

May 14-15, 2020

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WASHINGTON  
**Medical  
Commission**

Licensing. Accountability. Leadership.

# Commission Meeting Agenda

## May 14-15, 2020 – 1<sup>st</sup> Revised



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

*In response to the COVID-19 public health emergency, and to promote social distancing, the Medical Commission will not provide a physical location for these meetings. Virtual public meetings, without a physical meeting space, will be held instead. The access links and call-in numbers can be found below. System requirements can be found on pages 9-10.*

### Thursday – May 14, 2020

#### Closed Sessions

8:00 am Case Reviews – Panel A

8:00 am Case Reviews – Panel B

Noon – 1:00 pm Lunch break

1:00 pm Case Reviews – Panel A

1:00 pm Case Reviews – Panel B

#### Open Session

4:00 pm

### Policy Committee Meeting

Please join this meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/993899125>

You can also dial in using your phone:

United States: +1 (872) 240-3311

Access Code: 993-899-125

Agenda Items	Presented By:	Page #:
<b>Revised initial application for licensing</b> <i>Discussion of current initial application for licensing and possible revisions.</i>	Melanie de Leon	49
<b>Chapter 246-918 WAC Physician Assistants Including Implementation of <a href="#">Substitute House Bill 2378</a> Rulemaking</b> <i>Request to initiate rulemaking.</i>	Amelia Boyd	61
<b>Implementation of <a href="#">Senate Bill 6551</a> Rulemaking</b> <i>Request to initiate rulemaking.</i>	Amelia Boyd	187
<b>Implementation of <a href="#">Engrossed Substitute House Bill 1551</a>, Modernizing the control of certain communicable diseases</b> <i>Request to initiate expedited rulemaking.</i>	Amelia Boyd	195

Please join this meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/737086797>

You can also dial in using your phone:

United States: +1 (646) 749-3112

Access Code: 737-086-797

**1.0 Chair Calls the Meeting to Order**

**2.0 Housekeeping**

- This meeting will be recorded
- How to mute

**3.0 Chair Report**

**4.0 Consent Agenda**

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

2.1 Minutes – Approval of the February 28, 2020 Business Meeting minutes. Page 11

2.2 Agenda – Approval of the May 15, 2020 Business Meeting agenda.

**5.0 Old Business**

**5.1 Lists & Labels Request** Action

The Commission will discuss the requests received for lists and labels, and possible approval or denial of these requests. Approval or denial of these application 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)).

- Northwest Washington Medical Society Pages 17-45
- Seattle Central Community College Pages 46-47

**6.0 Policy Committee Report**

Dr. Karen Domino, Chair, will report on items discussed at the Policy Committee meeting held on May 14, 2020. See the Policy Committee agenda for the list of items to be presented. Report/Action Begins on page 49

**7.0 Written Reports – Informational, no discussion**

- 7.1 Committee/Workgroup Reports – Begin on page 219
- 7.2 Rulemaking Report – Page 223
- 7.3 Staff Reports – Begin on page 225

## 8.o Adjournment of Business Meeting

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 May 14, 2020 until all agenda items are complete. The Business Meeting will begin at 8:00 am on May 15, 2020 until all agenda items are complete. 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](mailto:civil.rights@doh.wa.gov).

# 2020 Meeting Schedule



WASHINGTON  
**Medical  
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Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
<b>January 16-17</b>	Hotel Interurban 223 Andover Park E Tukwila, WA 98188	Regular Meeting
<b>February 27-28</b>	The Heathman Lodge 7801 NE Greenwood Dr. Vancouver, WA 98662	Regular Meeting
<b>April 9-10</b>	Cancelled	Regular Meeting
<b>May 14-15</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>July 9-10</b>	Virtual Meeting Information will be available on our Event Calendar a week prior to the meeting	Regular Meeting
<b>August 20-21</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting
<b>October 1-3</b>	Doubletree 18740 International Blvd S Seattle, WA 98188	Educational Conference
<b>November 12-13</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting

## Association Meetings

Association	Dates	Location
Federation of State Medical Boards (FSMB) Annual Conference	April 30-May 2	San Diego, CA
WAPA Spring Conference	April 25-28	Seattle
WSMA Annual Meeting	September 26-27	Spokane
WAPA Fall Conference	TBA	TBA

## Other Meetings

Program	Dates	Location
Council on Licensure, Enforcement & Regulation (CLEAR) Winter Symposium	January 8-10	San Diego, CA
CLEAR Annual Conference	September 23-26	Seattle
FSMB Board Attorneys Workshop	November 5-6	Miami, FL

# 2021 Meeting Schedule



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**Medical  
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Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
<b>January 14-15</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting
<b>March 4-5</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting
<b>April 8-9</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting
<b>May 13-14</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting
<b>July 8-9</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting
<b>August 19-20</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	Regular Meeting
<b>Sept 30-Oct 2</b>	TBD	Educational Conference
<b>November 18-19</b>	Capital Event Center (ESD 113) 6005 Tye Drive SW Tumwater, WA 98512	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

# 2022 Meeting Schedule



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

Dates	Location	Meeting Type
January 13-14	TBD	Regular Meeting
March 3-4	TBD	Regular Meeting
April 14-15	TBD	Regular Meeting
May 26-27	TBD	Regular Meeting
July 7-8	TBD	Regular Meeting
August 25-26	TBD	Regular Meeting
October 6-8	TBD	Educational Conference
November 17-18	TBD	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

# GoToMeeting Requirements

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## GoToMeeting System Requirements & Sound/Audio Tips

Please keep in mind if you have a Droid/Android based device, the Remote Desktop Service is not supported at this time.

Below are the minimum system requirements needed to use GoToMeeting effectively.

Alternatively: GoToMeeting can check your systems compatibility by clicking this [LINK](#) or by copying and pasting this into your internet browser: <https://support.logmeininc.com/gotomeeting/get-ready>

<b>Operating system</b>	Windows 7 - Windows 10 Mac OS X 10.9 (Mavericks) – Mac OS Catalina (10.15) Linux/Ubuntu (Web App only) Google Chrome OS (Web App only) iOS 11 - iOS 12 Android OS 5 (Lollipop) - Android 9 (Pie) Windows Phone 8, Windows 8RT or later
<b>Web browser</b> (Applies to Web App only)	Google Chrome v57 or later Microsoft Edge v77 or later
<b>Internet connection</b>	Computer: 1 Mbps or better (broadband recommended) see How much bandwidth is used during a session? Mobile device & Chromebook: 3G or better (WiFi recommended for VoIP audio)
<b>Software</b>	GoToMeeting desktop app (JavaScript <a href="#">enabled</a> ) GoToMeeting Web App and screen sharing extension GoToMeeting app from the <a href="#">Apple Store</a> , <a href="#">Google Play Store</a> , or <a href="#">Windows Store</a>
<b>Hardware</b>	2GB of RAM (minimum), 4GB or more of RAM (recommended) Webcam for HDFaces Microphone and speakers (USB headset recommended)**
<b>Mobile device</b>	iPhone 5 or later iPad 3rd gen or later

### Best practices for Voice over Internet Protocol (VoIP) also known as phone service over internet connection:

- Get an inexpensive USB headset or one that plugs into the 3.5mm audio jack on the computer with Microphone (most new cellular phones come with headphones with a built in microphone).
- Use a fast Internet connection
- Turn off your smartphone
- Check your setup before the meeting

## **Mic and Speakers (VoIP):**

- Test your speaker setup. Click “Audio Setup” in the Audio Pane to select the correct device. Mac users should click the speaker icon in the Audio Pane to select the correct device.
- Check the volume setting under Audio Setup. Click “Speakers Setup” and then click “Play Sound.” Adjust the slider bar to the desired volume.

## **Simple Troubleshooting Steps:**

### **1. Is your sound choppy?**

- You could have a bad connection. Toggle once between the Use Telephone and the Mic and Speakers options.

### **2. Are meeting attendees unable to hear you?**

- Ensure your microphone isn't muted by selecting the “Audio Setup” through the GoToMeeting controls.
- If you're using a microphone with a mute/unmute button, is their microphone muted?
- Do you have the correct audio option selected? You CANNOT use the Mic and Speakers option when you have Telephone selected.
- It could be an Internet bandwidth issue. Close any other web pages you have open, including file sharing and music and video streaming. If your Internet connection is still too slow, you may need to use the Telephone option.

### **3. Are you unable to hear meeting attendees who are presenting?**

- Ensure your computer speakers are not muted by selecting the “Audio Setup” option in GoToMeeting, or;
- Click the speaker icon (commonly found next to the clock in the lower right) and adjust your computer volume to desired levels.

# Business Meeting Minutes

## February 28, 2020



WASHINGTON  
**Medical  
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Licensing. Accountability. Leadership.

The Heathman Lodge: 7801 NE Greenwood Drive, Vancouver, WA 98662, (360) 254-3100

### Commission Members

James E. Anderson, PA-C  
Toni Borlas, Public Member  
Charlie Browne, MD  
Jimmy Chung, MD  
Diana Currie, MD  
Karen Domino, MD – Absent  
Harry Harrison, Jr., MD  
Christine Blake, Public Member  
Warren Howe, MD  
April Jaeger, MD  
Charlotte Lewis, MD – Absent

John Maldon, Public Member, 1<sup>st</sup> Vice Chair  
Terry Murphy, MD  
Alden Roberts, MD, Chair  
Scott Rodgers, JD, Public Member  
Theresa Schimmels, PA-C  
Robert Small, MD  
Claire Trescott, MD, 2<sup>nd</sup> Vice Chair  
Candace Vervair, Public Member  
Richard Wohns, MD  
Yanling Yu, PhD, Public Member

### Commission Staff

Morgan Barrett, Director of Compliance  
Larry Berg, Staff Attorney  
Amelia Boyd, Program Manager  
Melanie de Leon, Executive Director  
Mike Farrell, Policy Development Manager  
Rick Glein, Director of Legal Services

George Heye, MD, Medical Consultant  
Kyle Karinen, Staff Attorney

Ariele Page Landstrom, Staff Attorney  
Stephanie McManus, Public Information Officer

### Others in Attendance

Alan Brown, MD, Pro Tem Commissioner  
Heather Carter, Assistant Attorney General (AAG)

Jeanne Rosner, PA-C

### Call to Order

Alden Roberts, MD, Chair, called the meeting of the Washington Medical Commission (Commission) to order at 8:00 a.m. on February 28, 2020, at the The Heathman Lodge, 7801 NE Greenwood Drive, Vancouver, WA 98662.

#### 1.0 Chair Report

Dr. Roberts announced that this is Harry Harrison Jr., MD's last meeting as he is moving out of state. He thanked Dr. Harrison for his service to the Commission.

Dr. Roberts introduced a new Pro Tem Commissioner, Alan Brown, MD.

Jim Anderson, PA-C introduced his guest Jeanne Rosner, PA-C.

#### 2.0 Consent Agenda

The Consent Agenda contained the following items for approval:

- 2.1 Minutes from the January 17, 2020 Business Meeting.
- 2.2 Agenda for February 28, 2020.

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

### 3.0 Executive Session

An Executive Session under [RCW 42.30.110\(1\)\(i\)](#) was convened at 8:11 am to discuss current federal litigation with the Attorney General's Office.

This session ended at 9:21 am.

### 4.0 Old Business

#### 4.1 Committee/Workgroup Reports

This item was deferred.

#### 4.2 Rulemaking Activities

This item was deferred.

#### 4.3 Lists & Labels Request

The following lists and labels request was discussed for possible approval or denial. Approval or denial of this request is based on whether the entity meets the requirements of a "professional association" or an "educational organization" as noted on the application ([RCW 42.56.070\(9\)](#)).

- Butler University

**Motion:** The Chair entertained a motion to deny the request. The motion was seconded and approved unanimously.

- Idaho State University

**Motion:** The Chair entertained a motion to deny the request. The motion was seconded and approved unanimously.

### 5.0 New Business

#### 5.1 Training – Jurisdiction

This item was deferred.

#### 5.2 May 2021 Meeting Dates

Amelia Boyd, Program Manager, proposed changing the approved May 20-21, 2021 meeting to either May 27-28, 2021 or May 13-14, 2021.

**Motion:** The Chair entertained a motion to change the meeting to May 13-14, 2021. The motion was approved by majority vote.

### 6.0 Public Comment

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

### 7.0 Policy Committee Report

Dr. Karen Domino, Policy Committee Chair was absent. In her absence, John Maldon, Public Member, reported on the items discussed at the Policy Committee meeting held on February 27, 2020:

### **Rulemaking for Collaborative Drug Therapy Agreements**

Mr. Maldon asked Melanie de Leon, Executive Director, to report on this item. Ms. de Leon explained what Collaborative Drug Therapy Agreements are and why we would like to initiate rulemaking. Mr. Maldon reported that the Committee recommended initiating rulemaking on this subject.

**Motion:** The Chair entertained a motion to approve initiating rulemaking on Collaborative Drug Therapy Agreements. The motion was approved unanimously.

### **Compensation and Reimbursement for Commission Duties Procedure, MD2016-02**

Mr. Maldon presented the revisions to the procedure and stated the Committee recommended approving the document with the amendments.

**Motion:** The Chair entertained a motion to approve the procedure with the noted revisions. The motion was approved unanimously.

### **Proposed Procedure – Consent Agenda for Policy Committee**

Mr. Maldon stated the Committee recommended approving the procedure.

**Motion:** The Chair entertained a motion to approve the procedure. The motion was approved unanimously.

### **Proposed Procedure – Processing Cases Against Medical Students, Residents, and Fellows**

Mr. Maldon reported that the Committee had several suggested edits and they asked Mike Farrell, Policy Development Manager, to add the edits and bring the procedure back to a future meeting.

### **Elective Educational Rotations, POL2019-01**

Mr. Maldon stated the committee recommended adopting the amended interpretive statement.

**Motion:** The Chair entertained a motion to adopt the interpretive statement as amended. The motion was approved unanimously.

### **Communicating Test Results to Patients, GUI2016-02**

Mr. Maldon reported that the Committee had several suggested edits and they asked Mr. Farrell to add the edits and bring the guideline back to a future meeting.

### **Processing complaints against licensees enrolled in the Washington Physician's Health Program, MD2016-03**

Mr. Maldon presented the Committee's suggested revisions and stated they recommended approving the amended guideline.

**Motion:** The Chair entertained a motion to approve the guideline as amended. The motion was approved unanimously.

## **8.0 Member Reports**

There were no member reports.

## **9.0 Staff Member Reports**

*Staff member reports are provided in writing prior to the meeting. The information below is in addition to the written reports.*

Micah Matthews, Deputy Executive Director, provided a legislative update.

**10.0 AAG Report**

Heather Carter, AAG, had nothing to report.

**11.0 ADJOURNMENT**

The Chair called the meeting adjourned at 9:40 am.

Submitted by

---

Amelia Boyd, Program Manager

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Alden Roberts, MD, Chair  
Washington Medical Commission

Approved May 15, 2020

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](mailto:civil.rights@doh.wa.gov).

# Old Business

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# Lists & Labels

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## 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(8) 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."

Primary Contact Name	Phone	Fax
<i>April Melby de Montiel 360.676-7630</i>		
Additional Contact Names (Lists are only sent to approved individuals)		

Professional Assoc. or Educational Organization	Federal Tax ID or Uniform Business ID number
<i>Northwest Washington Medical Society</i>	
Street Address	City, State, Zip Code
<i>2219 Rimland Drive Bellingham, WA 98226</i>	

UBI - 601-096-351  
 EIN - 91-6028266

1. How will the lists and labels be used?  
*to send out CME info and wellness resources, support system for*

2. What profession(s) are you seeking approval for?  
*MD's, DO's & PA's* *minority physicians*

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](mailto:PDRC@DOH.Wa.Gov)

Signature: *Montiel* Date: *11 March 2020*

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

For Official Use Only	Authorizing Signature: _____
Approved: _____	Printed Name: _____
Denied: _____	Title: _____ Date: _____

**From:** Miller, Lia M. (DOH)  
**To:** Boyd, Amelia (WMC); Drake, Tracie L. (DOH)  
**Subject:** FW: Application for Approval to Receive Lists/Labels: MDs, DOs, & PA-Cs  
**Date:** Thursday, March 12, 2020 9:45:56 AM  
**Attachments:** [Minority Support Group.png](#)  
[Educational Drs.png](#)  
[CME Primary Care - Dementia.png](#)  
[Opioid Training Mandatory.png](#)  
[Articles of Incorporation.doc](#)  
[Bylaws.doc](#)  
[Constitution.doc](#)  
[mms01.png](#)

Attached is an application for an organization to receive lists.

**Lia Miller**  
 Forms and Records Analyst 2  
 Health Systems Quality Assurance  
 Washington State Department of Health  
[Lia.Miller@doh.wa.gov](mailto:Lia.Miller@doh.wa.gov)  
 360-236-4814 | [www.doh.wa.gov](http://www.doh.wa.gov)



We'd appreciate your feedback on this short customer service survey. Please click on the link below.  
<https://fortress.wa.gov/doh/opinio/s?s=PDRCustSatisfaction>

**From:** April Metz de Montiel [mailto:aprim@northwestmedical.org]  
**Sent:** Wednesday, March 11, 2020 2:54 PM  
**To:** DOH HSQA PDRC External Requests <PDRC@DOH.WA.GOV>  
**Subject:** Application for Approval to Receive Lists/Labels: MDs, DOs, & PA-Cs

Here is the information requests to obtain lists. Please let me know if you need anything further.



## In Honor of Dr. Elizabeth Blackwell's 198th Birthday!

Saturday, Feb 2, 2019 11:00 AM - 1:00 PM PST

**Heads up! This is a past event!**

This event was available from Thursday, November 29, 2018 12:00 AM until Saturday, February 2, 2019 2:00 PM.

[Continue anyway](#)



✓ Like You and 77 others like this.

### Contact Information

(360) 676-7630

Email Us

### Location Information

#### Lairmont Manor

405 Fieldston Road  
 Bellingham, WA 98225

lairmontmanor.com

## Finances for Physicians

Thursday, Apr 18, 2019 6:00 PM - 8:30 PM PDT

**Heads up! This is a past event!**

This event was available from Sunday, March 10, 2019 12:00 AM until Thursday, April 18, 2019 9:30 PM.

[Continue anyway](#)



✓ Like You and 77 others like this.

### Contact Information

(360) 676-7630

Email Us

### Location Information

#### Lairmont Manor

405 Fieldston Road  
 Bellingham, WA 98225

lairmontmanor.com

Email Directions



## Dementia in Primary Care with Barak Gaster, MD, FACP, UW Medicine

Tuesday, Jan 29, 2019 5:00 PM - 8:30 PM PST

### Heads up! This is a past event!

This event was available from Wednesday, December 5, 2018 12:00 AM until Tuesday, January 29, 2019 9:30 PM.

[Continue anyway](#)



**Like** 8K people like this. Be the first of your friends.

#### Contact Information

(360) 676-7630

Email Us

#### Location Information

##### St. Luke's Health Education Center

3333 Squalicum Parkway

Bellingham, WA 98225

Auditorium/Room A



## New Opioid Regulations Q & A with Dr. Warren Howe

Tuesday, Dec 11, 2018 5:30 PM PST

### Heads up! This is a past event!

This event was available from Thursday, November 29, 2018 12:00 AM until Tuesday, December 11, 2018 7:00 PM.

[Continue anyway](#)



**Like** You and 77 others like this.

#### Contact Information

(360) 676-7630

Email Us

#### Location Information

##### PeaceHealth St. Joseph's Hospital

2901 Squalicum Parkway

Bellingham, WA 98225

Conference Room 5/6 (next to the cafeteria)

ARTICLES OF INCORPORATION  
OF  
WHATCOM COUNTY MEDICAL SOCIETY  
(a Nonprofit Corporation)

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, CHARLES S. BEARD, for the purpose of forming a corporation under the nonprofit laws, RCW 24.03, of the state of Washington, states:

ARTICLE I.

