

WASHINGTON
**Medical
Commission**

Licensing. Accountability. Leadership.



Regular Meeting
July 14-15, 2022



2022 Meeting Schedule



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Dates	Location	Meeting Type
January 13-14	Virtual Meeting	Regular Meeting
March 3-4	Virtual Meeting	Regular Meeting
April 14-15	Virtual Options Available Tumwater, WA	Regular Meeting
May 26-27	Virtual Meeting	Regular Meeting
July 14-15	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
August 25-26	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
October 6	Tentative: Virtual Meeting	Closed Session: Case Reviews
November 17-18	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting

Association Meetings		
Association	Dates	Location
Federation of State Medical Boards (FSMB) Annual Conference	April 28-30, 2022	New Orleans, LA
WAPA Spring Conference	April 22-25, 2022	Seattle, WA
WSMA Annual Meeting	October 1-2, 2022	Spokane, WA
WAPA Fall Conference	October 27-29, 2022	Cle Elum, WA

Other Meetings		
Program	Dates	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	January 5, 2022	Virtual Event
CLEAR Annual Conference	September 14-17, 2022	Louisville, KY
FSMB Board Attorneys Workshop	November 3-4, 2022	TBD

2023 Meeting Schedule



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Dates	Location	Meeting Type
January 12-13	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
March 2-3	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
April 13-14	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
May 25-26	TBD	Regular Meeting
July 13-14	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
August 24-25	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting
October 5-6	Tumwater, WA	Tentative: Case Reviews Commissioner Retreat
November 16-17	Virtual options available for open sessions for the public Tumwater, WA	Regular Meeting

Association Meetings

Association	Dates	Location
Federation of State Medical Boards (FSMB) Annual Conference	TBA	TBA
WAPA Spring Conference	TBA	TBA
WSMA Annual Meeting	TBA	TBA
WAPA Fall Conference	TBA	TBA

Other Meetings

Program	Dates	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	TBA	TBA
CLEAR Annual Conference	TBA	TBA
FSMB Board Attorneys Workshop	TBA	TBA

2024 Meeting Schedule



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Dates	Location	Meeting Type
January 11-12	TBD	Regular Meeting
March 7-8	TBD	Regular Meeting
April 18-19	TBD	Regular Meeting
May 23-24	TBD	Regular Meeting
July 11-12	TBD	Regular Meeting
August 22-23	TBD	Regular Meeting
October 3-5	TBD	Educational Conference
November 21-22	TBD	Regular Meeting

FORMAL HEARING SCHEDULE



WASHINGTON
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Hearing	Respondent	Specialty	Case No.	Counsel	AAG	Staff Atty	PANEL	Presiding Officer	Location	Panel Composition (as of 7/7/22)
7-Jul										
2022 July <i>Commission meeting 7/14/2022</i>										
22-Jul	OSTEN, Thomas J., MD	BC - Family Medicine	M2021-652	Pro Se	Bahm	Balatbat	B	Herington	TBD	Currie; Trescott;
29-Jul	HEITSCH, Richard C., MD	Non-BC Public Health and Gen. Preventative Medicine	M2021-545	Pro Se	Defreyn	Farrell	A	Blye	TBD	Currie; Chung;
2022 August <i>Commission meeting 8/25/2022</i>										
3-5 Aug	WRIGHT, Jonathan V., MD	Non-BC - Family Medicine	M2019-236	James B. Meade, II	Brewer	Wright	A	Kavanaugh	TBD	
8-11 Aug	MILLER, Scott C., PA-C	Phys. Asst.	M2021-272	Klaus O. Snyder	Brewer	Karinen	A	Kuntz	TBD	
2022 September <i>NO COMMISSION MEETING THIS MONTH</i>										
8-9 Sept	EDGERLY, Richard D., MD	Non-BC - Family Medicine	M2022-46	John C. Versnell, III	Bahm	Farrell	A	Herington	TBD	
14-15 Sept	FRANSEN, Brad R., MD	BC - Family Medicine	M2021-274	Philip J. VanDerhoef	Pfluger	DeFazio	A	Blye	TBD	
15-16 Sept	SHARMA, Bhanoo, MD	Non-BC - Cosmetic Surgery	M2021-756	Pro Se	Little	Elder	B	Herington	TBD	
19-22 Sept	TRAN, Hoan-Vu Phan, MD	BC - Neurological Surgery	M2020-65	David J. Corey	Brewer/Little	Balatbat	A	Kavanaugh	TBD	
2022 October <i>Commission meeting 10/6/2022</i>										
11-12 Oct	GREENMAN, Christopher G., MD	BC - Internal Medicine & Cardiovascular Disease	M2021-909	Daniel R. Kyler	Defreyn	Elder	B	Kuntz	TBD	
13-14 Oct	KIMURA, Irene K., MD	BC - Family Medicine	M2020-930	Garth Dano	Brewer	Elder	A	Kavanaugh	TBD	
21-Oct	PARVIN, Dara, MD	BC - Orthopaedic Surgery	M2021-376	Pro Se	Pfluger	Glein	B	Blye	TBD	
2022 November <i>Commission meeting 11/17/2022</i>										
NO HEARINGS SCHEDULED THIS MONTH										
2022 December <i>NO COMMISSION MEETING THIS MONTH</i>										
NO HEARINGS SCHEDULED THIS MONTH										
2023 January <i>Commission meeting 1/12/2023</i>										
NO HEARINGS SCHEDULED THIS MONTH										
2023 February <i>NO COMMISSION MEETING THIS MONTH</i>										
6-Feb	THOMAS, Paul, MD	Non-BC Pediatrics	M2021-378	Troy Bundy	Bahm	Balatbat	A	Kavanaugh	TBD	

Commission Meeting Agenda

July 14-15, 2022



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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 (Commission) meetings. This agenda is subject to change. The Policy Committee Meeting will begin at 4:00 pm on July 14, 2022 until all agenda items are complete. The Commission will take public comment at the Policy Committee Meeting. The Business Meeting will begin at 8:00 am on July 15, 2022 until all agenda items are complete. The Commission 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.

In response to the ongoing COVID-19 public health emergency and in accordance with Section 5, ESHB 1329, the Washington Medical Commission (WMC) is providing a virtual option for members of the public for several of the open sessions in this agenda. This is to promote social distancing and the safety of the citizens of Washington State. Registration links can be found below.

Time Thursday – July 14, 2022

Closed Sessions

- 8:00 am Case Reviews – Panel A
- 8:00 am Case Reviews – Panel B

Open Session

12:30 pm Lunch & Learn

Please register at: <https://attendee.gotowebinar.com/register/6400787574117804045>

After registering, you will receive an email containing a link that is unique to you to join the webinar.

Licensing 101: The Guide to Obtain an Initial or Expedited License in Washington
Marisa Courtney, Licensing Manager

Closed Sessions

- 1:30 pm Case Reviews – Panel A
- 1:30 pm Case Reviews – Panel B

Open Session

4:00 pm Policy Committee Meeting

Please register at: <https://attendee.gotowebinar.com/register/5150800083499232012>

After registering, you will receive an email containing a link that is unique to you to join the webinar.

Agenda Items	Presented By:	Page(s)
Report: Reduction of Medical Errors Workgroup	Mike Farrell	NA
Guidance Document: Overlapping & Simultaneous Elective Surgeries <i>Routine review, discussion, and possible revisions to guidance document.</i>	Mike Farrell	53-55
Guidance Document: Professionalism & Electronic Media <i>Routine review, discussion, and possible revisions to guidance document.</i>	Mike Farrell	56-59
Interpretive Statement: Physician Assistants' Use of DEA Waiver for Buprenorphine <i>Routine review, discussion, and possible revisions to interpretive statement.</i>	Mike Farrell	60-66

Please **register** for this meeting at: <https://attendee.gotowebinar.com/rt/5386709099331576591>

After registering, you will receive an email containing a link that is unique to you to join the webinar.

1.0 Chair Calls the Meeting to Order

2.0 Housekeeping

3.0 Public Comment

The public will have an opportunity to provide comments. *If you would like to comment during this time, 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.*

4.0 Chair Report

5.0 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.

5.1 Minutes – Approval of the May 27, 2022 Business Meeting minutes.

Pages 9-13

5.2 Agenda – Approval of the July 15, 2022 Business Meeting agenda.

6.0 New Business

6.1 Approval Request for 2023 Budget Decision Package to the Legislature

Micah Matthews, Deputy Executive Director, will present information on the 2023 Budget Package for vote.

Action
Pages 14-15

7.0 Old Business

7.1 Committee/Workgroup Reports

The Chair will call for reports from the Commission's committees and workgroups. Written reports begin on page 16.

See page 17 for a list of committees and workgroups.

Update

7.2 Rulemaking Activities

Rules Progress Report provided on page 19.

Update

7.3 Bylaws

Presentation of final revised WMC Bylaws. Discussion of additions and revisions.

Action
Pages 20-40

7.4 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)).

Action

- Elite Continuing Education

Pages 41-47

- Skagit County Public Health Pages 48-50
- Fred Hutchinson Cancer Center Pages 51-52
 - Approved previously to receive lists of PAs. This request is for MDs

7.5 Open Public Meetings Act

Heather Carter, AAG, will provide training regarding the Open Public Meetings Act, [chapter 42.30 RCW](#).

8.0 Policy Committee Report

Christine Blake, Public Member, Chair, will report on items discussed at the Policy Committee meeting held on July 14, 2022. See the Policy Committee agenda on page 1 of this agenda for the list of items to be presented.

Report/Action Begins on page 53

9.0 Member Reports

The Chair will call for reports from Commission members.

10.0 Staff Member Reports

The Chair will call for further reports from staff.

Pages 67-74

11.0 AAG Report

Heather Carter, AAG, may provide a report.

12.0 DOH Secretary of Health

9 am Umair A. Shah, MD, MPH, Secretary of Health at the Washington State Department of Health, will address the WMC.

13.0 Adjournment of Business Meeting

Open Sessions

9:45 am	Personal Appearances – Panel A	Page 75
9:45 am	Personal Appearances – Panel B	Page 76

Closed Session

Noon to 1:00 pm Lunch Break

Open Sessions

1:15 pm	Personal Appearances – Panel A	Page 75
1:15 pm	Personal Appearances – Panel B	Page 76

Business Meeting Minutes

May 27, 2022



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Virtual Meeting via GoToWebinar – Link to recording: <https://youtu.be/JPbjgAVICeE>

Commission Members

James E. Anderson, PA-C
Michael Bailey, Public Member
Christine Blake, Public Member
Toni Borlas, Public Member
Charlie Browne, MD – Absent
Jimmy Chung, MD, 2nd Vice Chair
Diana Currie, MD
Arlene Dorough, PA-C
Anjali D'Souza, MD – Absent
Karen Domino, MD
Harlan Gallinger, MD
April Jaeger, MD
Sarah Lyle, MD
John Maldon, Public Member, Chair
Terry Murphy, MD
Alden Roberts, MD
Scott Rodgers, JD, Public Member
Robert Small, MD
Claire Trescott, MD, 1st Vice Chair
Richard Wohns, MD
Yanling Yu, PhD, Public Member

WMC Staff

Christine Babb, Investigator
Jennifer Batey, Legal Support Staff Manager
Amelia Boyd, Program Manager
Kayla Bryson, Executive Assistant
Jimi Bush, Director of Quality & Engagement
Adam Calica, Chief Investigator
Sarah Chenvert, Performance Manager
Melanie de Leon, Executive Director
Joel DeFazio, Staff Attorney
Kelly Elder, Staff Attorney
Anthony Elders, Compliance Officer
Ryan Furbush, Paralegal
Rick Glein, Director of Legal Services
Mike Hively, Director of Operations & Informatics
Jenelle Houser, Legal Assistant
Ken Imes, Information Liaison
Kyle Karinen, Staff Attorney
Shelley Kilmer-Ready, Legal Assistant
Pam Kohlmeier, MD, JD, Attorney
Micah Matthews, Deputy Executive Director
Lynn Miller, Paralegal
Trisha Wolf, Staff Attorney
Gordon Wright, Staff Attorney
Mahlet Zeru, Equity & Social Justice Manager

Others in Attendance

Chris Bundy, Executive Medical Director,
Washington Physicians Health Program
Heather Cantrell, Policy Analyst, Department of
Health (DOH)
Heather Carter, Assistant Attorney General
Mary Curtis, MD, Pro Tem Commissioner
Jeb Shephard, Washington State Medical
Association
Gregory Terman, MD, Pro Tem Commissioner

1.0 Call to Order

John Maldon, Public Member, Chair, called the meeting of the Washington Medical Commission (WMC) to order at 8:00 a.m. on May 27, 2022.

2.0 Housekeeping

Amelia Boyd, Program Manager, gave an overview of how the meeting would proceed.

3.0 Chair Report

May 27, 2022

Page 1 of 5

Mr. Maldon asked that Commissioners please sign up for the weekly Case Management Team (CMT) meeting. He stated that Freda Pace, Director of Investigations, advised that there are several vacancies for mid-June through September for the CMT meeting and that from September through the end of 2022, no one has signed up. Mr. Maldon asked Commissioners to please check their calendars and see if they have time available to participate in CMT. He stated that to sign up for CMT to contact Chris Waterman.

4.0 Consent Agenda

The Consent Agenda contained the following items for approval:

- 4.1 Minutes from the April 15, 2022 Business Meeting.
- 4.2 Revised agenda for May 27, 2022 – addition of Future Meetings to New Business.

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

5.0 New Business – Amended Item

5.1 Future Meetings

Melanie de Leon, Executive Director, explained during the last legislative session a bill was passed that allows an agency to provide a virtual option for the public to attend open public meetings during a declared emergency. She went on to explain that for the WMC, the Policy Committee and Business meetings as well as rules workshops and hearings, are open public meetings. For these open public meetings, if there is a physical location, under the current Open Public Meetings Act, the location must be provided to the public. With the current state of emergency, it is difficult for staff to the public's vacation status and require them to be vaccinated to attend these open public meetings or require them to wear a mask. Ms. de Leon asked the Commissioners to vote that during a declared emergency, that the WMC's public meetings have a virtual only option for the public to attend. Heather Carter, AAG, stated that the WMC must also provide a call-in option for their open public meetings.

