA's prior authorization bill.

Pictured: Rep. Marcus Riccelli (D-Spokane); Matt Helder, government relations director for the American Cancer Society; Gov. Jay Inslee; Rep. Tarra Simmons (D-Bremerton); Sean Graham, director of government affairs for the WSMA; and Teresa Girolami, MD, WSMA board of trustees.

2023 Priority Bills

Prior Authorization

PRIOR AUTHORIZATION MODERNIZATION, HB 1357 (Simmons)

WSMA Supported, Bill Passed
WSMA Win

Brought forward by the WSMA, this priority legislation expedites turnaround times for all prior authorizations and mandates that insurance carriers develop electronic processes for prior authorization that integrate into electronic medical records for both health care services (by Jan. 1, 2025) and prescription drugs (by Jan. 1, 2027). The bill also mandates that insurance carriers base their prior authorization requirements on regularly updated peer-reviewed clinical review criteria. See feature on page 13 for more information.

Why is this important? Prior authorization delays patients' access to care, drives cost and administrative burden for physicians, and diverts health care workforce from care delivery. Reforming prior authorization has consistently been identified by WSMA members as the top priority for our legislative advocacy.

Abortion, Reproductive Health, and Gender-Affirming Care

MEDICAL LICENSE PROTECTIONS, HB 1340 (Riccelli)

WSMA Supported, Bill Passed
WSMA Win

This bill establishes that the performance of reproductive health and gender-affirming care services consistent with Washington state standards of care (even in a state where such services are prohibited) do not qualify as unprofessional conduct under the state's Uniform Disciplinary Act for the purpose of state licensure and discipline.

Why is this important? Physicians and physician assistants should be able to provide the full range of health care services to their patients without fear of jeopardizing their medical license. While the Washington State Legislature cannot address the laws of other states, HB 1340 ensures that our current physician community and those who move here are protected from negative licensure actions in the state of Washington.

SHIELD LAW, HB 1469 (Hansen)

WSMA Supported, Bill Passed
WSMA Win

This bill establishes liability protections for patients and health care professionals from criminal and civil actions based on the provision or receipt of abortion services and gender-affirming care consistent with Washington state law. This includes prohibiting law enforcement from participating in investigations and the courts from imposing penalties of other states, among other actions. The bill also makes health care professionals eligible for the state's Address Confidentiality Program.

Why is this important? The U.S. Supreme Court's decision in Dobbs v. Jackson Women's Health Organization has resulted in a patchwork of evolving legalities across the country, with some states establishing additional protections for abortion services while others are moving to criminalize or impose civil infractions associated with such care. The purpose of this bill is to insulate Washington state health care professionals and patients, to the extent possible, from the restrictive actions of other states.

ABORTION COST-SHARING, SB 5242 (Cleveland)

WSMA Supported, Bill Passed
WSMA Win

Beginning Jan. 1, 2024, this bill generally prohibits the imposition of cost-sharing for abortion services.

Why is this important? Despite access to abortion services remaining legal in Washington, cost remains a significant barrier to access to care and exacerbates existing health disparities.

MIFEPRISTONE ACCESS, SB 5768 (Keiser)

WSMA Supported, Bill Passed
WSMA Win

This bill gives the state Department of Corrections the authority to distribute and sell mifepristone to health care professionals and clinics around the state.

Why is this important? As of this writing, legal cases are pending that challenge the U.S. Food and Drug Administration's approval of mifepristone, which could also have an impact on manufacturing of the drug. To help ensure continued access, the state purchased a three-year supply of mifepristone to be stored and distributed by the DOC through its existing pharmacy infrastructure.

ABORTION CONSTITUTIONAL AMENDMENT, SJR 8202 (Keiser) & HJR 4201 (Gregerson)

WSMA Supported, Bills Died

These joint resolutions would have enshrined the individual right to access abortion and contraception in the Washington State Constitution. Constitutional amendments require a two-thirds majority vote in both the House and Senate as well as voter approval.

Why is this important? While existing state laws ensure continued access to reproductive health care, establishing a constitutional right to abortion and contraceptive services would help protect against future efforts to reduce access.

CONSUMER HEALTH DATA, HB 1155 (Slatter)

WSMA Neutral, Bill Passed

This bill imposes numerous restrictions on the collection and sharing of consumer health data that is not protected under the Health Insurance Portability and Accountability Act. Entities that are subject to HIPAA are generally exempted from the provisions of the bill.

Why is this important? Non-HIPAA-covered entities, such as period tracking apps and crisis pregnancy centers, do not have the same obligation as licensed health care professionals to keep medical information confidential. In the post-Dobbs landscape, safeguards are needed to protect against entities utilizing technology to negatively target consumers.

YOUTH-PROTECTED HEALTH CARE SERVICES, SB 5599 (Liias)

WSMA Supported, Bill Passed
WSMA Win

Under current law, if a child who has run away from home goes to a licensed shelter, that shelter is required to notify the parents unless a compelling reason applies. This bill allows certified shelters to contact the state Department of Children, Youth, and Families in lieu of parents in circumstances where the child is seeking reproductive health services or gender-affirming care.

Why is this important? This extends additional safeguards to youth seeking protected health care services. WSMA policy supports a patient's right to gender-affirming care and reproductive health care services.

Rep. Marcus Riccelli (D-Spokane), primary sponsor of HB 1340, speaking at a signing ceremony for bills passed during the 2023 session protecting reproductive health and gender-affirming care in Washington state.

HJR = House Joint Resolution | SJR = Senate Joint Resolution

Gov. Jay Inslee signs HB 1240, prohibiting the manufacture, importation, distribution, and selling of assault weapons.

Firearm Violence

ASSAULT WEAPONS BAN, HB 1240 (Peterson)

✓ WSMA Supported, ✓ Bill Passed
🏆 WSMA Win

This bill generally prohibits the manufacture and sale of semiautomatic "assault weapons," including firearms such as the AR-15 and AK-47.

Why is this important? Assault weapons are exceptionally deadly firearms commonly used in mass shootings. WSMA's extensive, long-standing policies on firearms support restrictions on assault weapons and establish gun violence as a public health issue.

FIREARM PURCHASE REQUIREMENTS, HB 1143 (Berry)

✓ WSMA Supported, ✓ Bill Passed
🏆 WSMA Win

This bill requires individuals to have recently completed a firearm safety training program and undergo a background check and 10-day waiting period to be eligible to purchase firearms.

Why is this important? WSMA policy supports background checks and waiting periods for the purchase of firearms in the interest of addressing gun violence.

FIREARM INDUSTRY LIABILITY, SB 5078 (Pedersen)

✓ WSMA Supported, ✓ Bill Passed
🏆 WSMA Win

This bill establishes "reasonable controls" on firearm industry members to comply with state and federal firearm laws and prevent diversion of firearms. A right of action is created against firearm industry members in circumstances where violence results from their conduct, such as advertising targeted at minors and promoting the illegal conversion of firearms.

Why is this important? With the passage of this bill, Washington joins a growing number of states that have established that the gun industry can be held legally liable for gun violence.

Scope of Practice

OPTOMETRY, SB 5389 (Cleveland)

⊗ WSMA Opposed, ✓ Bill Passed

This bill expands the scope of practice for optometrists to include increased prescriptive authority, the ability to provide injections, and the ability to perform certain surgical procedures (among other provisions). The physician community, led by ophthalmologists, was successful in advocating to narrow the bill from the form in which it was introduced, notably to remove the ability of optometrists to perform laser procedures.

Why is this important? There are few, if any, functions of the human body more important to a person's quality of life than their ability to see the world clearly and without pain. The complications that can arise during eye surgery are serious and often irreversible. Optometrists are valued members of the health care team, but their education and training do not prepare them to perform surgical procedures.

PHYSICIAN ASSISTANTS, HB 1310 (Riccelli) & SB 5633 (Conway)

⊗ WSMA Opposed, ⊗ Bills Died

These bills would have removed the requirement that physician assistants practice under the supervision of a physician, allowing physician assistants to work in collaboration agreements with an employer or one or more physicians.

Why is this important? This proposal was brought forward by the Washington Academy of Physician Assistants. While acknowledging the close partnership that our organizations have, the WSMA, whose membership includes both physicians and physician assistants, was unable to support the bills due to concerns about the broad proposed nature of collaboration agreements. The WSMA will work with WAPA in advance of the 2024 state legislative session to try to find agreement on revisions to the PA Practice Act that will appropriately maximize employment opportunities and practice flexibilities for PAs.

NATUROPATHY, SB 5411 (Short)

⊗ WSMA Opposed, ⊗ Bill Died
🏆 WSMA Win

This bill would have expanded the scope of practice for naturopaths to include increasing their prescriptive authority to encompass all drugs in Schedules II-V (including opioids), broadening their ability to perform "minor office procedures" to include all primary care services, and allowing them to sign an attestation to any document that a physician may sign that's within the naturopath's scope of practice.

Why is this important? Among other concerns, a naturopath's education and training do not include the comprehensive medical and pharmacological background needed to prescribe potentially dangerous drugs.

ARNP REIMBURSEMENT MANDATE, SB 5373 (Randall) & HB 1495 (Simmons)

⊗ WSMA Opposed, ⊗ Bills Died
🏆 WSMA Win

These bills would have required insurance carriers to reimburse advanced registered nurse practitioners and physician assistants at the same rate as physicians for providing the same service in the same service area.

Why is this important? WSMA policy supports the ability of insurance carriers to make distinctions in reimbursement to recognize "qualitative distinctions in skill, training, and expertise between physicians and other providers of health care."

PSYCHOLOGY, HB 1041 (Bateman)

⊗ WSMA Opposed, ⊗ Bill Died
🏆 WSMA Win

This bill would have granted psychologists the authority to prescribe psychotropic drugs upon the attainment of certain education and training and when working in "an ongoing collaborative relationship" with a physician or other licensed health care professional who oversees the patient's general medical care.

Why is this important? Psychologists have an important role in the treatment of mental and behavioral health conditions. This bill would have had the effect of increasing access to psychotropic drugs but would not have necessarily increased access to care. Given the patient safety concerns raised, the potential for harm outweighed any benefit that could have been achieved.

ANESTHESIOLOGIST ASSISTANTS, HB 1038 (Taylor) & SB 5184 (Rivers)

✓ WSMA Supported, ⊗ Bills Died

These bills would have established the licensure and scope of practice for anesthesiologist assistants, who would be licensed by the Washington Medical Commission to assist in developing and implementing anesthesia care plans for patients under the supervision of an anesthesiologist or group of anesthesiologists.

Why is this important? A growing number of states have helped address anesthesia workforce needs by licensing anesthesiologist assistants, who provide high-quality patient care working in physician-led care teams.

MEDICAL ASSISTANTS, HB 1073 (Harris)

✓ WSMA Supported as Amended
✓ Bill Passed, 🏆 WSMA Win

This bill makes several changes to the circumstances under which medical assistants may work, allowing MAs to work while being certified, allowing registered MAs to administer intramuscular injections under the general (rather than "direct visual") supervision of a health care professional, and allowing certified MAs to work under the general (rather than "direct visual") supervision of a health care professional when administering IV injections for diagnostic or therapeutic agents.

Why is this important? These changes will help address workforce strain by updating MA regulations to reflect their education and training and in some circumstances to align with flexibilities that were established during the pandemic. The WSMA secured changes to the bill that ensured important patient safety guardrails.

ATHLETIC TRAINERS, HB 1275 (Thai)

✓ WSMA Supported as Amended
✓ Bill Passed, 🏆 WSMA Win

This bill allows all athletic trainers to purchase, store, and administer over-the-counter medications as prescribed by a licensed health care professional with prescriptive authority. For athletic trainers who have undergone additional education and training, the bill expands their ability to purchase, store, and administer medications as prescribed to be in accordance with "the athletic trainer's pharmacological education and training."

Why is this important? As originally introduced, this bill would have granted broad authority to administer drugs. The WSMA secured changes to the bill to establish additional safeguards by creating a two-tiered system based on an athletic trainer's education and training.