The name of the corporation shall be WHATCOM COUNTY MEDICAL SOCIETY, INC.

ARTICLE II.

The period of duration of the corporation shall be perpetual.

ARTICLE III.

The purposes for which the Corporation is organized are as follows:

1. To promote the dignity, maintain the ethics and elevate the standard in every possible way of the medical profession generally and particularly in Whatcom County, Washington, to the end that the profession may receive the respect and support within its own ranks and from the community, to which it is entitled.
2. To receive gifts and devises, to purchase, hold, and convey real and personal property as the purposes of the Corporation may require.
3. To demand assessments of members and sell or forfeit their interests in the Corporation for default.
4. To borrow money on notes or bonds or debentures of the Corporation and to execute mortgages, loans, and any and all obligations to secure the same.
5. To do and perform any and all things necessary, proper, or convenient for the carrying out or accomplishment of the objects above specified or incidental thereto and to possess all the rights, powers, and authority granted to like corporations under the laws of the State of Washington and the laws amendatory thereto.

ARTICLE IV.

The affairs of the corporation shall be managed by the officers and trustees of the corporation in accordance with the laws of the State of Washington, these Articles and the Bylaws and Constitution of the corporation, as amended from time to time. Upon dissolution of the corporation, the assets shall be distributed in accordance with RCW 24.03.225 as presently enacted or hereafter amended.

ARTICLE V.

The corporation shall have such class or classes of members provided for in the Constitution. Membership shall be limited to physicians licensed to practice in the State of Washington, with their practice located in such areas as provided for in the Constitution. The qualifications and rights of the members shall be established by these Articles of Incorporation, the Bylaws and Constitution of the corporation and the rules and regulations as may from time to time be adopted by the trustees of the corporation in accordance with the corporate bylaws. The corporation may, but is not required to, issue certificates evidencing membership in the corporation.

ARTICLE VI.

The address of the initial Registered Office of the corporation shall be 3000 Northwest Avenue, Bellingham, WA 98225, mailing address of Caller Service 9953, Bellingham, WA 98227-9953, and the name of the initial Registered Agent of the corporation, at such address, shall be CHARLES S. BEARD.

ARTICLE VII.

This being a non-profit corporation, it has no capital stock. The funds for meeting the expenses of the corporation shall be raised by annual dues, special assessments, and voluntary contributions.

ARTICLE VIII.

The number of trustees constituting the Board of Trustees of the corporation shall be five (5) or such greater number, not to exceed twenty (20), as the membership may from time to time determine. The names and addresses of the persons who are to serve as the initial trustees of the corporation are as follows:

NAME	ADDRESS
Dr. Kenneth B. Gass	3149 Ellis Street Bellingham, WA 98225
Dr. Roland S. Trenouth	3149 Ellis Street, Suite 201 Bellingham, WA 98225

Dr. S. Gregory Hipskind

1706 D Street  
Bellingham, WA 98225

Dr. Robert P. Gibb

D-10, Medical Center  
Bellingham, WA 98225

Dr. William W. Winter

3149 Ellis Street  
Bellingham, WA 98225

ARTICLE IX.

To the fullest extent permitted by Washington law, as it now exists or may hereafter be amended, a Trustee of this corporation shall not be personally liable to the corporation or its members for monetary damages for conduct while serving as a member of the Board of Trustees, except that this provision shall not eliminate or limit the liability of a Trustee for acts or omissions that involve intentional misconduct by a Trustee, or a knowing violation of law by a Trustee, or liability for any transaction from which the Trustee will personally receive benefit in money, property or services to which the Trustee is not legally entitled. This provision shall not eliminate or limit the liability of a Trustee for any act or omission occurring prior to the date of enactment of this provision. Any amendment or repeal of this Article shall not adversely affect any right or protection of a Trustee of the corporation existing at the time of such amendment.

ARTICLE X.

The name and address of the incorporator of the corporation is as follows:

CHARLES S. BEARD

3000 Northwest Avenue  
Bellingham, WA 98225

ARTICLE XI.

In the event the corporation is dissolved, the net assets of the corporation are to be distributed to a nonprofit health related service organization.

DATED this 25th day of May, 1988

CHARLES S. BEARD

STATE OF WASHINGTON            )  
  ) ss.  
COUNTY OF WHATCOM        )

CHARLES S. BEARD, being first duly sworn on oath, deposes and says: That he is the Incorporator in the above and foregoing Articles of Incorporation of Whatcom County Medical Society, Inc., a nonprofit corporation, that he has read the contents thereof and believes the same to be true and correct.

CHARLES S. BEARD

Subscribed and sworn to before me this 25th day of May, 1988.

MICHAEL D. PLENKOVICH

NOTARY PUBLIC for the State  
of Washington.

My appointment expires: April 22, 1989

BYLAWS

(Amended May 1, 2006)

CONSTITUTION

(Amended May 1, 2006)

AND

ARTICLES OF INCORPORATION

WHATCOM COUNTY MEDICAL SOCIETY



WHATCOM COUNTY MEDICAL SOCIETY

BYLAWS

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BYLAWS  
OF  
WHATCOM COUNTY MEDICAL SOCIETY, INC.

CHAPTER I - MEMBERSHIP

Section 1. Classes of Members. The classes of members and the requirements for membership in the Society shall be as stated in Article III of the Constitution.

Section 2. Application for Membership. Any person applying for membership as an active, associate, affiliate, or assistant member shall fulfill the following requirements:

- a. Complete and sign the application provided by the Society. A complete application shall include two endorsement signatures of active Society members, and three passport size photographs which are provided at the Society's expense.
- b. The application shall contain the applicant's age, citizenship, place of residence, school and date of graduation, place or places in which they have practiced, military or U.S. Public Health service, the date they were licensed to practice in this state, and the length of time they have practiced in Whatcom County.
- c. The application shall also contain the following statement: "I the undersigned applicant certify that I have read the Constitution and Bylaws of the Whatcom County Medical Society, the Constitution and Bylaws of the Washington State Medical Association, and the Principles of Medical Ethics of the American Medical Association, and agree, in case of my election, that my membership in the Society shall be conditional upon my continued compliance with such Constitutions, Bylaws and Principles. I further agree that I will recognize and abide by the interpretation thereof by the authorized officers of the Society and Association, reserving my rights of appeal as set forth in the Constitution and Bylaws of this Society."

Section 3. Action on Application.

- a. The completed application shall immediately be referred to the Executive Director of the Society, who shall institute a routine inquiry into the qualifications of the applicant.

The application shall be presented at the next meeting of the Board of Trustees, noting any problems or questions. At this time they may recommend further investigation, or they may make a recommendation of "do pass" or "do not pass" which shall be presented for a vote of the General Membership at their next meeting. The affirmative vote of three-fourths of the members present at the meeting and voting thereon, shall be necessary to elect the applicant to membership. If the application for membership is rejected, no other application from that person will be entertained by the Society for the period of one year after the date of rejection.

- b. Applicants who are presently members of another Society and the Washington State Medical Association, and apply for membership in the Whatcom County Medical Society, shall present a letter from the former Society certifying that their

dues in WSMA are paid in full and that they are members in good standing in that Society. They must make proper application and be accepted for membership in the WCMS and assume the financial obligations as a WCMS member.

Section 4. Change of Status.

- a. When members cease to qualify for membership classification, it will be their duty to inform the Secretary of such change. If qualified, an associate, or affiliate member may become an active member upon written request to, and an affirmative vote of the Board of Trustees.
- b. Any member who becomes qualified for honorary or inactive status in accordance with Section 3 and 5 of Article III of the Constitution, may apply for such status and it may be granted at the discretion of the Board.

Section 5. Rights of Members. The rights and privileges of members are as set forth in the Constitution. All members in good standing shall be equally privileged to attend all meetings and attend all proceedings of the Society, but the right to vote and hold office is limited to active, and honorary members. If members resign or in any manner lose their membership in this Society, they forfeit all rights and title to any share in its privileges.

Section 6. Leave of Absence. If a member will not be in active practice or will be absent from the community, then upon written notification a one year leave of absence from the Society will be granted and dues will not be payable for that year. Thereafter, the member must resume payment of annual dues or be suspended from membership. In certain cases, a leave of absence for more than one year may be allowed with specific approval from the Board.

Section 7. Termination of Membership.

- a. Any member in good standing may resign by filing with the Secretary-Treasurer a written resignation which may be accepted by the Board only after all indebtedness of said member to the Society has been paid to the date of filing of the resignation.
- b. When any member's license to practice medicine and surgery or osteopathy and surgery in the State of Washington is revoked, they shall automatically cease to be a member of this Society.
- c. Membership shall cease automatically if any dues or assessments remain unpaid at the end of the calendar year unless the date is extended by the Board.
- d. Membership may be terminated upon such grounds and for such causes and under such procedure as provided under Article VI of the Constitution.

## CHAPTER II - DUES AND ASSESSMENTS

### Section 1. Annual Dues

- a. The annual dues of members shall be established by the Board of Trustees. Increases in dues shall not exceed the Consumer Price Index (All Urban, National - CPI-U) compounded yearly beginning from a base of \$200.00 in 1991, without the approval of the general membership at any regularly scheduled meeting provided notice is given to all members at least ten (10) days in advance of such meeting. Associate and assistant members shall pay one-half the amount paid by active members. Affiliate members shall pay one-fourth the amount paid by active members. Honorary and inactive members shall pay no dues.
- b. Dues to the Washington State Medical Association and to the American Medical Association are in addition to the Society's dues.
- c. Any member admitted after July 1 shall pay one-half of the annual dues.

Section 2. Special Assessments. Special assessments may be levied by a procedure identical with that required for the amendment to the Bylaws and shall be due and payable in accordance with the terms of the assessment.

### Section 3. Payment of Dues, Assessments, and Other Charges Levied Upon Members

- a. Annual dues shall be due and payable on January 1 of each year, and if not paid by February 15, shall become delinquent. Dues billed for less than the entire calendar year shall be due and payable on the first day of the month following receipt of a written statement and if not paid within forty-five (45) days of the due date, shall become delinquent. The delinquent member shall thereupon be suspended from membership without any action on the part of the Society. Exceptions for hardship or other sufficient cause may be granted by the Board.
- b. Special assessments and other authorized charges approved by the General Membership or Board shall be due and payable on the first day of the month following receipt of a written statement indicating the nature and amount of the charge(s). If not paid within forty-five (45) days of the due date, the member shall become delinquent, and thereupon be suspended from membership without any action on the part of the Society. Exceptions for hardship or other sufficient cause may be granted by the Board.
- c. Any members delinquent in dues, assessments, or other authorized charges shall be notified by Certified Mail at their last known address by the Secretary-Treasurer that they are suspended and are no longer in good standing or entitled to the rights, privileges, or benefits of membership in the Society. If any sums due the Society are not paid within 75 days from the due date, the delinquent member shall be required to pay those sums plus a late charge of \$50.00 as a condition to reinstatement.
- d. Delinquent members may be reinstated by the Board or by the payment of indebtedness to the Society within thirty (30) days of their suspension. If the said indebtedness is not paid by the end of the thirty (30) day period, the membership of the delinquent and suspended member shall immediately terminate unless the date is extended by the Board. Such person may only regain membership by making application as a new member.

## CHAPTER III - MEETINGS

Section 1. Regular Meetings. Regular meetings of the Society shall be held at least quarterly at such date of the month, time and place as the officers of the Society shall designate. The meeting in January shall be designated as the Annual Meeting and at that meeting the Society shall elect the Officers, Trustees, Delegates and Alternates for the following year to take office at the end of the meeting following their election.

Section 2. Special Meetings. Presidents can call a special meeting of the Society at their discretion or on written request of a majority of the Trustees or on the written request of ten (10) active and honorary members, provided that written notice is given each member at least ten days prior to the proposed meeting stipulating the time, place and objective of the meeting. No business may be transacted at a special meeting except that specified in the notice.

Section 3. Quorum. Thirty (30) percent of the active and honorary members shall constitute a quorum for the conduct of any business at a meeting of the Society.

Section 4. Rules of Order. In the absence of any provision in the Constitution or these Bylaws to the contrary, all meetings of the Society and of the several committees shall be governed by the parliamentary rules and usages contained in the then current edition of Robert's "Rules of Order."

Section 5. Order of Business. The following items shall be the order of business of all meetings of the Society, whether regular or special, unless changed by a majority vote of all members present;

- a. Call to Order
- b. Scientific Program
- c. Reading of the minutes
- d. Unfinished Business
- e. New Business
- f. Announcements
- g. Adjournment

Section 6. Restriction of Certain Motions. Except as stated below, all motions introduced in a meeting of the Society which involve the expenditure of a sum in excess of \$100.00, by direct appropriation from the treasury, or any motion which, in the opinion of the presiding officer, may have an important bearing upon the relationship of the Society with the general public, or establish an important precedent in the conduct of the Society's affairs, shall be tabled automatically following discussion and voted upon at the next meeting of the Society or at a special meeting of the Society thereafter called for said purpose, when a simple majority of the voting members present shall be sufficient to carry the motion. Should the presiding officer feel that any motion of this type is of such a nature as to demand immediate action in the best interests of the Society, the officer may cause it to be voted upon in the same meeting in which it is introduced, provided that the vote is taken by written ballot. The affirmative vote of three-fourths of the voting members present shall then be required for the passage of the motion.

## CHAPTER IV - ELECTIONS

Section 1. Time of Election. The election of officers and trustees of the Society and of delegates and alternate delegates to the Washington State Medical Association shall be held at the annual meeting of the Society.

Section 2. Nominations for Office. A Nominating Committee consisting of the President, President Elect, and Immediate Past President, shall nominate one candidate each for the office of President Elect, Secretary-Treasurer, Trustee, Delegates and Alternate Delegates to the Washington State Medical Association. The President Elect shall act as Chairman of the Nominating Committee. The Committee shall report its nominations to the Board of Trustees at least thirty (30) days prior to the annual meeting, and a list of the nominations shall be mailed to each member of the Society at least ten (10) days prior to the annual meeting. Additional nominations may be made from the floor at the annual meeting, and the election shall be held at that meeting.

## CHAPTER V - DUTIES OF OFFICERS AND DELEGATES

Section 1. General Duties. In addition to the rights and duties provided in the Constitution or elsewhere in these Bylaws, the officers shall have the rights and duties respectively assigned to them in the following sections of this chapter.

Section 2. Duties of President. The President shall be the chief executive officer of the Society and as such shall carry out the expressed will of the Board of Trustees and the General Membership of the Society, in all matters consistent with the Constitution and Bylaws of the Society. The President shall preside at the meetings of the Society, and of the Board of Trustees, and perform such duties as custom and parliamentary usage require. The President shall appoint members of the standing committees that may exist during the term of office and shall appoint any ad hoc or special committees that are necessary, the duties and functions of which will not overlap on the duties and functions of any standing committee.

Section 3. Duties of President-Elect. The President-Elect shall assist the President in the discharge of duties and shall act for the President in case of absence or disability. The President-Elect shall succeed to the office of President at the expiration of the President's term of office unless disqualified.

Section 4. Duties of Secretary-Treasurer. It shall be the duty of the Secretary-Treasurer or a designee

- a. to record the minutes of the meetings of the Society, the Board of Trustees and the standing committees;
- b. to be custodian of all records, books, and papers belonging to the Society and of the Society's seal;
- c. to carry on the official correspondence of the Society, including such matters as notifying members of meetings, officers of their election, committees of their appointment and duties and all notices required by the Constitution and Bylaws or by law;
- d. to keep a roster of all members, grouping the members according to the class of membership held and noting with respect to each member, a full name, address, date of birth, professional college and date of graduation, the date the member was licensed to practice in this state, and such other information as the Secretary-Treasurer of the Washington State Medical Association may require;

- e. to note in a separate record the same facts with respect to each licensed physician in the county who is not a member of the Society;
- f. to make such reports concerning the personnel and changes therein in this Society and of the medical profession in Whatcom County as the Constitution and Bylaws of the Washington State Medical Association, or as the Secretary thereof may require;
- g. to perform such other duties as custom and parliamentary usage may require;
- h. to take charge and keep a correct account of receipts and disbursements of all monies belonging to the Society and submit a statement of the Society's funds at the annual meeting. Demand and receive all monies due the Society and preserve for the benefit of the Society all donations and other property committed to its charge and keep an exact record of same, with the names of the donors. Prior to December 1, annually, notify the members as to the dues that are due and payable from them January 1. On the 1st day of April, following, place on the roll of delinquent members all members who have failed to pay their dues by that date and shall report this list of delinquent members to the Board of Trustees at its next meeting. Forward to the Secretary-Treasurer of the Washington State Medical Association monthly such dues owing to the Association for the current or previous years as have been collected during the previous months from the individual members and also the names and addresses of the members whose dues are remitted. Not pay out any money from the treasury except by check nor dispose of any other property of the Society except by order of the Society; and
  - (1) to invest the funds of the Society at the discretion of the Board of Trustees. Such investments shall be limited to: deposits in savings and loan associations or savings departments of commercial banks; direct obligations of the United States or the Dominion of Canada; bonds of states, municipalities or industries rated AAA by such investors service as Moody's or Standard and Poor's.

Section 5. Duties of Delegates and Alternates. Delegates to the Washington State Medical Association shall represent this Society in the House of Delegates of the Washington State Medical Association. In the absence, inability or failure of a delegate to function the President with the approval of the Board of Trustees, shall select a new delegate from among those elected alternate delegates.



## CHAPTER VI - POWERS AND DUTIES OF BOARD OF TRUSTEES

Section 1. General Powers. Subject to the provisions of the Constitution and these Bylaws, and the purposes therein stated, the Board of Trustees shall be the governing body of the Society. It shall carry out the mandates and policies of the Society as determined by the active and honorary members in a regular or special meeting of the Society and shall defend, uphold and enforce the provisions of the Constitution and Bylaws of the Society subject only to (a) the provisions of the Constitution and Bylaws of the Society, (b) all resolutions and enactments of the active and honorary members of the Society; and (c) the paramount authority of the Washington State Medical Association. The Board of Trustees has full and complete power and authority to perform all acts and to transact business for, and on behalf of, the Society and to manage and conduct all of the property, affairs, work and activities of the Society, and the investment of its funds, and shall perform such other duties and exercise such other rights as may be set forth in the Constitution and Bylaws or as are prescribed by the laws of the State of Washington relating to the powers of the directors of the corporation. Subject to the approval of the Society as to selection, tenure and remuneration, the Board of Trustees shall have the power to employ an Executive Director whose duties shall be set by the Board of Trustees. The Board of Trustees shall employ and arrange the salaries of such other employees as are necessary to carry into effect the purposes of the Society. The Board of Trustees may employ an auditor who shall make a careful examination of the Society's finances. A report for the preceding year may be made at the annual meeting.

### Section 2. Meetings.

- a. Regular Meetings. The Board of Trustees shall hold regular meetings at least once a month, at such date of the month, time and place as determined by the President.
- b. Special Meetings. Special meetings of the Board of Trustees may be called at any time by the President, or shall be called on the written request of six (6) or more members of the Board, and in the event of failure to act within a reasonable time in accordance with the written request, the six (6) or more members requesting the meeting may, themselves, call a meeting of the Board.
- c. Notice of Meeting. Notice of the time and place of all meetings of the Board of Trustees shall be given by the Secretary/Treasurer or designee to each Trustee at least two days prior to the time of the meeting and in the case of a special meeting, the notice shall state the nature of the business to be considered at the meeting and no other business shall be transacted.
- d. Quorum. Fifty (50) percent of the members of the Board of Trustees shall constitute a quorum for the transaction of business.