Motion: The Chair entertained a motion to provide a virtual and call-in option for the public to attend the WMC's open public meetings during a declared emergency. The motion was approved unanimously.

6.0 Old Business

6.1 Committee/Workgroup Reports

These reports were provided in writing and included in the meeting packet. No further reports were provided.

6.2 Rulemaking Activities

The rulemaking progress report was provided in the meeting packet.

In addition to the written report, Ms. Boyd reminded the Commissioners that the rules hearing for the Opioid Prescribing Patient Exemptions would be held at 4 pm that afternoon, May 27, 2022.

6.3 Bylaws

Micah Matthews, Deputy Executive Director, presented the revised Bylaws and went over the substantive changes. He asked that Commissioners email him with any revisions they

feel should be made. He explained that the document could not be voted on until the July meeting.

7.0 Public Comment

No member of the public was signed up to speak therefore no public comment was given.

8.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair, reported on the items discussed at the Policy Committee meeting held on May 26, 2022:

Proposed Policy: Informed Consent

Dr. Domino stated that this document is the result of the Informed Consent Workgroup's research and was seen at the April 15, 2022, meeting. She explained the changes and stated that the Committee recommended approval to send the revised document through the Secretary's review process. A robust discussion was had by the Commissioners and some other changes were presented.

Motion: The Chair entertained a motion to approve the revised document to be sent through the Secretary's review process. The motion was approved unanimously.

Guidance Document: Medical Professionalism

Dr. Domino stated that this document was presented previously as part of the WMC's established four-year review schedule and there have been a few revisions. She discussed the revisions and stated that the Committee recommended approval of the revised document.

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

Guidance Document: Practitioner Health

Dr. Domino stated that this document was presented previously as part of the WMC's established four-year review schedule and there have been a few revisions. She discussed the revisions and stated that the Committee recommended approval of the revised document.

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

Guidance Document: Ownership of Clinics by Physician Assistants

Dr. Domino stated that this document is being presented as part of the WMC's established four-year review schedule. She stated the Committee recommended reaffirming the document.

Motion: The Chair entertained a motion to reaffirm the document. The motion was approved unanimously.

9.0 Member Reports

Yanling Yu, PhD, Public Member, stated she enjoyed working on the Informed Consent policy with Dr. Roberts, Dr. Small, and Mr. Farrell. She stated she appreciated the support from the Policy Committee members.

Jim Anderson, PA-C, stated he appreciated Dr. Yu's continuous advocacy for patients.

Robert Small, MD, stated he is serving on a state committee that is looking at behavioral health services crisis intervention across the state of Washington. The committee is attempting to get data on what types of crisis intervention services are available and where they're missing. The

committee will report their findings to the legislature in the 2023 session. Dr. Small asked that if anyone has any thoughts on these topics, please contact him so that he may bring them to the committee. He also reported that the phone number for the national suicide prevention hotline is being changed to 988 and will be in effect sometime in July.

10.0 Staff Reports

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

Micah Matthews, Deputy Executive Director, stated that the WMC's resolution to create a workgroup to "explore innovations and efficiencies in digital credentialing" was passed by the Federation of State Medical Boards (FSMB). He stated that he has been asked to serve on the workgroup.

Mr. Matthews also congratulated Jimi Bush, Director of Quality and Engagement, on her receipt of the FSMB's Award of Merit.

He went on to provide a budget update.

11.0 AAG Report

Heather Carter, AAG, reported that during the 2022 Legislative session a bill was passed that amended the Open Public Meetings Act. One of the new requirements is that the public must be allowed to comment orally or in writing for every public meeting. The public may send in comments prior to the meeting as well. To meet the requirements of this change, the Public Comment section of WMC's Business meeting will be moved up on the agenda to closer to the beginning of the meeting.

12.0 Leadership Elections

12.1 Restatement of Nominating Committee Report

Mr. Maldon restated the nominees for the following leadership positions:

Chair – Jimmy Chung, MD

Chair Elect – Karin Domino, MD

Vice Chair – Terry Murphy, MD

12.2 Nominations from the Floor

Mr. Maldon called for other nominations. None were given.

12.3 Election of Leadership

Mr. Maldon called for a vote to elect the slate of candidates. The following candidates were elected anonymously:

Chair – Jimmy Chung, MD

Chair Elect – Karin Domino, MD

Vice Chair – Terry Murphy, MD

13.0 Installation of Medical Commission Chair

13.1 Remarks by Outgoing Chair

Mr. Maldon recognized and thanked the WMC staff. He gave special recognition to Ms. De Leon for always being available and working with him to resolve issues quickly. He then thanked the “dedicated Commissioners who give their time to Washington patients to assure the delivery of safe, sound, quality care and for the meaningful guidance to all licensees for the betterment of the medical profession and the delivery of quality medical care.” Finally, he gave a special thank you to Dr. Alden Roberts for always being available for advice and counsel.

13.2 Installation of Washington Medical Commission Chair by Outgoing Chair

Mr. Maldon asked the Incoming Chair, Dr. Jimmy Chung, for his remarks.

13.3 Remarks by Incoming Chair

Dr. Chung thanked everyone and especially the leaders before him. He stated he will do his best to uphold the mission of the WMC. He stated that this is an exciting time for healthcare and the WMC. The Commissioners are thoughtful, dedicated, and compassionate. He went on to say that Commissioners put in “a lot of time and energy into ensuring that the safety of the public and the integrity of the profession is protected.” He said that Covid has changed healthcare in many ways and in that we have an exciting future ahead in how we protect the public and uphold the profession.

14.0 Adjournment

The Chair called the meeting adjourned at 9:23 am.

Submitted by

Amelia Boyd, Program Manager

Jimmy Chung, MD, Chair
Washington Medical Commission

Approved July 15, 2022

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Thursday, July 7, 2022

TO: WMC Commissioners

FROM: Micah Matthews, Deputy Executive Director

SUBJECT: Approval Request for 2023 Budget Decision Package to the Legislature

Decision Detail

In advance of the 2023 legislative session, I am submitting for your approval a request for a budget decision package related to spending authority and staffing for the Washington Medical Commission (WMC). Over the pandemic, we have required additional staffing to respond both to work process changes, legislative mandates, and increases to overall workload. The increases fall under Licensing, Operations, and Administration respectively. The total FTE increase is 8 for the WMC with most of those already in place and working. The total package request shows 10.8 FTE, but those additional are pass through, indirect charges that go to the Department of Health for support services. The total annual spending authority increase for fiscal year 2023 will be \$1,169,000 with the annual spending authority reduced to \$1,125,000. The WMC has sufficient reserves to satisfy this need without any fee adjustments. **An approval by the WMC is required for this request to move forward to the Governor's office. I request that approval at the July 15, 2022 WMC Business Meeting.**

The specific increases by business area are:

- **Licensing:**
 - The Pandemic saw a shift in Licensing from a paper-based process where specialists were assigned a section of the alphabet for service to a paperless, queue-based model. This shift resulted in a conversion related productivity decrease as well as improved workload measurement structure. Simultaneously, we saw a dramatic increase in applications and medical compact requests with related customer service and general support needs. This does not include the one-time Volunteer Healthcare Practitioner Act verifications (9,000+) that were not able to be done through the licensing unit due to overall unit workload. The resulting delays saw complaints from multiple stakeholder groups and was one of the reasons an audit was requested by the Legislature.
 - Total licenses issued (not including temps) FY 2019: 2,723. FY 2020: 3,335. FY 2021: 3,412. FY 2022: 4036.
 - Licensing timelines during 2019 extended up to 18 weeks during peak times. Our standard guidance for licensing timelines has been 8-12 weeks from application

submission until the license is issued. Due to the staff additions and processing improvements, the 2022 timelines for the first five months are 4.8 weeks with an average license count of 333 issued per month.

- With respect to IMLC licensing, WMC is fiscally the fourth highest regulatory body in the compact for May 2022. WMC is also typically in the top five as a licensing issuing body. These statistics speak to the ongoing, and growing, workload of the IMLC licensing pathway.
- Staff added: Two Health Services Consultant 2 (Licensing Specialist), One Health Service Consultant 1 (Customer Service), One Administrative Assistant 3 (support), and one Hearings Examiner 3 (Licensing Adjudication Services).
- WMC has already added these staff, resulting in better workload management, increased productivity, and vastly improved timelines. One example of these improvements is the traditional busy season of late January through June 30. This time is where the Licensing unit typically receives hundreds of limited license applications and limited to full license conversion requests. The 2022 busy season was the first, in at least a decade, completed with no overtime required and with majority of the licenses issued before June 1.
- **Operations:**
 - As we have converted all WMC business processes to paperless, we are now attempting to call back paper records from archives to scan and toss. This results in cost savings and faster responses to records requests. There is also a need to manage the system created for tracking these records and create and manage a digital litigation hold system for the organization.
 - One Forms and Records Analyst 3 (FRA3) will address workloads and increases related to public records, subpoenas, litigation, and electronic records management.
 - One Health Services Consultant 3 (HSC3) will handle contracts and grant allocation. They are funded from the DOH 319 account, which is not our WMC fee account. This position fulfills the work required in SB 6551 related to integrating IMGs into the Washington healthcare workforce. For the HSC3 Contract and Grant FTE, the desired result is the performance of the grant solicitation, management of grant disbursement, and contracting with allowable entities required by SB 6551.
- **Administration:**
 - One Washington Management Services 2 in the form of the WMC Equity and Social Justice Manager.
 - This position was already established through a partnership with DOH in 2020. Desired goals are addressing systemic bias within the WMC, changing processes to be more equitable, providing discrimination assessments for complaint processes, and policy work. As a result of this position, the WMC is the first state medical board in the nation and possibly internationally to have a comprehensive policy on regulatory response to discriminatory acts in health care.

Committee/Workgroup Reports: July 2022

Reduction of Medical Errors Workgroup – Chair: Dr. Chung Staff: Mike Farrell

The workgroup met two weeks ago to consider a new charter and to discuss the scope of the workgroup. The workgroup will meet again during the Commission meeting

Annual Educational Conference Workgroup – Chair: Toni Borlas Staff: Jimi Bush

Upcoming Webinar - Buprenorphine for OUD and Chronic Pain
July, 21, 2022 - 5:00 PM PST

This webinar will provide a framework for clinicians to address clinical scenarios regarding buprenorphine use. It will address the misconceptions and provide clinical recommendations on the appropriate use of buprenorphine for chronic pain, including conversion strategies for transitioning from a full opioid receptor agonist to buprenorphine. These recommendations should be used by health care providers seeking an alternative to Schedule II opioids. The Federation of State Medical Boards designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. More information and registration can be found [here](#).

If you have additional topic suggestions, [please let Jimi know](#).

Healthcare Disparities Workgroup – Chair: Dr. Currie Staff: Melanie de Leon

Scheduling next meeting to discuss next steps.

Committees & Workgroups



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Executive Committee

Chair: Dr. Chung

Chair Elect: Dr. Domino

Vice Chair: Dr. Murphy

Policy Chair: Christine Blake, PM

Immediate Past Chair: John Maldon, PM

Melanie de Leon

Micah Matthews

Heather Carter, AAG

Policy Committee

Christine Blake, PM, Chair (B)

Dr. Domino (B)

Dr. Roberts (B)

Jim Anderson, PA-C (A)

John Maldon, PM (B)

Scott Rodgers, PM (A)

Dr. Trescott (B)

Heather Carter, AAG

Melanie de Leon

Mike Farrell

Amelia Boyd

Newsletter Editorial Board

Dr. Currie

Dr. Chung

Dr. Wohns

Jimi Bush, Managing Editor

Micah Matthews

Legislative Subcommittee

Dr. Roberts, Chair

John Maldon, PM

Christine Blake, PM

Dr. Wohns

Melanie de Leon

Micah Matthews

Panel L

John Maldon, PM, Chair

Dr. Browne

Dr. Roberts

Christine Blake, PM

Dr. Chung

Arlene Dorrough, PA-C

Dr. Trescott

Dr. Barrett, Medical Consultant

Marisa Courtney, Licensing Supervisor

Rick Glein, Director of Legal Services

Pam Kohlmeier, MD, JD, Staff Attorney

Micah Matthews

Finance Workgroup

Dr. Chung, WMC Chair, Workgroup Chair

Dr. Domino, WMC Chair Elect

Melanie de Leon

Micah Matthews

Jimi Bush

Annual Educational Conference Workgroup

Toni Borlas, Chair

Theresa Schimmels, PA-C

Dr. Domino

Jimi Bush, Organizer

Reduction of Medical Errors Workgroup

Dr. Chung, Chair

John Maldon, PM

Dr. Roberts

Dr. Domino

Dr. Jaeger

Christine Blake, PM

Scott Rodgers, PM

Melanie de Leon

Mike Farrell

Committees & Workgroups



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Healthcare Disparities Workgroup

Dr. Currie, Chair

Dr. Browne

Dr. Jaeger

Christine Blake, PM

Melanie de Leon

Collaborative Drug Therapy Agreements Rulemaking Committee

Dr. Roberts, Chair

Dr. Chung

Dr. Small

John Maldon, PM

Tim Lynch, PQAC Commissioner

Teri Ferreira, PQAC Commissioner

Melanie de Leon

Micah Matthews

Kyle Karinen, Staff Attorney

Amelia Boyd

Heather Carter, AAG

Christie Strouse, Deputy Director, PQAC

Lindsay Trant, DOH Rules Coordinator

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

WMC Rules Progress Report									Projected filing dates		
Rule	Status	Date	Next step	Complete By	Notes	Submitted in RMS	SBEIS Check	CR-101	CR-102	CR-103	
Opioid Prescribing - LTAC, SNF patient exemption	CR-103 in progress	5/27/2022	File CR-103	September 2022				Complete	Complete	September 2022	
Collaborative Drug Therapy Agreements (CDTA)	CR-101 filed	7/22/2020	Workshops	TBD				Complete	TBD	TBD	
Emergency Licensing Rules	Secretary Review	3/26/2020	File CR-105	TBD	Holding until proclamation is lifted.						
SB 6551 - IMG licensing	CR-102 Approved	3/4/2022	File CR-102	July 2022				Complete	July 2022	October 2022	
Medical Records	CR-101 Approved	3/4/2022	File CR-102	November 2022				Sept. 2022	TBD	TBD	

Updated: 7/7/2022

Bylaws

- [Article I Purpose](#)
- [Article II Membership](#)
- [Article III Officers](#)
- [Article IV Meetings](#)
- [Article V Committees](#)
- [Article VI Amendments](#)

Article I: Purpose

The purpose of the Washington Medical Commission (Commission or WMC) is to protect the public by assuring the competency and quality of professional health care providers under its jurisdiction, by establishing and enforcing qualifications for licensure and standards of practice, by educating practitioners and the public, and, where appropriate, by disciplining and monitoring practitioners. The WMC exists to maintain and improve the quality of care provided to the patients of Washington. Rules, policies, and procedures developed by the Commission must promote the delivery of quality health care to the residents of the state of Washington.