PHARMACIST INDEPENDENT PRACTICE, HB 1665 (Stonier)

⊗ WSMA Opposed, ⊗ Bill Died
🏆 WSMA Win

This bill would have allowed pharmacists to independently diagnose and treat certain health conditions such as viruses and diseases that may be treated with noncontrolled drug therapies.

Why is this important? Long-standing state law allows for collaborative drug therapy agreements, which are agreements between a pharmacist and a physician or health care professional. Collaborative drug therapy agreements provide flexibility for pharmacists to independently provide certain services to patients while ensuring strong safeguards due to the connection between the pharmacist and licensed health care professional.

TRANSLATING HOUSE OF DELEGATES POLICY INTO LEGISLATIVE ACTION

Lisa Venticinque Photography

WSMA'S LEGISLATIVE advocacy is member driven, and the Annual Meeting of the WSMA House of Delegates is one of the primary avenues for informing our work in Olympia and beyond. In this feature, the WSMA Policy Department provides a look at resolutions passed at the 2022 Annual Meeting of the WSMA House of Delegates that guided WSMA's work on a host of issues during the 2023 state legislative session.

More information about these bills is available under the bill summaries starting on page 6.

Supporting a patient's right to reproductive health care services and protecting physicians and physician assistants who provide those services

Following the U.S. Supreme Court's decision in Dobbs v. Jackson Women's Health Organization, the 2022 House of Delegates approved Resolution C-13, which updated WSMA's policies on reproductive health care to reflect the changing national landscape. As a result, the WSMA supported a trio of bills (among others) aimed at protecting physicians and PAs who provide reproductive health care and ensuring equitable access to services:

- HB 1340 clarifies that reproductive health services and gender-affirming care delivered consistent with Washington state standards of care do not constitute unprofessional conduct under the state's Uniform Disciplinary Act.
- HB 1469, otherwise known as the Shield Law, establishes liability protection for patients, physicians, and health care professionals based on the receipt or delivery of abortion or gender-affirming care services.
- SB 5242 prohibits cost-sharing (copays, deductibles) on abortion services.

Addressing workforce shortages

The COVID-19 pandemic exacerbated workforce shortages across the health care system. To address those impacts, the 2022 House of Delegates approved Resolution C-1, directing the WSMA to engage on "... measures to increase the health care workforce, including the number of training opportunities for physicians, physician assistants, nurses, medical assistants, medical laboratory staff, and behavioral health professionals."

The resolution also called for the creation and maintenance of post-graduate education sites for physicians and PAs. As a result, the WSMA supported bills aimed at bolstering the health care workforce:

- SB 5523 establishes a loan repayment program for forensic pathologists who work in identified shortage areas of the state for four years.
- SB 5582 requires a plan to train more nurses over the next four years, including the development of an online licensed practical nurse program, and modifies the program approval and training requirements under the state's Nursing Care Quality Assurance Program, as well as other provisions.

Supporting evidence-based harm-reduction efforts

In response to the growing proliferation of fentanyl in Washington communities, the 2022 House of Delegates adopted Resolution B-12, directing the WSMA to support "... state and federal policies that permit and facilitate the distribution of fentanyl test strips, safer smoking supplies, and other evidence-based harm-reduction efforts." This resolution allowed the WSMA to support SB 5022, which would have removed equipment used to test the purity of a controlled substance, including fentanyl test strips, from the definition of unlawful drug paraphernalia.

While the bill did not pass, these exemptions were part of the discussions around permanent state policy to address the 2021 state Supreme Court's decision in State v. Blake that established criminal penalties and treatment options for individuals found in possession of illicit drugs. After a special session was convened by the governor in May, the Legislature passed SB 5536, which included the provisions of SB 5022.

HB = House Bill | SB = Senate Bill

WSMA members Michelle Terry, MD, (above) and Matt Hollon, MD, (right) testify during the reference committee hearings.

Piloting the efficacy of guaranteed basic income

Acknowledging the connection between economic insecurity and poor health outcomes, the 2022 House of Delegates approved Resolution C-4, which created WSMA policy supporting the implementation of a state-level guaranteed basic income pilot program. As a result, the WSMA supported HB 1045, which would have created the Evergreen Basic Income Pilot Program. Despite WSMA's support, the bill did not advance out of the Appropriations Committee ahead of the deadline. Funding was included in the final budget for the continuation of an existing local UBI program.

WHAT EXACTLY IS A RESOLUTION?

A RESOLUTION IS SIMPLY a proposal that asks the WSMA to take a position on an issue or directs the WSMA to act on a particular issue. Learn more about resolutions and how they power WSMA's advocacy at wsma.org, under Events and Annual Meeting.

Reach out to WSMA's policy team at policy@wsma.org if you are interested in proposing a resolution at the 2023 Annual Meeting of the WSMA House of Delegates, Sept. 23–24 in Bellevue.

For a comprehensive look at current House of Delegates policy, go to wsma.org and look under About Us, then Policies.

Reference committee members Drs. Alan Urbina Alvarez, Bruce Smith, and Jennifer Maxwell listen to WSMA member testimony at the 2022 WSMA Annual Meeting.

UBI = Universal Basic Income

INTERNATIONAL MEDICAL GRADUATES, SB 5394 (Randall)

WSMA Neutral, Bill Passed

This bill removes a requirement that a physician who supervises an international medical graduate hold medical malpractice insurance for claims against the graduate working under limited licenses, putting the requirement for holding medical malpractice insurance instead on the graduate.

Why is this important? Existing state law allows international medical graduates to work under the supervision of a physician on a temporary clinical experience license to help these graduates qualify for residencies. The current malpractice requirement has proved to be a barrier to integrating international medical graduates into Washington's health care workforce. The Legislature is likely to revisit the international medical graduate licensure options passed into law in 2021, including consideration of making their clinical experience license pathway permanent.

Budget and Taxes

HOSPITAL SAFETY NET ASSESSMENT, HB 1850 (Macri)

WSMA Supported, Bill Passed
WSMA Win

This bill updates the state's hospital safety net assessment, which is a system by which revenue from taxes levied on hospitals are returned to hospitals in the form of increased Medicaid reimbursement rates (among other appropriations). Established for hospitals in 2010, the safety net assessment model has subsequently been used to increase Medicaid rates for nursing homes and ambulances. HB 1850 increases revenue associated with the assessment and makes it permanent. The bill maintains investments in physician residencies through the assessment, totaling $4.1 million for family medicine residencies and $2 million for integrated psychiatry residencies in each state fiscal year.

Why is this important? Like Medicaid reimbursement rates for physicians, rates paid to hospitals fail to cover the cost of delivering care and hadn't been updated in decades. The state has an obligation to ensure access to care for Medicaid enrollees. Utilizing safety net assessments can increase revenue into the Medicaid program and in turn facilitate rate increases.

MARGIN TAX, SB 5482 (Frame) & HB 1644 (Walen)

WSMA Neutral, Bills Died

These bills would have established a state "margin tax" to replace the state's business and occupation tax. Developed pursuant to an extended public comment process, the margin tax proposal was opposed by most businesses and failed to gain traction.

Why is this important? The state's B&O tax is widely viewed as flawed due to its application on a business's gross revenue, rather than net revenue, which can be particularly disadvantageous to low-margin businesses such as physician practices. In researching the impact of the proposal on WSMA members, some found it to reduce tax burden, while it would have resulted in a tax increase for others. Accordingly, WSMA was neutral on the bill.

HIGHLY COMPENSATED HOSPITAL EMPLOYEE TAX, SB 5767 (Randall)

Bill Did Not Get Consideration

This bill would have levied a tax of 7.5% on the "excess compensation" of a hospital's five highest compensated employees who make more than 10 times the state's average wage and who do not have any direct patient responsibilities.

Why is this important? While the bill was introduced late in session and did not get consideration this year, it signals a broader interest from majority party Democrats to explore additional excise tax options following the state Supreme Court's recent ruling that it is constitutional to apply excise tax to income.

WSMA members at the 2023 WSMA Legislative Summit.

Lisa Venticinque Photography

WSMA members meeting with their legislative delegation during the 2023 WSMA Legislative Summit. Members met with their legislators during the event to offer a physician perspective on key issues such as WSMA's prior authorization reform bill.

BEHIND THE SCENES ON PRIOR AUTHORIZATION REFORM

WHEN THE WSMA surveys our members on the most pressing advocacy issues we face, reforming prior authorization almost invariably is at the top of the list. And it's easy to see why: Prior authorization can delay care for patients, increase administrative burden and cost for physicians, and divert scarce health care workforce from care delivery.

The reforms contained in HB 1357, which passed the House and Senate unanimously this session, will help establish Washington state as a leader in prior authorization reform. The bill expedites turnaround times for determinations and mandates the implementation of electronic prior authorization processes that integrate into electronic health records, which has been proven to reduce administrative burden associated with prior authorization. Importantly, the bill applies as broadly as possible on the state level, covering all state-regulated health plans, both for health care services and prescription drugs.

This legislation is neither the beginning nor the end of our work on prior authorization. For decades, the WSMA has pushed back on the intrusion that prior authorization represents in the delivery of appropriate care to patients. Through legislative work groups, rulemakings at the state Office of the Insurance Commissioner, and previous legislation, we've made inroads on prior authorization policies and increased transparency around insurance carrier practices. But more work was needed.

In the summer of 2022, the WSMA formed a prior authorization task force to develop legislation for the 2023 session comprising the following members:

- Katina Rue, DO, FAAFP, FACOFP
- Carrie Horwitch, MD
- Garrett Jeffery, DO, FAAF
- Nathan Schlicher, MD, JD, MBA
- Rodney Anderson, MD

Pulling from the experiences of members and recent WSMA House of Delegates policy on prior authorization authored by Teresa Girolami, MD; Hal Quinn, MD; Jeffery Frankel, MD; and the King County Medical Society, HB 1357 was drafted, and Rep. Tarra Simmons (D-Bremerton) signed on as prime sponsor of the bill.

Then in December, on the eve of legislative session, the Centers for Medicare and Medicaid Services (CMS) released a draft rule that, among other provisions, mandates the implementation of "application programming interface" that integrates prior authorization for health care services into electronic medical records. This is similar to a pilot program that Regence and MultiCare have implemented that piqued the interest of legislative leaders.

During the legislative process, HB 1357 was amended to build on the CMS rulemaking, expediting the implementation of integrated prior authorization requirements for health care services (to take effect in 2025, rather than 2026 as proposed by CMS) and to extend to prescription drugs (beginning in 2027).

While technological improvements are being implemented, HB 1357 will help patients and physicians by reducing delays associated with prior authorization. Effective Jan. 1, 2024, for all state-regulated health plans across health care services and prescription drugs, the bill applies expedited timelines for prior authorization determinations.

For prior authorizations submitted through electronic processes such as web portals:

- One calendar day for expedited requests
- Three calendar days for standard requests (excluding holidays)

For prior authorizations submitted through non-electronic processes such as faxes:

- Two calendar days for expedited requests
- Five calendar days for standard requests

HB 1357 faced strong opposition from insurance carriers who argued that the bill would prove costly and the timelines proposed were overly aggressive. Legislative leaders such as Rep. Simmons, Rep. Marcus Riccelli (D-Spokane), and Rep. Joe Schmick (R-Colfax) convened negotiations and worked toward compromise. Support from patient groups and the hospital community was integral in maintaining momentum for the bill through the process. To their credit, insurance carriers negotiated in good faith on a difficult issue and ultimately moved to neutral on the final bill.

The WSMA will be actively engaged in the implementation of HB 1357, as well as the associated rulemaking from CMS. There's more work to be done on the issue of prior authorization: This year's successes represent important steps forward, rather than the finish line. But we're proud of this work and deeply appreciative of the physician leaders who helped develop and advocate for HB 1357, and for the support of legislators such as Rep. Simmons who helped shepherd the bill through the legislative process.

FORENSIC PATHOLOGISTS, SB 5523 (Dhingra)

WSMA Supported, Bill Passed
WSMA Win

This bill establishes a loan repayment program for forensic pathologists, with awards to eligible board-certified forensic pathologist applicants of up to $25,000 for up to four years. It also requires a study on the shortage of forensic pathologists, with recommendations due to the Legislature later this year.