Section 3. Indemnification Against Liability. Each person who as a Trustee of the Corporation is made a party or threatened to be made a party to or is otherwise involved in any action, suit or proceeding, whether civil, criminal or administrative, by reason of the fact that he or she is or was a Trustee or officer of the Corporation, shall be indemnified and held harmless by the Corporation to the fullest extent authorized by Washington law as the same exists or may hereafter be amended, against all expense, liability or loss, including but not limited to attorneys fees, judgments, fines, taxes or penalties, or amounts paid in settlement reasonably incurred or suffered by such indemnitee in connection therewith, and such indemnification shall continue as to an indemnitee who has ceased to be a Trustee or officer and shall inure to the benefit of the indemnitee's estate, heirs and personal representatives.

The right to indemnification conferred in this section shall be a contract right and shall include the right to be paid by the Corporation the expense incurred in defending any such proceeding in advance of its final disposition; provided, however, that an advancement of expenses incurred by an indemnitee in his or her capacity as a Trustee or officer in which service was or is rendered by such indemnitee, shall be made only upon delivery upon the Corporation of a written undertaking by or on behalf of such indemnitee to repay all final amounts so advanced if it shall ultimately be determined by final judicial decision that such indemnitee is not entitled to be indemnified for such expense by virtue of acts or omissions precluding indemnification as set forth in Section 4 hereafter.

Section 4. Exception. No person serving as a Trustee or officer shall be indemnified by the Corporation in any instance in which he shall have been adjudged by final judicial decision to have engaged in intentional misconduct or a knowing violation of a law or from or on account of any transaction with respect to which it was determined that such Trustee or officer personally received a benefit in money, property or services to which the Trustee or officer was not legally entitled.

Section 5. Right of Indemnitee to Bring Suit. If a claim under Section 3 of this Chapter is not paid in full by the Corporation pursuant to the Corporation's determination that indemnification of the Trustee or officer is precluded pursuant to Section 4 herein, the indemnitee shall upon the expiration of sixty (60) days after a written claim has been received by the Corporation be entitled to bring suit against the Corporation to recover the unpaid amount of the claim. If successful in whole or in part in any such suit, or in a suit brought by the Corporation to recover advancement of expenses pursuant to the terms of an undertaking, the indemnitee shall also be entitled to be paid the expenses of prosecuting or defending such suit.

Section 6. Insurance. The Corporation may maintain insurance at its expense to protect itself and any Trustee, officer or agent of the Corporation.

Section 7. Indemnification of Employees and Agents. The Corporation may, by action of its Board of Trustees, provide indemnification, including advance of expenses to an employee or agent of the Corporation, to the extent that such indemnification is consistent with the laws of the State of Washington.

## CHAPTER VII - COMMITTEES

Section 1. Standing Committees. The standing committees of this Society shall be determined by the Board of Trustees and shall include, but not be limited to, the Grievance Committee.

Section 2. Appointment of Committees. Each of these committees shall consist of three or more members and shall be appointed by the President with the approval of the majority of the Board of Trustees. The chairman of each committee shall preferably, but not necessarily, be a member of the Board of Trustees. In case of a vacancy, the President with the approval of the majority of the Board of Trustees, may make an appointment for the unexpired term.

Section 3. Special Committees. Special committees may be appointed by the President with the approval of the Board of Trustees to perform special work or for special purposes. Such committees shall serve for the duration of the year of their appointment or until their tasks are completed unless discharged by the Board.

Section 4. Responsibility and Authority. The responsibility and authority of the various committees shall be subject to the will of the Board who shall direct activities appropriate for each committee to perform. All committees shall make such reports as necessary to keep the

Board informed of their actions. Each committee prior to the annual meeting shall file a written report of its activities during the past year with the Secretary-Treasurer, which report shall be read at the annual meeting.

#### CHAPTER VIII - AMENDMENTS

Amendments. These Bylaws, or any portion thereof, may be amended by the affirmative vote of two-thirds of the members present and voting thereon at a regular or special meeting of the Society, provided that prior to that time a copy of the proposed amendment is sent to each member not less than ten (10) days in advance of the meeting at which action is to be taken, together with a notice that the matter will be voted on at that meeting.

#### CHAPTER IX - EFFECTIVE DATE AND REPEAL

Effective Date and Repeal. These Bylaws shall become effective immediately upon adoption. The adoption of these Bylaws repeals all existing Bylaws of the Society, provided that all officers, delegates, and elected and appointed committee members shall continue in incumbency until their successors are duly elected as provided in the Constitution and Bylaws.

BYLAWS LAST AMENDED THIS 1ST DAY OF MAY 2006.

WHATCOM COUNTY MEDICAL SOCIETY, INC.

CONSTITUTION

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CONSTITUTION  
OF  
WHATCOM COUNTY MEDICAL SOCIETY, INC.

ARTICLE I - NAME

Name. The name of this organization is WHATCOM COUNTY MEDICAL SOCIETY, INC.

ARTICLE II - OBJECTIVES

Section 1. Objectives. The objectives of this Society shall be

- a. to improve and disseminate medical knowledge and advance medical science;
- b. to advance the standards of medical education and practice;
- c. to secure the enactment and enforcement of just legislation pertaining to medicine and health;
- d. to guard and foster the just interests of its members and the public and to maximize the benefits available from health care;
- e. to be useful to the people of our community in the prevention, mitigation and cure of disease and in prolonging and adding comfort to life;
- f. to uphold the right of patients to the free choice of physician;
- g. to promote and foster the ethical character of medical practice;
- h. to promote friendly relations among physicians;
- i. to form, with other county societies, the Washington State Medical Association.

Section 2. Right and Power. In the furtherance of its objectives, as a medical and scientific society, the Society shall have the right and power

- a. to own and hold real and personal property and to lease, purchase, receive or in any way acquire such property or any interest therein;
- b. to sell, mortgage, lease, hypothecate or transfer any interest in said property;
- c. to borrow money on the credit of the Society and to mortgage or pledge any of its real or personal property, and to execute and issue notes, bonds or other evidence of indebtedness thereof;
- d. to loan its money upon mortgages or such other collateral as its Trustees deem advisable, to expend or donate its funds as provided in its Bylaws;
- e. to have a corporate seal and to alter and change the same;

- f. to do any lawful act permitted by the laws regulating the formation and conduct of such a Society.

## ARTICLE III - MEMBERSHIP

Section 1. Membership Categories. The membership categories of this Society are

- a. Active
- b. Honorary
- c. Associate
- d. Affiliate
- e. Assistant
- f. Inactive

Section 2. Active Members. The Active members of this Society are members who possess all of the qualifications for membership, and for whom the required annual dues and/or special assessments have been received by the Secretary-Treasurer of this Society in accordance with the applicable provisions of the Bylaws, excepting when they are exempt from the payment of dues as provided under Chapter II, Section 3 a. of the Bylaws.

Section 3. Honorary Members. An honorary member is an active member who has been in good standing in this Society for at least thirty (30) consecutive years and who has attained the age of seventy (70) years or a member who has retired from active practice who has attained the age of sixty-five (65) and has been a member in good standing in this Society for twenty-five (25) consecutive years and has been declared honorary by the Board of Trustees. Honorary members shall have all the rights and privileges of active members, but they shall not be subject to payment of annual dues and special assessments. A member who has attained the age of sixty-five (65) and has been a member in good standing in this Society for twenty-five (25) consecutive years and reduced practice to two (2) days or less per week may also be declared honorary by the Board of Trustees; while continuing to practice such members will receive a reduction in dues of fifty percent (50%) of the amount paid by active members.

Section 4. Associate Members. An associate member is a physician who does not elect to become an active member, but who possesses all qualifications of an active member except that a license to practice medicine or osteopathy is not required and who:

- a. is either a physician in active service with the armed forces of the United States, Public Health Service or Veterans Administration, or a full-time employee of the Bellingham-Whatcom County Department of Health or a full-time employee of the Washington State Department of Health, or a full-time medical administrator, or a full-time member of the teaching staff or administration of Western Washington University who
  - 1. does not engage in any private practice whatsoever, and
  - 2. is elected to such membership in this Society in the manner and in the form provided for in the Bylaws.

Section 5. Affiliate Members. An affiliate member is a physician engaged in formal postgraduate medical training in institutions approved by the Council on Medical Education of the American Medical Association who elects not to become an active member, but who possesses all of the qualifications of an active member except

- a. a license to practice medicine or osteopathy in the State of Washington is not required, and who
- b. does not engage in any private practice whatsoever, and who
- c. has been elected to such membership by the Board of Trustees.

An affiliate member may become an active or associate member only in the form provided for in the Bylaws.

Section 6. Assistant Members. An assistant member is a physician's assistant who is a graduate of an accredited AMA approved training program for training assistants for physicians, who is approved by the State Board of Medical Examiners, who is employed by a physician who is a member of the Society, and who maintains membership in the Washington State Medical Association.

Section 7. Inactive Members. An inactive member is a physician who has been declared inactive by the Board of Trustees by reason of

- a. illness which prohibits engaging in the practice of medicine or osteopathy, or
- b. voluntary retirement from the practice of medicine or osteopathy, or
- c. active duty with the armed forces of the United States.

Section 8. Rights of Members. Only active and honorary members shall have the right to vote, hold office, attend executive sessions, participate in debate, or in the ownership of any of the assets of the Society in the event of dissolution. Members of the other classes may be accorded the privilege of the floor by a vote of two-thirds of those present and voting.

Section 9. Standard of Qualifications. The Society shall be sole judge of the moral, ethical, and professional qualifications requisite for admission to, or continuation in, any class of membership in this Society.

Section 10. Qualifications for Active Membership. To qualify for Active membership a physician must:

- a. hold the degree of Doctor of Medicine or Bachelor of Medicine which has been issued by an institution approved by the Washington State Board of Medical Examiners, or the Board of Trustees of the Washington State Medical Association, or the degree of Doctor of Osteopathy in such instances as the Board of Trustees deems specifically warranted after individual evaluations of the applicant's total educational background, including postgraduate training and experience and professional attributes, except that the Society may in its discretion continue in active membership a physician not possessing the qualifications just stated, but who was an active member in good standing of the Society prior to the adoption of this Constitution;
- b. be licensed to practice medicine and surgery in the State of Washington, or licensed to practice osteopathy and surgery in the State of Washington;
- c. maintain his or her principle practice of medicine in Whatcom County, or in Skagit, San Juan or Island counties, if it be more convenient to attend the meetings of the Whatcom County Medical Society, and if the Society in whose jurisdiction a physician may be, consents to the affiliation with the Whatcom County Medical



Society, except as provided by the Bylaws, to allow the Society to meet its obligations with respect to individual members' standards of practice, grievance complaints and any other obligations as set forth in the Constitution and Bylaws;

- d. be of good moral and professional character;
- e. maintain membership in either the Washington State Medical Association or the Washington Osteopathic Medical Association;
- f. practice medicine in conformity with the code of ethics of the American Medical Association and of the Whatcom County Medical Society;
- g. not practice or claim to practice any school or system of sectarian medicine or healing;
- h. be elected to membership in this Society in the manner and in the form provided for in the Bylaws.

#### ARTICLE IV - OFFICERS

Section 1. Officers. The officers of the Society shall be the President, President-Elect, Immediate Past President, Secretary-Treasurer and a Trustee. Only such persons as are active or honorary members in good standing are eligible for election to office.

Section 2. Method of Election. The officers shall be elected in the manner provided in the Bylaws at the annual meeting of the Society.

Section 3. Term of Office. All elected officers shall serve for a term of one year or until their successors shall be elected and shall qualify. The President-Elect shall serve for one year as President-Elect and shall succeed immediately thereafter to the presidency for a term of one year. All officers shall take office at the end of the meeting following their election. The duties of the officers shall be as prescribed in the Bylaws.

Section 4. Vacancies.

- a. In the event of the death, resignation or removal of the President, the President-Elect shall immediately become President for the unexpired term and for the succeeding term to which the President-Elect was originally elected. The other officers shall retain the offices to which they were elected. The Board of Trustees shall appoint a member to serve as an additional Trustee until the next annual meeting.
- b. In the event of the death, resignation or removal of any other officer or trustee, the unexpired term of such officer or trustee shall be filled by appointment by the Board of Trustees and such appointee shall hold office until the next annual meeting.

## ARTICLE V - BOARD OF TRUSTEES

Section 1. Composition. The Board of Trustees shall consist of the President, the President-Elect, the Immediate Past President, the Secretary-Treasurer, one elected Trustee, the WSMA Delegates and Alternate Delegates, the Past President representative, and the Executive Director on an ex officio basis without vote. The President shall serve as Chairman of the Board of Trustees.

Section 2. Method of Election. The method of election of members of the Board of Trustees shall be as set forth in the Bylaws.

Section 3. Term of Office. The term of office shall be as set forth in Article IV, Section 3 above.

Section 4. Meetings and Quorum. Regular and special meetings shall be held as provided in the Bylaws. Fifty (50) percent of the members of the Board of Trustees shall constitute a quorum.

Section 5. Powers and Duties. The powers and duties of the Board of Trustees shall be as set forth in the Bylaws.

## ARTICLE VI - DISCIPLINE OF MEMBERS

Section 1. Basis for Discipline. The Board of Trustees may in the manner hereinafter provided, expel, suspend, censure or otherwise discipline one of its members

- a. who has been found guilty of a criminal offense or of gross misconduct, either as a physician or as a citizen; or
- b. whose license to practice medicine in this State has been revoked or suspended by the State Board of Examiners, or by the Medical Disciplinary Board of the State of Washington; or
- c. who has been found guilty of an unprofessional conduct as defined by Revised Code of Washington, Section 18.72.030; or 18.57.170;
- d. who has been found guilty of an unprofessional conduct as defined in Revised Code of Washington, Sections 19.68.010 and 19.68.020, prohibiting rebates; or
- e. who has knowingly testified falsely as an ordinary or as an expert witness; or
- f. who has violated any of the provisions of this Constitution or any Bylaw adopted hereunder; or
- g. who has violated any principle of ethics of the American Medical Association; or
- h. who has violated any principle of ethics of this Society.

Section 2. Disciplinary Proceedings. The Board of Trustees shall be the final appeal within WCMS in matters of discipline regarding ethics, mediation, conduct, appeals made to them as the result of a Grievance Committee decision and interpretation of the WCMS Constitution and Bylaws.

Section 3. Charges. Charges against a member for any misconduct as stated in Section 1 shall be made in writing by the complainant within thirty (30) days to the Board of Trustees.

Upon receipt of the charges the Board of Trustees shall meet and determine whether or not a hearing shall be conducted. If the Board of Trustees determine that the charges are unsubstantial and that no further action should be taken, the charges shall be dismissed. If they determine that a hearing should be conducted the following procedures shall be followed:

- a. A written copy of the charges shall be furnished the accused member together with a summons requiring the accused member's attendance before the Board of Trustees at a stated time and place. The summons and a copy of the charges may be served on the accused member personally or by certified mail.
- b. The hearing on said charges shall be held by the Board of Trustees at least thirty (30) days following the accused's receipt of the summons and charges, not counting the date of receipt. Provided, however, that the Board, for good cause may continue the date of the hearing beyond the thirty (30) days at the request of either party.
- c. At the hearing, a full opportunity to present defense, witnesses, other evidence, cross examine witnesses and rebut evidence presented to sustain the charges, shall be afforded the accused member. The accused member may be represented by counsel, who may assist in the presentation of evidence and may cross examine testifying witnesses.

Section 4. Decision. As soon after the conclusion of the hearing as possible, and in any event within thirty (30) days thereafter, the Board of Trustees shall prepare a written summary of the charges, its findings and discipline of the accused member. A copy will be sent to the accused member. The decision of the Board of Trustees shall be final and binding unless written notice is given to the President of the Board of Trustees of the Society that the accused member will appeal the decision.

Section 5. Appeals. The accused may appeal the decision to the Judicial Council of Washington State Medical Association and thereafter the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. The disciplinary action voted by the Society shall be suspended during the pendency of such appeal or appeals. If the disciplinary action voted by the Society is upheld, such action shall thereupon become effective immediately.

Section 6. Reinstatement. A member who has been suspended shall be restored automatically to active membership upon termination of the suspension period. A member who has been expelled may make application for membership one year or more after the effective date of expulsion.

## ARTICLE VII - DELEGATES AND ALTERNATES TO THE WASHINGTON STATE MEDICAL ASSOCIATION

Section 1. Selection, Terms and Powers. Annually the Society shall elect from among the active and honorary members such number of delegates and alternate delegates to the Washington State Medical Association as the Society may be entitled to under that Association's Constitution and Bylaws. The delegates are the official representative of the Society in the Washington State Medical Association, and they are empowered to act during the meetings of the House of Delegates for this Society.

Section 2. Assumption of Office. Delegates and alternates shall assume office immediately following their election and shall serve until their successors are elected and assume office.

Section 3. Vacancy During Elected Term - How Filled. If before termination of the term, a delegate dies, resigns, ceases to be a member in good standing of this Society, or for any other reason becomes disqualified, the alternate delegate designated by the President of the Society, with the approval of the Board of Trustees shall be the successor for the remainder of the term in accordance with the applicable provisions of the Constitution and Bylaws of the Washington State Medical Association.

#### ARTICLE VIII - MEETINGS

Meetings. This Society shall meet at such times and places as may be provided in the Bylaws, provided that there be held annually a meeting in January which shall be designated as the Annual Meeting, at which the Society shall elect officers for the ensuing year, and delegates and alternate delegates to the Washington State Medical Association. All officers shall take office at the end of the meeting following their election.

#### ARTICLE IX - LEGISLATIVE POWERS

Legislative Powers. Subject only to the paramount authority of the Washington State Medical Association, all legislative powers of the Society, including the power to alter, amend, or repeal this Constitution and the Bylaws, are vested in, and reside in, the voting members of this Society, who alone shall have the power and authority to determine the policies of the Society. The voting member shall elect (1) all the officers, and (2) such delegates to the House of Delegates of the Washington State Medical Association as this Society may be entitled to.

#### ARTICLE X - FINANCES

Section 1. Raising of Funds. Funds for conducting the affairs of the Society may be raised

- a. by such annual dues from, and such special assessments on, members as the Society may from time to time determine;
- b. by voluntary contributions, devises, bequests and other gifts; and
- c. in any other manner determined by the Society.

Section 2. Budget Appropriations. Society funds may be expended only for such purposes as will permit the proper conduct of the activities of the Society and will tend toward the attainment of its objectives.

Section 3. Fiscal Year. The fiscal year of this Society is from January 1, to December 31, inclusive.

## ARTICLE XI - ETHICS

Ethics. The Principles of Medical Ethics of the American Medical Association in force at the time of the adoption of this Constitution, and as they may, from time to time thereafter, be amended by the American Medical Association, are the Principles of Medical Ethics of this Society and are binding on its members.

## ARTICLE XII - FORM OF ORGANIZATION

Form of Organization. This Society is a corporation not for pecuniary profit, incorporated September 21, 1931, under the laws of the State of Washington. Every member of this Society at the time of the adoption of this Constitution, by retaining membership herein, and every member admitted in the future, by applying for such membership, intends that the rights and duties as a member of this Society shall be determined and governed by the provisions of this Constitution and the Bylaws.

## ARTICLE XIII - AMENDMENTS

Amendments. This Constitution may be amended in whole or in part at any meeting by a two-thirds vote of all voting members present and voting, provided that prior to that time a copy of the proposed amendment is sent to each member not less than ten (10) days in advance of the meeting at which action is to be taken together with a notice that the matter will be voted on at that meeting.