Article II: Membership

1. Commission Composition:

The 13 physicians, two physician assistants, and six public members of the Commission are appointed by the Governor to serve a four-year term. The WMC makes recommendations to the Governor concerning such appointments for clinical and public member positions. There must be at least one member from each of the congressional districts as specified in [RCW 18.71.015](#). Commissioners may be appointed by the Governor to a second term. When vacancies occur, the Chair of the WMC shall make recommendations to the Governor to assure appropriate specialties are represented. When the workload requires, the WMC may appoint *pro tempore* members from among those qualified to be members of the Commission. Governor appointed members and *pro tempore* members are considered state officers and eligible for full rights and remunerations due under state law. *Pro tempore* members may vote on discipline and licensing deliberations but are not eligible to vote on any other Commission business.

2. Qualification for voting

- a. Only the 21 Governor-appointed members of the Commission are eligible to vote at business meetings of the WMC.
- b. All members of committees, subcommittees, *ad hoc* committees, and workgroups are eligible to vote on questions arising during deliberations within those groups.

3. Compensation and Reimbursement for Expenses:

- a. The WMC will compensate its members for performing the duties of the Commission in accordance with RCW 43.03.265.
- b. The WMC will reimburse its members for travel and other bona fide expenses in accordance with RCW 43.03.050 and 43.03.060
- c. The WMC shall adopt a protocol specifying the procedures for carrying out compensation and reimbursement and update it as necessary.

4. Removal:

A Commissioner may be removed from the WMC by the Governor as outlined in RCW 18.71.015.

5. Staff and Operations

- a. In accordance with [RCW 18.71.430](#) the WMC selects and manages its own Executive Director, whom is exempt from provisions of civil service law.
- b. The Executive Director is responsible for the overall management of WMC staff and operations including but not limited to performing all administrative duties and any other duties as delegated by the WMC.

Article III: Officers

1. Officers:

The officers of the WMC shall consist of the Chair, Vice Chair, Officer-at Large, and the Immediate Past-Chair.

2. Elections/Terms of Office:

- a. The WMC shall elect its officers at its regular meeting immediately preceding the month of July.
- b. The term of office for all WMC officer positions is one year. A second consecutive term is permitted. Service in an officer position is to assure succession planning and leadership continuity.
- c. The new officers begin their terms at the meeting following election. Upon agreement of the Chair and Chair-elect, terms may begin any time after the election of officers.

3. Duties of Officers:

- a. The Chair presides at all meetings of the WMC and has all powers and duties conferred by law, the Bylaws and commonly accepted practice consistent with state statutes. The Chair or a designee shall represent the WMC at official functions. The Chair shall approve and sign correspondence that reflects the position of the WMC on matters that are not purely

administrative in nature, including correspondence with the Legislature and other government agencies on matters of policy. The Chair is an ex-officio member of all committees, without vote unless specifically designated a member of the committee.

- b. The Chair-elect (and in order, the Vice Chair, then Immediate Past-Chair) shall act in the capacity of the Chair when the Chair is absent, unavailable, has a conflict of interest, or is otherwise unable to serve.

Vacancies:

If any officer position becomes vacant, the Executive Committee shall fill the vacancy by appointment of a qualified Commissioner, whose appointment, when ratified by the WMC, will be effective until the next election cycle. A qualified Commissioner is a Governor appointee.

Article IV: Meetings

1. Regular Board Meetings:

- a. The WMC shall meet not less than four times a year, at such times and places as the Commission deems necessary and/or appropriate.
- b. Prior to the beginning of each calendar year the Chair will recommend to the WMC a schedule of dates and locations for regular Commission meetings during the forthcoming year. The WMC may modify the schedule as necessary.
- c. All meetings of the WMC shall be held in the letter and spirit of the Open Public Meetings Act, RCW 42.30. It is the intent of the WMC that all meetings of the WMC, other than executive sessions, licensing panels, case review panels, and other adjudicative deliberations, shall be open and public. All persons shall be permitted to attend any other public meetings of the WMC.

2. Special Board Meetings:

- a. The Chair may call a special meeting of the WMC at any time.
- b. The Commission, by simple majority vote, may call a special meeting at any time.
- c. Special meetings must be properly noticed as required by the Open Public Meetings Act, RCW 42.30, and shall be held in accordance with Article IV, 1.c above.
- d. The notice of a special meeting must specify the nature of the business to be conducted at the meeting. At a special meeting the WMC may not take final action on any item that is not listed in the public notice.

3. Adjournment:

- a. The WMC may postpone a portion of any meeting already in progress and reconvene at another time and/or place by adopting a motion to adjourn. The motion must specify where and when the meeting will resume.
- b. A simple majority of the Commission members at a meeting may approve a motion to adjourn,

even if there is not a quorum present. If all members are absent from a meeting, the Chair or Commission staff may adjourn the meeting to a stated time and place.

- c. Whenever the WMC adjourns a meeting temporarily or prior to completing the agenda scheduled for that meeting, a notice of adjournment shall be posted immediately on or near the door of the room where the meeting was being held announcing the postponing of the meeting and stating when and where the meeting will resume.
- d. The WMC must provide notice of when an adjourned meeting is resuming using the same procedure as a special meeting.

4. Rules Hearing Continuances:

- a. Any rules hearing being held at any WMC meeting may be continued to any subsequent meeting if the WMC adopts a motion to continue.
- b. The WMC must inform the public whether it is continuing to take public testimony or if limited to Commission member discussion and possible action is scheduled. The WMC may choose to take additional testimony only at the discretion of the rules hearing Chair or an appropriate designee. Notice shall be given when the WMC adopts the motion to continue, or in a supplemental CR-102.
- c. Any continuance of a WMC rule hearing must be properly noticed in accordance with the Open Public Meetings Act, Chapter 42.30 RCW.

5. Meetings Interrupted by Individuals or Groups of Persons:

- a. If the disorderly conduct of a person or a group of people makes it impractical to continue a WMC meeting, the Commission should first order that the individuals interrupting the meeting leave the room. If that fails to restore order, the WMC may clear the room. It can also adjourn the meeting and reconvene at another place selected by a majority of the Commission members.
- b. If the WMC clears the room or adjourns to another location, it may only take action on matters that have appeared on the meeting agenda.
- c. Representatives of the press or other news media, except those participating in the disturbance, must be allowed to attend if they sufficiently identify themselves as such, even if the room has been cleared or the Commission has reconvened elsewhere.
- d. The WMC shall determine how to re-admit individuals who were not disrupting the meeting.

6. Meetings, Minutes, and Agendas:

- a. The minutes of all WMC business meetings shall be taken by a member of the Commission staff.
- b. The minutes shall accurately capture and record member attendance and the action of the WMC on each question or motion.
- c. All minutes will be produced for WMC review and approval at regular meetings.

7. Meeting procedures

a. Rules of Procedure:

- 1) The procedures used to conduct WMC business will be determined by these Bylaws, the Administrative Procedures Act, the Open Public Meetings Act, the Commission's authorizing statute, RCW 18.71 and Article XX of the Washington State Constitution.
- 2) If a procedural issue arises that is not covered by these Bylaws and applicable state statutes, and the Commission cannot reach consensus on how to proceed, the WMC will follow the procedures contained in the most current version of *Robert's Rules of Order*.

b. Quorum:

- 1) A simple majority of the WMC shall constitute a quorum for the transaction of business at meetings. If there are vacancies on the WMC, a majority of existing Governor appointed members shall constitute a quorum.
- 2) The WMC may discuss issues and deal with administrative matters in the absence of a quorum, but it may not adopt any resolution, rule, regulation, order, or directive during a meeting unless a quorum first has been established.
- 3) Any Governor appointed Commissioner participating in the meeting may call for a roll call at any time after a quorum has been established. If WMC staff wish to call for a roll call, such a request must be presented by the Executive Director or appropriate designee in the chain of command.
- 4) If a quorum is not present at the time of the roll call, no further actions can be taken, unless additional members enter the room and re-establish a quorum.

c. Order of Business:

The order of business shall be determined by the posted agenda unless the agenda is altered by the Chair in an open meeting with the concurrence of the WMC.

d. Public Comment:

The Chair may solicit public comment on any or all agenda items during regular meetings and all agendas shall include a public comment item. All public comments regarding cases before the WMC or active litigation will be interrupted and overruled by the Chair or presiding officer for reasons of due process and legal risk management.

e. Motions, Resolutions, and Regulations:

- 1) All proposals for actions or decisions of the WMC shall be by motion and/or resolution.
- 2) A motion or resolution will be deemed "passed" only if it receives the affirmative votes of a simple majority of the members present eligible to vote.
- 3) No Commission member or employee may use the name, branding, or indicia of the

WMC for any reason other than official, Commission sanctioned operations.

- 4) The Commission and its members/employees may not lobby in support or opposition to legislative proposals. However, in accordance to [RCW 18.71.460](#) and in addition to the authority provided in [RCW 42.52.804](#), Commissioners or staff as directed by the Commission, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature, as the Commission may from time to time see fit. A Commission member/employee may lobby support or opposition to legislative proposals only as a private citizen and only without reference to the WMC or their position with the WMC.

f. Manner of Voting:

The voting on elections, motions, and resolutions shall be conducted by voice vote unless a roll call is requested in accordance with section 7 b. 3) of these Bylaws. Proxy voting is not permitted.

Article V: Committees, Subcommittees, Panels, and Workgroups

1. General provisions

- a. The WMC may establish standing committees, subcommittees, *ad hoc* committees, panels, and workgroups to assist in executing its work plan.
 - 1) Standing committees are of an enduring nature to deal with matters of long-term ongoing interest and concern to the Commission.
 - 2) Subcommittees are established under the jurisdiction of standing committees for specific purposes, and render their reports to the full Commission through the parent committee. Subcommittees disband at the direction of the parent committee.
 - 3) *Ad hoc* committees are established to study and deal with highly specific issues, and disband upon completion of the assignment or the direction of the Chair.
 - 4) Panels are established to conduct case and licensing application reviews or other Commission business that may be delegated to the panel. Panels function for as long as the assigned task remains. The quorum of a panel is a simple majority of panel members. For standard of care and complex licensing decisions, at least half of the members must be clinicians. Decisions are made by majority vote. Panels should be rotated on a regular basis.
 - 5) Workgroups are composed of Commissioners and non-commissioners possessing particular expertise and/or interest in a particular subject of interest to the Commission, to render recommendations to the WMC regarding possible action about that subject. Workgroups disband upon reporting completion of their assignment.
- b. The officers, at the first Executive Committee meeting after election, should choose which standing committees to activate and designate the duties thereof for the ensuing year. The Chair should appoint committee chairs at the first Commission meeting after the election. Commission members shall be given ample opportunity to volunteer to serve on the various committees.

-
- c. Standing committees, subcommittees, *ad hoc* committees, panels and workgroups are composed of commissioners appointed by the Commission Chair, and may include others (such as pro-tem members or non-Commission members) as designated by the Chair. The Executive Committee and the Nominating Committee are exceptions to this process.
 - d. Chairs of standing committees, subcommittees, *ad hoc* committees, panels and workgroups will be designated by the Commission chair.
 - e. Appropriate staff shall be identified by the Executive Director to support and advise all standing committees, subcommittees, *ad hoc* committees, panels and workgroups
 - f. Each standing committee, subcommittee, *ad hoc* committee, panel and workgroup will function under a written charter, signed by the Commission Chair or Policy Chair, designating the group's composition, purpose, inception and termination date and expectations regarding provision and routing of reports and recommendations. Staff shall create written charters under the approval of the Executive Director or their designee with standard termination date of one year.
 - g. The termination date of a standing committee, subcommittee, *ad hoc* committee, panel or workgroup can be extended at the discretion of the Commission Chair or by vote of the full Commission.
 - h. Standing committees, subcommittees, *ad hoc* committees, panels and workgroups are subject to review by the full Commission and may be modified or disbanded by majority vote.
 - i. Any Commission member may attend any standing committee, subcommittee, *ad hoc* committee, panels or workgroup meeting, but only designated committee members may vote on committee deliberations.

2. Executive Committee

- a. The Executive Committee shall be a standing committee of the Commission. Its purpose is to provide clear and direct communication to executive staff, assist in carrying out the administrative direction of the WMC, and act as a resource to executive staff and the Chair of the WMC.
- b. The Executive Committee members are the Commission Chair, Vice Chair, Officer-at Large, and the immediate past Chair (if that person remains an eligible member of the Commission) and the Chair of the Policy Committee. At least one member of the Executive Committee must be a public member of the Commission; if one of the named positions is not filled by a public member, a public member shall be elected as an additional member of the Executive Committee.
- c. Ex-officio members are the Chairs of Panel A and B.
- d. Staff of the Executive Committee as ex-officio are the Executive Director, the Deputy Executive Director, and the advising Assistant Attorney General assigned to the WMC.
- e. The Executive Committee functions to provide administrative oversight for the WMC in the intervals between regular meetings and to advise the Executive Director regarding administrative matters and ongoing or urgent/emergent Commission business as necessary.