Why is this important? The WSMA passed a resolution at the 2022 House of Delegates in support of bolstering the state's health care workforce. Like many other states, Washington is currently facing an acute shortage of trained forensic pathologists.

Business and Liability

MERGERS AND AFFILIATIONS, SB 5241 (Randall) & HB 1263 (Simmons)

WSMA Opposed, Bills Died
WSMA Win

These bills would have imposed numerous new restrictions and requirements on the ability of physician organizations, hospitals, and other entities to enter into partnerships such as mergers and sales.

Why is this important? These proposals would have jeopardized the financial viability of physician practices in limiting their ability to partner with other organizations. If physician organizations were forced to go out of business rather than entering into partnerships, it could have the effect of limiting access to care in communities.

HEALTH CARE COST TRANSPARENCY BOARD, HB 1508 (Macri) & SB 5519 (Robinson)

WSMA Opposed, Bills Died
WSMA Win

These bills would have, among other provisions, authorized the state's Health Care Cost Transparency Board to subject health care professionals, health care facilities, and insurance carriers to discipline and fines in the event they exceed the "benchmark" rate for increases in health care costs (set at 3.2% annually, decreasing to 2.8% by 2026). The bill would also have granted the board authority to mandate data collection from physician organizations and other entities.

Why is this important? The WSMA shares the goal of controlling health care costs, but granting the Health Care Cost Transparency Board sweeping powers so recently after its 2020 enactment and before it has accomplished the initial tasks it was charged with is premature. Further, the benchmarks for health care cost increases established by the board are unrealistic, and subjecting physician organizations to fines based on the benchmark is inappropriate.

NURSE STAFFING, SB 5236 (Robinson)

WSMA Neutral as Amended
Bill Passed

This bill generally revises provisions related to hospital staffing committees to direct their operations, increase representation of nurses that provide direct patient care, and assess fines for circumstances where a hospital is operating without a current staffing plan.

Why is this important? This bill represents a compromise between relevant stakeholders, opting to establish additional requirements for the existing hospital staffing committee system, among other provisions. As originally introduced, the WSMA opposed language that would have mandated nurse-to-patient staffing ratios due to concerns about potential adverse impact on access to care.

PREJUDGMENT INTEREST, SB 5059 (Kuderer) & HB 1649 (Hackney)

WSMA Opposed, Bills Died
WSMA Win

These bills would have changed the date at which interest begins to accrue on adverse judgments against physicians, physician assistants, and other entities, beginning at the date of the cause of action, rather than when the judgment is rendered.

Why is this important? For health care services, these bills would have the effect of imposing interest on judgments retroactively to when care was delivered rather than when a judgment is reached, adding years of interest to judgments against physicians and PAs. This would decrease the incentive for plaintiffs to settle cases and add considerable costs to physicians, PAs, and the health care system more broadly.

Health Equity

SCHOOL RECESS, SB 5257 (Nobles)

WSMA Supported, Bill Passed
WSMA Win

This bill requires public schools to provide daily recess for all elementary school students, with a minimum of 30 minutes of recess (unless certain conditions are met).

Why is this important? The WSMA adopted policy at the 2022 House of Delegates in support of equitable school-based opportunities for physical activity, including daily recess requirements.

FREE SCHOOL LUNCHES, HB 1238 (Riccelli)

WSMA Supported, Bill Passed
WSMA Win

This bill requires certain public schools serving grades K-4 to provide breakfast and lunch each school day at no charge to any student who requests these meals, among other provisions.

Lisa Venticinque Photography

Why is this important? Food insecurity is a social determinant of health that creates adverse physical and mental health outcomes for children and exacerbates health inequities.

UNIVERSAL BASIC INCOME PILOT, HB 1045 (Berry)

WSMA Supported, Bill Died

This bill would have established the Evergreen Basic Income Pilot Program to provide 24 monthly payments to up to 7,500 qualifying participants under certain conditions.

Why is this important? The WSMA adopted policy at the 2022 House of Delegates to improve population health by supporting the establishment of a state guaranteed basic income pilot program. Funding was included in the final budget for the continuation of an existing local universal basic income program.

Sen. Annette Cleveland (D-Vancouver) at the 2023 WSMA Legislative Summit.

Insurance

AUDIO-ONLY TELEMEDICINE, SB 5036 (Muzzall)

WSMA Supported, Bill Passed
WSMA Win

This bill extends the timeframe during which real-time telemedicine using both audio and video technology may be used to establish a relationship with a patient for the purpose of insurance coverage related to the provision of audio-only telemedicine services from Jan. 1, 2024, to July 1, 2024.

Why is this important? The state Office of the Insurance Commissioner is currently conducting a study on audio-only telemedicine to be shared with the Legislature later this year. This bill maintains the status quo while the study is completed to help inform policymakers' decisions going forward. The WSMA has advocated that telemedicine services should augment, rather than replace, in-person care to facilitate patient access while ensuring high-quality care delivery.

ESSENTIAL HEALTH BENEFITS, SB 5338 (Cleveland)

WSMA Supported, Bill Passed
WSMA Win

This bill directs the state Office of the Insurance Commissioner, in consultation with interested entities, to review Washington state's "essential health benefit package" that all health plans must cover. Modification of the package, if appropriate, would require approval from the Centers for Medicare and Medicaid Services.

Why is this important? Each year, the Legislature considers insurance coverage mandates for a variety of individual health care services. This bill allows for a more holistic review of health plan benefit packages offered in the state.

MATERNITY CARE STUDY, SB 5581 (Muzzall)

WSMA Supported, Bill Passed
WSMA Win

This bill requires the state Office of the Insurance Commissioner to conduct an analysis of maternity care services and report recommendations on reducing or eliminating cost-sharing obligations on these services, among other considerations, to the Legislature by July 1, 2024.

Why is this important? Ensuring access to maternity care services improves health outcomes for parents and babies, and the financial strain of out-of-pocket expenses may cause patients to delay or forgo some types of care.

FERTILITY SERVICES COVERAGE, HB 1151 (Stonier) & SB 5204 (Frame)

WSMA Supported, Bills Died

These bills would have required large group health plans to cover the diagnosis of infertility, treatment for infertility, and standard fertility preservation services.

Why is this important? The WSMA adopted policy at the 2021 House of Delegates in support of access to infertility care. A separate bill (SB 5338) directing the review of the state's essential health benefits benchmark, including assessing the impact of mandating coverage for fertility services, was passed by the Legislature.

HOW DID WE GET HERE? ABORTION POLICY IN THE FIRST YEAR WITHOUT ROE

FOR ALMOST 50 YEARS, Roe v. Wade guaranteed the constitutional right to seek an abortion in the United States. Then, on June 24, 2022, the U.S. Supreme Court's 5-4 ruling in Dobbs v. Jackson Women's Health Organization overturned Roe and removed the federal protection by allowing abortion policies to be determined at the state level.

Almost immediately, dozens of states sought to severely restrict or outright ban abortion. On the other end of the spectrum, a handful of Democrat-controlled states began to put in place additional state protections and expand access. The result is a patchwork of evolving legalities and uncertainty for patients and physicians.

Washington state first legalized abortion in 1970, the first state to do so by referendum. Two decades later in 1991, Washingtonians passed an initiative known as the Reproductive Privacy Act, essentially codifying the protections established in Roe v. Wade into state law by ensuring the right to choose without state interference. In the years since, the Legislature has enacted a range of policies to increase access to abortion services.

While abortion has remained legal in Washington, other states have enacted laws not only to restrict the procedure within their respective borders, but also to penalize patients and health care professionals in protective states such as Washington. With this in mind, majority-party Democrats who govern our Legislature set out an ambitious abortion agenda for the 2023 legislative session, supported by the WSMA and a coalition of reproductive health advocates.

Gov. Jay Inslee, speaking during the bill signing ceremony aimed at protecting reproductive health and gender-affirming care in Washington.

OF NOTE FOR THE PHYSICIAN COMMUNITY:

MEDICAL LICENSE PROTECTIONS, HB 1340 (REP. MARCUS RICCELLI)

HB 1340 establishes that the following do not constitute unprofessional conduct under the state's Uniform Disciplinary Act and cannot serve as the basis for professional discipline or licensure denial:

- Providing reproductive health care services consistent with Washington state standard of care in any state
- Receiving a conviction or disciplinary action based on the health care professional's violation of another state's laws that restrict or ban abortion services

Note that the state does not have the authority to extend these protections to medical licenses issued via the Interstate Medical Licensure Compact.

SHIELD LAW, HB 1469 (REP. DREW HANSEN)

HB 1469 provides protections for licensed health care professionals providing abortion and reproductive health care services. The bill:

- Prohibits the issuance of out-of-state subpoenas seeking information related to abortion and reproductive health care services.
- Prohibits out-of-state criminal investigations and arrests seeking communication and other evidence related to abortion and reproductive health care services.
- Prohibits the governor from extraditing any person for out-of-state charges regarding reproductive health care services.
- Provides a cause of action to recoup damages and other legal costs for hostile out-of-state lawsuits related to reproductive health care services.
- Allows any protected health care services provider to apply to the state's Address Confidentiality Program.

More information is available on the secretary of state's website.

HB = House Bill | SB = Senate Bill

Both HB 1340 and HB 1469 include an emergency clause and were signed by Gov. Jay Inslee on April 27, 2023, making the policies effective immediately.

The national landscape and policies of individual states are constantly shifting in the post-Dobbs climate. The bills passed this session are now the law in Washington state and indemnify patients and the health care community to the extent possible under state law. It is important to recognize that Washington state law does not extend beyond our state borders and there may be increased risks as you work and travel outside Washington. If you have legal questions, Attorney General Bob Ferguson has recruited several law firms within the state to provide free legal guidance and resources. Visit abortiondefensenetwork.org for more information.

The WSMA has extensive policy in support of access to abortion and reproductive health care services and will continue to work with advocates and legislators to identify opportunities to ensure access and protections for patients and the physician community. More work will likely be required in the future as new challenges unfold.

BREAST EXAM COST-SHARING, SB 5396 (Wilson, L.)

WSMA Supported, Bill Passed
WSMA Win

This bill prohibits cost-sharing for medically necessary and appropriate supplemental breast exams and diagnostic breast exams beginning Jan. 1, 2024.

Why is this important? Eliminating out-of-pocket costs for medically necessary services improves access to care, providing more timely diagnosis of breast cancer and improving health outcomes.

COLORECTAL SCREENING, HB 1626 (Bronoske)

WSMA Supported, Bill Passed
WSMA Win

This bill requires Medicaid coverage for certain noninvasive, preventive colorectal cancer screenings, as well as for colonoscopies subsequently performed as a result of positive screenings.

Why is this important? This aligns Medicaid coverage with policy in place for commercial health plans, in both cases in the interest of increasing take-up of screenings and improving patient outcomes.

HOSPITAL-INSURER CONTRACTING, SB 5393 (Robinson) & HB 1379 (Macri)

WSMA Neutral as Amended
Bills Died

These bills would have, among other provisions, generally prohibited certain negotiation practices in contracting between insurance carriers and hospitals and their affiliates, including all-or-nothing clauses, anti-steering clauses, and anti-tiering clauses.

Why is this important? Physician organizations were exempted from the provisions of the bill as amended, pursuant to WSMA advocacy that noted that insurance carriers already have disproportionate leverage in contract negotiations with physicians.

Mental and Behavioral Health

BLAKE DECISION, SB 5536 (Robinson)

WSMA Neutral, Bill Passed

This bill makes permanent the state statute for possession of controlled substances, reclassifying it as a gross misdemeanor, and creates a comprehensive system of outreach, treatment, and recovery services.

Why is this important? The 2021 state Supreme Court's decision in State v. Blake found the state's strict liability law for drug possession unconstitutional and effectively decriminalized personal drug possession. In response, the Legislature passed a bill in the 2021 session to temporarily address the ruling. A special session was convened by the governor in May to agree to a new policy before the 2021 stature expired. SB 5536 is the permanent solution intended to strike a balance between public health and public safety.