## ARTICLE XIV - REPEAL

Repeal. The adoption of this Constitution repeals all existing constitutions of this Society and amendments thereto and all previous motions of record and rules and regulations in conflict with this Constitution; provided that all officers, delegates and elected and appointed committee members shall continue their incumbency until their successors are duly elected as provided in this Constitution and the Bylaws.

CONSTITUTION LAST AMENDED THIS 1ST DAY OF MAY 2006.

## 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.”

Samara Fritchman

253-579-2900

Samdia.com@gmail.com

Primary Contact Name ↓

Phone ↓

Email ↓

Seattle Central Comm College

Continuing Education

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

Website URL ↓

Seattle Central Comm College

91-0826872 / 690-910-001

Professional Assoc. or Educational Organization ↓

Federal Tax ID or Uniform Business ID number ↓

1701 Broadway

Seattle WA 98122

Street Address ↓

City, State, Zip Code ↓

Required seminars for mental health and healthcare professionals: 1) Ethics and Legal Issues for Mental Health Professionals 2) Suicide Assessment, Prevention and Care Mgmt 3) Cultural Considerations, Communication & Ethical Competencies

1. How will the lists be used? ↓

Mail or Email contact with Mental Health and Healthcare Providers

All licensings for mental healthcare provider (LMHC, MFT, Drug/Alc, LSW, et al), Dentists and Hygienists, Chiropractors, Nurses (LPN, RN, ARNP), Physician Assistants (PA), OT, PT, Primary Care Physicians -- all individuals that are required by the sWA State to take one or more of the above seminars for required CEs.

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.

Email to: [PDRC@DOH.WA.Gov](mailto:PDRC@DOH.WA.Gov)

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

Fax to: PDRC - 360-586-2171

Signature ↓

Date ↓

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

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

Please note: Our 3 year 2014 approval has expired  
 Due to Coronavirus - Live Seminars Converting to  
 Webinars - both current marketing info & Email  
 addresses for these Healthcare & Mental Health  
 Professionals are needed as soon as possible.

Thank you.  
 Samara  
 253-579-2900

Please note: I was also point of contact & program  
 Coordinator for Pierce College Cont. Ed for  
 these seminars. That approval may be  
 expired too.

# Policy Committee

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# Memorandum



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

To: Policy Committee  
From: Panel L  
Re: Revision of Initial Licensing Application  
Date: May 14, 2020

## Background:

Last summer, due to a myriad of factors, licensing timelines increased significantly resulting in the Washington State Medical Association (WSMA) contacting Dr. Roberts on August 16, 2019 with a list of their concerns. He responded on August 22, 2019, but seeing little improvement in the licensing timelines, WSMA sent a letter to the Governor's Office with their concerns on November 4, 2019.

There are many moving parts to processing an initial application for a license to practice in Washington, requiring a lot of information to be reviewed by the staff or Commission before approving the application. In the past, the applicant was tasked with obtaining this information and providing it to the Commission. Over the passage of time, this information can be obtained from other reliable sources, thus negating the requirement for the applicant to provide it.

Due to updated technology and access to information by other entities, we can now rely on getting and verifying much of the information required through the following pathways:

**AMA (American Medical Association)** The profile information contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) AND THE American Accreditation Health Care Commission (AAHCC) AND THE American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate training, ABMS Board Certification, and federal DEA registration.

**(FSMB) Federation of State Medical Boards Practitioner Profile** includes Board actions, NPI number, license history (out of state license) DEA, and ABMS certification if any.

**(NPDB) National Practitioner Data Bank** The NPDB report provides information about medical malpractice payments, adverse licensure or privileges actions, or judgments and convictions, if any.

**(WATCH) Washington Access to Criminal History Report** provided by the Washington State Patrol (WSP). All criminal history record information is provided to WSP by courts and criminal justice agencies.

**FBI Fingerprints** The scanned fingerprints sent electronically to Washington State Patrol (WSP). If a national background check is required, WSP forwards the fingerprints to the Federal Bureau of Investigation (FBI).

## **Application Review Process followed:**

The Licensing staff reviewed the current initial application for physicians and physician assistants. They are virtually identical, with some differences in education, so the physician application will be used as the example with the caveat that all changes made to the physician application will also be made to the PA application.

Licensing developed a matrix of where information currently required from the applicant could be obtained through another verifiable source as described above, thus negating the need for the applicant to provide it. Panel L met to review the current initial application and discuss each question asked and every piece of information requested from the applicant to determine if the question was still applicable and if the information requested could be lessened to remove some burden from the applicant and decrease processing timelines.

## **Proposed Revisions:**

1. Remove NPI number requirement – provided by AMA Physician Profile
2. Add gender “X” option – required by Department.
3. Remove fax number requirement – we don’t use that technology anymore.
4. Personal data questions – retained, but reworded, and put in a slightly different chronology.
5. Education – Licensing will use the information contained in the AMA Physician Masterfile that meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the American Accreditation Health Care Commission (AAHCC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile an NCQA-approved source for verification of medical school, post-graduate training, ABMS Board Certification, and federal DEA registration.
6. Professional Experience – revised to request information for the last 7 years, with a requirement to explain any gaps of 30 days or more.
7. Hospital privileges – Information provided in applicant’s National Practitioner Data Bank (NPDB) and no longer needed to be supplied by applicant.
8. Licenses in other states – information provided by AMA Physical Profile, FSMB Practitioner Profile and NPDB report and no longer needed to be provided by applicant.
9. AIDS Education and Training Attestation – no longer needed.
10. Photograph – not required for licensing purposes.
11. Attestation – remains the same.

## **Request of Policy Committee**

Approve revisions requested by Panel L and move forward to full Commission vote.

## **Enclosures**

- A. Current initial licensing application - MD
- B. Revised licensing application



# Current Application

Background  
Check  
Stamp  
Here

Date  
Stamp  
Here

Revenue 0252090000

## Medical Practice License Application for MDs only

- National Board Medical Exam (NBME)
- Other State Exam
- Flex Examination
- LMCC (Must have been obtained after 1969)
- USMLE Examination

Select if the following applies:  Spouse or Registered Domestic Partner of Military Personnel

### 1. Demographic Information

<b>Social Security Number (SSN)</b> (If you do not have a SSN, see instructions)	<b>National Provider Identifier Number (NPI)</b> (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Name	First	Middle	Last
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Birth date (mm/dd/yyyy)	<b>Place of birth</b>		
	City	State	Country

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address if different from above address of record

City	State	Zip Code	County
------	-------	----------	--------

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?  Yes  No  
If yes, list name(s):

Will documents be received in another name?  Yes  No  
If yes, list name(s):



### Medical Specialty

Medical school	Year of Graduation
----------------	--------------------

Medical Specialty

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way currently impairs or limits your ability to practice your profession with reasonable skill and safety?.....  

**If yes, please attach any supporting documentation and a detailed explanation**



**“Medical Condition”** includes physiological, medical, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, sleep disorder, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

You may answer No if the behavior or condition is already known to the Washington Physician Health Program (WPHP). "Known to WPHP" means that you have informed WPHP of your behavior or conditions and you are complying with all of WPHP's requirements for evaluation, treatment, and/or monitoring.

**If Yes,** You must submit detailed information to the Commission that will allow the Commission to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Commission.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....  

**“Currently” means within the past six months.**

**“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.**

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

3. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? .....  



























**Note: If you answered “yes” to question 3, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

**Current Application**

## 2. Personal Data Questions (Cont.)

Yes No

4. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....  
  - b. Diverted controlled substances or legend drugs? .....  
  - c. Violated any drug law? .....  
  - d. Prescribed controlled substances for yourself? .....  
5. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....  
6. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....  
7. Have you ever surrendered a credential like those listed in number 6, in connection with or to avoid action by a state, federal, or foreign authority? .....  
8. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....  
9. Have you ever had hospital privileges, medical society, other professional society or organization membership revoked, suspended, restricted or denied? .....  
10. Have you ever been the subject of any informal or formal disciplinary action related to the practice of medicine? .....  
11. To the best of your knowledge, are you the subject of an investigation by any licensing board as to the date of this application? .....  
12. Have you ever agreed to restrict, surrender, or resign your practice in lieu of or to avoid adverse action? .....  
13. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? .....  

## Current Application

### 3. Education

List all Medical School Education

Current Application

Schools attended (Location if other than U.S., quote names of schools in original language and translate to English.)	Diploma or degree obtained (Quote titles in original language and translate to English.)	Number of years attended	Dates granted	
			Start mm/yyyy	End mm/yyyy
Medical education (list all medical schools attended)				
Postgraduate training (list all programs attended)				

### 4. Professional Experience

In date order, most recent to later, list all professional experience received since graduation from medical school to the present. Exclude activities listed under other sections, identify any periods of time break of 30 days or more.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty

### 5. Hospital Privileges (Excluding postgraduate training hospital privileges.)

Excluding postgraduate training, list hospitals where all privileges that have been granted within the past five years. If you need more space, attach a piece of paper.

Name of hospital	Dates attended	
	Start date mm/dd/yyyy	End date mm/dd/yyyy

## 6. Licenses in Other States

List all licenses to practice medicine in any state, territory, Canadian province or other country. Include active, inactive, temporary and training licenses. **Please provide verification directly from the state(s) that you have listed in this section.**

State	Date license issued	License Number	Status of license	Any limitations on license
				No  Yes
				No  Yes
				No  Yes
				No  Yes
				No  Yes
				No  Yes

## 7. AIDS Education and Training Attestation

I certify that I have completed a minimum of four hours of education in the prevention, transmission, and treatment of AIDS. This education included topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's initials

Date

## 8. Applicant's Photograph

### Photo Here



Attach current photograph here. Indicate date taken and sign in ink across bottom of the photo.

NOTE: Photograph **must** be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view of applicant

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair color \_\_\_\_\_

Color of eyes \_\_\_\_\_

Signature \_\_\_\_\_

Date of Photo \_\_\_\_\_

**Current Application**

## 9. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the  
(Print applicant name clearly)

### Current Application

laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_  
(Signature of applicant)



Revised Application

Background  
Check  
Stamp  
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Date  
Stamp  
Here

Revenue 0252090000

## Medical Practice License Application for MDs only

National Board Medical Exam (NBME)     
  Other State Exam     
  Flex Examination  
 LMCC (Must have been obtained after 1969)     
  USMLE Examination

Select if the following applies:       Spouse or Registered Domestic Partner of Military Personnel

### 1. Demographic Information

<b>Social Security Number (SSN)</b> (If you do not have a SSN, see instructions)		<input type="checkbox"/> X <input type="checkbox"/> Male <input type="checkbox"/> Female
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Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)	<b>Place of birth</b>		
	City	State	Country

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)		Cell (enter 10 digit #)
--------------------------	--	-------------------------

Email address

Mailing address if different from above address of record

City	State	Zip Code	County
------	-------	----------	--------

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?  Yes  No  
If yes, list name(s):

Will documents be received in another name?  Yes  No  
If yes, list name(s):



### Medical Specialty

Medical school	Year of Graduation
----------------	--------------------

Medical Specialty

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way currently impairs or limits your ability to practice your profession with reasonable skill and safety?.....  

**If yes, please attach any supporting documentation and a detailed explanation**



**“Medical Condition”** includes physiological, medical, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, sleep disorder, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

You may answer No if the behavior or condition is already known to the Washington Physician Health Program (WPHP). "Known to WPHP" means that you have informed WPHP of your behavior or conditions and you are complying with all of WPHP's requirements for evaluation, treatment, and/or monitoring.

**If Yes,** You must submit detailed information to the Commission that will allow the Commission to assess your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge. In addition to this information, you are required to provide copies of any related records, reports, evaluations, police reports, probation reports, and court records directly to the Commission.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**



**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....  

**“Currently” means within the past six months.**

**“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.**

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

3. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult in any state or jurisdiction? .....  

**Note: If you answered “yes” to question 3, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## Revised Application

## 2. Personal Data Questions (Cont.)

Yes No

4. Have you ever been found in any civil, administrative or criminal proceeding to have:
  - a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for lawful, therapeutic purposes?
  - b. Diverted controlled substances or legend drugs?
  - c. Prescribed controlled substances for yourself?
5. Have you ever been the subject of any corrective or disciplinary action related to the practice of medicine by a licensing board or other healthcare entity?
6. Have you ever been found to have violated any state or federal law or rule regulating the practice of a health care profession in any proceeding?
7. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, or suspended by a state, federal, or foreign authority?
8. Have you ever agreed to restrict, surrender, or resign your practice, in lieu of or to avoid an adverse action?
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
10. Have you ever had hospital privileges or board certification(s) revoked, suspended, restricted or denied?
11. To the best of your knowledge, are you the subject of an investigation by any licensing board as of the date of this application?
12. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

## 3. Education

The Medical Commission will rely on the records provided by the AMA. It is the applicant's responsibility to ensure that education and post-graduate training information provided by AMA is accurate and up-to-date.

## 4. Professional Experience

In date order, most recent to later, list all professional experience for the past seven (7) years from the date of this application. Please identify any periods of time break of 30 days or more and provide rationale for the break.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Nature of experience or specialty

Revised Application

## 5. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the  
(Print applicant name clearly)

laws of the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_

## Revised Application

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 2378**

66th Legislature  
2020 Regular Session

Passed by the House February 16, 2020  
Yeas 96 Nays 0

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**Speaker of the House of  
Representatives**

Passed by the Senate March 3, 2020  
Yeas 49 Nays 0

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**President of the Senate**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2378** as passed by the House of Representatives and the Senate on the dates hereon set forth.

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**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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**SUBSTITUTE HOUSE BILL 2378**

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Passed Legislature - 2020 Regular Session

**State of Washington                      66th Legislature                      2020 Regular Session**

**By** House Health Care & Wellness (originally sponsored by  
Representatives Riccelli, Harris, Macri, and Cody)

READ FIRST TIME 01/30/20.

1            AN ACT Relating to physician assistants; amending RCW 18.71A.020,  
2 18.71A.025, 18.71A.030, 18.71A.050, 18.71A.090, 7.68.030, 18.06.140,  
3 18.57.003, 18.79.040, 18.79.060, 18.79.240, 18.79.270, 18.100.050,  
4 18.120.020, 18.130.410, 18.250.010, 28A.210.090, 43.70.220,  
5 43.70.470, 46.19.010, 46.61.506, 46.61.508, 48.42.100, 48.43.094,  
6 48.43.115, 51.04.030, 51.28.100, 69.41.030, 69.45.010, 70.41.210,  
7 70.54.400, 70.128.120, 70.185.090, 70.225.040, 71.32.020, 74.09.010,  
8 74.42.230, and 82.04.050; reenacting and amending RCW 18.71A.010,  
9 18.79.260, 18.89.020, 18.130.040, 18.360.010, 43.70.110, 43.70.442,  
10 69.41.010, 69.50.101, 69.51A.010, 70.180.030, 71.05.020, 71.24.025,  
11 71.34.020, and 74.42.010; adding new sections to chapter 18.71A RCW;  
12 creating a new section; repealing RCW 18.57A.010, 18.57A.020,  
13 18.57A.023, 18.57A.025, 18.57A.030, 18.57A.035, 18.57A.040,  
14 18.57A.050, 18.57A.060, 18.57A.070, 18.57A.080, 18.57A.090,  
15 18.57A.100, 18.57A.800, 18.57A.810, 18.71A.035, and 18.71A.040;  
16 providing effective dates; and providing an expiration date.

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

18            NEW SECTION.    **Sec. 1.** The legislature intends to modernize the  
19 practice of physician assistants in order to increase access to care,  
20 reduce barriers to employment of physician assistants, and optimize

1 the manner in which physician assistants deliver quality medical  
2 care.

3 **Sec. 2.** RCW 18.71A.010 and 2019 c 55 s 5 are each reenacted and  
4 amended to read as follows:

5 The definitions set forth in this section apply throughout this  
6 chapter.

7 (1) "Commission" means the Washington medical commission.

8 (2) "Department" means the department of health.

9 (3) "Physician assistant" means a person who is licensed by the  
10 commission to practice medicine (~~(to a limited extent only under the~~  
11 ~~supervision of a physician as defined in chapter 18.71 RCW)~~  
12 according to a practice agreement with one or more participating  
13 physicians, with at least one of the physicians working in a  
14 supervisory capacity, and who is academically and clinically prepared  
15 to provide health care services and perform diagnostic, therapeutic,  
16 preventative, and health maintenance services.

17 (4) "Practice medicine" has the meaning defined in RCW 18.71.011  
18 and also includes the practice of osteopathic medicine and surgery as  
19 defined in RCW 18.57.001.

20 (5) "Secretary" means the secretary of health or the secretary's  
21 designee.

22 (6) "Physician" means a physician licensed under chapter 18.57 or  
23 18.71 RCW.

24 (7) "Practice agreement" means an agreement entered under section  
25 6 of this act.

26 **Sec. 3.** RCW 18.71A.020 and 2019 c 55 s 6 are each amended to  
27 read as follows:

28 (1) The commission shall adopt rules fixing the qualifications  
29 and the educational and training requirements for licensure as a  
30 physician assistant or for those enrolled in any physician assistant  
31 training program. The requirements shall include completion of an  
32 accredited physician assistant training program approved by the  
33 commission and within one year successfully take and pass an  
34 examination approved by the commission, if the examination tests  
35 subjects substantially equivalent to the curriculum of an accredited  
36 physician assistant training program. An interim permit may be  
37 granted by the department of health for one year provided the  
38 applicant meets all other requirements. Physician assistants licensed

1 by the board of medical examiners, or the commission as of July 1,  
2 1999, shall continue to be licensed.

3 (2) (a) The commission shall adopt rules governing the extent to  
4 which:

5 (i) Physician assistant students may practice medicine during  
6 training; and

7 (ii) Physician assistants may practice after successful  
8 completion of a physician assistant training course.

9 (b) Such rules shall provide:

10 (i) That the practice of a physician assistant shall be limited  
11 to the performance of those services for which he or she is trained;  
12 and

13 (ii) That each physician assistant shall practice medicine only  
14 under ~~((the supervision and control of a))~~ the terms of one or more  
15 practice agreements, each signed by one or more supervising  
16 physicians licensed in this state~~((, but such supervision and~~  
17 ~~control))~~. A practice agreement may be signed electronically using a  
18 method for electronic signatures approved by the commission.  
19 Supervision shall not be construed to necessarily require the  
20 personal presence of the supervising physician or physicians at the  
21 place where services are rendered.

22 (3) Applicants for licensure shall file an application with the  
23 commission on a form prepared by the secretary with the approval of  
24 the commission, detailing the education, training, and experience of  
25 the physician assistant and such other information as the commission  
26 may require. The application shall be accompanied by a fee determined  
27 by the secretary as provided in RCW 43.70.250 and 43.70.280. A  
28 surcharge of fifty dollars per year shall be charged on each license  
29 renewal or issuance of a new license to be collected by the  
30 department and deposited into the impaired physician account for  
31 physician assistant participation in the impaired physician program.  
32 Each applicant shall furnish proof satisfactory to the commission of  
33 the following:

34 (a) That the applicant has completed an accredited physician  
35 assistant program approved by the commission and is eligible to take  
36 the examination approved by the commission;

37 (b) That the applicant is of good moral character; and

38 (c) That the applicant is physically and mentally capable of  
39 practicing medicine as a physician assistant with reasonable skill  
40 and safety. The commission may require an applicant to submit to such



1 examination or examinations as it deems necessary to determine an  
2 applicant's physical or mental capability, or both, to safely  
3 practice as a physician assistant.

4 (4) (a) The commission may approve, deny, or take other  
5 disciplinary action upon the application for license as provided in  
6 the Uniform Disciplinary Act, chapter 18.130 RCW.