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- f. The Executive Committee reports to the full Commission. Any action recommended by the Executive Committee must be approved by the full commission. It cannot take action on its own that would require full Commission concurrence.

3. Policy Committee

- a. The Policy Committee is a standing committee of the Commission.
- b. Policy Committee consists of a maximum of 10 Commissioners, designated by the Commission Chair.
- c. The Policy Committee is the principal clearinghouse for all matters being considered by the WMC regarding policy, development of procedures, establishment of guidelines, rulemaking, legislative recommendations and support.
- d. The Policy Committee reports to the full Commission on a regular basis.

4. Nominating Committee.

- a. The Nominating Committee functions to assure effective leadership, diverse representation, and robust succession planning for the WMC.
- b. The Chair shall appoint the Nominating Committee a minimum of two regular meetings prior to the scheduled election meeting date.
- c. The Nominating Committee shall have a minimum of three members. If still a full member of the WMC, the Immediate Past Chair shall serve on the Nominating Committee.
- d. The Nominating Committee reports its recommended slate of candidates for consideration by the full Commission two regular meeting prior to the election. At the election meeting, nominations may be made from the floor providing that the nominee has given prior consent to the nominator
- e. In the event of a contested election, each candidate for office shall be present to state their case for office to the full Commission during open session on the day of the election. Candidates unable or unwilling to state their case for office shall not be considered for election.
- f. Candidates for office shall depart the room during deliberations and voting associated with their election.

Article VI: Amendments to the Bylaws

Amendments to the Bylaws may be proposed from the floor at a Commission meeting or by the Executive Committee itself. Proposed amendments shall be circulated to the entire Commission between meetings and voted upon by attendees at the next meeting. A simple majority of those present constituting a quorum is required for approval. Unless otherwise specified, amendments take effect upon adoption.



John Maldon, Chair
Washington Medical Commission
Adopted Date:

Washington Medical Commission

Bylaws

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- [Article II Membership](#)
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Article I: Purpose

The purpose of the Washington Medical Commission (Commission or WMC) is to protect the public by assuring the competency and quality of professional health care providers under its jurisdiction, by establishing and enforcing qualifications for licensure and standards of practice, by educating practitioners and the public, and, where appropriate, by disciplining and monitoring practitioners. [The WMC exists to maintain and improve the quality of care provided to the patients of Washington.](#) Rules, policies, and procedures developed by the Commission must promote the delivery of quality health care to the residents of the state of Washington.

Article II: Membership

1. Commission Composition:

The 13 physicians, two physician assistants, and six public members of the Commission are appointed by the Governor to serve a four year term. The WMC ~~may~~ makes recommendations to the Governor concerning such appointments [for clinical and public member positions.](#) There must be at least one member from each of the congressional districts as specified in [RCW 18.71.015.](#) Commissioners may be appointed by the Governor to a second term. When vacancies occur, the Chair of the WMC shall make recommendations to the Governor to assure appropriate specialties are represented. When the workload requires, the WMC may appoint *pro tempore* members from among those qualified to be members of the Commission. Governor appointed members and *pro tempore* members are considered state officers and eligible for full rights and remunerations due under state law. *Pro tempore* members may vote ~~on~~ [on ease on discipline and licensing](#) deliberations but are not eligible to vote on [any other](#) Commission business.

2. Qualification for voting

- a. Only the 21 ~~Governor~~-appointed members of the Commission are eligible to vote at business meetings of the WMC.

- ~~e.b.~~ All members of committees, subcommittees, *ad hoc* committees, and workgroups are eligible to vote on questions arising during deliberations within those groups

3. Compensation and Reimbursement for Expenses:

- a. The WMC will compensate its members for performing the duties of the Commission in accordance with RCW 43.03.265.
- b. The WMC will reimburse its members for travel and other bona fide expenses in accordance with RCW 43.03.050 and 43.03.060
- c. The WMC shall adopt a protocol specifying the procedures for carrying out compensation and reimbursement, and update it as necessary.

4. Removal:

A Commissioner may be removed from the WMC by the Governor as outlined in RCW 18.71.015.

5. Staff and Operations

- a. In accordance with [RCW 18.71.430](#) the WMC selects and manages its own Executive Director, whom is exempt from provisions of civil service law.
- b. The Executive Director is responsible for [the overall management of WMC staff and operations including but not limited to performing all administrative duties of the commission, including preparing an annual budget,](#) and any other duties as delegated by the WMC.

Article III: Officers

1. Officers:

The officers of the WMC shall consist of the Chair, ~~1st Vice Chair~~[Chair-elect](#)~~Vice Chair,~~ ~~2nd Vice Chair~~[Officer-at Large](#), and the Immediate Past-Chair.

2. Elections/Terms of Office:

- a. The WMC shall elect its officers at its regular meeting ~~in or~~ immediately preceding the month of July.
- b. ~~Officers shall serve for a one-year term.~~ [The term of office for all WMC officer positions is one year. A second consecutive term is permitted. The expectation of service in an officer position is to assure succession planning and leadership continuity.](#)
- ~~b.c.~~ The new officers begin their terms at the meeting following election ~~or sooner.~~ [Upon agreement of the Chair and Chair-elect, terms may begin any time after the election of officers.](#)
- ~~c.a.~~ ~~Officers shall serve for a one-year term. A second consecutive term is permitted.~~

3. Duties of Officers:

- a. The Chair presides at all meetings of the WMC and has all powers and duties conferred by law, the Bylaws and commonly accepted practice consistent with state statutes. The Chair or a designee shall represent the WMC at official functions. The Chair shall approve and sign correspondence that reflects the position of the WMC on matters that are not purely

Adopted: November 3, 2017

administrative in nature, including correspondence with the Legislature and other government agencies on matters of policy. The Chair is an ex-officio member of all committees, without vote unless specifically designated a member of the committee.

- b. The ~~1st Vice Chair~~ Vice Chair ~~Chair-elect~~ (and in order, the ~~2nd Vice Chair~~ Officer at Large, then Immediate Past-Chair) shall act in the capacity of the Chair when the Chair is absent, unavailable, has a conflict of interest, or is otherwise unable to serve.

Vacancies:

If any officer position becomes vacant, the ~~executive-Executive committee-Committee~~ shall fill the vacancy by appointment of a qualified Commissioner, ~~which-whose~~ appointment, when ratified by the WMC, will be effective until the next election cycle. A qualified Commissioner is a Governor appointee.

Article IV: Meetings

1. Regular Board Meetings:

- a. The WMC shall meet not ~~fewer-less~~ than four times a year, at such times and places as the Commission deems necessary and/or appropriate.
- b. Prior to the beginning of each calendar year ~~The-the chair-Chair~~ will ~~develop-and-~~ recommend to the WMC a schedule of dates and locations for regular Commission meetings during the forthcoming year. The WMC may modify the schedule as necessary.
- c. All meetings of the WMC shall be held in ~~conformance-with-~~ the letter and spirit of the Open Public Meetings Act, RCW 42.30. It is the intent of the WMC that all meetings of the WMC, other than executive sessions, licensing panels, case review panels, and other adjudicative deliberations, shall be open and public, ~~and any and aAll~~ persons shall be permitted to attend any other meetingspublic meetings of the WMC.

2. Special Board Meetings:

- a. The Chair may call a special meeting of the WMC at any time.
- b. The Commission, by simple majority vote, may call a special meeting at any time.
- c. Special meetings must be properly noticed as required by the Open Public Meetings Act, RCW 42.30, and shall be held in accordance with Article IV, 1.dc. above.
- d. The notice of a special meeting must specify the nature of the business to be conducted at the meeting. At a special meeting the WMC may not take final action on any item that is not listed in the public notice.

~~3. Quorum:~~

~~A majority of the Commission members appointed and serving constitutes a quorum for business meetings, and a majority vote of those present decides any issue.~~

5.3. Adjournment:

- a. The WMC may postpone a portion of any meeting already in progress and reconvene at another time and/or place by adopting a motion to adjourn. The motion must specify where and when the meeting will resume.
- b. A simple majority of the Commission members at a meeting may approve a motion to adjourn, even if there is not a quorum present. If all members are absent from a meeting, the Chair or Commission staff may adjourn the meeting to a stated time and place.
- c. Whenever the WMC adjourns a meeting temporarily or prior to completing the agenda scheduled for that meeting, a notice of adjournment shall be posted immediately on or near the door of the room where the meeting was being held announcing the postponing of the meeting and stating when and where the meeting will resume.

- d. The WMC must provide notice of when an adjourned meeting is resuming, ~~just as if the new meeting time and place were~~ using the same procedure as a special meeting.

~~When a motion to adjourn a meeting fails to state the hour at which the adjourned meeting is to be held, the meeting must be held at a time when the Commission would typically hold a regular meeting.~~

~~In the event that a person or group of people disrupt the ability of the WMC to carry on business, the Chair may call for a recess or adjourn as necessary.~~

6.4. Rules Hearing Continuances:

- a. Any rules hearing being held at any WMC meeting may be continued to any subsequent meeting if the WMC adopts a motion to continue.

~~b. Per RCW 34.05.340, the Commission may contemplate making a substantial variance from a proposed rule that has been described in a published notice by the Code Reviser, and may file a supplemental notice with the Code Reviser that meets all requirements of RCW 34.05.320 to reopen the proceedings for public comment on the proposed variance in rule language. The date, time, and location of the public hearing to consider public testimony on the proposed, substantial variance in rule language will be published in the state register at least twenty days before the supplemental rule-making hearing. Upon publication of the public hearing on the proposed, substantial variance in rule language in the state register, a notice will be disseminated by the Commission to the public that will include the date, time, and location of the public hearing...~~

~~e.b.~~ The WMC must inform the public whether it is continuing to take public testimony or if ~~only~~ limited to Commission member discussion and possible action is scheduled. ~~†The WMC~~ may choose to take additional testimony only at the discretion of the rules hearing Chair or an appropriate designee. Notice shall be given when the WMC adopts the motion to continue, or in a supplemental CR-102.

~~d.c.~~ Any continuance of a WMC rule hearing must be properly noticed in accordance with the Open Public Meetings Act, Chapter 42.30 RCW.

7.5. Meetings Interrupted by ~~Group~~ Individuals or Groups of Persons:

- a. If the disorderly conduct of a person or a group of people makes it impractical to continue a WMC meeting, the Commission should first order that the individuals interrupting the meeting leave the room. If that fails to restore order, the WMC ~~can~~ may clear the room. It can also adjourn the meeting and reconvene at another place selected by a majority of the Commission members.
- b. If the WMC clears the room or adjourns to another location, it may only take action on matters that have appeared on the meeting agenda.
- c. Representatives of the press or other news media, except those participating in the disturbance, must be allowed to attend if they sufficiently identify themselves as such, even if the room has been cleared or the Commission has reconvened elsewhere.
- d. The WMC ~~can~~ shall determine how it might to re-admit ~~any~~ individuals who were not disrupting the meeting.

8.6. Meetings, Minutes, and Agendas:

- a. The minutes of all WMC business meetings shall be taken by a member of the Commission staff.

- b. The minutes shall accurately capture and record member attendance and the action of the WMC on each question or motion.
- c. All minutes will be produced for WMC review and approval at regular meetings.

9. Meeting Attendance:

- ~~— All Commission and committee meetings should be attended by at least one member of the Commission staff.~~
- ~~— Commission staff taking the minutes of a Commission meeting shall record the attendance of the members in the minutes for the permanent record.~~

12.7. Meeting procedures

a. Rules of Procedure:

- 1) The procedures used to conduct WMC business will be determined by these Bylaws, the Administrative Procedures Act, the Open Public Meetings Act, and the Commission's authorizing statute, Chapter RCW 18.71 RCW and Article XX of the Washington State Constitution.
- 2) If a procedural issue arises that is not covered by these Bylaws and applicable state statutes, and the Commission cannot reach consensus on how to proceed, the WMC will follow the procedures contained in the most current version of Robert's Rules of Order.

a.b. Quorum:

- 1) A simple majority of the WMC shall constitute a quorum for the transaction of business at meetings. ~~In the event that~~ if there are vacancies on the WMC, a majority of existing Governor appointed members shall constitute a quorum.
- 2) The WMC may discuss issues and deal with administrative matters in the absence of a quorum, but it may not adopt any resolution, rule, regulation, order, or directive during a meeting unless a quorum first has been established. ~~It may entertain a motion to adjourn without a quorum.~~
- 3) ~~Anyone~~ Governor appointed Commissioner participating in the meeting, ~~including a member of the public in the audience,~~ may call for a roll call at any time after a quorum has been established. If WMC staff wish to call for a roll call, such a request must be presented by the Executive Director or appropriate designee in the chain of command.
- ~~3)4)~~ If a quorum is not present at the time of the roll call, no further actions can be taken, unless additional members enter the room and re-establish a quorum.

b.c. Order of Business:

The order of business shall be determined by the posted agenda unless the agenda is altered by the Chair in an open meeting with the concurrence of the WMC.

c.d. Public Comment:

The Chair may solicit public comment on any or all agenda items during regular meetings and all agendas shall include a public comment item. All public comments regarding cases before the WMC or active litigation will be interrupted and overruled by the Chair or presiding officer for reasons of due process and legal risk management.

d.e. Motions, Resolutions, and Regulations:

- 1) All proposals for actions or decisions of the WMC ~~should~~ shall be by motion and/or

resolution.