CONTINUITY OF COVERAGE FOR BEHAVIORAL HEALTH DRUGS, SB 5300 (Dhingra)

WSMA Supported, Bill Passed
WSMA Win

This bill prohibits insurance carriers from requiring the substitution of a nonpreferred drug with a preferred drug or increasing an enrollee's cost-sharing obligation for refills of an antipsychotic, antidepressant, or antiepileptic drug, or any other drug prescribed to treat a serious mental illness under certain conditions.

Why is this important? Establishing appropriate drug regimens and promoting adherence is crucial to treating behavioral health conditions and ensuring continuity of care.

23-HOUR CRISIS RELIEF CENTERS, SB 5120 (Dhingra)

WSMA Supported, Bill Passed
WSMA Win

This bill directs the state Department of Health to license or certify 23-hour crisis relief centers, a new type of crisis diversion facility, to provide services to address mental health and substance use crisis issues (among other conditions), coordinating connections to ongoing care when appropriate.

Why is this important? The WSMA adopted policy at the 2022 House of Delegates in support of efforts to expand resources for urgent behavioral health needs.

988 CRISIS HOTLINE, HB 1134 (Orwall)

WSMA Supported, Bill Passed
WSMA Win

This bill continues the implementation of the state's 988 behavioral health crisis response system, including building out mobile response crisis teams, establishing training protocols for responders, and developing a marketing campaign, among other provisions.

Why is this important? In 2022, the state Legislature passed a bill to establish and fund the initial implementation of the 988 crisis lifeline as the federal government was set to launch the program later that year. This bill builds on that work by providing additional investments and expanding the state's behavioral health crisis supports.

MENTAL HEALTH ADVANCE DIRECTIVE WORK GROUP, SB 5660 (Boehnke)

WSMA Supported, Bill Died

This bill would have established a work group to make recommendations regarding mental health advance directives.

Why is this important? Mental health advance directives are utilized by individuals who have been or may be impacted by mental health conditions that would impact their capacity. There is ongoing interest in increasing use and awareness of these documents among patients and the health care community.

Practice of Medicine

UNIFORM TELEMEDICINE ACT, SB 5481 (Cleveland)

WSMA Neutral as Amended
Bill Died

This bill would have set standards for what constitutes appropriate telemedicine care, generally stipulating that the standard of care is the same regardless of whether a patient is treated in person or remotely. Based on a model law from the Uniform Law Commission, as proposed the bill also would have created a registration process as an alternative to licensure for out-of-state health care professionals to provide telemedicine services to Washington state residents.

Why is this important? Setting strong standards for the delivery of care via telemedicine is appropriate and welcome, but the registration component of the bill potentially would have advantaged out-of-state physicians and practitioners to the detriment of our state's workforce and physician organizations. Pursuant to WSMA's advocacy, the registration component of the bill was removed by amendment prior to the bill dying.

HEPATITIS B AND HEPATITIS C SCREENING, SB 5629 (Conway)

WSMA Opposed, Bill Died
WSMA Win

This bill would have required primary care professionals to offer hepatitis B and C screening tests to all patients according to the latest recommendations from the United States Preventative Services Task Force, among other provisions.

Why is this important? While the WSMA shares the goal of increasing access to these screening tests, the broad mandate proposed in the bill would have established a one-size-fits-all requirement that may not have been relevant to every patient visit and could strain primary care workforce.

BREAST IMPLANT INFORMED CONSENT, SB 5050 (Wellman)

WSMA Opposed, Bill Died
WSMA Win

This bill would have required physicians to provide patients with specific informed consent prior to breast implant surgery.

Why is this important? Current Washington state law provides patients with strong informed consent protections. The requirements proposed under this bill would have largely duplicated existing U.S. Food and Drug Administration breast implant informed consent requirements.

DEATH WITH DIGNITY, SB 5179 (Pedersen)

WSMA Opposed, Bill Passed

This bill revises the state's Death with Dignity law to expand the "qualified" medical professionals who may treat patients under the law to include physician assistants and advanced registered nurse practitioners, reduce the waiting period for medications pursuant to the law from 15 to seven days, and allow medications to be delivered by personal delivery, messenger service, or postal services. The bill also stipulates that a health care professional may not be prohibited by their employer from participating in the Death with Dignity law on their own time and on property that is not controlled by the employer.

Why is this important? WSMA policy opposes the state's Death with Dignity law. Pursuant to that policy and discussions with WSMA's leadership, we opposed SB 5179 as an extension of the law as it would broaden access to medical aid in dying to patients more expeditiously and under more circumstances.

Lisa Venticinque Photography

Public Health

MEDICAL RESERVE CORPS, HB 1452 (Timmons)

WSMA Supported, Bill Passed
WSMA Win

This bill establishes a statewide emergency medical reserve corps within the state Department of Health to respond to threats to public health. Eligible participants include physicians, physician assistants, and other licensed health care professionals.

Why is this important? The medical reserve corps provides a mechanism to connect willing health care professionals, practices, and facilities or municipalities that need support in future public health emergencies. The WSMA secured an amendment stipulating that health care professionals participating in the reserve corps must work within their scope of practice.

DRUG TESTING EQUIPMENT, SB 5022 (Muzzall)

Policy Passed in Separate Bill

This bill would have exempted testing equipment used to analyze the purity of fentanyl and other controlled substances from the definition of drug paraphernalia.

Why is this important? WSMA policy adopted at the 2022 House of Delegates supports increasing the availability of fentanyl test strips and other evidence-based harm-reduction measures. This policy was incorporated into a different bill passed by the Legislature, SB 5536 (Blake decision).

REGULATION OF VAPOR PRODUCTS, SB 5239 (Kuderer)

WSMA Supported, Bill Died

This bill would have granted the state Department of Health discretion to restrict the sale of flavored vapor products under certain conditions and directed the state Board of Health to initiate rulemaking to determine allowable nicotine concentrations of vapor products.

Why is this important? WSMA policy supports strong public health interventions to mitigate the negative health outcomes associated with tobacco and vapor products.

Rep. Joe Schmick (R-Colfax) at the 2023 WSMA Legislative Summit.

Other Priority Bills

BILLS	SUMMARY	POSITION	PASS?	WSMA WIN
	Business and Liability			
SB 5163 (Rivers)	**Medicaid qui tam** This bill removes the expiration for the "qui tam" provision of the Medicaid False Claims Act that allows private attorneys to act on behalf of the state in pursuing Medicaid fraud.	Neutral	Yes	
SB 5271 (Cleveland)	**DOH uniform facility regulations** Modeled on requirements recently imposed on psychiatric hospitals, this bill would have established a uniform regulatory structure for a host of health care facility types to include ambulatory surgical facilities, medical test sites, birthing centers, and pharmacies.	Neutral	No	
SB 5569 (Rivers)	**Dialysis certificate of need** This bill directs that kidney disease centers may be granted exemptions from state certificate of need laws during temporary emergencies or surge situations upon approval from the state Department of Health.	Supported	Yes	
HB 1307 (Fosse)	**Collective bargaining for UW and WSU resident physicians** This bill would have authorized collective bargaining for the resident and fellow physicians at state medical schools operated by institutions of higher education, with provisions for negotiating collective bargaining agreements.	Neutral	No	
HB 1035 (Walen)	**Restrictions on health care services** This bill would have, among other provisions, directed that health care professionals may not be limited by a health care entity from conducting certain activities, including providing a patient with reproductive health care options, providing information about the Death with Dignity Act, or referrals.	Supported	No	
	Drugs			
HB 1745 (Thai)	**Diversity in clinical trials** This bill establishes requirements related to encouraging participation in clinical trials of drugs and medical devices by individuals who are members of demographically underrepresented groups.	Supported	Yes	
SB 5263 (Salomon)	**Psilocybin** This bill creates a number of state agency groups tasked with reviewing psilocybin and developing a regulatory framework for its legalization. A pilot program is created at the University of Washington's department of psychiatry and behavioral sciences to offer psilocybin therapy services through pathways approved by the federal Food and Drug Administration to offer services to adult residents of the state experiencing post-traumatic stress disorder or other disorders. The bill also establishes that health care professionals shall not be subject to adverse licensing action for recommending psilocybin therapy services.	Neutral	Yes	

HB = House Bill | SB = Senate Bill

BILLS	SUMMARY	POSITION	PASS?	WSMA WIN
Insurance				
HB 1450 & SB 5074 (Stonier & Wilson, L.)	**Biomarker testing** These bills would have required insurance coverage for biomarker testing when the biomarker testing is supported by certain medical and scientific evidence.	Neutral	No	
HB 1222 (Orwall)	**Hearing instruments** This bill mandates that large-group, state-regulated health plans provide coverage for hearing instruments at a benefit level of no less than $3,000 every 36 months. For patients under 18 years of age, medical clearance must be obtained from a licensed physician prior to patients receiving covered hearing instrument services.	Neutral	Yes	
SB 5066 (Short)	**Health care benefit manager contracts** This bill requires that contracts between health insurers and health care benefit managers be filed with the state Office of the Insurance Commissioner.	Neutral	Yes	
SB 5213 (Kuderer)	**Pharmacy benefit managers** This bill would have imposed numerous restrictions and requirements on the operations of pharmacy benefit managers.	Neutral	No	
SB 5100 (Wellman)	**Chest wall reconstruction surgery** This bill would have generally mandated insurance coverage for state-regulated commercial health plans for certain breast reconstruction surgeries and required physicians to share specific information with patients they are treating for breast cancer.	Neutral	No	
Practice of Medicine				
SB 5453 (Keiser)	**Female genital mutilation** This bill establishes a civil cause of action for minor victims of female genital mutilation and makes it unprofessional conduct for a health care professional to perform female genital mutilation on a minor.	Neutral	Yes	
HB 1197 (Bronoske)	**"Attending providers"** This bill codifies the health care professionals eligible to work as "attending providers" in the state Department of Labor and Industries system to include physicians, chiropractors, naturopaths, podiatrists, dentists, optometrists, physician assistants, ARNPs, and psychologists (only for the purpose of mental health conditions).	"Other"	Yes	
HB 1300 (Orwall)	**Fertility fraud** This bill would have made it a crime and unprofessional conduct under the Uniform Discipline Act to implant one's own reproductive materials into a patient without their consent, and would have established a work group to make recommendations on assisted reproduction practices.	Neutral	No	

BILLS	SUMMARY	POSITION	PASS?	WSMA WIN
	Public Health			
HB 1195 (Senn)	**Prohibiting open carry of certain firearms in public parks and hospitals** This bill would have generally prohibited the open carry of firearms in public parks and hospitals.	Supported	No	
HB 1784 (Gregerson)	**Hunger relief** This bill appropriates $28 million to support food-assistance programs in response to the discontinuation of increased federal dollars during the pandemic.	Supported	Yes	🏆
HB 1562 (Thai)	**Gun violence** This bill modifies state law related to restoration of the right to possess firearms for individuals found guilty of certain crimes, including all domestic and gender-based violence offenses.	Supported	Yes	🏆
	Other			
SB 5582 (Holy)	**Nurse supply** This bill seeks to increase the availability of nurses in our state by expanding nursing education opportunities, modifying licensure requirements, creating a grant program for nurse preceptors, and establishing a pilot program for rural hospitals to utilize high school students who are training to become certified nursing assistants.	Supported	Yes	🏆
SB 5547 (Robinson)	**Nursing pools** This bill requires specific registration and reporting of nursing pools that employ travel nurses. The WSMA secured an amendment to ensure the requirements will not apply to physician clinics that employ nurses.	Supported	Yes	🏆
HB 1564 (Mosbrucker)	**Over-the-counter sexual assault kits** This bill prohibits the sale of over-the-counter sexual assault kits that may be used to collect sexual assault evidence, other than those provided by law enforcement or health care professionals.	Supported	Yes	🏆
SB 5121 (Cleveland)	**Health care oversight committee** This bill extends the authorization of the legislative Joint Select Committee on Health Care Oversight, which is charged with monitoring the work of state health care agencies to ensure they are not duplicating work and are advancing high-quality care.	Supported	Yes	🏆

HB = House Bill | SB = Senate Bill

2023 SESSION BY THE NUMBERS

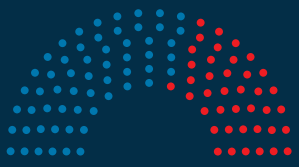
$69.8
BILLION
Size of the 2023-25 state operating budget.