7 (b) The license shall be renewed as determined under RCW  
8 43.70.250 and 43.70.280. The commission shall request licensees to  
9 submit information about their current professional practice at the  
10 time of license renewal and licensees must provide the information  
11 requested. This information may include practice setting, medical  
12 specialty, or other relevant data determined by the commission.

13 ~~((c) The commission may authorize the use of alternative  
14 supervisors who are licensed either under chapter 18.57 or 18.71  
15 RCW.))~~

16 (5) All funds in the impaired physician account shall be paid to  
17 the contract entity within sixty days of deposit.

18 **Sec. 4.** RCW 18.71A.025 and 1986 c 259 s 106 are each amended to  
19 read as follows:

20 (1) The uniform disciplinary act, chapter 18.130 RCW, governs the  
21 issuance and denial of licenses and the discipline of licensees under  
22 this chapter.

23 (2) The commission shall consult with the board of osteopathic  
24 medicine and surgery when investigating allegations of unprofessional  
25 conduct against a licensee who has a supervising physician licensed  
26 under chapter 18.57 RCW.

27 **Sec. 5.** RCW 18.71A.030 and 2016 c 155 s 23 are each amended to  
28 read as follows:

29 (1) A physician assistant may practice medicine in this state  
30 ~~((only with the approval of the delegation agreement by the  
31 commission and only))~~ to the extent permitted by the ~~((commission. A  
32 physician assistant who has received a license but who has not  
33 received commission approval of the delegation agreement under RCW  
34 18.71A.040 may not))~~ practice agreement. A physician assistant shall  
35 be subject to discipline under chapter 18.130 RCW.

36 (2) Physician assistants may provide services that they are  
37 competent to perform based on their education, training, and  
38 experience and that are consistent with their ~~((commission-approved~~

1 ~~delegation))~~ practice agreement. The supervising physician and the  
2 physician assistant shall determine which procedures may be performed  
3 and the ~~((degree—of))~~ supervision under which the procedure is  
4 performed. Physician assistants may practice in any area of medicine  
5 or surgery as long as the practice is not beyond the supervising  
6 physician's own scope of expertise and clinical practice and the  
7 practice agreement.

8 (3) A physician assistant delivering general anesthesia or  
9 intrathecal anesthesia pursuant to a practice agreement with a  
10 physician shall show evidence of adequate education and training in  
11 the delivery of the type of anesthesia being delivered on his or her  
12 practice agreement.

13 NEW SECTION. Sec. 6. A new section is added to chapter 18.71A  
14 RCW to read as follows:

15 (1) Prior to commencing practice, a physician assistant licensed  
16 in Washington state must enter into a practice agreement with a  
17 physician or group of physicians, at least one of whom must be  
18 working in a supervisory capacity.

19 (a) Entering into a practice agreement is voluntary for the  
20 physician assistant and the supervising physician. A physician may  
21 not be compelled to participate in a practice agreement as a  
22 condition of employment.

23 (b) Prior to entering into the practice agreement, the physician,  
24 physicians, or their designee must verify the physician assistant's  
25 credentials.

26 (c) The protections of RCW 43.70.075 apply to any physician who  
27 reports to the commission acts of retaliation or reprisal for  
28 declining to sign a practice agreement.

29 (d) The practice agreement must be maintained by the physician  
30 assistant's employer or at his or her place of work and must be made  
31 available to the commission upon request.

32 (e) The commission shall develop a model practice agreement.

33 (f) The commission shall establish administrative procedures,  
34 administrative requirements, and fees as provided in RCW 43.70.250  
35 and 43.70.280.

36 (2) A practice agreement must include all of the following:

37 (a) The duties and responsibilities of the physician assistant,  
38 the supervising physician, and alternate physicians. The practice  
39 agreement must describe supervision requirements for specified

1 procedures or areas of practice. The practice agreement may only  
2 include acts, tasks, or functions that the physician assistant and  
3 supervising physician or alternate physicians are qualified to  
4 perform by education, training, or experience and that are within the  
5 scope of expertise and clinical practice of both the physician  
6 assistant and the supervising physician or alternate physicians,  
7 unless otherwise authorized by law, rule, or the commission;

8 (b) A process between the physician assistant and supervising  
9 physician or alternate physicians for communication, availability,  
10 and decision making when providing medical treatment to a patient or  
11 in the event of an acute health care crisis not previously covered by  
12 the practice agreement, such as a flu pandemic or other unforeseen  
13 emergency. Communications may occur in person, electronically, by  
14 telephone, or by an alternate method;

15 (c) If there is only one physician party to the practice  
16 agreement, a protocol for designating an alternate physician for  
17 consultation in situations in which the physician is not available;

18 (d) The signature of the physician assistant and the signature or  
19 signatures of the supervising physician. A practice agreement may be  
20 signed electronically using a method for electronic signatures  
21 approved by the commission; and

22 (e) A termination provision. A physician assistant or physician  
23 may terminate the practice agreement as it applies to a single  
24 supervising physician without terminating the agreement with respect  
25 to the remaining participating physicians. If the termination results  
26 in no supervising physician being designated on the agreement, a new  
27 supervising physician must be designated for the agreement to be  
28 valid.

29 (i) Except as provided in (e)(ii) of this subsection, the  
30 physician assistant or supervising physician must provide written  
31 notice at least thirty days prior to the termination.

32 (ii) The physician assistant or supervising physician may  
33 terminate the practice agreement immediately due to good faith  
34 concerns regarding unprofessional conduct or failure to practice  
35 medicine while exercising reasonable skill and safety.

36 (3) A practice agreement may be amended for any reason, such as  
37 to add or remove supervising physicians or alternate physicians or to  
38 amend the duties and responsibilities of the physician assistant.

1 (4) Whenever a physician assistant is practicing in a manner  
2 inconsistent with the practice agreement, the commission may take  
3 disciplinary action under chapter 18.130 RCW.

4 (5) Whenever a physician is subject to disciplinary action under  
5 chapter 18.130 RCW related to the practice of a physician assistant,  
6 the case must be referred to the appropriate disciplining authority.

7 (6) A physician assistant or physician may participate in more  
8 than one practice agreement if he or she is reasonably able to  
9 fulfill the duties and responsibilities in each agreement.

10 (7) A physician may supervise no more than ten physician  
11 assistants. A physician may petition the commission for a waiver of  
12 this limit. The commission shall automatically grant a waiver to any  
13 physician who possesses, on the effective date of this section, a  
14 valid waiver to supervise more than ten physician assistants. A  
15 physician granted a waiver under this subsection may not supervise  
16 more physician assistants than the physician is able to adequately  
17 supervise.

18 (8) A physician assistant must file with the commission in a form  
19 acceptable to the commission:

20 (a) Each practice agreement into which the physician assistant  
21 enters under this section;

22 (b) Any amendments to the practice agreement; and

23 (c) Notice if the practice agreement is terminated.

24 **Sec. 7.** RCW 18.71A.050 and 1994 sp.s. c 9 s 323 are each amended  
25 to read as follows:

26 No physician who (~~supervises~~) enters into a practice agreement  
27 with a licensed physician assistant in accordance with and within the  
28 terms of any permission granted by the commission is considered as  
29 aiding and abetting an unlicensed person to practice medicine. The  
30 supervising physician and physician assistant shall each retain  
31 professional and personal responsibility for any act which  
32 constitutes the practice of medicine as defined in RCW 18.71.011 or  
33 the practice of osteopathic medicine and surgery as defined in RCW  
34 18.57.001 when performed by the physician assistant.

35 **Sec. 8.** RCW 18.71A.090 and 2007 c 264 s 3 are each amended to  
36 read as follows:

37 (1) A physician assistant may sign and attest to any  
38 certificates, cards, forms, or other required documentation that the

1 physician assistant's supervising physician or physician group may  
2 sign, provided that it is within the physician assistant's scope of  
3 practice and is consistent with the terms of the physician  
4 assistant's practice (~~(arrangement plan)~~) agreement as required by  
5 this chapter.

6 (2) Notwithstanding any federal law, rule, or medical staff bylaw  
7 provision to the contrary, a physician is not required to countersign  
8 orders written in a patient's clinical record or an official form by  
9 a physician assistant with whom the physician has a practice  
10 agreement.

11 NEW SECTION. Sec. 9. A new section is added to chapter 18.71A  
12 RCW to read as follows:

13 (1) The commission shall conduct an education and outreach  
14 campaign to make license holders, health carriers, and the public  
15 aware of the provisions of this act.

16 (2) This section expires August 1, 2023.

17 NEW SECTION. Sec. 10. A new section is added to chapter 18.71A  
18 RCW to read as follows:

19 (1) On or after the effective date of this section, no new  
20 licenses may be issued under chapter 18.57A RCW. The commission shall  
21 license physician assistants licensed under chapter 18.57A RCW prior  
22 to the effective date of this section as physician assistants under  
23 this chapter when they renew their licenses.

24 (2) The board of osteopathic medicine and surgery remains the  
25 disciplining authority under chapter 18.130 RCW for conduct occurring  
26 while a physician assistant is licensed under chapter 18.57A RCW.

27 NEW SECTION. Sec. 11. A new section is added to chapter 18.71A  
28 RCW to read as follows:

29 The commission and the board of osteopathic medicine and surgery  
30 shall adopt any rules necessary to implement this act.

31 **Sec. 12.** RCW 7.68.030 and 2017 c 235 s 2 are each amended to  
32 read as follows:

33 (1) It shall be the duty of the director to establish and  
34 administer a program of benefits to innocent victims of criminal acts  
35 within the terms and limitations of this chapter. The director may  
36 apply for and, subject to appropriation, expend federal funds under

1 Public Law 98-473 and any other federal program providing financial  
2 assistance to state crime victim compensation programs. The federal  
3 funds shall be deposited in the state general fund and may be  
4 expended only for purposes authorized by applicable federal law.

5 (2) The director shall:

6 (a) Establish and adopt rules governing the administration of  
7 this chapter in accordance with chapter 34.05 RCW;

8 (b) Regulate the proof of accident and extent thereof, the proof  
9 of death, and the proof of relationship and the extent of dependency;

10 (c) Supervise the medical, surgical, and hospital treatment to  
11 the intent that it may be in all cases efficient and up to the  
12 recognized standard of modern surgery;

13 (d) Issue proper receipts for moneys received and certificates  
14 for benefits accrued or accruing;

15 (e) Designate a medical director who is licensed under chapter  
16 18.57 or 18.71 RCW;

17 (f) Supervise the providing of prompt and efficient care and  
18 treatment, including care provided by physician assistants governed  
19 by the provisions of (~~chapters 18.57A and~~) chapter 18.71A RCW,  
20 acting under a supervising physician, including chiropractic care,  
21 and including care provided by licensed advanced registered nurse  
22 practitioners, to victims at the least cost consistent with  
23 promptness and efficiency, without discrimination or favoritism, and  
24 with as great uniformity as the various and diverse surrounding  
25 circumstances and locations of industries will permit and to that end  
26 shall, from time to time, establish and adopt and supervise the  
27 administration of printed forms, electronic communications, rules,  
28 regulations, and practices for the furnishing of such care and  
29 treatment. The medical coverage decisions of the department do not  
30 constitute a "rule" as used in RCW 34.05.010(16), nor are such  
31 decisions subject to the rule-making provisions of chapter 34.05 RCW  
32 except that criteria for establishing medical coverage decisions  
33 shall be adopted by rule. The department may recommend to a victim  
34 particular health care services and providers where specialized  
35 treatment is indicated or where cost-effective payment levels or  
36 rates are obtained by the department, and the department may enter  
37 into contracts for goods and services including, but not limited to,  
38 durable medical equipment so long as statewide access to quality  
39 service is maintained for injured victims;

1 (g) In consultation with interested persons, establish and, in  
2 his or her discretion, periodically change as may be necessary, and  
3 make available a fee schedule of the maximum charges to be made by  
4 any physician, surgeon, chiropractor, hospital, druggist, licensed  
5 advanced registered nurse practitioner, and physician assistants as  
6 defined in (~~chapters 18.57A and~~) chapter 18.71A RCW, acting under a  
7 supervising physician or other agency or person rendering services to  
8 victims. The department shall coordinate with other state purchasers  
9 of health care services to establish as much consistency and  
10 uniformity in billing and coding practices as possible, taking into  
11 account the unique requirements and differences between programs. No  
12 service covered under this title, including services provided to  
13 victims, whether aliens or other victims, who are not residing in the  
14 United States at the time of receiving the services, shall be charged  
15 or paid at a rate or rates exceeding those specified in such fee  
16 schedule, and no contract providing for greater fees shall be valid  
17 as to the excess. The establishment of such a schedule, exclusive of  
18 conversion factors, does not constitute "agency action" as used in  
19 RCW 34.05.010(3), nor does such a fee schedule constitute a "rule" as  
20 used in RCW 34.05.010(16). Payments for providers' services under the  
21 fee schedule established pursuant to this subsection (2) may not be  
22 less than payments provided for comparable services under the  
23 workers' compensation program under Title 51 RCW, provided:

24 (i) If the department, using caseload estimates, projects a  
25 deficit in funding for the program by July 15th for the following  
26 fiscal year, the director shall notify the governor and the  
27 appropriate committees of the legislature and request funding  
28 sufficient to continue payments to not less than payments provided  
29 for comparable services under the workers' compensation program. If  
30 sufficient funding is not provided to continue payments to not less  
31 than payments provided for comparable services under the workers'  
32 compensation program, the director shall reduce the payments under  
33 the fee schedule for the following fiscal year based on caseload  
34 estimates and available funding, except payments may not be reduced  
35 to less than seventy percent of payments for comparable services  
36 under the workers' compensation program;

37 (ii) If an unforeseeable catastrophic event results in  
38 insufficient funding to continue payments to not less than payments  
39 provided for comparable services under the workers' compensation  
40 program, the director shall reduce the payments under the fee

1 schedule to not less than seventy percent of payments provided for  
2 comparable services under the workers' compensation program, provided  
3 that the reduction may not be more than necessary to fund benefits  
4 under the program; and

5 (iii) Once sufficient funding is provided or otherwise available,  
6 the director shall increase the payments under the fee schedule to  
7 not less than payments provided for comparable services under the  
8 workers' compensation program;

9 (h) Make a record of the commencement of every disability and the  
10 termination thereof and, when bills are rendered for the care and  
11 treatment of injured victims, shall approve and pay those which  
12 conform to the adopted rules, regulations, established fee schedules,  
13 and practices of the director and may reject any bill or item thereof  
14 incurred in violation of the principles laid down in this section or  
15 the rules, regulations, or the established fee schedules and rules  
16 and regulations adopted under it.

17 (3) The director and his or her authorized assistants:

18 (a) Have power to issue subpoenas to enforce the attendance and  
19 testimony of witnesses and the production and examination of books,  
20 papers, photographs, tapes, and records before the department in  
21 connection with any claim made to the department or any billing  
22 submitted to the department. The superior court has the power to  
23 enforce any such subpoena by proper proceedings;

24 (b) (i) May apply for and obtain a superior court order approving  
25 and authorizing a subpoena in advance of its issuance. The  
26 application may be made in the county where the subpoenaed person  
27 resides or is found, or the county where the subpoenaed records or  
28 documents are located, or in Thurston county. The application must  
29 (A) state that an order is sought pursuant to this subsection; (B)  
30 adequately specify the records, documents, or testimony; and (C)  
31 declare under oath that an investigation is being conducted for a  
32 lawfully authorized purpose related to an investigation within the  
33 department's authority and that the subpoenaed documents or testimony  
34 are reasonably related to an investigation within the department's  
35 authority.

36 (ii) Where the application under this subsection (3) (b) is made  
37 to the satisfaction of the court, the court must issue an order  
38 approving the subpoena. An order under this subsection constitutes  
39 authority of law for the agency to subpoena the records or testimony.



1 (iii) The director and his or her authorized assistants may seek  
2 approval and a court may issue an order under this subsection without  
3 prior notice to any person, including the person to whom the subpoena  
4 is directed and the person who is the subject of an investigation.

5 (4) In all hearings, actions, or proceedings before the  
6 department, any physician or licensed advanced registered nurse  
7 practitioner having theretofore examined or treated the claimant may  
8 be required to testify fully regarding such examination or treatment,  
9 and shall not be exempt from so testifying by reason of the relation  
10 of the physician or licensed advanced registered nurse practitioner  
11 to the patient.

12 **Sec. 13.** RCW 18.06.140 and 2019 c 308 s 9 are each amended to  
13 read as follows:

14 (1) When a person licensed under this chapter sees patients with  
15 potentially serious disorders such as cardiac conditions, acute  
16 abdominal symptoms, and such other conditions, the practitioner shall  
17 immediately request a consultation or recent written diagnosis from a  
18 primary health care provider licensed under chapter 18.71, 18.57,  
19 (~~18.57A,~~) 18.36A, or 18.71A RCW or RCW 18.79.050. In the event that  
20 the patient with the disorder refuses to authorize such consultation  
21 or provide a recent diagnosis from such primary health care provider,  
22 acupuncture or Eastern medicine treatments may only be continued  
23 after the patient signs a written waiver acknowledging the risks  
24 associated with the failure to pursue treatment from a primary health  
25 care provider. The waiver must also include: (a) An explanation of an  
26 acupuncturist's or acupuncture and Eastern medicine practitioner's  
27 scope of practice, including the services and techniques  
28 acupuncturists or acupuncture and Eastern medicine practitioners are  
29 authorized to provide and (b) a statement that the services and  
30 techniques that an acupuncturist or acupuncture and Eastern medicine  
31 practitioner is authorized to provide will not resolve the patient's  
32 underlying potentially serious disorder. The requirements of the  
33 waiver shall be established by the secretary in rule.

34 (2) In an emergency, a person licensed under this chapter shall:  
35 (a) Initiate the emergency medical system by calling 911; (b) request  
36 an ambulance; and (c) provide patient support until emergency  
37 response arrives.

38 (3) A person violating this section is guilty of a misdemeanor.

1       **Sec. 14.** RCW 18.57.003 and 2017 c 101 s 1 are each amended to  
2 read as follows:

3       There is hereby created an agency of the state of Washington,  
4 consisting of eleven individuals appointed by the governor to be  
5 known as the Washington state board of osteopathic medicine and  
6 surgery.

7       On expiration of the term of any member, the governor shall  
8 appoint for a period of five years a qualified individual to take the  
9 place of such member. Each member shall hold office until the  
10 expiration of the term for which such member is appointed or until a  
11 successor shall have been appointed and shall have qualified. Initial  
12 appointments shall be made and vacancies in the membership of the  
13 board shall be filled for the unexpired term by appointment by the  
14 governor.

15       Each member of the board shall be a citizen of the United States  
16 and must be an actual resident of this state. Two members must be  
17 consumers who have neither a financial nor a fiduciary relationship  
18 to a health care delivery system, (~~one member must have been in~~  
19 ~~active practice as a licensed osteopathic physician assistant in this~~  
20 ~~state for at least five years immediately preceding appointment,)~~)  
21 and every other member must have been in active practice as a  
22 licensed osteopathic physician and surgeon in this state for at least  
23 five years immediately preceding appointment.

24       The board shall elect a chairperson, a secretary, and a vice  
25 chairperson from its members. Meetings of the board shall be held at  
26 least four times a year and at such place as the board shall  
27 determine and at such other times and places as the board deems  
28 necessary.

29       An affirmative vote of a simple majority of the members present  
30 at a meeting or hearing shall be required for the board to take any  
31 official action. The board may not take any action without a quorum  
32 of the board members present. A simple majority of the board members  
33 currently serving constitutes a quorum of the board.

34       Each member of the board shall be compensated in accordance with  
35 RCW 43.03.265 and shall be reimbursed for travel expenses in  
36 accordance with RCW 43.03.050 and 43.03.060. The board is a class  
37 five group for purposes of chapter 43.03 RCW.