- 2) A motion or resolution will be deemed “passed” only if it receives the affirmative votes of a simple majority of the members present eligible to vote.
- 3) No Commission member or employee may use the name, branding, or indicia of the WMC ~~to support or oppose any issue or cause~~ for any reason other than official, Commission sanctioned operations.
- 4) The Commission and its members/employees may not lobby in support or opposition to legislative proposals, but the Commission may provide information to appropriate parties about proposed legislation and its potential effect on the Commission and/or medical profession. However, in accordance to RCW 18.71.460 and in addition to the authority provided in RCW 42.52.804, Commissioners or staff as directed by the Commission, may communicate, present information requested, volunteer information, testify before legislative committees, and educate the legislature, as the Commission may from time to time see fit. A Commission member/employee may lobby support or opposition to legislative proposals only as a private citizen and only without reference to the WMC or their position with the WMC.

e.f. Manner of Voting:

- 1) ~~The~~ voting on elections, motions, and resolutions shall be conducted by voice vote unless a roll call is requested in accordance with section 7& ba. 3) of these

~~Bylaws. In lieu of voice vote, a Commission member may request a vote by roll call or show of hands, and the Chair will honor any such request.~~

Proxy voting is not permitted.

~~f. Rules of Procedure:~~

- ~~1) The procedures used to conduct Commission business will be determined by these Bylaws, the Administrative Procedures Act, the Open Public Meetings Act, and the Commission's authorizing statute, Chapter 18.71 RCW and Article XX of the Washington State Constitution.~~
- ~~2) If a procedural issue arises that is not covered by these Bylaws and applicable state statutes, and the Commission cannot reach consensus on how to proceed, the organization will follow the procedures contained in the most current version of Robert's Rules of Order.~~

Article V: Committees, Subcommittees, Panels, ~~Subcommittees~~, and Workgroups

1. General provisions

- a. The WMC may establish standing committees, subcommittees, ad hoc committees, panels, ~~ad hoc committees, subcommittees~~ and workgroups to assist in executing its work plan.
 - 1) Standing committees are of an enduring nature to deal with matters of long-term ongoing interest and concern to the Commission.
 - 2) Subcommittees are established under the jurisdiction of standing committees for specific purposes, and render their reports to the full Commission through the parent committee. Subcommittees disband at the direction of the parent committee.
 - 3) Ad hoc committees are established to study and deal with highly specific issues, and disband upon completion of the assignment or direction of the Chair.
 - ~~2)4) Panels are established to conduct case and licensing application reviews, issue licensing decisions decisions regarding licensing, or other Commission business that may be delegated to the panel. Panels function for and continue to function as long as the assigned task remains. The quorum of a panel is a simple majority of panel members. For standard of care and complex licensing decisions, at least half of the members must be clinicians. Decisions are made by majority vote. Panels should be rotated on a regular basis.~~
 - ~~3) Ad hoc committees are established to study and deal with highly specific issues, and disband upon completion of the assignment~~
 - ~~4)1) Subcommittees are established under the jurisdiction of standing committees for specific purposes, and render their reports to the full Commission through the parent committee. Subcommittees disband at the direction of the parent committee.~~
 - 5) Workgroups are composed of Commissioners and non-commissioners possessing particular expertise and/or interest in a particular subject of interest to the Commission, to render recommendations to the WMC regarding possible action about that subject. Workgroups disband upon reporting completion of their assignment.
- b. The officers, at ~~their~~ the first Executive Committee meeting after election, ~~shall~~ should choose which standing committees to activate and designate the duties thereof for the ensuing year.

The Chair ~~shall~~should appoint committee chairs at the first Commission meeting after the election. Commission members shall be given ample opportunity to volunteer to serve on the various committees.

- c. Standing committees, ~~subcommittees~~panels, *ad hoc* committees, ~~panels~~ ~~subcommittees~~ and workgroups ~~will be~~are composed of commissioners appointed by the Commission ~~chair~~Chair, and, ~~with the exception of the Executive Committee, and the Nominating Committee,~~ may include others (such as pro-tem members or ~~even~~ non-Commission members) as designated by the ~~chair~~Chair. The Executive Committee and the Nominating Committee are exceptions to this process.
- d. Chairs of standing committees, ~~subcommittees~~panels, *ad hoc* committees, ~~panels~~ ~~subcommittees~~ and workgroups will be designated by the Commission chair.

- e. Appropriate staff shall be identified by the Executive Director to support and advise all standing committees, ~~subcommittees~~panels, *ad hoc* committees, ~~panels~~ subcommittees and workgroups
- f. Each standing committee, ~~subcommittee~~panel, *ad hoc* committee, ~~panel~~ subcommittee and workgroup will function under a written charter, signed by the Commission Chair or Policy Chair, designating the group's composition, purpose, inception and termination date and expectations regarding provision and routing of reports and recommendations. Staff shall create written charters under the approval of the Executive Director or their designee with standard termination date of one year.
- g. The termination date of a standing committee, ~~subcommittee~~panel, *ad hoc* committee, ~~panel~~ subcommittee or workgroup can be extended at the discretion of the Commission Chair or by vote of the full Commission.
- h. Standing committees, ~~subcommittees~~panels, *ad hoc* committees, ~~panels~~ subcommittees and workgroups are subject to review by the full Commission and may be modified or disbanded by majority vote.
- i. Any Commission member may attend any standing committee, ~~subcommittee~~panels, *ad hoc* committee, ~~panels~~ subcommittee or workgroup meeting, but only designated committee members may vote on committee deliberations.

2. Executive Committee

- a. The Executive Committee shall be a standing committee of the Commission. Its purpose is to provide clear and direct communication to executive staff, assist in carrying out the administrative direction of the WMC, and act as a resource to executive staff and the Chair of the WMC.
- b. The Executive Committee members are the Commission Chair, ~~1st and 2nd Vice Chairs~~Chair-elect ~~Vice Chair~~, ~~Vice Chair~~Officer-at Large, and the immediate past ~~Commission~~ Chair (if that person remains an eligible member of the Commission), and the Chair of the Policy Committee. At least one member of the Executive Committee must be a public member of the Commission; ~~in the event that~~ if one of the named positions is not filled by a public member, ~~an additional~~ public member shall be ~~appointed~~delected as an additional member of the Executive Committee.
- c. ~~Ex-officio non-voting members are the Policy Chair, and the Chairs of Panel A and B.~~
- ~~e.d.~~ Staff ~~of attached to~~ the Executive Committee as ex-officio, ~~non-voting members, includes~~ are the Executive Director, the Deputy Executive Director, and the ~~advising~~ Assistant Attorney General assigned to the WMC.
- ~~d.e.~~ The Executive Committee functions to provide administrative oversight for the WMC in the intervals between ~~Commission~~ regular meetings and to advise the Executive Director regarding administrative matters and ongoing or urgent/emergent Commission business as necessary.
- ~~e.f.~~ The Executive Committee reports to the full Commission, ~~and is responsible to it for~~ Any action recommended by the Executive Committee must be approved by the full commission ~~action taken~~. It cannot take action on its own that would require full Commission concurrence.

3. Policy Committee

- a. The Policy Committee ~~shall be~~ a standing committee of the Commission.
- b. Policy Committee consists of a maximum of 10 ~~C~~ommissioners, designated by the Commission Chair.
- c. The Policy Committee is the principal clearinghouse for all matters being considered by the WMC regarding policy, development of procedures, establishment of ~~guidelines~~ guidance, ~~rulemaking, and~~ legislative recommendations and support.
- d. The Policy Committee reports to the full Commission on a regular basis.

4. Nominating Committee.

- a. The Nominating Committee functions to assure effective leadership, diverse representation, and robust succession planning for the WMC.
- a. ~~The~~ Chair shall appoint the Nominating Committee a minimum of two ~~Commission~~ regular meetings prior to the scheduled election meeting date.

- b. The Nominating Committee shall have a minimum of three members, ~~and at least one member should have served on the previous year's Nominating Committee.~~ If still a full member of the WMC, the Immediate Past Chair shall serve on the Nominating Committee.
- c. The Nominating Committee reports its recommended slate of candidates for consideration by ~~to~~ the full Commission ~~at the meeting immediately on two regular meeting~~ prior to the meeting for which elections are scheduled election. At the election meeting, nominations may be made from the floor providing that the nominee has given prior consent to the nominator ~~nominator has the prior consent of the nominee.~~
- d. In the event of a contested election, each candidate for office shall be present to state their case for office to the full Commission during open session on the day of the election. Candidates unable or unwilling to state their case for office shall not be considered for election.
- e. Candidates for office shall depart the room during deliberations and voting associated with their election.

Article VII: Amendments to the Bylaws

Amendments to the Bylaws may be proposed from the floor at a Commission meeting or by the Executive Committee itself, Proposed amendments shall be circulated to the entire Commission between meetings and voted upon by attendees at the next meeting. A ~~two-third~~ simple majority of those present constituting a quorum is required for approval. Unless otherwise specified, amendments take effect upon adoption.

~~Warren Howe~~ Alden Roberts ~~John Maldon~~, Chair
Washington Medical ~~Quality Assurance~~ Commission
Adopted Date:

Application for Approval to Receive Lists/Labels

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

RCW 42.56.070(9) limits access to lists and labels. 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.

We are a “professional association”

We are an “educational organization.”

Emily Mowrey	814-688-2505	
Primary Contact Name ↓	Phone ↓	Fax ↓

Emily Mowrey
Additional Contact Names (Lists are only sent to approved individuals) ↓

Elite Continuing Education	EIN-45-4569047
Professional Assoc. or Educational Organization ↓	Federal Tax ID or Uniform Business ID number ↓

1452 North US Highway 1 Ste 100	Ormond Beach, FL 32174
Street Address ↓	City, State, Zip Code ↓

To provide licensees with continuing education opportunities.

1. How will the lists and labels be used? ↓

Medican Physicians, Osteopathic Doctors, and Physician Assistants

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.

Mail to: PDRC - PO Box 47865 - Olympia WA 98504-7865

Fax to: PDRC - 360-586-2171

Email to: PDRC@DOH.Wa.Gov

<i>Emily Mowrey</i>	3/7/2022
Signature ↓	Date ↓

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

For Official Use Only	Authorizing Signature: _____
Approved: _____	Printed Name: _____
5-year one-time	Title: _____
Denied: _____	Date: _____

Emily Mowrey (Health Systems Quality Assurance #R046298-030222)

▼ 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: I am requesting a list of Washington, Active licensed Medical Doctor, Physician Assistants, and Osteopathic Doctors.

Also, include the following fields:

- Name
- Address (street, city, state and zip)
- License number
- License category or type
- Expiration date
- Initial license date
- Company name
-

Would prefer to have included if possible:

- Phone number
- Email addresses

From Date:

To Date:

▼ 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):

▼ 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**:

COVID-19 Related: No Check if this request is related to COVID-19.

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:	No
Clarification Sought:	No
Installments:	No
Records Provided:	No
Scanned Docs:	No
Physical Records Provided:	No
Estimated Completion Date:	3/9/2022
Actual Completion Date:	3/2/2022
Type of Requester:	Organization

▼ 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: Recognized Professional Association or Educational Organization (For Commercial Purpose)

Approved professional associations or educational organizations recognized by the appropriate professional licensing or examination board may obtain a complete list including current residential address and residential telephone information of health care providers. Please note that associations or educational organizations must obtain prior approval. If this approval has not been established, additional processing may be required.

I declare that I and/or the entity I represent will not provide the list to other persons or organizations for any purpose.: 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:	Elite Education
Website address:	https://www.elitelearning.com/
Purpose of organization or business:	Continuing Education
The organization or business is a professional association or educational organization recognized by the professional licensing or examination board:	Yes
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:	Giving Licensees options for their Continuing Educational needs
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)

▼ Message History

Date

On 3/7/2022 8:10:49 AM, Emily Mowrey wrote:
Good morning, Attached is the Application for Approval. Please let me know if there is anything else I can get you.

Date

On 3/2/2022 2:39:21 PM, TJADA HILL wrote:

Subject: DOH Public Records Center :: R046298-030222

Body:

Reference # R046298-030222

Dear Emily Mowrey,

The Department of Health received a public information request from you on March 02, 2022. Your request mentioned:

"I am requesting a list of Washington, Active licensed Medical Doctor, Physician Assistants, and Osteopathic Doctors.

Also, include the following fields:

- **Name**
- **Address (street, city, state and zip)**
- **License number**
- **License category or type**
- **Expiration date**
- **Initial license date**
- **Company name**
-

Would prefer to have included if possible:

- **Phone number**
- **Email addresses"**

RCW 42.56.070(8) prohibits disclosure lists of individuals requested for commercial purposes. However, lists of applicants for professional licenses and of professional licensees may be made available to professional associations or educational organizations approved by the applicable licensing board.

List requests are approved by the specific licensing board and approval can take up to three months.

You may apply for approval to receive lists from the applicable licensing board by completing and submitting an Application for Approval to Receive Lists. The application and additional information can be found [here](#) or on the customer public records portal under 'See All FAQs' in the left navigation pane. The completed application can be uploaded directly to this request.

You are currently **not an approved** professional association or educational organization. Therefore the requested list cannot be provided to you at this time, and this request is closed. Once you receive approval from the licensing board you will need to submit a new list request and upload the approval letter.

If you have any questions or need additional information, please feel free to respond directly to this email or reach out to the approving licensing board.

Sincerely,

TJADA HILL
Washington State Department of Health
Health Systems Quality Assurance
Public Records

Date

On 3/2/2022 11:12:23 AM, System Generated Message:

Subject: Health Systems Quality Assurance :: R046298-030222

Body:

Dear Emily Mowrey:

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 3/2/2022 and given the reference number R046298-030222 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=111831

On 3/2/2022 11:12:23 AM, Emily Mowrey wrote:
Request Created on Public Portal

Request Details

Reference No: R046298-030222
Create Date: 3/2/2022 11:12 AM
Update Date: 3/7/2022 8:10 AM
Completed/Closed: Yes
Close Date: 3/2/2022 2:47 PM

Status: Closed - Information Request
Priority: Low
Assigned Dept: Health Systems Quality Assurance
Assigned Staff: TJADA HILL

Customer Name: Emily Mowrey
Email Address: emowrey@mac.com
Phone: 8146882505

Source: Web

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.