25
New legislators in the 2023 session (out of 147).

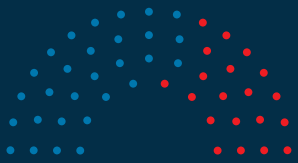
1,671
Number of bills introduced this year.

303
Number of bills the WSMA tracked and engaged on.

22
Scope of practice bills introduced.



58-40
Democratic majority in the state House of Representatives.



29-20
Democratic majority in the state Senate.

2,400
Messages sent by physicians and physician assistants to legislators in response to WSMA's calls to action.

484
Number of bills passed by the Legislature.

105
Days in a "long session" that happens in odd-numbered years.

2
Number of bills vetoed by the governor.

1,187
Number of bills introduced but not passed during the 2023 session (which will therefore be automatically reintroduced in 2024).

45
Number of times WSMA's lobbying team testified at public hearings.

12
Number of times physicians testified on behalf of the WSMA.

1st
Year the WSMA Legislative Summit was held in person since 2020.

Thank you to all of our physician and physician assistant members. Our work in Olympia is powered by your membership support. *We are stronger together.*

2023 WSMA LEGISLATIVE SUMMIT

FOR THE FIRST time in three years, WSMA's Legislative Summit made its way back to the Capitol for an in-person lobby day, giving physicians, physician assistants, and medical students an opportunity to convene in Olympia to meet with legislators and hear the latest from WSMA's government affairs team on the important issues pending before the Legislature.

This year's Summit agenda included updates on health care policy priorities from House Health Care Committee Chair Rep. Marcus Riccelli (D-Spokane) and Ranking Member Rep. Joe Schmick (R-Colfax), advocacy tips from Senate Health Care Committee Chair Sen. Annette Cleveland (D-Vancouver), and a panel discussion on the future of abortion in Washington state featuring Sen. Karen Keiser (D-SeaTac), WSMA President-Elect and OB-GYN Nari Heshmati, MD, and Planned Parenthood State Director Courtney Normand. The WSMA thanks all of our guest speakers for their time and participation!

Key issues discussed at the event included:

- Across-the-board Medicaid reimbursement rate increases
- Standardizing and modernizing the prior authorization process
- Ensuring access to abortion and reproductive health care services
- Preventing inappropriate scope-of-practice increases
- Addressing firearm violence

WSMA's government affairs team is at the Capitol daily during the legislative session, but there's no substitute for physicians connecting directly with their state legislators. Your experiences and knowledge of practicing medicine in your community can be invaluable to your elected officials and can help support WSMA's legislative and policy agenda. Mark your calendars now for the 2024 Legislative Summit at the Capitol on Wednesday, Jan. 24, 2024.


Lisa Venticinque Photography

Washington State Medical Association
Physician Driven, Patient Focused

2001 Sixth Avenue, Suite 2700
Seattle, WA 98121

WAMPAC Washington Medical Political Action Committee

WAMPAC Thanks You!

The 2023 legislative session was another successful one for the WSMA, and we couldn't have done it without your support for WAMPAC, WSMA's nonpartisan campaign arm.

Our work building relationships with political candidates and legislators is a year-round endeavor. In the 2023 session, those relationships translated into wins on prior authorization reform, Medicaid reimbursement rate increases, abortion protections, and more.

If you've been a WAMPAC Diamond Club member in the past, thank you for your support! As we begin a new Diamond Club membership cycle that will lead up to the 2024 election, we'll be reaching out to past club members and encouraging new ones to join. To set up recurring contributions or learn more about Diamond Club membership levels, visit wsma.org/wampac.

Work is already underway for the 2024 session that will begin in January. Advocating for across-the-board Medicaid rate increases for all specialties is at the top of our agenda. We'll also be looking to support our state's health care workforce by increasing investments in education and training and supporting existing physicians and health care professionals. Your contribution to WAMPAC ensures we have the resources to achieve WSMA's goals in Olympia and beyond.

If you have questions about WAMPAC or would like more information about our work on campaigns, contact WSMA Associate Director of Legislative and Political Affairs Alex Wehinger at alex@wsma.org.

With gratitude,

KATINA RUE, DO, FAAFP, FACOFP
WAMPAC CHAIR

Contribute to WAMPAC at wsma.org/wampac.

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Procedure

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Delegation of Signature Authority for Credentialing, Discipline and Rulemaking

I, ~~John Maldon~~Karen Domino, Chair of the Washington Medical Commission, acting upon the authorization of the Commission, hereby delegate signature authority to the following staff for the specific documents as indicated:

- Executive Director
- Deputy Executive Director
- Medical Consultant
- Program Manager
- Licensing Supervisor
- Licensing Lead (*routine applications and ~~delegation~~ practice agreements only)*
- Licensing Health Services Consultant (HSC) -2s (*routine applications and ~~delegation~~ practice agreements only)*
- Director of Investigations
- Director of Legal Services

Licensing

1. Approval of routine licensing applications, limited applications, and physician assistant (PA) applicants and ~~delegation~~ practice agreements as authorized under WAC 246-919-310 and WAC 246-918-070. A routine licensing application is an application without a positive answer to a personal data question, an out-of-state action, or other negative information on the applicant.

   **Licensing Supervisor*Licensing Lead * HSC2 (only as noted above) *Executive Director *Deputy Executive Director **

~~2. Requests for approval of remote site supervision.~~

   ~~**Medical Consultants * *Licensing Supervisor * Licensing Lead *Executive Director *Deputy Executive Director*~~

~~3.~~2. Requests for of approval of more than ~~five~~ 10C PAs per physician.

   **Medical Consultants * *Licensing Supervisor * Licensing Lead ~~*or one of the Clinical Executive Officers~~*Executive Director *Deputy Executive Director*

~~4.~~3. Approval of delegation agreements after a physician or PA has been released from an Order or STID

Commented [MM1]: No longer in the law as of July 2021.

Commented [MM2]: Changed in statute July 2021.

*Medical Consultants * *Licensing Supervisor * Licensing Lead *or one of the Clinical Executive Officers*

~~5.~~4. Requests for special accommodations to sit for USMLE examination.

*Licensing Supervisor *Executive Director *Deputy Executive Director *

6. Approval of applications submitted with the following positive answers, but otherwise routine:

*Medical Consultant~~s~~ * *Licensing Supervisor *Licensing Lead*Deputy Executive Director**

- Applicant's medical conditions (Medical Consultants*Deputy Executive Director only)~~(Medical Consultants only)~~
- Applications with more than one Medical malpractice report~~s~~ (Medical Consultants*Deputy Executive Director only)
- Minor traffic violations, i.e. speeding,
- DUIs more than 5 years prior to application (Medical Consultants*Deputy Executive Director only)~~(Medical Consultants only)~~
- Minor misdemeanor offenses, i.e. disorderly conduct
- Brief probation during residency or other training but successfully completed the program.
- Hospital privileges suspended regarding medical records issues more than five years prior.
- PAs with open complaints or the proposed supervising physician with open complaints.
- Applicants with closed complaints in other state boards.
- FBI fingerprint hit more than 10 years prior to application, as long as applicant reports the incident and provides supporting documentation (if any) in the application process.
- Change in medical schools.
- Leave of absence during medical school but still successfully graduated.
- ~~A span of more than seven years to complete all three steps of the USMLE if the applicant participated in a joint degree program.~~Petitions to take any USMLE step outside of current attempt or time limits.

7. Notice of Decision on Application and the Determination for a Brief Adjudicative Proceeding (after authorization by Panel L)

*Executive Director *Deputy Executive Director -*Licensing Supervisor*

8. Approval of a request for extension to complete continuing medical education requirements up to one year.

*Executive Director *Medical Consultant~~s~~ *Deputy Executive Director*Licensing Supervisor*Licensing Lead*

Discipline

Commented [MM3]: We no longer approve practice agreements as of July 2021.

Commented [MM4]: Do we need to have an approval process for this? Seems like if they graduate they meet the quals according to statute.

1. Legal Pleadings (issued after authorization by the Commission)

**Executive Director *Deputy Executive Director *Director of Legal Services *Medical Consultant~~s~~ *Director of Investigations*

- Statement of Allegations
- Statement of Charges
- Notice of Opportunity for prompt hearing, regularly scheduled hearing, or settlement
- Notice of Opportunity for Settlement and Hearing
- Notice of Correction
- Withdrawal of Statement of Charges, Statement of Allegations, or Notice of Correction
- Summary Action Order
- Subpoena (*Executive Director, Deputy Executive Director, Director of Legal Services and Director of Investigations)*

Rulemaking

1. Documents filed with the Code Reviser's Office *(*issued after authorization by the Commission*)*

**Executive Director *Deputy Executive Director *Program Manager*

- CR-101 – Statement of Inquiry
- CR-102 – Proposed Rule or Expedited Rule
- CR-103 – Rule Making Order
- CR-105 – Expedited Rule

Other

Granting an extension of no more than six months on Respondent completing compliance requirements.

**~~Compliance~~ Medical Consultant *Executive Director *Deputy Executive Director*

This delegation shall remain in effect until revoked, terminated or modified by the Commission.

Date of Adoption: August 21, 2020

Interpretive Statement

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Title:	Application of the Office-based Surgery Rule, WAC 246-919-601, to the Use of Nitrous Oxide	INS2023-0x
References:	WAC 246-919-601	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750 E-mail: medical.commission@wmc.wa.gov	
Supersedes:	None	
Effective Date:		
Approved By:	Karen Domino, MD, Chair (signature on file)	

The Washington Medical Commission (WMC) interprets WAC 246-919-601, regulating the use of analgesia, anesthesia, and sedation in office-based settings, to exempt the use of nitrous oxide from the requirements of the rule if three requirements are met: (1) nitrous oxide is administered it at a concentration of 50% or less, (2) it is used without another inhaled anesthetic, a sedative, or an opioid drug, and (3) when the facility in which the procedure takes place has specific safeguards, listed below, in place. If a physician uses nitrous oxide with a concentration greater than 50%; uses it with another inhaled anesthetic, a sedative, or an opioid drug; or uses it in a facility that does not have the specific safeguards in place, the physician must comply with the requirements in WAC 246-919-601.

The WMC adopted WAC 246-919-601 in 2010 to promote patient safety by establishing consistent standards and competency for procedures requiring analgesia, anesthesia, or sedation performed in an office-based setting. The rule was designed to complement new legislation requiring the licensing of ambulatory surgical facilities.

The rule contains certain requirements to ensure that patients are safe when undergoing procedures in a physician's office. These requirements include accreditation or certification of the facility where the procedures take place; competency; separation of surgical and monitoring functions; written emergency care and transfer protocols; the ability to rescue a patient who enters a deeper level of sedation than intended; and having a licensed health care practitioner currently certified in advanced resuscitative techniques appropriate for the patient age group present or immediately available.

WAC 246-919-601 provides in relevant part:

> (2) Definitions. The following terms used in this subsection apply throughout this section unless the context clearly indicates otherwise:
> ...
> (e) "Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be

impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation is limited to oral, intranasal, or intramuscular medications.

...

(g) "Office-based surgery" means any surgery or invasive medical procedure requiring analgesia or sedation, including, but not limited to, local infiltration for tumescent liposuction, performed in a location other than a hospital or hospital-associated surgical center licensed under chapter 70.41 RCW, or an ambulatory surgical facility licensed under chapter 70.230 RCW.

(3) Exemptions. This rule does not apply to physicians when:
(a) Performing surgery and medical procedures that require only minimal sedation (anxiolysis), or infiltration of local anesthetic around peripheral nerves. Infiltration around peripheral nerves does not include infiltration of local anesthetic agents in an amount that exceeds the manufacturer's published recommendations.

WAC 246-919-601(3)(a) specifically exempts from the rule requirements procedures that require only minimal sedation. WAC 246-919-601(2)(e) clarifies that minimal sedation is limited to oral, intranasal, or intramuscular medications. The WMC revised the rule in 2020 to add the term "intranasal" to the definition of minimal sedation to permit the use of midazolam when sprayed into the nose.