38       Any member of the board may be removed by the governor for  
39 neglect of duty, misconduct, malfeasance or misfeasance in office, or

1 upon written request of two-thirds of the physicians licensed under  
2 this chapter and in active practice in this state.

3 **Sec. 15.** RCW 18.79.040 and 2012 c 13 s 1 are each amended to  
4 read as follows:

5 (1) "Registered nursing practice" means the performance of acts  
6 requiring substantial specialized knowledge, judgment, and skill  
7 based on the principles of the biological, physiological, behavioral,  
8 and sociological sciences in either:

9 (a) The observation, assessment, diagnosis, care or counsel, and  
10 health teaching of individuals with illnesses, injuries, or  
11 disabilities, or in the maintenance of health or prevention of  
12 illness of others;

13 (b) The performance of such additional acts requiring education  
14 and training and that are recognized by the medical and nursing  
15 professions as proper and recognized by the commission to be  
16 performed by registered nurses licensed under this chapter and that  
17 are authorized by the commission through its rules;

18 (c) The administration, supervision, delegation, and evaluation  
19 of nursing practice. However, nothing in this subsection affects the  
20 authority of a hospital, hospital district, in-home service agency,  
21 community-based care setting, medical clinic, or office, concerning  
22 its administration and supervision;

23 (d) The teaching of nursing;

24 (e) The executing of medical regimen as prescribed by a licensed  
25 physician and surgeon, dentist, osteopathic physician and surgeon,  
26 podiatric physician and surgeon, physician assistant, (~~osteopathic~~  
27 ~~physician assistant,~~) or advanced registered nurse practitioner, or  
28 as directed by a licensed midwife within his or her scope of  
29 practice.

30 (2) Nothing in this section prohibits a person from practicing a  
31 profession for which a license has been issued under the laws of this  
32 state or specifically authorized by any other law of the state of  
33 Washington.

34 (3) This section does not prohibit (a) the nursing care of the  
35 sick, without compensation, by an unlicensed person who does not hold  
36 himself or herself out to be a registered nurse, (b) the practice of  
37 licensed practical nursing by a licensed practical nurse, or (c) the  
38 practice of a nursing assistant, providing delegated nursing tasks  
39 under chapter 18.88A RCW.

1       **Sec. 16.** RCW 18.79.060 and 2012 c 13 s 2 are each amended to  
2 read as follows:

3       "Licensed practical nursing practice" means the performance of  
4 services requiring the knowledge, skill, and judgment necessary for  
5 carrying out selected aspects of the designated nursing regimen under  
6 the direction and supervision of a licensed physician and surgeon,  
7 dentist, osteopathic physician and surgeon, physician assistant,  
8 (~~osteopathic physician assistant,~~) podiatric physician and surgeon,  
9 advanced registered nurse practitioner, registered nurse, or midwife.

10       Nothing in this section prohibits a person from practicing a  
11 profession for which a license has been issued under the laws of this  
12 state or specifically authorized by any other law of the state of  
13 Washington.

14       This section does not prohibit the nursing care of the sick,  
15 without compensation, by an unlicensed person who does not hold  
16 himself or herself out to be a licensed practical nurse.

17       **Sec. 17.** RCW 18.79.240 and 2019 c 270 s 4 are each amended to  
18 read as follows:

19       (1) In the context of the definition of registered nursing  
20 practice and advanced registered nursing practice, this chapter shall  
21 not be construed as:

22       (a) Prohibiting the incidental care of the sick by domestic  
23 servants or persons primarily employed as housekeepers, so long as  
24 they do not practice registered nursing within the meaning of this  
25 chapter;

26       (b) Preventing a person from the domestic administration of  
27 family remedies or the furnishing of nursing assistance in case of  
28 emergency;

29       (c) Prohibiting the practice of nursing by students enrolled in  
30 approved schools as may be incidental to their course of study or  
31 prohibiting the students from working as nursing technicians;

32       (d) Prohibiting auxiliary services provided by persons carrying  
33 out duties necessary for the support of nursing services, including  
34 those duties that involve minor nursing services for persons  
35 performed in hospitals, nursing homes, or elsewhere under the  
36 direction of licensed physicians or the supervision of licensed  
37 registered nurses;

38       (e) Prohibiting the practice of nursing in this state by a  
39 legally qualified nurse of another state or territory whose

1 engagement requires him or her to accompany and care for a patient  
2 temporarily residing in this state during the period of one such  
3 engagement, not to exceed six months in length, if the person does  
4 not represent or hold himself or herself out as a registered nurse  
5 licensed to practice in this state;

6 (f) Prohibiting nursing or care of the sick, with or without  
7 compensation, when done in connection with the practice of the  
8 religious tenets of a church by adherents of the church so long as  
9 they do not engage in the practice of nursing as defined in this  
10 chapter;

11 (g) Prohibiting the practice of a legally qualified nurse of  
12 another state who is employed by the United States government or a  
13 bureau, division, or agency thereof, while in the discharge of his or  
14 her official duties;

15 (h) Permitting the measurement of the powers or range of human  
16 vision, or the determination of the accommodation and refractive  
17 state of the human eye or the scope of its functions in general, or  
18 the fitting or adaptation of lenses for the aid thereof;

19 (i) Permitting the prescribing or directing the use of, or using,  
20 an optical device in connection with ocular exercises, visual  
21 training, vision training, or orthoptics;

22 (j) Permitting the prescribing of contact lenses for, or the  
23 fitting and adaptation of contact lenses to, the human eye;

24 (k) Prohibiting the performance of routine visual screening;

25 (l) Permitting the practice of dentistry or dental hygiene as  
26 defined in chapters 18.32 and 18.29 RCW, respectively;

27 (m) Permitting the practice of chiropractic as defined in chapter  
28 18.25 RCW including the adjustment or manipulation of the  
29 articulation of the spine;

30 (n) Permitting the practice of podiatric medicine and surgery as  
31 defined in chapter 18.22 RCW;

32 (o) Permitting the performance of major surgery, except such  
33 minor surgery as the commission may have specifically authorized by  
34 rule adopted in accordance with chapter 34.05 RCW;

35 (p) Permitting the prescribing of controlled substances as  
36 defined in Schedule I of the Uniform Controlled Substances Act,  
37 chapter 69.50 RCW;

38 (q) Prohibiting the determination and pronouncement of death;

39 (r) Prohibiting advanced registered nurse practitioners, approved  
40 by the commission as certified registered nurse anesthetists from

1 selecting, ordering, or administering controlled substances as  
2 defined in Schedules II through IV of the Uniform Controlled  
3 Substances Act, chapter 69.50 RCW, consistent with their commission-  
4 recognized scope of practice; subject to facility-specific protocols,  
5 and subject to a request for certified registered nurse anesthetist  
6 anesthesia services issued by a physician licensed under chapter  
7 18.71 RCW, an osteopathic physician and surgeon licensed under  
8 chapter 18.57 RCW, a dentist licensed under chapter 18.32 RCW, or a  
9 podiatric physician and surgeon licensed under chapter 18.22 RCW; the  
10 authority to select, order, or administer Schedule II through IV  
11 controlled substances being limited to those drugs that are to be  
12 directly administered to patients who require anesthesia for  
13 diagnostic, operative, obstetrical, or therapeutic procedures in a  
14 hospital, clinic, ambulatory surgical facility, or the office of a  
15 practitioner licensed under chapter 18.71, 18.22, 18.36, 18.36A,  
16 18.57, (~~18.57A,~~) or 18.32 RCW; "select" meaning the decision-making  
17 process of choosing a drug, dosage, route, and time of  
18 administration; and "order" meaning the process of directing licensed  
19 individuals pursuant to their statutory authority to directly  
20 administer a drug or to dispense, deliver, or distribute a drug for  
21 the purpose of direct administration to a patient, under instructions  
22 of the certified registered nurse anesthetist. "Protocol" means a  
23 statement regarding practice and documentation concerning such items  
24 as categories of patients, categories of medications, or categories  
25 of procedures rather than detailed case-specific formulas for the  
26 practice of nurse anesthesia;

27 (s) Prohibiting advanced registered nurse practitioners from  
28 ordering or prescribing controlled substances as defined in Schedules  
29 II through IV of the Uniform Controlled Substances Act, chapter 69.50  
30 RCW, if and to the extent that doing so is permitted by their scope  
31 of practice;

32 (t) Prohibiting the practice of registered nursing or advanced  
33 registered nursing by a student enrolled in an approved school if:

34 (i) The student performs services without compensation or  
35 expectation of compensation as part of a volunteer activity;

36 (ii) The student is under the direct supervision of a registered  
37 nurse or advanced registered nurse practitioner licensed under this  
38 chapter, a pharmacist licensed under chapter 18.64 RCW, an  
39 osteopathic physician and surgeon licensed under chapter 18.57 RCW,  
40 or a physician licensed under chapter 18.71 RCW;

1 (iii) The services the student performs are within the scope of  
2 practice of: (A) The nursing profession for which the student is  
3 receiving training; and (B) the person supervising the student;

4 (iv) The school in which the student is enrolled verifies the  
5 student has demonstrated competency through his or her education and  
6 training to perform the services; and

7 (v) The student provides proof of current malpractice insurance  
8 to the volunteer activity organizer prior to performing any services.

9 (2) In the context of the definition of licensed practical  
10 nursing practice, this chapter shall not be construed as:

11 (a) Prohibiting the incidental care of the sick by domestic  
12 servants or persons primarily employed as housekeepers, so long as  
13 they do not practice practical nursing within the meaning of this  
14 chapter;

15 (b) Preventing a person from the domestic administration of  
16 family remedies or the furnishing of nursing assistance in case of  
17 emergency;

18 (c) Prohibiting the practice of practical nursing by students  
19 enrolled in approved schools as may be incidental to their course of  
20 study or prohibiting the students from working as nursing assistants;

21 (d) Prohibiting auxiliary services provided by persons carrying  
22 out duties necessary for the support of nursing services, including  
23 those duties that involve minor nursing services for persons  
24 performed in hospitals, nursing homes, or elsewhere under the  
25 direction of licensed physicians or the supervision of licensed  
26 registered nurses;

27 (e) Prohibiting or preventing the practice of nursing in this  
28 state by a legally qualified nurse of another state or territory  
29 whose engagement requires him or her to accompany and care for a  
30 patient temporarily residing in this state during the period of one  
31 such engagement, not to exceed six months in length, if the person  
32 does not represent or hold himself or herself out as a licensed  
33 practical nurse licensed to practice in this state;

34 (f) Prohibiting nursing or care of the sick, with or without  
35 compensation, when done in connection with the practice of the  
36 religious tenets of a church by adherents of the church so long as  
37 they do not engage in licensed practical nurse practice as defined in  
38 this chapter;

39 (g) Prohibiting the practice of a legally qualified nurse of  
40 another state who is employed by the United States government or any

1 bureau, division, or agency thereof, while in the discharge of his or  
2 her official duties.

3 **Sec. 18.** RCW 18.79.260 and 2012 c 164 s 407, 2012 c 13 s 3, and  
4 2012 c 10 s 37 are each reenacted and amended to read as follows:

5 (1) A registered nurse under his or her license may perform for  
6 compensation nursing care, as that term is usually understood, to  
7 individuals with illnesses, injuries, or disabilities.

8 (2) A registered nurse may, at or under the general direction of  
9 a licensed physician and surgeon, dentist, osteopathic physician and  
10 surgeon, naturopathic physician, optometrist, podiatric physician and  
11 surgeon, physician assistant, (~~osteopathic physician assistant,~~)  
12 advanced registered nurse practitioner, or midwife acting within the  
13 scope of his or her license, administer medications, treatments,  
14 tests, and inoculations, whether or not the severing or penetrating  
15 of tissues is involved and whether or not a degree of independent  
16 judgment and skill is required. Such direction must be for acts which  
17 are within the scope of registered nursing practice.

18 (3) A registered nurse may delegate tasks of nursing care to  
19 other individuals where the registered nurse determines that it is in  
20 the best interest of the patient.

21 (a) The delegating nurse shall:

22 (i) Determine the competency of the individual to perform the  
23 tasks;

24 (ii) Evaluate the appropriateness of the delegation;

25 (iii) Supervise the actions of the person performing the  
26 delegated task; and

27 (iv) Delegate only those tasks that are within the registered  
28 nurse's scope of practice.

29 (b) A registered nurse, working for a home health or hospice  
30 agency regulated under chapter 70.127 RCW, may delegate the  
31 application, instillation, or insertion of medications to a  
32 registered or certified nursing assistant under a plan of care.

33 (c) Except as authorized in (b) or (e) of this subsection, a  
34 registered nurse may not delegate the administration of medications.  
35 Except as authorized in (e) of this subsection, a registered nurse  
36 may not delegate acts requiring substantial skill, and may not  
37 delegate piercing or severing of tissues. Acts that require nursing  
38 judgment shall not be delegated.



1 (d) No person may coerce a nurse into compromising patient safety  
2 by requiring the nurse to delegate if the nurse determines that it is  
3 inappropriate to do so. Nurses shall not be subject to any employer  
4 reprisal or disciplinary action by the nursing care quality assurance  
5 commission for refusing to delegate tasks or refusing to provide the  
6 required training for delegation if the nurse determines delegation  
7 may compromise patient safety.

8 (e) For delegation in community-based care settings or in-home  
9 care settings, a registered nurse may delegate nursing care tasks  
10 only to registered or certified nursing assistants or home care aides  
11 certified under chapter 18.88B RCW. Simple care tasks such as blood  
12 pressure monitoring, personal care service, diabetic insulin device  
13 set up, verbal verification of insulin dosage for sight-impaired  
14 individuals, or other tasks as defined by the nursing care quality  
15 assurance commission are exempted from this requirement.

16 (i) "Community-based care settings" includes: Community  
17 residential programs for people with developmental disabilities,  
18 certified by the department of social and health services under  
19 chapter 71A.12 RCW; adult family homes licensed under chapter 70.128  
20 RCW; and assisted living facilities licensed under chapter 18.20 RCW.  
21 Community-based care settings do not include acute care or skilled  
22 nursing facilities.

23 (ii) "In-home care settings" include an individual's place of  
24 temporary or permanent residence, but does not include acute care or  
25 skilled nursing facilities, and does not include community-based care  
26 settings as defined in (e)(i) of this subsection.

27 (iii) Delegation of nursing care tasks in community-based care  
28 settings and in-home care settings is only allowed for individuals  
29 who have a stable and predictable condition. "Stable and predictable  
30 condition" means a situation in which the individual's clinical and  
31 behavioral status is known and does not require the frequent presence  
32 and evaluation of a registered nurse.

33 (iv) The determination of the appropriateness of delegation of a  
34 nursing task is at the discretion of the registered nurse. Other than  
35 delegation of the administration of insulin by injection for the  
36 purpose of caring for individuals with diabetes, the administration  
37 of medications by injection, sterile procedures, and central line  
38 maintenance may never be delegated.

39 (v) When delegating insulin injections under this section, the  
40 registered nurse delegator must instruct the individual regarding

1 proper injection procedures and the use of insulin, demonstrate  
2 proper injection procedures, and must supervise and evaluate the  
3 individual performing the delegated task weekly during the first four  
4 weeks of delegation of insulin injections. If the registered nurse  
5 delegator determines that the individual is competent to perform the  
6 injection properly and safely, supervision and evaluation shall occur  
7 at least every ninety days thereafter.

8 (vi)(A) The registered nurse shall verify that the nursing  
9 assistant or home care aide, as the case may be, has completed the  
10 required core nurse delegation training required in chapter 18.88A or  
11 18.88B RCW prior to authorizing delegation.

12 (B) Before commencing any specific nursing tasks authorized to be  
13 delegated in this section, a home care aide must be certified  
14 pursuant to chapter 18.88B RCW and must comply with RCW 18.88B.070.

15 (vii) The nurse is accountable for his or her own individual  
16 actions in the delegation process. Nurses acting within the protocols  
17 of their delegation authority are immune from liability for any  
18 action performed in the course of their delegation duties.

19 (viii) Nursing task delegation protocols are not intended to  
20 regulate the settings in which delegation may occur, but are intended  
21 to ensure that nursing care services have a consistent standard of  
22 practice upon which the public and the profession may rely, and to  
23 safeguard the authority of the nurse to make independent professional  
24 decisions regarding the delegation of a task.

25 (f) The nursing care quality assurance commission may adopt rules  
26 to implement this section.

27 (4) Only a person licensed as a registered nurse may instruct  
28 nurses in technical subjects pertaining to nursing.

29 (5) Only a person licensed as a registered nurse may hold herself  
30 or himself out to the public or designate herself or himself as a  
31 registered nurse.

32 **Sec. 19.** RCW 18.79.270 and 2012 c 13 s 4 are each amended to  
33 read as follows:

34 A licensed practical nurse under his or her license may perform  
35 nursing care, as that term is usually understood, of the ill,  
36 injured, or infirm, and in the course thereof may, under the  
37 direction of a licensed physician and surgeon, osteopathic physician  
38 and surgeon, dentist, naturopathic physician, podiatric physician and  
39 surgeon, physician assistant, (~~osteopathic physician assistant,~~)

1 advanced registered nurse practitioner, or midwife acting under the  
2 scope of his or her license, or at the direction and under the  
3 supervision of a registered nurse, administer drugs, medications,  
4 treatments, tests, injections, and inoculations, whether or not the  
5 piercing of tissues is involved and whether or not a degree of  
6 independent judgment and skill is required, when selected to do so by  
7 one of the licensed practitioners designated in this section, or by a  
8 registered nurse who need not be physically present; if the order  
9 given is reduced to writing within a reasonable time and made a part  
10 of the patient's record. Such direction must be for acts within the  
11 scope of licensed practical nurse practice.

12 **Sec. 20.** RCW 18.89.020 and 2011 c 235 s 1 are each reenacted and  
13 amended to read as follows:

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

16 (1) "Department" means the department of health.

17 (2) "Health care practitioner" means:

18 (a) A physician licensed under chapter 18.71 RCW;

19 (b) An osteopathic physician or surgeon licensed under chapter  
20 18.57 RCW; or

21 (c) Acting within the scope of their respective licensure, a  
22 podiatric physician and surgeon licensed under chapter 18.22 RCW, an  
23 advanced registered nurse practitioner licensed under chapter 18.79  
24 RCW, a naturopath licensed under chapter 18.36A RCW, or a physician  
25 assistant licensed under chapter 18.71A RCW (~~(, or an osteopathic~~  
26 ~~physician assistant licensed under chapter 18.57A RCW)~~).

27 (3) "Respiratory care practitioner" means an individual licensed  
28 under this chapter.

29 (4) "Secretary" means the secretary of health or the secretary's  
30 designee.

31 **Sec. 21.** RCW 18.100.050 and 2001 c 251 s 29 are each amended to  
32 read as follows:

33 (1) An individual or group of individuals duly licensed or  
34 otherwise legally authorized to render the same professional services  
35 within this state may organize and become a shareholder or  
36 shareholders of a professional corporation for pecuniary profit under  
37 the provisions of Title 23B RCW for the purpose of rendering  
38 professional service. One or more of the legally authorized

1 individuals shall be the incorporators of the professional  
2 corporation.

3 (2) Notwithstanding any other provision of this chapter,  
4 registered architects and registered engineers may own stock in and  
5 render their individual professional services through one  
6 professional service corporation.

7 (3) Licensed health care professionals, providing services to  
8 enrolled participants either directly or through arrangements with a  
9 health maintenance organization registered under chapter 48.46 RCW or  
10 federally qualified health maintenance organization, may own stock in  
11 and render their individual professional services through one  
12 professional service corporation.