We are a "professional association"

We are an "educational organization."

Polly Dubbel 360-416-1551 pollyd@co.skagit.wa.us
 Primary Contact Name Phone Email

Mel Pedrosa www.skagitcounty.net/health
 Additional Contact Names (Lists are only sent to approved individuals) Website URL

Skagit County Public Health
 Professional Assoc. or Educational Organization ↓ Federal Tax ID or Uniform Business ID number ↓

700 S 2nd St # 301 Mount Vernon WA 98273
 Street Address ↓ City, State, Zip Code ↓

To e-mail Communicable Disease Health Alerts to providers in Skagit County
 1. How will the lists be used? ↓

Skagit County MD, DO, PA, ARNP, DC, DDS, DMD, RN, ND, PharmD
 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

Polly Dubbel 5/26/2022
 Signature Date

5 year approval would be helpful. Thanks!

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

For Official Use Only	Authorizing Signature: _____
Approved: _____	Printed Name: _____
Denied: _____	Title: _____
5-year one-time	Date: _____



Skagit Health Alert: CDC Health Alerts

May 24, 2022

Please review important updates from Skagit County Public Health.

NOTE: Our 24 hour Communicable Disease phone number changed to 360-770-8852.

Monkeypox Virus Updates and Clinical Considerations

Public Health – Seattle & King County, with support from Washington State Department of Health, is investigating a presumptive case of monkeypox virus infection reported to Public Health on May 22. The case is in an adult male with international travel in the past month to a country that has also reported monkeypox cases recently. Initial testing confirming an orthopoxviral infection was completed on Monday, May 23, 2022, at the Washington State Public Health Laboratory. Confirmatory testing will be done at the U.S. Centers for Disease Control and Prevention (CDC).

Recommendations

- Review the CDC [Health Alert](#) Monkeypox Virus Infection in the United States and Other Non-endemic Countries – 2022.
- Review the [Public Health Insider](#) Presumptive Case of Monkeypox Virus in King County.

Based on recent cases, clinicians should consider a diagnosis of monkeypox in people who present with an otherwise unexplained rash and especially, but not exclusively

- 1) Traveled, in the last 30 days, to a country that has recently had confirmed or suspected cases of monkeypox
- 2) Report contact with a person or people with confirmed or suspected monkeypox, or
- 3) Is a man who reports sexual contact with more than one man in the past 30 days.

Please report suspected cases immediately to Skagit County Public Health at 360-770-8852.

COVID-19 Rebound After Paxlovid Treatment

Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease.

Paxlovid treatment helps prevent hospitalization and death due to COVID-19.

[According to the CDC Health Alert](#) COVID-19 rebound has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative. **A brief return of symptoms may be part of the natural history of SARS-CoV-2 (the virus that causes COVID-19) infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status.**

Limited information currently available from case reports suggests that persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease. There is currently no evidence that additional treatment is needed with Paxlovid or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.

Thank you for your partnership in keeping Skagit County healthy!



Skagit County Public Health Communicable Disease Division

Business hours phone: (360) 416-1500

After hours urgent provider line: (360) 770-8852

Confidential fax: (360) 416-1515

communicabledisease@co.skagit.wa.us

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.

We are a “professional association”

We are an “educational organization.”

Elizabeth Loggers	206.316.0585	eloggers@fredhutch.org
Primary Contact Name ↓	Phone ↓	Email ↓

Additional Contact Names (Lists are only sent to approved individuals) ↓	Website URL ↓
--	---------------

Fred Hutchinson Cancer Center	23-7156071
Professional Assoc. or Educational Organization ↓	Federal Tax ID or Uniform Business ID number ↓

1100 Fairview Ave, D5-380	Seattle, WA 98109
Street Address ↓	City, State, Zip Code ↓

We are conducting survey research regarding end-of-life care in Washington State, including barriers to Death with Dignity. Results will be used to develop educational opportunities for physicians, residents and fellows.

1. How will the lists be used? ↓

MD/DO

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



06/06/2022

Signature ↓

Date ↓

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

For Official Use Only	Authorizing Signature: _____
Approved: _____	Printed Name: _____
5-year one-time	

MD/DO Recruitment Email

Subject line: ACTION NEEDED: Understanding End of Life Care in Washington State

Dear Physician:

Recently the Washington State legislature considered but did not pass a bill that would have allowed Nurse Practitioner and Physician Assistants to participate in Death with Dignity (DWD) as attending or consulting clinicians, in addition to other changes to the DWD law.

This means that NPs and PAs would have been able to prescribe a lethal dose of medication for terminally ill patients with a six-month prognosis. As a result, we are conducting a one-time, online survey of MD/DOs to understand your perspective on, and experience with, end-of-life care in Washington State, including DWD.

If you are an MD/DO with an active license in Washington state, we invite you to participate in this VOLUNTARY, on-line survey. The survey should take between 10 to 15 minutes. You will receive up to 4 reminders to take this survey.

Please click the link below to either opt-in (and complete the survey) OR opt-out (so we don't keep sending you emails!).

You may open the survey in your web browser by clicking the link below:
[survey-link]

If the link above does not work, try copying the link below into your web browser:
[survey-url]

This link is unique to you and should not be forwarded to others.

Thank you for considering this important and timely survey!

Elizabeth Loggers MD, PhD, FAAHPM
Principal Investigator and Associate Member, Clinical Research Division
Fred Hutchinson Cancer Research Center

Medical Director, Supportive and Palliative Care
Seattle Cancer Care Alliance

206.667.7442
eloggers@fredhutch.org
1100 Fairview Ave. N., Mail Stop D5-380
Seattle, WA 98109



Overlapping and Simultaneous Elective Surgeries

Purpose

The Washington Medical Commission issues this [guidanceelines document](#) to ensure that surgeons who perform overlapping elective surgeries do so in a patient-centered and transparent manner. Simultaneous or concurrent surgery is not appropriate.

Definitions

Overlapping surgery. The practice of the primary surgeon initiating and participating in another operation when he or she has completed the critical portions of the first procedure and is no longer an essential participant in the final phase of the first operation. These are by definition surgical procedures where key or critical portions of the procedure are occurring at different times.

Overlapping surgery occurs in two circumstances. The first is when the key or critical elements of the first operation have been completed and there is no reasonable expectation that there will be a need for the primary attending surgeon to return to that operation. A second operation is started in another operating room while a qualified practitioner performs non-critical components of the first operation allowing the primary surgeon to begin the second operation. The second circumstance is when the key or critical elements of the first operation have been completed and the primary attending surgeon is performing key or critical portions in another room. The primary attending physician must assign immediate availability in the first operating room to another attending surgeon.

Critical or key portions of an operation. The “critical” or “key” portions of an operation are those stages when essential technical expertise and surgical judgment are necessary to achieve an optimal patient outcome. The critical or key portions of an operation are determined by the primary attending surgeon.

Simultaneous or concurrent surgery. Surgical procedures when the critical or key components of the procedures for which the primary attending surgeon is responsible are occurring all or in part at the same time.

Guidancelines

A. General principles

1. The primary attending surgeon’s sole focus must be to provide the best care to the patient.
2. The primary attending surgeon is personally responsible for the patient’s safety and welfare throughout the surgery.
3. The primary attending surgeon should participate in the surgical huddle or time out before the first incision is made.
4. In general, the primary attending surgeon should be in the operating suite or be immediately available for the entire surgical procedure. If the primary attending surgeon is not present or immediately available, another attending surgeon should be assigned as immediately available.

Immediately available means the surgeon is reachable through a paging system or other electronic means, and able to return immediately to the operating room.

5. A primary attending surgeon's involvement in concurrent or simultaneous surgeries on two different patients in two different rooms is inappropriate.

B. Informed Consent

The primary attending surgeon must inform the patient of the circumstances of the overlapping or simultaneous surgery, including:

1. Who will participate in the surgery, including residents, fellows, physician assistants and nurse practitioners who are directly supervised by the surgeon;
2. When the primary attending surgeon will be absent for part of the surgery; and
3. Who will continue the surgery when the primary attending surgeon leaves the operating room.

The primary attending surgeon should provide this information well in advance of the surgery, providing the patient adequate time to consider the information, ask questions, and then to consent to the event as described or to find another surgeon.

C. Documentation

The primary attending surgeon should document in the surgical record the following information:

1. The absence of the primary attending surgeon for any part of the surgery;
2. The time the primary attending surgeon enters and leaves the operating suite; and
3. The name of the temporary primary operator in the primary attending surgeon's absence.

Resources

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Professionalism and Electronic Media

Don't lie; Don't pry; Don't steal; Don't reveal;

Don't cheat; Can't delete.

-Jon Thomas, MD, MBA

Chair (2013-14), Federation of State Medical Boards

Introduction

Even before the Internet era Dr. Thomas's first five cautions have long been familiar to practitioners.¹ These fundamental precepts sum up the essentials of professionalism and continue to apply in the electronic world. It is the sixth, ~~however~~, "can't delete," that proves especially relevant in today's age of electronic communication. ~~Once an MD or PA practitioner~~ posts information, it may be indelible, despite attempts to erase. If ~~MDs and PAs practitioners~~ adhere to the following core principles, they should be better prepared to maintain professionalism when using electronic media for personal, non-clinical purposes.

Core Principles

- First, do no harm;
- Place your patients' interests above your own;
- ~~Always a~~Adhere to the same principles of professionalism online as offline;
- Maintain professional boundaries at all times;
- Do not misuse information gained through the physician-patient relationship or from patient records;
- Do not do anything which you would hesitate to note in a patient's chart or to explain to patients, their family members, your colleagues, the news media, or your medical review board.

Guideline

The Washington Medical Commission (Commission) is charged with protecting the public and upholding the standing of the profession in the eyes of the public.² ~~Therefore it~~The Commission offers this guidance document to assist ~~physicians and physician assistants~~ (practitioners) in adhering to the standards of their profession in both their personal³ and professional lives.

¹ The term "practitioners" refers to allopathic physicians, and physician assistants.

² *Haley v. Medical Disciplinary Board*, 117 Wn.2d 720 (1991)

³ "Consider the professional image you would like to portray." *University of Washington Department of Medicine Social Networking Policy and Guidelines*, May 24, 2011.

The public must be able to rely on practitioners maintaining appropriate practitioner-patient boundaries. This is an essential element of medical professionalism.

- *"Boundaries imply professional distance and respect..."⁴*
- *"Boundaries protect the space that must exist between professional and [patient] by controlling the power differential in the relationship. They allow for a safe connection based on [the patient's] needs, not those of the professional."⁵*
- *"A boundary violation is committed when someone knowingly or unknowingly crosses the emotional, physical, spiritual, or sexual limits of another."⁶*

Guidance

Both the Commission and the public expect that practitioners establish and maintain professional boundaries ~~be established and maintained~~ for the health and safety of the physician-patient relationship. Boundaries protect the space that must exist between a practitioner and a patient; they allow for a safe connection based on the patient's needs, not needs of the practitioner.⁷ Therefore, practitioners should ask themselves if actions taken electronically would be acceptable if performed in person, or by phone or letter, and if such actions can be justified solely for clinical or professional purposes.

Seeking current information related to patients' environment and community influences may provide clinical value that could inform a diagnosis or reveal external impacts on a patient's health. Practitioners long have benefited by their active understanding of the communities where their patients reside. Historically they naturally gathered such information through house calls. Similar efforts to understand patients still are encouraged by the Commission so long as a valid, documented, clinical reason exists. Even then, a prudent practitioner may consider further questions: Need informed consent be obtained prior to a search? Should results be shared with the patient? Should the search be documented in the medical record? Are there other risks and/or benefits that should be weighed?⁸

Many existing guidelines and policies that address the use of electronic media by physicians and other health care providers focus mainly on such use for clinical purposes or professional and collegial communications. This these Guidanceelines Document, however, addresses the use of electronic media for personal, non-clinical purposes. Electronic media could heighten potential for boundary violations because of the ways such communication and search tools may be used: by oneself, outside of office or

⁴ Glen O. Gabbard, MD, Carol Nadelson, MD, "Professional Boundaries in the Physician-Patient Relationship," *JAMA*, May 10, 1995, page 1445

⁵ *At Personal Risk*, Marilyn Peterson, PhD, MSW, 1992, page 46

⁶ *Boundaries: Where You End and I Begin*, Anne Katherine, M.A., 1991, page 135

⁷ *At Personal Risk*, Marilyn Peterson, PhD, MSW, 1992, page 46. See also Glen O. Gabbard, MD, Carol Nadelson, MD, "Professional Boundaries in the Physician-Patient Relationship," *JAMA*, May 10, 1995, page 1445; *Boundaries: Where You End and I Begin*, Anne Katherine, M.A., 1991, page 135

⁸ "Perspectives, Patient-Targeted Googling: The Ethics of Searching Online for Patient Information," *Harv. Rev. Psychiatry*, March/April 2010, pages 103-12

clinical environments, moving quickly from one site to another, and posting comments before giving careful thought.

Concluding Guidelines

- Professional boundaries concepts apply across all communication media;
- Professional boundaries are more easily crossed with the use of electronic media;
- Practitioners must strive to keep their professional and personal lives separate for the sake of both themselves and their patients;
- It is the practitioner's responsibility to maintain appropriate boundaries, not the patient's;
- When considering searching for information about a patient, practitioners should ask themselves "Why do I want to conduct this search?" If the reason is simply curiosity or other personal reasons, the practitioner should not conduct the search;⁹
- Practitioners should become familiar with and conform to the electronic media policies of their institutions.

Principles and Examples

1. **Principle:** With few exceptions, practitioners should not inquire into patients' lives for reasons unrelated to clinical care or staff safety. If no clinical or academic research reason exists to make such an inquiry, practitioners should not do so.