The WMC rule does not state whether the administration of nitrous oxide is considered to be minimal sedation, and, therefore, exempt from the rule.

Nitrous oxide, an inhaled anesthetic, has a dose-dependent sedating effect, and can be used for procedural sedation, general anesthesia, dental anesthesia, and to treat severe acute pain. When administered as a sole anesthetic agent at a concentration of 50% or less (combined with oxygen), nitrous oxide has minimal effects on respiration and has no muscle relaxation properties. Used in this way, nitrous oxide sedates a patient for a brief period of time and presents a low risk to the patient, provided that certain safeguards, set forth below, are in place.

Under these circumstances, the WMC considers the administration of nitrous oxide as minimal sedation and, therefore, is not subject to WAC 246-919-601. The facility in which the procedure takes place is not required to be accredited or certified by an entity approved by the WMC. If, however, nitrous oxide is administered in combination with another anesthetic agent or is administered at a concentration of greater than 50%, this is not minimal sedation and, therefore this is subject to the requirements of WAC 246-919-601, including the requirement for the facility to be credentialed or certified.

A physician administering nitrous oxide at a concentration of 50% or less, and without another inhaled anesthetic, a sedative, or an opioid drug, must employ the following safeguards for the administration of nitrous oxide to be considered minimal sedation:

Competence. The physician must be competent and qualified to perform the procedure and to oversee the administration of nitrous oxide. The physician should complete a continuing medical education course in the administration of nitrous oxide analgesia.

Certification in advanced resuscitative techniques. At least one licensed health care practitioner currently certified in advanced resuscitative techniques appropriate for the patient age group must be present or on site and immediately available with age-size-appropriate resuscitative equipment throughout the procedure and until the patient has met the criteria for discharge from the facility. Certification in advanced resuscitative techniques includes, but is not limited to, advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or advanced pediatric life support (APLS).

Sedation assessment and management. If an anesthesiologist or certified registered nurse anesthetist is not present, a physician intending to produce a given level of sedation should be able to "rescue" a patient who enters a deeper level of sedation than intended. If a patient enters a deeper level of sedation than planned, the physician must return the patient to the lighter level of sedation as quickly as possible, while closely monitoring the patient to ensure the airway is patent, the patient is breathing, and that oxygenation, heart rate and blood pressure are within acceptable values.

Separation of surgical and monitoring functions. The physician performing the surgical procedure must not administer the nitrous oxide or monitor the patient.

Emergency care and transfer protocols. A physician performing office-based surgery must ensure that in the event of a complication or emergency:

(a) All office personnel are familiar with a written and documented plan to timely and safely transfer patients to an appropriate hospital.

(b) The plan must include arrangements for emergency medical services and appropriate escort of the patient to the hospital.

Medical record. The physician must maintain a legible, complete, comprehensive, and accurate medical record for each patient. The medical record must include all of the following:

(a) Identity of the patient;

(b) History and physical, diagnosis and plan;

(c) Appropriate lab, X-ray or other diagnostic reports;

(d) Appropriate pre-anesthesia evaluation;

(e) Narrative description of procedure;

(f) Documentation of vital signs during the nitrous oxide sedation, including respiratory rate, oxygen saturation, heart rate, and blood pressure;

(g) Pathology reports, if relevant;

(h) Documentation of which, if any, tissues and other specimens have been submitted for histopathologic diagnosis;

(i) Provision for continuity of postoperative care; and

(j) Documentation of the outcome and the follow-up plan.

Scavenging of nitrous oxide. To protect staff, the physician should use scavenging to remove excess nitrous oxide from the procedure room.

Safe storage. The nitrous oxide must be stored in a secure room that is accessible only by authorized individuals and only during regular office hours. Policies and procedures should be established that limit access and opportunities for diversion and misuse of nitrous oxide.

The WMC interprets WAC 246-919-601, regulating the use of analgesia, anesthesia, and sedation in office-based settings, to exempt the use of nitrous oxide from the requirements of the rule if three requirements are met: (1) nitrous oxide is administered it at a concentration of 50% or less; (2) it is used without another inhaled anesthetic, a sedative, or an opioid drug; and (3) the facility in which the procedure takes place has specific safeguards, listed above, in place. If a physician uses nitrous oxide with a concentration greater than 50%; uses it with another inhaled anesthetic, sedative, or an opioid drug; or uses it in a facility that does not have the specific safeguards in place, the use of nitrous oxide is not minimal sedation, and the physician must comply with the requirements in WAC 246-919-601.

Memorandum

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

DATE: October 19, 2023

FROM: Michael L. Farrell, Staff Attorney

TO: Washington Medical Commission

RE: Proposal to begin rulemaking process to define "qualified physician" under \new optometry law: Enrolled Substitute Senate Bill 5389, Chapter 400, Laws of 2023

On May 9, 2023, Governor Inslee signed Enrolled Substitute Senate Bill 5389 modifying Chapter 18.53 RCW expanding the scope of optometry to include certain advanced procedures:

> (2)(a) The practice of optometry may include the following advanced procedures:
> (i) Common complication of the lids, lashes, and lacrimal systems;
> (ii) Chalazion management, including injection and excision;
> (iii) Injections, including intramuscular injections of epinephrine and subconjunctival and subcutaneous injections of medications;
> (iv) Management of lid lesions, including intralesional injection of medications;
> (v) Preoperative and postoperative care related to these procedures;
> (vi) Use of topical and injectable anesthetics; and
> (vii) Eyelid surgery, excluding any cosmetic surgery or surgery 1 requiring the use of general anesthesia.

The new law provides that an optometrist cannot perform these advanced procedures until the Board of Optometry issued a license endorsement. To receive a license endorsement, the optometrist must successfully complete postgraduate courses as designated by the Board, successfully complete a national examination for advanced procedures, and

> (iii) Enter into an agreement with a qualified physician licensed under chapter 18.71 RCW or an osteopathic physician licensed under chapter 18.57 RCW for rapid response if complications occur during an advanced procedure.

The new law does not define the term "qualified physician licensed under chapter 18.71 RCW." The WMC can define this term in a rule. This will involve collaboration with the Board of Optometry and input from the public.

Staff Reports: October 20, 2023

Kyle Karinen, Executive Director

It has been truly a whirlwind month-plus between Melanie's departure and my transition from the Supervising Staff Attorney role. Melanie was an extraordinarily talented Executive Director who modernized the Commission, its staff, and its processes. These are some large shoes to fill and I am grateful for the opportunity. Items of interest:

WSMA. Dr. Domino and I met with the leadership of the Washington State Medical Association (WSMA) on September 22 in Bellevue. The meeting was ostensibly to introduce ourselves to them and discuss the results of the recently completed performance audit. We also discussed a few on-going rule-making initiatives for the Commission. The Commission's relationship with WSMA is an important one and this meeting was a great opportunity to re-commit to maintaining it.

Communications with staff attorneys. As many of you have undoubtedly noticed, we have moved staff attorneys -- and Rick -- to Commission-issued cell phones. This was the result of continued frustrations with the quality of sound for VOIP options and the lack of ready availability to use Teams to easily communicate with non-Commission staff like respondents, respondents' counsel, expert witnesses and assistant attorneys general. Please make every effort to use these new numbers to communicate with them.

Colleagues. The Pharmacy Quality Assurance Commission has invited the three partner commissions (WMC, the Board of Nursing, and the Chiropractic Commission) to come to their business meeting in October to discuss our respective experiences with the additional independence and responsibility that was granted by the Legislature in 2008 and made final in 2013. Thankfully, we still have staff from that timeframe. I am meeting with them to solicit input and feedback from them as well as relying on my own experience working in the HSQA division of the Department for six years.

Dr. Yanling Yu, PhD. As noted below in Amelia's updates, Dr. Yu's replacement was appointed by Governor Inslee in September. Dr. Yu served over nine years with the Commission and was a tireless advocate for patient safety across all aspects of the Commission's work. Dr. Yu carried a sizable caseload as a public member as well as being a reliable member of CMT and hearing panels. Her time with the Commission coincided with a great number of changes in the way complaints are processed and reviewed and Dr. Yu was a consistent advocate for remaining patient-focused throughout. On behalf of the Commission and its staff, thank you, Dr. Yu.

Dr. Mary Curtis. As the end of October approaches, Dr. Curtis is finishing her fourth and final term as a pro tem member of the Commission. The position of a pro tem Commissioner is one of those public service endeavors that relies a great deal on what one makes of it. You

Kyle Karinen, Executive Director, continued

are frequently called upon to review cases that don't fall neatly into a specific category or a specific specialty. On that note, Dr. Curtis has been an exceptionally dedicated Commission member – she frequently volunteered for CMT, she served on multiple-day hearing panels, and she carried a robust caseload of her own. Her written assessments were a model of thoughtfulness and, I can attest to this personally, her unending patience in educating staff attorneys was greatly appreciated. As your time with the Commission winds down, Dr. Curtis, thank you for an exceptional four years – you will be missed.

Micah Matthews, Deputy Executive Director

Recurring: Please submit all Payroll and Travel Reimbursements within 30 days of the time worked or travelled to allow for processing. Request for reimbursement items older than 90 days will be denied. Per Department of Health policy, requests submitted after the cutoff cannot be paid out.

CLEAR Annual Educational Conference

Several WMC staff and I attended the CLEAR conference on international regulatory best practices in Salt Lake City, UT. There are four tracks focusing on everything from entry to practice, testing, compliance and discipline, administration, and policy. Of note, efforts in DEI in regulation were highlighted as well as the concept of introducing the concept of kindness into regulation. There were several presentations that featured elements of this and presents similarly to our efforts with the Practitioner Support Program and planned complainant support enhancements.

Presentations

I have been invited to participate in several upcoming telemedicine-related presentations:

- 10/10 Davis, Wright, Tremain, Seattle: Telemedicine Compliance in a Post-Covid World
- 12/6 Center for Telemedicine and eHealth Law (CTeL), Washington, DC: TBD
- 12/15 American Telemedicine Association, Washington DC: Regulatory Future Policy Priorities

Legislation

We are seeing the tempo of legislative planning pick up by some of our stakeholders. As a reminder, any legislation and budget packages put forward must be formally approved by the WMC in a Business meeting or special meeting. We have nothing moving forward for this 2024 short session. We are aware of a number of efforts that may impact our work:

- **PA Practice Act Reform:** WAPA is negotiating with WSMA to adopt a more collaboration-based model for PA practice. This is reflective of national trends and appears to model more of the current state in Oregon and to a lesser degree, Idaho.
- **PA Compact:** We know there is interest in this legislation by key legislators, so despite the WMC and WAPA not wanting to take on the bill next session we may see it introduced. The compact is a privilege to practice model similar to the PT compact so we do not know what the fiscal impacts might be. As we are observing with the Board of Nursing implementing the RN compact, we should probably be prepared for a negative fiscal impact. The extent is unknown at this time.

Micah Matthews, Deputy Executive Director continued

- **Anesthesiologist Assistants:** The bill to create the new profession of AAs was not successful last year, but there is still a sunrise review recommendation to create the profession. There is significant CRNA opposition to the creation of this profession, entirely for competition reasons so it remains to be seen if this will be re-introduced and successful.
- **Mental Health:** Additional legislation will likely be considered to bolster efforts at expanding the mental health workforce and addressing homelessness issues.
- **International Medical Graduates:** The IMG Workgroup submitted two policy recommendations in its annual report. The first would transfer authority for providing navigation, guidance, and other support to non-licensed IMGs to the Welcome Back Center at Highline Community College. It would also add an FTE at Highline to support those efforts. The second recommendation is to use General Fund monies to pay for four (4) residency positions that would be dedicated to Washington IMGs using the sub-match process. The proposal would have the WMC be the neutral party overseeing the grant funding process to the programs using the existing FTE we received for grant funding administration in the 2023 session.

We are seeing several significant legislative retirements from key positions such as Ways & Means. Between the current retirements, upcoming retirements, and a major election in 2024 we can anticipate there will be a reshuffling of political priorities based on the voting outcomes.

Budget

We are getting the finalized total budget numbers from DOH this month. The preliminary conversations we have had show we are positioned well for the biennium and should have more room than the previous biennium, where we finished with roughly $200,000 left over. This will be necessary as we ramp up additional support efforts for complainants and licensees, restore staff training programs to pre-pandemic levels, and professional development travel becomes more normalized.