13 (4) Professionals may organize a nonprofit nonstock corporation  
14 under this chapter and chapter 24.03 RCW to provide professional  
15 services, and the provisions of this chapter relating to stock and  
16 referring to Title 23B RCW shall not apply to any such corporation.

17 (5)(a) Notwithstanding any other provision of this chapter,  
18 health care professionals who are licensed or certified pursuant to  
19 chapters 18.06, 18.225, 18.22, 18.25, 18.29, 18.34, 18.35, 18.36A,  
20 18.50, 18.53, 18.55, 18.57, (~~(18.57A,)~~) 18.64, 18.71, 18.71A, 18.79,  
21 18.83, 18.89, 18.108, and 18.138 RCW may own stock in and render  
22 their individual professional services through one professional  
23 service corporation and are to be considered, for the purpose of  
24 forming a professional service corporation, as rendering the "same  
25 specific professional services" or "same professional services" or  
26 similar terms.

27 (b) Notwithstanding any other provision of this chapter, health  
28 care professionals who are regulated under chapters 18.59 and 18.74  
29 RCW may own stock in and render their individual professional  
30 services through one professional service corporation formed for the  
31 sole purpose of providing professional services within their  
32 respective scope of practice.

33 (c) Formation of a professional service corporation under this  
34 subsection does not restrict the application of the uniform  
35 disciplinary act under chapter 18.130 RCW, or applicable health care  
36 professional statutes under Title 18 RCW, including but not limited  
37 to restrictions on persons practicing a health profession without  
38 being appropriately credentialed and persons practicing beyond the  
39 scope of their credential.

1       **Sec. 22.** RCW 18.120.020 and 2019 c 308 s 17 are each amended to  
2 read as follows:

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

5       (1) "Applicant group" includes any health professional group or  
6 organization, any individual, or any other interested party which  
7 proposes that any health professional group not presently regulated  
8 be regulated or which proposes to substantially increase the scope of  
9 practice of the profession.

10       (2) "Certificate" and "certification" mean a voluntary process by  
11 which a statutory regulatory entity grants recognition to an  
12 individual who (a) has met certain prerequisite qualifications  
13 specified by that regulatory entity, and (b) may assume or use  
14 "certified" in the title or designation to perform prescribed health  
15 professional tasks.

16       (3) "Grandfather clause" means a provision in a regulatory  
17 statute applicable to practitioners actively engaged in the regulated  
18 health profession prior to the effective date of the regulatory  
19 statute which exempts the practitioners from meeting the prerequisite  
20 qualifications set forth in the regulatory statute to perform  
21 prescribed occupational tasks.

22       (4) "Health professions" means and includes the following health  
23 and health-related licensed or regulated professions and occupations:  
24 Podiatric medicine and surgery under chapter 18.22 RCW; chiropractic  
25 under chapter 18.25 RCW; dental hygiene under chapter 18.29 RCW;  
26 dentistry under chapter 18.32 RCW; denturism under chapter 18.30 RCW;  
27 dental anesthesia assistants under chapter 18.350 RCW; dispensing  
28 opticians under chapter 18.34 RCW; hearing instruments under chapter  
29 18.35 RCW; naturopaths under chapter 18.36A RCW; embalming and  
30 funeral directing under chapter 18.39 RCW; midwifery under chapter  
31 18.50 RCW; nursing home administration under chapter 18.52 RCW;  
32 optometry under chapters 18.53 and 18.54 RCW; ocularists under  
33 chapter 18.55 RCW; osteopathic medicine and surgery under  
34 ((~~chapters~~)) chapter 18.57 ((~~and 18.57A~~)) RCW; pharmacy under  
35 chapters 18.64 and 18.64A RCW; medicine under chapters 18.71 and  
36 18.71A RCW; emergency medicine under chapter 18.73 RCW; physical  
37 therapy under chapter 18.74 RCW; practical nurses under chapter 18.79  
38 RCW; psychologists under chapter 18.83 RCW; registered nurses under  
39 chapter 18.79 RCW; occupational therapists licensed under chapter  
40 18.59 RCW; respiratory care practitioners licensed under chapter

1 18.89 RCW; veterinarians and veterinary technicians under chapter  
2 18.92 RCW; massage therapists under chapter 18.108 RCW;  
3 acupuncturists or acupuncture and Eastern medicine practitioners  
4 licensed under chapter 18.06 RCW; persons registered under chapter  
5 18.19 RCW; persons licensed as mental health counselors, marriage and  
6 family therapists, and social workers under chapter 18.225 RCW;  
7 dietitians and nutritionists certified by chapter 18.138 RCW;  
8 radiologic technicians under chapter 18.84 RCW; nursing assistants  
9 registered or certified under chapter 18.88A RCW; reflexologists  
10 certified under chapter 18.108 RCW; medical assistants-certified,  
11 medical assistants-hemodialysis technician, medical assistants-  
12 phlebotomist, forensic phlebotomist, and medical assistants-  
13 registered certified and registered under chapter 18.360 RCW; and  
14 licensed behavior analysts, licensed assistant behavior analysts, and  
15 certified behavior technicians under chapter 18.380 RCW.

16 (5) "Inspection" means the periodic examination of practitioners  
17 by a state agency in order to ascertain whether the practitioners'  
18 occupation is being carried out in a fashion consistent with the  
19 public health, safety, and welfare.

20 (6) "Legislative committees of reference" means the standing  
21 legislative committees designated by the respective rules committees  
22 of the senate and house of representatives to consider proposed  
23 legislation to regulate health professions not previously regulated.

24 (7) "License," "licensing," and "licensure" mean permission to  
25 engage in a health profession which would otherwise be unlawful in  
26 the state in the absence of the permission. A license is granted to  
27 those individuals who meet prerequisite qualifications to perform  
28 prescribed health professional tasks and for the use of a particular  
29 title.

30 (8) "Practitioner" means an individual who (a) has achieved  
31 knowledge and skill by practice, and (b) is actively engaged in a  
32 specified health profession.

33 (9) "Professional license" means an individual, nontransferable  
34 authorization to carry on a health activity based on qualifications  
35 which include: (a) Graduation from an accredited or approved program,  
36 and (b) acceptable performance on a qualifying examination or series  
37 of examinations.

38 (10) "Public member" means an individual who is not, and never  
39 was, a member of the health profession being regulated or the spouse  
40 of a member, or an individual who does not have and never has had a

1 material financial interest in either the rendering of the health  
2 professional service being regulated or an activity directly related  
3 to the profession being regulated.

4 (11) "Registration" means the formal notification which, prior to  
5 rendering services, a practitioner shall submit to a state agency  
6 setting forth the name and address of the practitioner; the location,  
7 nature and operation of the health activity to be practiced; and, if  
8 required by the regulatory entity, a description of the service to be  
9 provided.

10 (12) "Regulatory entity" means any board, commission, agency,  
11 division, or other unit or subunit of state government which  
12 regulates one or more professions, occupations, industries,  
13 businesses, or other endeavors in this state.

14 (13) "State agency" includes every state office, department,  
15 board, commission, regulatory entity, and agency of the state, and,  
16 where provided by law, programs and activities involving less than  
17 the full responsibility of a state agency.

18 **Sec. 23.** RCW 18.130.040 and 2019 c 444 s 11, 2019 c 308 s 18,  
19 and 2019 c 55 s 7 are each reenacted and amended to read as follows:

20 (1) This chapter applies only to the secretary and the boards and  
21 commissions having jurisdiction in relation to the professions  
22 licensed under the chapters specified in this section. This chapter  
23 does not apply to any business or profession not licensed under the  
24 chapters specified in this section.

25 (2) (a) The secretary has authority under this chapter in relation  
26 to the following professions:

27 (i) Dispensing opticians licensed and designated apprentices  
28 under chapter 18.34 RCW;

29 (ii) Midwives licensed under chapter 18.50 RCW;

30 (iii) Ocularists licensed under chapter 18.55 RCW;

31 (iv) Massage therapists and businesses licensed under chapter  
32 18.108 RCW;

33 (v) Dental hygienists licensed under chapter 18.29 RCW;

34 (vi) Acupuncturists or acupuncture and Eastern medicine  
35 practitioners licensed under chapter 18.06 RCW;

36 (vii) Radiologic technologists certified and X-ray technicians  
37 registered under chapter 18.84 RCW;

38 (viii) Respiratory care practitioners licensed under chapter  
39 18.89 RCW;

- 1 (ix) Hypnotherapists and agency affiliated counselors registered  
2 and advisors and counselors certified under chapter 18.19 RCW;
- 3 (x) Persons licensed as mental health counselors, mental health  
4 counselor associates, marriage and family therapists, marriage and  
5 family therapist associates, social workers, social work associates—  
6 advanced, and social work associates—independent clinical under  
7 chapter 18.225 RCW;
- 8 (xi) Persons registered as nursing pool operators under chapter  
9 18.52C RCW;
- 10 (xii) Nursing assistants registered or certified or medication  
11 assistants endorsed under chapter 18.88A RCW;
- 12 (xiii) Dietitians and nutritionists certified under chapter  
13 18.138 RCW;
- 14 (xiv) Substance use disorder professionals, substance use  
15 disorder professional trainees, or co-occurring disorder specialists  
16 certified under chapter 18.205 RCW;
- 17 (xv) Sex offender treatment providers and certified affiliate sex  
18 offender treatment providers certified under chapter 18.155 RCW;
- 19 (xvi) Persons licensed and certified under chapter 18.73 RCW or  
20 RCW 18.71.205;
- 21 (xvii) Orthotists and prosthetists licensed under chapter 18.200  
22 RCW;
- 23 (xviii) Surgical technologists registered under chapter 18.215  
24 RCW;
- 25 (xix) Recreational therapists under chapter 18.230 RCW;
- 26 (xx) Animal massage therapists certified under chapter 18.240  
27 RCW;
- 28 (xxi) Athletic trainers licensed under chapter 18.250 RCW;
- 29 (xxii) Home care aides certified under chapter 18.88B RCW;
- 30 (xxiii) Genetic counselors licensed under chapter 18.290 RCW;
- 31 (xxiv) Reflexologists certified under chapter 18.108 RCW;
- 32 (xxv) Medical assistants-certified, medical assistants-  
33 hemodialysis technician, medical assistants-phlebotomist, forensic  
34 phlebotomist, and medical assistants-registered certified and  
35 registered under chapter 18.360 RCW; and
- 36 (xxvi) Behavior analysts, assistant behavior analysts, and  
37 behavior technicians under chapter 18.380 RCW.
- 38 (b) The boards and commissions having authority under this  
39 chapter are as follows:



- 1 (i) The podiatric medical board as established in chapter 18.22  
2 RCW;
- 3 (ii) The chiropractic quality assurance commission as established  
4 in chapter 18.25 RCW;
- 5 (iii) The dental quality assurance commission as established in  
6 chapter 18.32 RCW governing licenses issued under chapter 18.32 RCW,  
7 licenses and registrations issued under chapter 18.260 RCW, and  
8 certifications issued under chapter 18.350 RCW;
- 9 (iv) The board of hearing and speech as established in chapter  
10 18.35 RCW;
- 11 (v) The board of examiners for nursing home administrators as  
12 established in chapter 18.52 RCW;
- 13 (vi) The optometry board as established in chapter 18.54 RCW  
14 governing licenses issued under chapter 18.53 RCW;
- 15 (vii) The board of osteopathic medicine and surgery as  
16 established in chapter 18.57 RCW governing licenses issued under  
17 (~~chapters~~) chapter 18.57 (~~and 18.57A~~) RCW;
- 18 (viii) The pharmacy quality assurance commission as established  
19 in chapter 18.64 RCW governing licenses issued under chapters 18.64  
20 and 18.64A RCW;
- 21 (ix) The Washington medical commission as established in chapter  
22 18.71 RCW governing licenses and registrations issued under chapters  
23 18.71 and 18.71A RCW;
- 24 (x) The board of physical therapy as established in chapter 18.74  
25 RCW;
- 26 (xi) The board of occupational therapy practice as established in  
27 chapter 18.59 RCW;
- 28 (xii) The nursing care quality assurance commission as  
29 established in chapter 18.79 RCW governing licenses and registrations  
30 issued under that chapter;
- 31 (xiii) The examining board of psychology and its disciplinary  
32 committee as established in chapter 18.83 RCW;
- 33 (xiv) The veterinary board of governors as established in chapter  
34 18.92 RCW;
- 35 (xv) The board of naturopathy established in chapter 18.36A RCW;  
36 and
- 37 (xvi) The board of denturists established in chapter 18.30 RCW.
- 38 (3) In addition to the authority to discipline license holders,  
39 the disciplining authority has the authority to grant or deny

1 licenses. The disciplining authority may also grant a license subject  
2 to conditions.

3 (4) All disciplining authorities shall adopt procedures to ensure  
4 substantially consistent application of this chapter, the uniform  
5 disciplinary act, among the disciplining authorities listed in  
6 subsection (2) of this section.

7 **Sec. 24.** RCW 18.130.410 and 2017 c 336 s 9 are each amended to  
8 read as follows:

9 It is not professional misconduct for a physician licensed under  
10 chapter 18.71 RCW; osteopathic physician licensed under chapter 18.57  
11 RCW; registered nurse, licensed practical nurse, or advanced  
12 registered nurse practitioner licensed under chapter 18.79 RCW;  
13 physician assistant licensed under chapter 18.71A RCW; (~~osteopathic~~  
14 ~~physician assistant licensed under chapter 18.57A RCW;~~) advanced  
15 emergency medical technician or paramedic certified under chapter  
16 18.71 RCW; or medical assistant-certified, medical assistant-  
17 phlebotomist, or forensic phlebotomist certified under chapter 18.360  
18 RCW, or person holding another credential under Title 18 RCW whose  
19 scope of practice includes performing venous blood draws, or  
20 hospital, or duly licensed clinical laboratory employing or utilizing  
21 services of such licensed or certified health care provider, to  
22 collect a blood sample without a person's consent when the physician  
23 licensed under chapter 18.71 RCW; osteopathic physician licensed  
24 under chapter 18.57 RCW; registered nurse, licensed practical nurse,  
25 or advanced registered nurse practitioner licensed under chapter  
26 18.79 RCW; physician assistant licensed under chapter 18.71A RCW;  
27 (~~osteopathic physician assistant licensed under chapter 18.57A~~  
28 ~~RCW;~~) advanced emergency medical technician or paramedic certified  
29 under chapter 18.71 RCW; or medical assistant-certified, medical  
30 assistant-phlebotomist, or forensic phlebotomist certified under  
31 chapter 18.360 RCW, or person holding another credential under Title  
32 18 RCW whose scope of practice includes performing venous blood  
33 draws, or hospital, or duly licensed clinical laboratory employing or  
34 utilizing services of such licensed or certified health care provider  
35 withdrawing blood was directed by a law enforcement officer to do so  
36 for the purpose of a blood test under the provisions of a search  
37 warrant or exigent circumstances: PROVIDED, That nothing in this  
38 section shall relieve a physician licensed under chapter 18.71 RCW;  
39 osteopathic physician licensed under chapter 18.57 RCW; registered

1 nurse, licensed practical nurse, or advanced registered nurse  
2 practitioner licensed under chapter 18.79 RCW; physician assistant  
3 licensed under chapter 18.71A RCW; (~~osteopathic physician assistant~~  
4 ~~licensed under chapter 18.57A RCW;~~) advanced emergency medical  
5 technician or paramedic certified under chapter 18.71 RCW; or medical  
6 assistant-certified, medical assistant-phlebotomist, or forensic  
7 phlebotomist certified under chapter 18.360 RCW, or person holding  
8 another credential under Title 18 RCW whose scope of practice  
9 includes performing venous blood draws, or hospital, or duly licensed  
10 clinical laboratory employing or utilizing services of such licensed  
11 or certified health care provider withdrawing blood from professional  
12 discipline arising from the use of improper procedures or from  
13 failing to exercise the required standard of care.

14 **Sec. 25.** RCW 18.250.010 and 2019 c 308 s 19 are each amended to  
15 read as follows:

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

18 (1) "Athlete" means a person who participates in exercise,  
19 recreation, sport, or games requiring physical strength,  
20 range-of-motion, flexibility, body awareness and control, speed,  
21 stamina, or agility, and the exercise, recreation, sports, or games  
22 are of a type conducted in association with an educational  
23 institution or professional, amateur, or recreational sports club or  
24 organization.

25 (2) "Athletic injury" means an injury or condition sustained by  
26 an athlete that affects the person's participation or performance in  
27 exercise, recreation, sport, or games and the injury or condition is  
28 within the professional preparation and education of an athletic  
29 trainer.

30 (3) "Athletic trainer" means a person who is licensed under this  
31 chapter. An athletic trainer can practice athletic training through  
32 the consultation, referral, or guidelines of a licensed health care  
33 provider working within their scope of practice.

34 (4) (a) "Athletic training" means the application of the following  
35 principles and methods as provided by a licensed athletic trainer:

36 (i) Risk management and prevention of athletic injuries through  
37 preactivity screening and evaluation, educational programs, physical  
38 conditioning and reconditioning programs, application of commercial

1 products, use of protective equipment, promotion of healthy  
2 behaviors, and reduction of environmental risks;

3 (ii) Recognition, evaluation, and assessment of athletic injuries  
4 by obtaining a history of the athletic injury, inspection and  
5 palpation of the injured part and associated structures, and  
6 performance of specific testing techniques related to stability and  
7 function to determine the extent of an injury;

8 (iii) Immediate care of athletic injuries, including emergency  
9 medical situations through the application of first-aid and emergency  
10 procedures and techniques for nonlife-threatening or life-threatening  
11 athletic injuries;

12 (iv) Treatment, rehabilitation, and reconditioning of athletic  
13 injuries through the application of physical agents and modalities,  
14 therapeutic activities and exercise, standard reassessment techniques  
15 and procedures, commercial products, and educational programs, in  
16 accordance with guidelines established with a licensed health care  
17 provider as provided in RCW 18.250.070;

18 (v) Treatment, rehabilitation, and reconditioning of work-related  
19 injuries through the application of physical agents and modalities,  
20 therapeutic activities and exercise, standard reassessment techniques  
21 and procedures, commercial products, and educational programs, under  
22 the direct supervision of and in accordance with a plan of care for  
23 an individual worker established by a provider authorized to provide  
24 physical medicine and rehabilitation services for injured workers;  
25 and

26 (vi) Referral of an athlete to an appropriately licensed health  
27 care provider if the athletic injury requires further definitive care  
28 or the injury or condition is outside an athletic trainer's scope of  
29 practice, in accordance with RCW 18.250.070.

30 (b) "Athletic training" does not include:

31 (i) The use of spinal adjustment or manipulative mobilization of  
32 the spine and its immediate articulations;

33 (ii) Orthotic or prosthetic services with the exception of  
34 evaluation, measurement, fitting, and adjustment of temporary,  
35 prefabricated or direct-formed orthosis as defined in chapter 18.200  
36 RCW;

37 (iii) The practice of occupational therapy as defined in chapter  
38 18.59 RCW;

39 (iv) The practice of acupuncture and Eastern medicine as defined  
40 in chapter 18.06 RCW;

- 1 (v) Any medical diagnosis; and  
2 (vi) Prescribing legend drugs or controlled substances, or  
3 surgery.  
4 (5) "Committee" means the athletic training advisory committee.  
5 (6) "Department" means the department of health.  
6 (7) "Licensed health care provider" means a physician, physician  
7 assistant, osteopathic physician, (~~osteopathic physician~~  
8 ~~assistant,~~) advanced registered nurse practitioner, naturopath,  
9 physical therapist, chiropractor, dentist, massage therapist,  
10 acupuncturist, occupational therapist, or podiatric physician and  
11 surgeon.  
12 (8) "Secretary" means the secretary of health or the secretary's  
13 designee.