Example: In an emergency department, in order to identify family members of a patient who lacks identification and cannot communicate, it would be acceptable to obtain information from an Internet search.

Example: An exception would include when a patient is running for elected office and the licensee wants to research the patient's political positions in order to determine how to vote.

2. **Principle:** A practitioner may not use information gained from patient billing or medical records or from conversations with a patient for reasons not permitted by federal and state privacy laws. Postings to social media sites may violate such privacy laws.

Example: It would be a professional boundary ~~crossing~~/violation to gain knowledge of a patient's home address in medical records or billing systems, find the house on a map, and then drive there solely out of personal curiosity. Similarly, it would be a professional boundary ~~crossing~~/violation to use such information to search for a patient's house on an electronic mapping service out of personal curiosity.

Example: It would be inappropriate, and possibly a violation of privacy law, to use information gained from patient records or interviews in order to identify and find a patient on a social media site out of personal curiosity.

⁹ *Ibid.* Most importantly, could the information be obtained simply by asking the patient?

Example: Photos, videos, or comments posted on social media sites may violate privacy laws. It is important also to evaluate carefully if anything in the background of a photo or video may be inappropriate for posting.¹⁰

3. Principle: A professional boundary ~~crossing or~~ violation can occur whether a patient gains knowledge of it or not.

Example: In a previously cited example, driving by a patient's house out of personal curiosity would still be a boundary ~~crossing/~~ violation even if the patient had no knowledge of the occurrence. Similarly, searching for a patient on the Internet out of personal curiosity would be a boundary ~~crossing/~~ violation even if the patient never learned it had occurred.

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¹⁰ "Think twice before posting. ... If in doubt, don't post! ... Consider what could happen if a post becomes widely known and how that may reflect on both you and [your employer and your practice]. ... If you wouldn't say it at a conference or to a member of the media, consider whether you should post it online." *UW Medicine Social Networking Policy and Guidelines*, May 24, 2011

Interpretive Statement

Title:	Physician Assistants' Use of DEA Waiver for Buprenorphine	INS2018-01
References:	RCW 18.71A.030 ; WAC 246-918-055 ; 21 U.S.C. § 823(g)	
Contact:	Medical Quality Assurance Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@doh.wa.gov
Effective Date:	March 2, 2018	
Approved By:	Warren Howe, MD, Chair (signature on file)	

The ~~Washington Medical Quality Assurance~~ Commission (Commission) interprets [RCW 18.71A.030](#), [WAC 246-918-055](#), and [21 U.S.C. § 823\(g\)](#) to permit an allopathic physician assistant who has received a waiver from the federal Drug Enforcement Administration (DEA) to provide buprenorphine for the treatment of opioid addiction even if the supervising physician has not received a waiver, provided that the physician assistant is supervised by a qualifying physician and the delegation agreement between the physician and the physician assistant complies with Washington law. Under [21 U.S.C. § 823\(g\)](#), a qualifying physician is a physician who is an addiction specialist or who has taken the appropriate training, as defined in the federal statute.

In 2000, the United States Congress passed the Drug Addiction Treatment Act of 2000 to allow qualified physicians to apply for waivers to enable them to dispense or prescribe narcotic drugs approved by the FDA, including buprenorphine, to individuals for maintenance treatment or detoxification treatment for opioid use disorder (formerly known in the DSM-IV as opioid dependence) in settings other than approved opioid treatment programs. In 2016, the United States Congress passed the Comprehensive Addiction and Recovery Act (CARA), amending the prior law to permit physician assistants and nurse practitioners to apply for waivers to enable them to dispense or prescribe narcotic drugs, including buprenorphine, to individuals for maintenance or detoxification treatment if certain conditions are met. CARA provides^d that this exception expires in 2021. [In 2018, Congress extended the expiration until October 1, 2023, with the passage of the Support for Patients and Communities Act.](#)

In Washington, the scope of practice of a physician assistant is limited only by the education, training and experience of the physician assistant, the expertise and scope of practice of the supervising physician, and the Commission-approved delegation agreement between the physician assistant and their sponsoring or supervising physician. The Commission generally

approves delegation agreements in which the physician assistant and the supervising physician have expertise in the area of practice proposed in the delegation agreement. The Commission does not require the physician assistant's practice to be the same as the supervising physician, but it cannot exceed the supervising physician's expertise and practice.

RCW 18.71A.030 provides:

Limitations on practice—Scope of practice.

(1) A physician assistant may practice medicine in this state only with the approval of the delegation agreement by the commission and only to the extent permitted by the commission. A physician assistant who has received a license but who has not received commission approval of the delegation agreement under [RCW 18.71A.040](#) may not practice. A physician assistant shall be subject to discipline under [chapter 18.130 RCW](#).

(2) Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their commission-approved delegation agreement. The supervising physician and the physician assistant shall determine which procedures may be performed and the degree of supervision under which the procedure is performed. Physician assistants may practice in any area of medicine or surgery as long as the practice is not beyond the supervising physician's own scope of expertise and practice.

WAC 246-918-055 provides in part:

Delegation agreements.

(1) The physician assistant and sponsoring physician must submit a joint delegation agreement on forms provided by the commission. A physician assistant may not begin practicing without written commission approval of a delegation agreement.

(2) The delegation agreement must specify:

...

(b) A detailed description of the scope of practice of the physician assistant;

(c) A description of the supervision process for the practice; and

...

(3) The sponsoring physician and the physician assistant shall determine which services may be performed and the degree of supervision under which the physician assistant performs the services.

(4) The physician assistant's scope of practice may not exceed the scope of practice of the supervising physician.

....

21 U.S.C. § 823(g) provides in part:

(g) PRACTITIONERS DISPENSING NARCOTIC DRUGS FOR NARCOTIC TREATMENT; ANNUAL REGISTRATION; SEPARATE REGISTRATION; QUALIFICATIONS; WAIVER

(1) Except as provided in paragraph (2), practitioners who dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment shall obtain annually a separate registration for that purpose.

...

(2)

(A) Subject to subparagraphs (D) and (J), the requirements of paragraph (1) are waived in the case of the dispensing (including the prescribing), by a practitioner, of narcotic drugs in schedule III, IV, or V or combinations of such drugs if the practitioner meets the conditions specified in subparagraph (B) and the narcotic drugs or combinations of such drugs meet the conditions specified in subparagraph (C).

(B) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to a practitioner are that, before the initial dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for maintenance or detoxification treatment, the practitioner submit to the Secretary a notification of the intent of the practitioner to begin dispensing the drugs or combinations for such purpose, and that the notification contain the following certifications by the practitioner:

(i) The practitioner is a qualifying practitioner (as defined in subparagraph (G)).

(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the capacity to provide directly, by referral, or in such other manner as determined by the Secretary—

(I) all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including for maintenance, detoxification, overdose reversal, and relapse prevention; and

(II) appropriate counseling and other appropriate ancillary services.

(iii)

(I) The total number of such patients of the practitioner at any one time will not exceed the applicable number. Except as provided in subclause (II), the applicable number is 30.

(II) The applicable number is 100 if, not sooner than 1 year after the date on which the practitioner submitted the initial notification, the practitioner submits a second notification to the Secretary of the need and intent of the practitioner to treat up to 100 patients.

(III) The Secretary may by regulation change such applicable number.

(IV) The Secretary may exclude from the applicable number patients to whom such drugs or combinations of drugs are directly administered by the qualifying practitioner in the office setting.

...

(G) For purposes of this paragraph:

...

(ii) The term “qualifying physician” means a physician who is licensed under State law and who meets one or more of the following conditions:

(I) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties.

(II) The physician holds an addiction certification or board certification from the American Society of Addiction Medicine or the American Board of Addiction Medicine.

(III) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

(IV) The physician has, with respect to the treatment and management of opiate-dependent patients, completed not less than 8 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause. Such training shall include—

(aa) opioid maintenance and detoxification;

(bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;

(cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

(ff) staffing roles and considerations;

(gg) diversion control; and

(hh) other best practices, as identified by the Secretary.

(v) The physician has such other training or experience as the State medical licensing board (of the State in which the physician will provide maintenance or detoxification treatment) considers to demonstrate the ability of the physician to treat and manage opiate- dependent patients.

(vi) The physician has such other training or experience as the Secretary considers to demonstrate the ability of the physician to treat and manage opiate-dependent patients. Any criteria of the Secretary under this subclause shall be established by regulation. Any such criteria are effective only for 3 years after the date on which the criteria are promulgated, but may be extended for such additional discrete 3-year periods as the Secretary considers appropriate for purposes of this subclause. Such an extension of criteria may only be effectuated through a statement published in the Federal Register by the Secretary during the 30-day period preceding the end of the 3-year period involved.

(iii) The term “qualifying practitioner” means—

...

(ii) during the period beginning on July 22, 2016, and ending on October 1, 2021, a qualifying other practitioner, as defined in clause (iv).

(iv) The term “qualifying other practitioner” means a nurse practitioner or physician assistant who satisfies each of the following:

(i) The nurse practitioner or physician assistant is licensed under State law to prescribe schedule III, IV, or V medications for the treatment of pain.

(ii) The nurse practitioner or physician assistant has—

(aa) completed not fewer than 24 hours of initial training addressing each of the topics listed in clause (ii)(IV) (through classroom situations,

seminars at professional society meetings, electronic communications, or otherwise) provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Nurses Credentialing Center, the American Psychiatric Association, the American Association of Nurse Practitioners, the American Academy of Physician Assistants, or any other organization that the Secretary determines is appropriate for purposes of this subclause; or

(bb) has such other training or experience as the Secretary determines will demonstrate the ability of the nurse practitioner or physician assistant to treat and manage opiate-dependent patients.

(III) The nurse practitioner or physician assistant is supervised by, or works in collaboration with, a qualifying physician, if the nurse practitioner or physician assistant is required by State law to prescribe medications for the treatment of opioid use disorder in collaboration with or under the supervision of a physician.

...

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has informed the Washington State Department of Health that the supervising physician is not required to obtain a waiver before a physician assistant may obtain a waiver,¹ so long as the supervising physician and the physician assistant otherwise meet the requirements as set forth above. SAMHSA explained that each state may impose such a requirement, or impose any other restriction or limitation on the scope of a physician assistant's practice.

[RCW 18.71A.040](#) and [WAC 246-918-055](#) require a supervising physician and physician assistant to submit a delegation agreement detailing the physician assistant's scope of practice and the degree of supervision. Physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their commission-approved delegation agreement. A physician assistant's scope of practice may not exceed the scope of practice of the supervising physician.

The Commission interprets [RCW 18.71A.030](#), [WAC 246-918-055](#), and [21 U.S.C. § 823\(g\)](#) to permit an allopathic physician assistant who has received a waiver from the DEA to provide buprenorphine for the treatment of opioid addiction even if the supervising physician has not received a waiver, provided that the physician assistant is supervised by a qualifying physician and the delegation agreement between the physician and the physician assistant complies with Washington law. The Commission interprets the term "scope of practice of the supervising

¹ Email from Ivette M. Ruiz, Compliance Officer for Health and Human Services, Regions 4 and 7, to Maura Craig, Policy Analyst, Washington State Department of Health, dated November 17, 2017.

physician” to describe the actual practice of the supervising physician. Since a qualifying physician is an addiction specialist or has taken training in treating and managing opiate-dependent patients, the qualifying physician does not need a DEA waiver to supervise a physician assistant who provides buprenorphine to opiate-dependent patients through a DEA waiver.

Meeting the challenges of the ongoing opioid epidemic will require increased access to addiction treatment, and recognizing a physician assistant’s ability to obtain a DEA waiver is one method to attempt to meet the needs of Washington citizens suffering from opioid use disorder. When applying for a waiver, practitioners are strongly encouraged to let their practice address be publicly listed to facilitate access to treatment of opioid use disorder.

Staff Reports: July 2022

Melanie de Leon, Executive Director

In response to the Supreme Court's overturning of Roe v Wade, WMC, BOMS, NCQAC and PQAC collaborated on and published a set of FAQs to delineate current state laws regarding abortion and reproductive health choices for pregnant individuals in Washington State. We wanted to calm any fears providers might have had regarding any impact this federal change would have on licensing and/or discipline.

Our Licensing and Investigations Units have completed several recruitments and will be fully staffed soon.

From July forward, Commission meetings will be held as they were prior to the pandemic, with no virtual option for Commissioners. Meeting dates are scheduled two years in advance, so please review the schedule for the remainder of 2022 and 2023 to insure you can attend.

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 Agency policy, requests submitted after the cutoff cannot be paid out.

Recruitment

We have completed the recruitment for the Program Case Manager position that was reallocated after Becca King moved. The position will now support Panel L, the practitioner support program, IMG workgroup functions, legislative efforts, myself and the Program Manager. The successful candidate will begin on July 18 and will be introduced to you at the August meeting.

WMC Licensing and Discipline Audit

- Field work is anticipated to be complete by late fall with a report in November 2022.
- Most of the staff are/will be interviewed.
- We expect recommendations based on our current database use and our future state as well.
- Due to some technical limitations, there may be one to two weeks of delay in the audit results as some data requests are delayed in their fulfillment.

Legislation and Budget

Please see your packet for the WMC proposed decision package to the legislature. This is a spending authority request only and will not result in a fee increase.

Amelia Boyd, Program Manager

Recruitment

We are seeking the following specialties to serve as Pro Tem Members:

- Urology
- Radiology

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.