Amelia Boyd, Program Manager

Recruitment

We are seeking the following specialties to serve as Pro Tem Members:

- Urology
- Radiology
- Neurosurgery/Neurology
- General surgeon
- Psychiatry

If you know anyone who might be interested in serving as a Pro Tem, please have them email me directly at amelia.boyd@wmc.wa.gov.

The following Commissioners were reappointed as of July 1, 2023:

- Congressional District 2 – Dr. Lyle

Amelia Boyd, Program Manager continued

- Congressional District 4 – Dr. Murphy
- Congressional District 10 – Dr. Wohns
- Physician-at-Large – Dr. Currie
- Public Member – Michael Bailey

Public Member, Scott Rodgers' first term expired on June 30, 2023. Mr. Rodgers is eligible for reappointment. We are waiting to hear back about this position. The recommendations were sent to the staff at the Governor's Boards and Commissions Office on June 21, 2023.

The following position expired as of June 30, 2022, and we are awaiting word from the Governor's office staff on the new appointee:

- Public Member – Toni Borlas – not eligible for reappointment

On September 13, 2023, Jamie Koop was appointed to fill the Public Member position which was previously held by Yanling Yu, PhD. Dr. Yu's second and final term expired on June 30, 2022. Dr. Yu remained in that position until Ms. Koop was appointed. We thank Dr. Yu for her continued work for the WMC long after her term expired.

We have a true vacancy for an MD representing Congressional District 9. In early April, recruitment letters were sent to all MDs with an active license and who have been licensed in our state for at least 5 years in that district. The application deadline for that position was May 19, 2023. Our recommendations for the position were sent to the staff at the Governor's Boards and Commissions Office on September 18, 2023.

We began recruiting for the following positions whose terms expire on June 30, 2024:

- One physician representing Congressional District 6 – Dr. Trescott's position – not eligible for reappointment
- One physician representing Congressional District 8 – Dr. Gallinger's position – eligible for reappointment
- One Physician-at-Large – Dr. Domino's position – eligible for reappointment

The application deadline is March 22, 2024.

Mike Hively, Director of Operations and Informatics

Operations & Informatics processed and completed nine (six new and three existing) compulsory records requests totaling approximately 43,993 pages processed and 10,377 redactions performed. The Litigation Hold Program continues to monitor six separate holds and has processed seven Requests for Production that included reviewing 49,151 records and releasing 4,108 to the Attorney General's Office for additional review.

Unit Accomplishments

Digital Archiving:

- 499 Complaints closed BT (folder is current)
- 6 Closed Investigations (4,271 pages total)
- 1,942 Active MD licensing applications
- 414 Active PA licensing applications

Mike Hively, Director of Operations and Informatics continued

- Approximately 4,200 demographic census forms
- 1,039 Complaint summaries

Data Requests/Changes:

- Approximately 1,397 open/closed inquiries (a request may contain multiple requests)
- Approximately 927 address changes

Demographics:
Entered approximately 4,200 census forms into the IRLS database and performed quality checks on entries.
Secondary Census Email Contacts:
1,400

We continue to scan paper-based records to a digital format and repair otherwise damaged digital records. These efforts have led to the reduction and disposition of 20 records retention boxes totaling approximately 1,002 licensing applications (645 MD and 357 PA). As well as providing ad-hoc reports as requested while supporting the various WMC units.

Morgan Barrett, MD, Medical Consultant, Director of Compliance

Nothing to report.

Rick Glein, Director of Legal Services

Staff Updates:
Carmen Challender joined Legal's support staff team on September 16 as a Health Services Consultant 1 with a focus on maintaining Legal's electronic files as they move through the case disposition and adjudicative processes. Carmen joins us from HSQA/OILS where she was a legal assistant. She's been with OILS since March 2022, so comes to us with experience working with professions, boards and commissions. Carmen was nominated for the 2022 DOH Employee of the Year. Prior to joining DOH, Carmen worked at a private law firm as a legal assistant. Carmen holds a Bachelors degree from The Evergreen State College with an emphasis in Psychology and Political Science.

Legal officially welcomes Mike Farrell to his new role as the Commission's Supervising Staff Attorney on October 16. Mike has graciously assisted the Legal Unit with our caseload for the past year and a half in addition to his policy work, and we are delighted to now have Mike as a full-time member of the Legal team! Mike received his undergraduate degree in economics at Gonzaga University and his juris doctor degree from Marquette University in Wisconsin. Mike started his 32-year career with the Commission as a Staff Attorney in 1991 and worked in that role until 2008. He was promoted to the Commission's Legal Manager in 2008. Through 2014, Mike led the Legal team and worked closely with the Executive Director and the Commission Chair in the Pilot Project that successfully gave the Commission semi-autonomy from DOH. Since 2014, Mike has been working as the Commission's Policy Development Manager.

Summary Actions:

In re William Bothamley, MD, Case No. M2023-348. On July 26, 2023, the Commission issued an Ex Parte Order of Summary Suspension which ordered Dr. Bothamley's medical license be summarily suspended pending further disciplinary proceedings by the Commission. A Statement of Charges (SOC) concurrently served on Dr. Bothamley alleges that the Washington Physicians Health Program (WPHP) is unable to endorse Dr. Bothamley's ability to practice medicine with reasonable skill and safety to patients. A hearing on the merits of the SOC has not yet been scheduled. *In re Eric C. Welling, MD,* Case No. 2023-492. On August 3, 2023, the Commission issued an Ex Parte Order of Summary Suspension which ordered Dr. Welling's medical license be suspended pending further disciplinary proceedings by the Commission. A SOC concurrently served on Dr. Welling alleges the Wyoming Board of Medicine issued an Order of Summary Suspension based on Dr. Welling's failure to comply with a July 2022 order to undergo an alcohol, substance, and mental health exam. Dr. Welling requested an extension of time to file an Answer to the SOC. The Health Law Judge (HLJ) granted Dr. Welling until October 8, 2023, to file an Answer. An Answer has not been received as of the writing of this staff report.

Orders Resulting from SOCs:

In re Angela L. Bosma, PA, Case No. M2022-360. Agreed Order. The Commission issued a SOC in April 2023 which alleged Ms. Bosma prescribed a co-worker hydrocodone, a Schedule II controlled substance, without examining the co-worker or documenting the event. The Commission further alleged Ms. Bosma did not meet the standard of care in managing pain and controlled substances of four patients. On July 13, 2023, the Commission accepted entry of an Agreed Order in which Ms. Bosma agreed to an indefinite restriction on prescribing controlled substances. Ms. Bosma must also attend a course on ethics and professional boundaries; complete a CME on proper prescribing; compose a paper; submit personal reports; notify her employer of the Agreed Order; pay a fine of $5,000; and attend personal appearances. Ms. Bosma may petition to terminate the Agreed Order in three years and after successful completion of the terms and conditions.

In re Rajninder Jutla, MD, Case No. M2022-438. Final Order.* On July 15, 2022, the Commission served a SOC and Ex Parte Order of Summary Suspension which suspended Dr. Juta's medical license based on allegations that Dr. Jutla is not safe to practice medicine with reasonable skill and safety. The Commission held a virtual hearing January 19-20, 2023. A Final Order was issued in July 2023 which concluded Dr. Jutla can never regain the ability to practice with reasonable skill and safety and ordered the permanent revocation of Dr. Jutla's medical license.

In re Kristine Brecht, MD, Case No. M2022-564. Final Order.* In August 2021, Dr. Brecht entered into an Agreed Order with the Commission which, among other terms, restricted her from performing procedures that require sedation. Separately, in October of 2021, Dr. Brecht admitted to having operated an unlicensed ambulatory surgical facility (ASF) and agreed to cease operating an ASF until she and/or her PLLC received an ASF credential. Despite both agreements and restrictions, on at least ten occasions Dr. Brecht did not comply with Commission orders regarding surgical procedures that require sedation. Between February and April 2022, she carried out multiple documented procedures, several of which were complex including abdominoplasty and breast augmentation. The Statement of Charges

(SOC) alleges Dr. Brecht is in violation of RCW 18.130.180 in two sections, including (9) which is "failure to comply with an order issued by a disciplining authority or a stipulation for informal disposition entered into with a disciplining authority." The Commission held a virtual hearing March 30-31, 2023. A Final Order was issued July 2023 which suspended Dr. Brecht's medical license for five years.** Dr. Brecht may request reinstatement after five years, payment of a $10,000 fine, and completion of a multidisciplinary forensic assessment. Upon reinstatement, Dr. Brecht is restricted from practicing in a solo practice-based setting; prohibited from performing procedures that require or utilize sedation without a physician anesthesiologist or certified registered nurse anesthetist to provide sedation and anesthesia; and prohibited from supervising physician assistants and delegating the management of her pain management and primary care practice to a mid-level provider. Additionally, Dr. Brecht must attend a reentry/mini-residency program and personal appearances. The Commission may impose additional requirements upon reinstatement as necessary to protect the public. *In re Irene Kimura, MD,* Case No. M2020-930. Final Order.* On November 9, 2021, the Commission signed an Ex Parte Order of Summary Action – Restriction, which restricted Dr. Kimura from prescribing controlled substances pending further disciplinary proceedings by the Commission. The SOC filed concurrent to the Motion for Summary Action alleged Dr. Kimura's prescribing practices for patients with known substance abuse issues and her disregard for the risk of division and overdose placed patients and the public at risk of serious harm. Additionally, the Commission alleged Dr. Kimura failed to conduct appropriate patient exams and review prior medical treatment and prescription monitoring records before making a diagnosis or prescribing opioids. Furthermore, the Commission alleged Dr. Kimura failed to assess efficacy of the medications she was prescribing, failed to recognize warning signs of abuse, failed to implement preventative measures against overdoses, and failed to properly document patient interactions and her rationale for medical decision-making. An Amended SOC was served on September 30, 2022, which added similar allegations related to a third patient. The Commission also alleged Dr. Kimura borrowed approximately $25,000 from the third patient and failed to provide a WMC investigator with requested records. The Commission held a virtual hearing on May 8, 2023. A Final Order was issued on July 18, 2023, which found that Dr. Kimura can never be rehabilitated and can never regain the ability to practice safety. The Commission ordered permanent revocation of Dr. Kimura's medical license.

In re Guito Wingfield, MD, Case No. M2022-502. Final Order.* On September 19, 2022, the Commission served a SOC which alleged Dr. Wingfield provided negligent care to multiple patients to prevent or treat COVID-19 infections. The Commission held a virtual hearing June 15-16, 2023. A Final Order was issued on July 19, 2023, which found Dr. Wingfield practiced below the standard of care and ordered Dr. Wingfield be restricted from prescribing ivermectin for non-FDA approved indications and restricted from prescribing medication or providing care to patients without first establishing a physician-patient relationship. The Commission also ordered practice conditions on Dr. Wingfield's license to include requiring Dr. Wingfield inform eligible patients that monoclonal antibodies are available and an effective treatment against COVID-19, and to inform patients that COVID-19 vaccinations are an effective method of preventing severe disease. Additionally, Dr. Wingfield will complete CMEs related to COVID-19, medical ethics and professionalism, and record-keeping; write a

paper; permit compliance audits and practice reviews; pay a fine of $5,000; and attend personal appearances.

In re Richard S. Wilkinson, MD, Case No. M2022-196. Final Order.* On June 9, 2022, the Commission served a Statement of Charges alleging Dr. Wilkinson made numerous false and misleading statements on his public website regarding the COVID-19 pandemic, COVID-19 vaccines, and public health officials that were harmful and dangerous to individual patients, generated mistrust in the medical profession and in public health, and had a wide-spread negative impact on the health and well-being of our communities. The Commission also alleged Dr. Wilkinson provided negligent care to seven patients to prevent or treat COVID-19 infections. The Commission held a virtual hearing April 3-7, 2023. A Final Order was issued on August 12, 2023, which placed Dr. Wilkinson's medical license on probation for a period of at least five years. The Final Order restricts Dr. Wilkinson from prescribing ivermectin for non-FDA-approved indications to patients and prescribing medication or care to patients without first establishing a physician-patient relationship. Dr. Wilkinson must undergo a clinical competency assessment; complete CMEs in medical record-keeping, medical decision-making, and informed consent; permit compliance audits; submit personal reports; pay a fine of $15,000; and attend personal appearances.