On July 7 the following appointments/reappointments were made by the Governor:

- Congressional District 3 – Po-Shen Chang, MD
- Congressional District 5 – April Jaeger, MD –reappointment
- Congressional District 9 – Mabel Bongmba, MD
- Physician-at-Large – Elisha Mvundura, MD
- Physician Assistant – Ed Lopez, PA-C
- Public Member – Robert Pullen

The following positions expired as of June 30, 2022 and we are awaiting word from the Governor's office staff on the new appointees:

- Public Member – Toni Borlas – not eligible for reappointment
- Public Member – Yanling Yu, PhD – not eligible for reappointment

Mike Hively, Director of Operations and Informatics

The Washington State Records Center report show we have approximately 2,533 boxes of archived paper-based records as of 6/22. This is a decrease from last year's report by 1,125 boxes or roughly 31% of the total 3,658 previously reported. This equates to approximately \$5,155 in annually savings due to combined efforts of Ops & Info converting paper records to digital/electronic versions, the WA State Records Retention Schedule, and Mike Kramer from our Compliance Team. Current annual costs associated with the remaining paper-based records amount to approximately \$11,600 (2,533 x \$4.58).

Operations and Informatics staff continue to digitally archive the 11-year review records. 520 paper-based records have been scanned and 404 (roughly 78%) of those are now digital archive compliant.

The litigation hold program is approximately 95% complete and we're finalizing automation of our tracking and privilege log Excel spreadsheets.

Unit Accomplishments Include:

Digital Archiving

- 170 complaints closed BT – Folder is current

Mike Hively, Director of Operations and Informatics continued

- 405 active MD licenses
- Approximately 1,460 census form
- 5,260 of the 15,437 active MD licenses or 34% of the folder is complete

Data Requests/Changes

- Approximately 671 open/closed inquiries
- Approximately 361 address changes

Demographics

- Entered and conducted quality checks on 1,460 census forms into the ILRS database
- Conducted 506 secondary census contacts

Three staff members attended a 2-day Adobe training course to determine if there's any new information we can use to improve our archiving/digital processes. Verbiage for demographic secondary contact notifications have been updated to reflect changes in our I.T. environment. Additionally, paper-based secondary contacts are being sent via certified mail as a pilot for a 3-month duration to see if we receive an increased response rate. Lastly, we've developed instructions for using the Windows Recorder Tool – Xbox Game Bar to capture web based investigative content as a stop gap until a viable more robust solution is selected, tested, and adopted.

Morgan Barrett, MD, Medical Consultant

Nothing to report.

George Heye, MD, Medical Consultant

Nothing to report.

Rick Glein, Director of Legal Services

Staff Update:

First and foremost, the Legal Unit would like to thank all the outgoing Commissioners. You know who you are: Jim Anderson, Toni Borlas, Charlie Browne, Charlotte Lewis, John Maldon, Alden Roberts, Theresa Schimmels, Bob Small, and Yanling Yu. We also want to thank Pro Tem Commissioners Marty Brueggemann and Greg Terman. We enjoyed collaborating with each of you and want to acknowledge the dedication you all put into our important work. If there is a silver lining, it would be that we will still get to work with some of you as Pro Tems. Wish YOU ALL the best!

Congratulations to newlyweds Ariele & Kyle! This union holds a special place in Legal's heart as they met here at the Commission. After a beautiful local wedding with family and friends, they celebrated with a honeymoon in Maui. Wishing you a lifetime of love and happiness, Ariele and Kyle!

Summary Suspension:

In re Martin M. Klos, MD, Case No. M2022-54. On May 24, 2002, the Commission served a Statement of Charges (SOC) and an Ex Parte Order of Summary Suspension which summarily suspended Dr. Klos' medical license. The summary suspension was based on a Stipulated Order with the Oregon Medical Board in which Dr. Klos surrendered his Oregon medical license and his Drug Enforcement Agency (DEA) registration while under investigation for substandard prescribing practices and practice below the standard of care. Dr. Klos has not yet filed a response to the Statement of Charges.

Orders Resulting from SOCs:

In re Robert Yoho, MD, Case No. M2021-560. Final Order of Default (Failure to Respond).* Dr. Yoho's Washington medical license was previously placed on probation in September 2020 under a Final Order (2020 Final Order) in Case No. M2018-69. The 2020 Final Order was based on a finding that the California Medical Board placed Dr. Yoho's license on probation. The conduct underlying the California Medical Board Order included gross negligence, repeated acts of negligence, inadequate record keeping, and incompetence. In August 2021, under Case No. M2021-560, the Commission filed a SOC alleging Dr. Yoho entered into an Agreement for Surrender of License with the California Board, surrendering his license to practice in California while on probation for unprofessional conduct. Dr. Yoho did not file a response to the SOC within the time allowed. This matter came before a Health Law Judge (HLJ) in May 2022. The HLJ concluded sufficient grounds exist to take disciplinary action and ordered that Dr. Yoho's medical license be indefinitely suspended**.

In re Paul J. Roesler, MD, Case No. M2021-900. Final Order (Waiver of Hearing).* On February 9, 2022, a HLJ, by delegation of the Commission, ordered that Dr. Roesler's medical license be suspended pending further disciplinary proceedings. The SOC alleges Dr. Roesler surrendered his Florida license while under investigation for failure to identify or diagnose a retained sponge in imaging. Dr. Roesler filed an Answer to the SOC, waiving the opportunity for a hearing. Dr. Roesler did not attach a written statement, but did note he is retired. On May 27, 2002, the Commission issued a Final Order which reinstated Dr. Roesler's medical license and returned the credential status to "Expired". The Commission considered the conduct underlying the action taken by the Florida Board of Medicine, along with Dr. Roesler's retirement from the practice of medicine and his previous expired status in Washington, and determined further conditions on Dr. Roesler's medical license are not necessary to rehabilitate his practice or protect the public in Washington state.

Virtual Hearing:

In re Victor Enoh, MD, Case No. M2021-348. On appeal from an initial decision, the Commission held a de novo virtual hearing on May 16, 2022, regarding Dr. Enoh's application for a license to practice as a physician and surgeon. The issues were whether Dr. Enoh committed any act defined as unprofessional conduct for a license holder and, if so, should the license application be denied or granted with conditions. A Final Order* was issued June 21, 2022, wherein the Commission denied Dr. Enoh's application based on the multiple findings of dishonesty by multiple medical training programs and not enough evidence to demonstrate that he is rehabilitated.

Rick Glein, Director of Legal Services continued

*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.

Item of Interest:

Rick met with Marc Defreyn, Department of Health, Director of Office of Investigative and Legal Services, and Karl Hoehn, Nursing Care Quality Assurance Commission, Assistant Director – Legal Services, to discuss potential strategies for creating a “senior attorney” position within the DOH job structure to aid in retention and recruitment of legal staff.

Mike Farrell, Policy Development Manager

Nothing to report outside of the committee reports.

Freda Pace, Director of Investigations

CMT Sign-up for 2022

Our CMT sign up slots are filling up – so thank you for your continued participation. However, we still have several vacant slots beginning in September through the end of the year. We need your help, support, and participation to complete this very important book of business.

If you sign up for a CMT slot and you have a last-minute schedule conflict, at your earliest opportunity, please notify Chris Waterman via email: chris.waterman@wmc.wa.gov. This courtesy cancellation notification will allow Chris the opportunity to fill any last-minute vacancy needs.

New Voluminous Records process:

Often times Investigators receive records that are outside of the scope of the complaint. We now have implemented our new process for Managing voluminous records in alignment with the State Government General Records Retention Schedule in the coming weeks. Part of making this process a success, investigators will continue to team up with the assigned Reviewing Commission Member to craft more detailed and specific records requests, designed to pare down documents that are germane to the investigation. This method will not only reduce the overall file size but reduce the risks to the agency by keeping documents that are superfluous and unnecessary.

New additions to the Investigative Unit:

Some of you may or may not know, we lost two investigators this year, Kristie Ferguson and Natalie Oakes. Ms. Ferguson returned to her previous agency (DSHS) as a promotional opportunity; Ms. Oakes took a position with the Administrative Office of the Courts.

Freda Pace, Director of Investigations continued

Starting July 1st – Jeff Kinstler will be joining the commission as a Healthcare Investigator 3.

Education:

Bachelor's Degree in Psychology, University of California Davis

Associate of Arts degree from Ohlone College

A professional degree as a Limited License Legal Technician and paralegal

Work Experience:

Seven years working in the legal field (Rule 9 Clerk, Legal Asst, & owner of Legal Technician Services)

3.5 years – law enforcement (Sacramento Police Department)

5.5 years as an Emergency Room EMT and Anesthesia Technician (El Camino Hospital, CA)

Starting August 1st – Jenelle Houser will be transitioning from our legal team to investigations as a Healthcare Investigator 1-3 (in training).

Work Experience:

Four years as a Health Services Consultant in the legal unit with the WMC. Combined fifteen years of experience work in the medical/legal field.

We are excited to have both Jeff and Jenelle join the investigative unit. Welcome!

Jimi Bush, Director of Quality and Engagement

Outreach

Upcoming Webinar - Buprenorphine for OUD and Chronic Pain

July, 21, 2022 - 5:00 PM PST

This webinar will provide a framework for clinicians to address clinical scenarios regarding buprenorphine use. It will address the misconceptions and provide clinical recommendations on the appropriate use of buprenorphine for chronic pain, including conversion strategies for transitioning from a full opioid receptor agonist to buprenorphine. These recommendations should be used by health care providers seeking an alternative to Schedule II opioids. The Federation of State Medical Boards designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. More information and registration can be found [here](#).

If you have a topic suggestion for our informal series “coffee with the commission” - please let Jimi know.

Business Practices and Productivity

We reviewed and updated 46 processes over the last year. Since the start of this year, we have added seven new process maps to our SharePoint site. Our Lean Community of Practices have recently focused on the neuroscience of our brains at work.

Jimi Bush, Director of Quality and Engagement continued

We are working on our annual website clean-up. If you have any feedback, please [let Jimi](#) know.

Performance

Fiscal Year 22 (FY22) has come to a close. Our Performance Manager, Sarah is working on the annual report. If you would like specific information on any of our KPIs, please let Jimi know. In the meantime, here are some highlights:

Measure	FY22	FY21
Applications Received	3,801	3,656
Credentials Issued	4,635	3,652
Average Time to Issue Credential	5.2 Weeks	10.9 Weeks
Complaints Received	1,912	1,611
Investigations Authorized	571	468
Investigations Closed	608	410
Legal Cases Finalized	601	505
Percent of Cases Closed in less than 360 Days	95.39%	93.14%

Marisa Courtney, Licensing Manager

Total licenses issued from 05/18/2022-07/05/2022= 677

Credential Type	Total Workflow Count
Physician And Surgeon Clinical Experience License	0
Physician And Surgeon Fellowship License	1
Physician And Surgeon Institution License	0
Credential Type	Total Workflow Count
Physician And Surgeon License	381
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	87
Physician And Surgeon Residency License	105
Physician And Surgeon Teaching Research License	5
Physician And Surgeon Temporary Permit	27

Marisa Courtney, Licensing Manager continued

Physician Assistant Interim Permit	2
Physician Assistant License	68
Physician Assistant Temporary Permit	1
Totals:	677

Information on Renewals: May Renewals- 74.44% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	30	30
MD	874	311	1185
MDRE	130	17	147
PA	163	39	202
	74.44%	25.56%	100.00%

Information on Renewals: June Renewals- 72.01% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	46	46
MD	883	317	1200
MDFE	3	0	3
MDRE	189	269	458
MDTR	7	4	11
PA	142	36	178
	64.56%	35.44%	100.00%



Panel A Personal Appearance Agenda

Friday, July 15th, 2022

Panel
 Members:

Jimmy Chung, MD, Panel Chair	Charlie Browne, MD	Arlene Dorrough, PA-C	Anjali D'Souza, MD
Harlan Gallinger, MD	Sarah Lyle, MD	Scott Rodgers, Public Member	Robert Small, MD
Richard Wohns, MD	Yanling Yu, PhD, Public Member		
Janet Barrall, MD, Pro-Tem	Alan Brown, MD, Pro-Tem	Mary Curtis, MD, Pro-Tem	Robert Golden, MD, Pro-Tem
Charlotte Lewis, MD, Pro-Tem			

Compliance
 Officer:

Anthony Elders

9:45 a.m.	James W. Winde, MD Attorney: Todd Reichert	M2020-839 (2020-5621) RCM: Charlie Browne, MD SA: Joel Defazio
10:30 a.m.	Angela G. Heithaus, MD Attorney: Pro Se	M2020-418 (2019-7043) RCM: Scott Rodgers, Public Member SA: Rick Glein
11:15 a.m.	Mark T. Anderson, MD Attorney: Thomas Fain	M2021-547 (2021-246) RCM: Robert Small, MD SA: Rick Glein
Lunch Break		
1:15 p.m.	Benigno W.A. Dagan, MD Attorney: Pro Se	M2019-990 (2018-14462) RCM: Jimmy Chung, MD Mary Curtis, MD SA: Gordon Wright

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Panel B

Personal Appearance Agenda

Friday, July 15, 2022

Panel
Members:

April Jaeger, MD, Panel Chair	Terry Murphy, MD	Toni Borlas, Public Member	Alden Roberts, MD
Diana Currie, MD	Karen Domino, MD	Claire Trescott, MD	Christine Blake, Public Member
John Maldon, Public Member	James Anderson, PA-C	Michael Bailey, Public Member	
		Daniel Flugstad, MD, Pro Tem	
Bruce Hopkins, MD, Pro Tem	Theresa Schimmels, PA-C, Pro Tem		

Compliance
Officer:

Mike Kramer

9:45 a.m.	Robert J. Marshall, MD Attorney: John G. Schultz	M2021-55 (2020-12957 et al.) RCM: Theresa Schimmels, PA-C SA: Kelly Elder
10:30 a.m.	Jared M. Hendler, MD Attorney: Pro Se	M2021-558 (2021-3428) RCM: Toni Borlas, Public Member SA: Kyle Karinen
11:15 a.m.	Maximillian Fong-Fu Lee, MD Attorney: Adam G. Snyder	M2021-54 (2020-2126) RCM: John Maldon, Public Member SA: Mike Farrell
LUNCH BREAK		
1:15 p.m.	Lisa M. Gail, PA-C Attorney: Robert Rhodes	M2021-182 (2020-11600) RCM: James Anderson, PA-C SA: Kyle Karinen

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