In re Jedidiah J. Malan, MD, Case No. M2021-899. Final Order of Default (Failure to Respond).* On February 18, 2022, in response to an Ex Parte Motion for Order of Summary Action, a Health Law Judge (HLJ), by delegation of the Commission, ordered that Dr. Malan's medical license be suspended pending further disciplinary proceedings. The accompanying SOC alleges Dr. Malan was charged in the State of Alaska with one count of Attempted Murder 1 – Intent to Cause Death; two counts of Assault 2 – Injury with Weapon, Intent; two counts of Assault 3 – Repeat Threat of Death/Injury; two misdemeanor counts of Assault 4 – Cause Fear of Injury; one misdemeanor count of Interfere with Report of DV Crime; and one count Kidnapping – To Commit Felony or Escape. The SOC further alleges the Alaska Medical Board entered an Order in May 2021 suspending Dr. Malan's medical license. Dr. Malan did not file a response to the SOC within the time allowed. In August 2023, the HLJ issued a Default Order which concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Malan's medical license be indefinitely suspended.**

In re Erin L. Fenstermacher, MD, Case No. M2021-904. Final Order of Default (Failure to Respond).* The Commission issued a SOC in January 2023 alleging the New Mexico Medical Board (Board) revoked Dr. Fenstermacher's medical license in that jurisdiction on the basis of failing to notify the Board of a reportable event and a finding that Dr. Fenstermacher has health issues that interfere with her ability to practice medicine in a safe and competent manner. Dr. Fenstermacher did not file a response to the SOC within the time allowed. The matter came before a HLJ in August 2023. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Fenstermacher's medical license be indefinitely suspended.**

In re Rosana L. Go, MD, Case No. M2023-245. Final Order of Default (Failure to Respond).* The Commission issued a SOC in June 2023 which alleged that, in 2022, Dr. Go exhibited behaviors concerning for memory and medical practice deficits. In November 2022, Dr. Go

indicated she retired from the practice of medicine, but her license remained active and unrestricted. Dr. Go did not file a response to the SOC within the time allowed. The matter came before a HLJ in August 2023. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Go's medical license be indefinitely suspended.**

In re Miguel R. Antonatos, MD, Case No. M2022-487. Agreed Order. The Commission issued a SOC in February 2023 which alleged Dr. Antonatos, while residing in Illinois, owned a telemedicine practice providing telemedicine consultations to patients in multiple states, including four Washington state residents to whom he prescribed ivermectin based solely on a review of an online questionnaire. The allegations included the failure of Dr. Antonatos to discuss the risks and benefits of ivermectin; the failure to provide an accurate, updated, and balanced reviewed of the evidence of effectiveness of ivermectin; the failure to document or discuss the reasons ivermectin is appropriate to the patient's condition; and the failure to confirm the patients read, understood, and did not have questions about the lengthy five-page electronic consent. The Commission accepted an Agreed Order in August 2023 in which Dr. Antonatos agreed to not prescribe ivermectin to Washington state patients for non-FDA-approved indications and first establish a physician-patient relationship when prescribing medication or providing care. Dr. Antonatos agreed to complete CMEs on record-keeping and basic infectious disease concepts in epidemiology; permit compliance audits; submit personal reports; pay a fine of $6,000; and personally appear before the Commission. Dr. Antonatos may petition for termination of the Agreed Order after five years and successful completion of all terms and conditions.

In re Edward T. Garman, MD, Case No. M2023-642. Final Order of Default (Failure to Respond).* The Commission issued a SOC in August 2023 alleging the WPHP could not endorse Dr. Garman's ability to practice medicine with reasonable skill and safety to patients. Dr. Garman did not file a response to the SOC within the time allowed. The matter came before a HLJ in September 2023. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Garman's medical license be indefinitely suspended.**

In re Adaobi Okonkwo, MD, Case No. M2020-937. Agreed Order. The Commission issued a SOC in January 2021 which alleged Dr. Okonkwo's privileges at an out-of-state medical center had been suspended for practice below the standard of care. The Commission alleged Dr. Okonkwo failed to provide requested information or records in response to any of the Commission's Letters of Cooperation. Dr. Okonkwo did not file a response to the SOC within the time allowed. The matter came before a HLJ in March 2021 at which time the HLJ concluded sufficient grounds existed to take disciplinary action and ordered Dr. Okonkwo's medical license be indefinitely suspended. In October 2023, the Commission accepted an Agreed Order which found Dr. Okonkwo underwent a comprehensive professional evaluation of her obstetrical clinical competencies and judgment in February 2022 and that the evaluation made several recommendations for remedial training. The Agreed Order reinstated Dr. Okonkwo's medical license and restricts Dr. Okonkwo from practicing obstetrics without a preceptor for 12 months. If the preceptor endorses her as being able to practice obstetrics independently safely, Dr. Okonkwo must complete 10 deliveries observed

Rick Glein, Director of Legal Services continued

by a proctor. Dr. Okonkwo must complete 50 hours of CME in obstetrics courses, 8 hours of CME in electronic fetal monitoring, a medical record-keeping CME, and an Advanced Life Support in Obstetrics (ALSO) course and certification. Dr. Okonkwo must pay a fine of $5,000 and personally appear before the Commission. The Agreed Order may be terminated after completion of the terms and conditions.

In re Michael Pascale, MD, Case No. M2023-67. Agreed Order. The Commission issued a SOC in February 2023 which alleged Dr. Pascale had entered into an Agreed Order with the Commission in January 2021 which required him to maintain compliance with the five-year WPHP substance use disorder monitoring agreement Dr. Pascale entered into in December 2018. The SOC allegations state that Dr. Pascale terminated his monitoring agreement in October 2022. In October 2023, the Commission accepted an Agreed Order in which Dr. Pascale voluntarily surrenders his physician license.

*Either party may file a petition for reconsideration within ten days of service of the order. RCW 34.05.461(3); 34.05.470. A petition for judicial review must be filed and served within 30 days after service of the order. If a petition for reconsideration is filed, the 30-day period does not start until the petition is resolved. RCW 34.05.542; 34.05.470(3).
**A person whose license has been suspended under chapter 18.130 RCW may petition the disciplining authority for reinstatement. RCW 18.130.150.

Virtual Hearing:
In re Ryan N. Cole, MD, Case No. M2022-207. On January 10, 2023, the Commission filed a Statement of Charges alleging Dr. Cole made numerous false and misleading statements during public presentations regarding the COVID-19 pandemic, COVID-19 vaccines, and the effectiveness of masks and provided negligent care to four patients to prevent or treat COVID-19. The Commission held a virtual hearing September 25-29, 2023. A Final Order is expected to be issued by the end of December 2023.***

***The HLJ has 90 days after the conclusion of the hearing to issue a decision. RCW 34.05.461.

Item of Interest:
On August 29, 2023, the Legal team attended an offsite teambuilding picnic with various counterparts, including DOH/OILS, the Board of Nursing, and the Attorney General's Office. There were a number of guided team activities that offered an afternoon of fun and collaboration with new and senior legal staff.

Mike Farrell, Policy Development Manager

As of October 16, I will be the Supervising Staff Attorney in the Legal Unit. I will continue my policy committee duties until we find a replacement.

Freda Pace, Director of Investigations

Here are some third quarter case statistics for authorizations, closures, and off-ramping:

	July		August		September		Third Quarter	
New Cases	150		151		139		440	
Authorized	41	27.3%	43	28.4%	34	24.5%	118	26.8%
Closed	109	72.7%	108	71.6%	105	75.5%	322	73.2%
Off-ramp	6		4		3		13	

Recurring:

CMT Sign-up for 2024

Our 2024 CMT sign up slots are ready, awaiting your name! Please take some time to check out the new CMT calendar to find a vacant slot – there are plenty. We appreciate your continued participation in this very important process. We would not be able to do this work without you and your support!

Remember, if you sign up for a CMT slot and you have a last-minute scheduling conflict, at your earliest opportunity, please promptly notify Chris Waterman at chris.waterman@wmc.wa.gov. This courtesy cancellation notice will allow Chris the opportunity to fill any last-minute vacancy needs.

Jimi Bush, Director of Quality and Engagement

Performance

The Fiscal Year 2032 (FY23) Performance report has been published to our website. We met our KPIs in 7 out of 8 categories and the report contains a lot more information than just our statutory performance metrics. If you have any questions or need clarification, please do not hesitate to contact Jimi.

Business Practices and Productivity

As part of the WMC retreat that occurred on October 6th – I facilitated a conversation regarding the 2023-2025 strategic plan. This was a robust conversation about how the WMC can strengthen our presence with stakeholders and licensees. I will be setting up meetings and review teams in the coming weeks. I encourage everyone to participate in this effort. The 2021-2023 strategic plan can be viewed here. In the retreat packet that was emailed to all commissioners, there are updates for the objectives in the 21-23 plan. If you have any questions or have ideas for the upcoming strategic plan, please reach out.

Outreach

As we move out of COVID and into a world with more in person meetings and events, I cannot stress to you enough the impact that you – as commissioners – have when visiting an association or giving a talk. I encourage all of you to reach out to your circles, associations and groups to discuss the possibility of the WMC attending one of their events and/or giving a brief introduction to who we are and how we can be of assistance. Please contact me with

Jimi Bush, Director of Quality and Engagement continued

any contacts or speaking topic ideas you many have. I am here to help you with data pull, scheduling, PPT creation, obtaining CME credit and many other things.

Marisa Courtney, Licensing Manager

Total licenses issued from 05/17/2023- 10/09/2023= 1901

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	7
Physician And Surgeon Fellowship License	3
Physician And Surgeon Institution License	0
Credential Type	**Total Workflow Count**
Physician And Surgeon License	980
Credential Type	**Total Workflow Count**
Physician and Surgeon License Interstate Medical Licensure Compact	448
Physician And Surgeon Residency License	156
Physician And Surgeon Teaching Research License	4
Physician And Surgeon Temporary Permit	34
Credential Type	**Total Workflow Count**
Physician Assistant Interim Permit	9
Physician Assistant License	260
Physician Assistant Temporary Permit	0
Totals:	**1901**

Information on Renewals: May Renewals- 73.52% online renewals

Credential Type	Online Renewals	Manual Renewals	Total Renewals
IMLC	0	96	96
MD	896	296	1192
MDFE	1	0	1
MDRE	182	16	198
MDTR	8	7	15
PA	168	37	205
	73.52%	**26.48%**	**100.00%**

Marisa Courtney, Licensing Manager continued

Information on Renewals: June Renewals- 67.91% online renewals

Credential Type	Online Renewals	Manual Renewals	Total Renewals
IMLC	0	81	81
MD	946	312	1258
MDFE	1	0	1
MDIN	0	1	1
MDRE	204	201	405
MDTR	7	3	10
PA	186	37	223
	67.91%	**32.09%**	**100.00%**

Information on Renewals: July Renewals- 73.87% online renewals

Credential Type	Online Renewals	Manual Renewals	Total Renewals
IMLC	0	106	106
MD	878	246	1124
MDFE	0	1	1
MDRE	149	36	185
MDTR	3	6	9
PA	166	28	194
	73.87%	**26.13%**	**100.00%**

Information on Renewals: August Renewals- 73.91% online renewals

Credential Type	Online Renewals	Manual Renewals	Total Renewals
IMLC	0	109	109
MD	1047	280	1327
MDCE	0	1	1
MDIN	1	0	1
MDRE	28	5	33
MDTR	3	4	7
PA	173	43	216
	73.91%	**26.09%**	**100.00%**

Marisa Courtney, Licensing Manager continued

Information on Renewals: September Renewals- 73.37% online renewals

Credential Type	Online Renewals	Manual Renewals	Total Renewals
IMLC	0	87	87
MD	920	271	1191
MDTR	0	5	5
PA	193	41	234
	73.37%	**26.63%**	**100.00%**