14 **Sec. 26.** RCW 18.360.010 and 2017 c 336 s 14 are each reenacted  
15 and amended to read as follows:

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

18 (1) "Administer" means the retrieval of medication, and its  
19 application to a patient, as authorized in RCW 18.360.050.

20 (2) "Delegation" means direct authorization granted by a licensed  
21 health care practitioner to a medical assistant to perform the  
22 functions authorized in this chapter which fall within the scope of  
23 practice of the health care provider and the training and experience  
24 of the medical assistant.

25 (3) "Department" means the department of health.

26 (4) "Forensic phlebotomist" means a police officer, law  
27 enforcement officer, or employee of a correctional facility or  
28 detention facility, who is certified under this chapter and meets any  
29 additional training and proficiency standards of his or her employer  
30 to collect a venous blood sample for forensic testing pursuant to a  
31 search warrant, a waiver of the warrant requirement, or exigent  
32 circumstances.

33 (5) "Health care practitioner" means:

34 (a) A physician licensed under chapter 18.71 RCW;

35 (b) An osteopathic physician and surgeon licensed under chapter  
36 18.57 RCW; or

37 (c) Acting within the scope of their respective licensure, a  
38 podiatric physician and surgeon licensed under chapter 18.22 RCW, a  
39 registered nurse or advanced registered nurse practitioner licensed

1 under chapter 18.79 RCW, a naturopath licensed under chapter 18.36A  
2 RCW, a physician assistant licensed under chapter 18.71A RCW, (~~an~~  
3 ~~osteopathic physician assistant licensed under chapter 18.57A RCW,~~)  
4 or an optometrist licensed under chapter 18.53 RCW.

5 (6) "Medical assistant-certified" means a person certified under  
6 RCW 18.360.040 who assists a health care practitioner with patient  
7 care, executes administrative and clinical procedures, and performs  
8 functions as provided in RCW 18.360.050 under the supervision of the  
9 health care practitioner.

10 (7) "Medical assistant-hemodialysis technician" means a person  
11 certified under RCW 18.360.040 who performs hemodialysis and other  
12 functions pursuant to RCW 18.360.050 under the supervision of a  
13 health care practitioner.

14 (8) "Medical assistant-phlebotomist" means a person certified  
15 under RCW 18.360.040 who performs capillary, venous, and arterial  
16 invasive procedures for blood withdrawal and other functions pursuant  
17 to RCW 18.360.050 under the supervision of a health care  
18 practitioner.

19 (9) "Medical assistant-registered" means a person registered  
20 under RCW 18.360.040 who, pursuant to an endorsement by a health care  
21 practitioner, clinic, or group practice, assists a health care  
22 practitioner with patient care, executes administrative and clinical  
23 procedures, and performs functions as provided in RCW 18.360.050  
24 under the supervision of the health care practitioner.

25 (10) "Secretary" means the secretary of the department of health.

26 (11) "Supervision" means supervision of procedures permitted  
27 pursuant to this chapter by a health care practitioner who is  
28 physically present and is immediately available in the facility. The  
29 health care practitioner does not need to be present during  
30 procedures to withdraw blood, but must be immediately available.

31 **Sec. 27.** RCW 28A.210.090 and 2019 c 362 s 2 are each amended to  
32 read as follows:

33 (1) Any child shall be exempt in whole or in part from the  
34 immunization measures required by RCW 28A.210.060 through 28A.210.170  
35 upon the presentation of any one or more of the certifications  
36 required by this section, on a form prescribed by the department of  
37 health:

38 (a) A written certification signed by a health care practitioner  
39 that a particular vaccine required by rule of the state board of

1 health is, in his or her judgment, not advisable for the child:  
2 PROVIDED, That when it is determined that this particular vaccine is  
3 no longer contraindicated, the child will be required to have the  
4 vaccine;

5 (b) A written certification signed by any parent or legal  
6 guardian of the child or any adult in loco parentis to the child that  
7 the religious beliefs of the signator are contrary to the required  
8 immunization measures; or

9 (c) A written certification signed by any parent or legal  
10 guardian of the child or any adult in loco parentis to the child that  
11 the signator has either a philosophical or personal objection to the  
12 immunization of the child. A philosophical or personal objection may  
13 not be used to exempt a child from the measles, mumps, and rubella  
14 vaccine.

15 (2) (a) The form presented on or after July 22, 2011, must include  
16 a statement to be signed by a health care practitioner stating that  
17 he or she provided the signator with information about the benefits  
18 and risks of immunization to the child. The form may be signed by a  
19 health care practitioner at any time prior to the enrollment of the  
20 child in a school or licensed day care. Photocopies of the signed  
21 form or a letter from the health care practitioner referencing the  
22 child's name shall be accepted in lieu of the original form.

23 (b) A health care practitioner who, in good faith, signs the  
24 statement provided for in (a) of this subsection is immune from civil  
25 liability for providing the signature.

26 (c) Any parent or legal guardian of the child or any adult in  
27 loco parentis to the child who exempts the child due to religious  
28 beliefs pursuant to subsection (1)(b) of this section is not required  
29 to have the form provided for in (a) of this subsection signed by a  
30 health care practitioner if the parent or legal guardian demonstrates  
31 membership in a religious body or a church in which the religious  
32 beliefs or teachings of the church preclude a health care  
33 practitioner from providing medical treatment to the child.

34 (3) For purposes of this section, "health care practitioner"  
35 means a physician licensed under chapter 18.71 or 18.57 RCW, a  
36 naturopath licensed under chapter 18.36A RCW, a physician assistant  
37 licensed under chapter 18.71A (~~or 18.57A~~) RCW, or an advanced  
38 registered nurse practitioner licensed under chapter 18.79 RCW.

1       **Sec. 28.** RCW 43.70.110 and 2019 c 308 s 21 and 2019 c 140 s 1  
2 are each reenacted and amended to read as follows:

3       (1) The secretary shall charge fees to the licensee for obtaining  
4 a license. Physicians regulated pursuant to chapter 18.71 RCW who  
5 reside and practice in Washington and obtain or renew a retired  
6 active license are exempt from such fees. Municipal corporations  
7 providing emergency medical care and transportation services pursuant  
8 to chapter 18.73 RCW shall be exempt from such fees, provided that  
9 such other emergency services shall only be charged for their pro  
10 rata share of the cost of licensure and inspection, if appropriate.  
11 The secretary may waive the fees when, in the discretion of the  
12 secretary, the fees would not be in the best interest of public  
13 health and safety, or when the fees would be to the financial  
14 disadvantage of the state.

15       (2) Except as provided in subsection (3) of this section, fees  
16 charged shall be based on, but shall not exceed, the cost to the  
17 department for the licensure of the activity or class of activities  
18 and may include costs of necessary inspection.

19       (3) License fees shall include amounts in addition to the cost of  
20 licensure activities in the following circumstances:

21       (a) For registered nurses and licensed practical nurses licensed  
22 under chapter 18.79 RCW, support of a central nursing resource center  
23 as provided in RCW 18.79.202;

24       (b) For all health care providers licensed under RCW 18.130.040,  
25 the cost of regulatory activities for retired volunteer medical  
26 worker licensees as provided in RCW 18.130.360; and

27       (c) For physicians licensed under chapter 18.71 RCW, physician  
28 assistants licensed under chapter 18.71A RCW, osteopathic physicians  
29 licensed under chapter 18.57 RCW, (~~osteopathic physicians~~  
30 ~~assistants licensed under chapter 18.57A RCW,~~) naturopaths licensed  
31 under chapter 18.36A RCW, podiatrists licensed under chapter 18.22  
32 RCW, chiropractors licensed under chapter 18.25 RCW, psychologists  
33 licensed under chapter 18.83 RCW, registered nurses and licensed  
34 practical nurses licensed under chapter 18.79 RCW, optometrists  
35 licensed under chapter 18.53 RCW, mental health counselors licensed  
36 under chapter 18.225 RCW, massage therapists licensed under chapter  
37 18.108 RCW, advanced social workers licensed under chapter 18.225  
38 RCW, independent clinical social workers and independent clinical  
39 social worker associates licensed under chapter 18.225 RCW, midwives  
40 licensed under chapter 18.50 RCW, marriage and family therapists and



1 marriage and family therapist associates licensed under chapter  
2 18.225 RCW, occupational therapists and occupational therapy  
3 assistants licensed under chapter 18.59 RCW, dietitians and  
4 nutritionists certified under chapter 18.138 RCW, speech-language  
5 pathologists licensed under chapter 18.35 RCW, acupuncturists or  
6 acupuncture and Eastern medicine practitioners licensed under chapter  
7 18.06 RCW, and veterinarians and veterinary technicians licensed  
8 under chapter 18.92 RCW, the license fees shall include up to an  
9 additional twenty-five dollars to be transferred by the department to  
10 the University of Washington for the purposes of RCW 43.70.112.

11 (4) Department of health advisory committees may review fees  
12 established by the secretary for licenses and comment upon the  
13 appropriateness of the level of such fees.

14 **Sec. 29.** RCW 43.70.220 and 1994 sp.s. c 9 s 727 are each amended  
15 to read as follows:

16 The powers and duties of the department of licensing and the  
17 director of licensing under the following statutes are hereby  
18 transferred to the department of health and the secretary of health:  
19 Chapters 18.06, 18.19, 18.22, 18.25, 18.29, 18.32, 18.34, 18.35,  
20 18.36A, 18.50, 18.52, 18.52C, 18.53, 18.54, 18.55, 18.57, (~~18.57A~~)  
21 18.59, 18.71, 18.71A, 18.74, 18.83, 18.84, 18.79, 18.89, 18.92,  
22 18.108, (~~18.135~~) and 18.138 RCW. More specifically, the health  
23 professions regulatory programs and services presently administered  
24 by the department of licensing are hereby transferred to the  
25 department of health.

26 **Sec. 30.** RCW 43.70.442 and 2019 c 444 s 13 and 2019 c 358 s 5  
27 are each reenacted and amended to read as follows:

28 (1)(a) Each of the following professionals certified or licensed  
29 under Title 18 RCW shall, at least once every six years, complete  
30 training in suicide assessment, treatment, and management that is  
31 approved, in rule, by the relevant disciplining authority:

- 32 (i) An adviser or counselor certified under chapter 18.19 RCW;  
33 (ii) A substance use disorder professional licensed under chapter  
34 18.205 RCW;  
35 (iii) A marriage and family therapist licensed under chapter  
36 18.225 RCW;  
37 (iv) A mental health counselor licensed under chapter 18.225 RCW;

1 (v) An occupational therapy practitioner licensed under chapter  
2 18.59 RCW;

3 (vi) A psychologist licensed under chapter 18.83 RCW;

4 (vii) An advanced social worker or independent clinical social  
5 worker licensed under chapter 18.225 RCW; and

6 (viii) A social worker associate—advanced or social worker  
7 associate—independent clinical licensed under chapter 18.225 RCW.

8 (b) The requirements in (a) of this subsection apply to a person  
9 holding a retired active license for one of the professions in (a) of  
10 this subsection.

11 (c) The training required by this subsection must be at least six  
12 hours in length, unless a disciplining authority has determined,  
13 under subsection (10)(b) of this section, that training that includes  
14 only screening and referral elements is appropriate for the  
15 profession in question, in which case the training must be at least  
16 three hours in length.

17 (d) Beginning July 1, 2017, the training required by this  
18 subsection must be on the model list developed under subsection (6)  
19 of this section. Nothing in this subsection (1)(d) affects the  
20 validity of training completed prior to July 1, 2017.

21 (2)(a) Except as provided in (b) of this subsection, a  
22 professional listed in subsection (1)(a) of this section must  
23 complete the first training required by this section by the end of  
24 the first full continuing education reporting period after January 1,  
25 2014, or during the first full continuing education reporting period  
26 after initial licensure or certification, whichever occurs later.

27 (b) A professional listed in subsection (1)(a) of this section  
28 applying for initial licensure may delay completion of the first  
29 training required by this section for six years after initial  
30 licensure if he or she can demonstrate successful completion of the  
31 training required in subsection (1) of this section no more than six  
32 years prior to the application for initial licensure.

33 (3) The hours spent completing training in suicide assessment,  
34 treatment, and management under this section count toward meeting any  
35 applicable continuing education or continuing competency requirements  
36 for each profession.

37 (4)(a) A disciplining authority may, by rule, specify minimum  
38 training and experience that is sufficient to exempt an individual  
39 professional from the training requirements in subsections (1) and  
40 (5) of this section. Nothing in this subsection (4)(a) allows a

1 disciplining authority to provide blanket exemptions to broad  
2 categories or specialties within a profession.

3 (b) A disciplining authority may exempt a professional from the  
4 training requirements of subsections (1) and (5) of this section if  
5 the professional has only brief or limited patient contact.

6 (5)(a) Each of the following professionals credentialed under  
7 Title 18 RCW shall complete a one-time training in suicide  
8 assessment, treatment, and management that is approved by the  
9 relevant disciplining authority:

10 (i) A chiropractor licensed under chapter 18.25 RCW;

11 (ii) A naturopath licensed under chapter 18.36A RCW;

12 (iii) A licensed practical nurse, registered nurse, or advanced  
13 registered nurse practitioner, other than a certified registered  
14 nurse anesthetist, licensed under chapter 18.79 RCW;

15 (iv) An osteopathic physician and surgeon licensed under chapter  
16 18.57 RCW, other than a holder of a postgraduate osteopathic medicine  
17 and surgery license issued under RCW 18.57.035;

18 ~~(v) ((An osteopathic physician assistant licensed under chapter  
19 18.57A RCW;~~

20 ~~(vi))~~ A physical therapist or physical therapist assistant  
21 licensed under chapter 18.74 RCW;

22 ~~((vii))~~ (vi) A physician licensed under chapter 18.71 RCW,  
23 other than a resident holding a limited license issued under RCW  
24 18.71.095(3);

25 ~~((viii))~~ (vii) A physician assistant licensed under chapter  
26 18.71A RCW;

27 ~~((ix))~~ (viii) A pharmacist licensed under chapter 18.64 RCW;

28 ~~((x))~~ (ix) A dentist licensed under chapter 18.32 RCW;

29 ~~((xi))~~ (x) A dental hygienist licensed under chapter 18.29 RCW;

30 ~~((xii))~~ (xi) An athletic trainer licensed under chapter 18.250  
31 RCW; and

32 ~~((xiii))~~ (xii) A person holding a retired active license for  
33 one of the professions listed in (a)(i) through ~~((xii))~~ (xi) of  
34 this subsection.

35 (b)(i) A professional listed in (a)(i) through ~~((viii))~~ (vii)  
36 of this subsection or a person holding a retired active license for  
37 one of the professions listed in (a)(i) through ~~((viii))~~ (vii) of  
38 this subsection must complete the one-time training by the end of the  
39 first full continuing education reporting period after January 1,  
40 2016, or during the first full continuing education reporting period

1 after initial licensure, whichever is later. Training completed  
2 between June 12, 2014, and January 1, 2016, that meets the  
3 requirements of this section, other than the timing requirements of  
4 this subsection (5)(b), must be accepted by the disciplining  
5 authority as meeting the one-time training requirement of this  
6 subsection (5).

7 (ii) A licensed pharmacist or a person holding a retired active  
8 pharmacist license must complete the one-time training by the end of  
9 the first full continuing education reporting period after January 1,  
10 2017, or during the first full continuing education reporting period  
11 after initial licensure, whichever is later.

12 (iii) A licensed dentist, a licensed dental hygienist, or a  
13 person holding a retired active license as a dentist shall complete  
14 the one-time training by the end of the full continuing education  
15 reporting period after August 1, 2020, or during the first full  
16 continuing education reporting period after initial licensure,  
17 whichever is later. Training completed between July 23, 2017, and  
18 August 1, 2020, that meets the requirements of this section, other  
19 than the timing requirements of this subsection (5)(b)(iii), must be  
20 accepted by the disciplining authority as meeting the one-time  
21 training requirement of this subsection (5).

22 (c) The training required by this subsection must be at least six  
23 hours in length, unless a disciplining authority has determined,  
24 under subsection (10)(b) of this section, that training that includes  
25 only screening and referral elements is appropriate for the  
26 profession in question, in which case the training must be at least  
27 three hours in length.

28 (d) Beginning July 1, 2017, the training required by this  
29 subsection must be on the model list developed under subsection (6)  
30 of this section. Nothing in this subsection (5)(d) affects the  
31 validity of training completed prior to July 1, 2017.

32 (6)(a) The secretary and the disciplining authorities shall work  
33 collaboratively to develop a model list of training programs in  
34 suicide assessment, treatment, and management.

35 (b) The secretary and the disciplining authorities shall update  
36 the list at least once every two years.

37 (c) By June 30, 2016, the department shall adopt rules  
38 establishing minimum standards for the training programs included on  
39 the model list. The minimum standards must require that six-hour  
40 trainings include content specific to veterans and the assessment of

1 issues related to imminent harm via lethal means or self-injurious  
2 behaviors and that three-hour trainings for pharmacists or dentists  
3 include content related to the assessment of issues related to  
4 imminent harm via lethal means. When adopting the rules required  
5 under this subsection (6)(c), the department shall:

6 (i) Consult with the affected disciplining authorities, public  
7 and private institutions of higher education, educators, experts in  
8 suicide assessment, treatment, and management, the Washington  
9 department of veterans affairs, and affected professional  
10 associations; and

11 (ii) Consider standards related to the best practices registry of  
12 the American foundation for suicide prevention and the suicide  
13 prevention resource center.

14 (d) Beginning January 1, 2017:

15 (i) The model list must include only trainings that meet the  
16 minimum standards established in the rules adopted under (c) of this  
17 subsection and any three-hour trainings that met the requirements of  
18 this section on or before July 24, 2015;

19 (ii) The model list must include six-hour trainings in suicide  
20 assessment, treatment, and management, and three-hour trainings that  
21 include only screening and referral elements; and

22 (iii) A person or entity providing the training required in this  
23 section may petition the department for inclusion on the model list.  
24 The department shall add the training to the list only if the  
25 department determines that the training meets the minimum standards  
26 established in the rules adopted under (c) of this subsection.

27 (7) The department shall provide the health profession training  
28 standards created in this section to the professional educator  
29 standards board as a model in meeting the requirements of RCW  
30 28A.410.226 and provide technical assistance, as requested, in the  
31 review and evaluation of educator training programs. The educator  
32 training programs approved by the professional educator standards  
33 board may be included in the department's model list.

34 (8) Nothing in this section may be interpreted to expand or limit  
35 the scope of practice of any profession regulated under chapter  
36 18.130 RCW.

37 (9) The secretary and the disciplining authorities affected by  
38 this section shall adopt any rules necessary to implement this  
39 section.

40 (10) For purposes of this section:

1 (a) "Disciplining authority" has the same meaning as in RCW  
2 18.130.020.

3 (b) "Training in suicide assessment, treatment, and management"  
4 means empirically supported training approved by the appropriate  
5 disciplining authority that contains the following elements: Suicide  
6 assessment, including screening and referral, suicide treatment, and  
7 suicide management. However, the disciplining authority may approve  
8 training that includes only screening and referral elements if  
9 appropriate for the profession in question based on the profession's  
10 scope of practice. The board of occupational therapy may also approve  
11 training that includes only screening and referral elements if  
12 appropriate for occupational therapy practitioners based on practice  
13 setting.

14 (11) A state or local government employee is exempt from the  
15 requirements of this section if he or she receives a total of at  
16 least six hours of training in suicide assessment, treatment, and  
17 management from his or her employer every six years. For purposes of  
18 this subsection, the training may be provided in one six-hour block  
19 or may be spread among shorter training sessions at the employer's  
20 discretion.

21 (12) An employee of a community mental health agency licensed  
22 under chapter 71.24 RCW or a chemical dependency program certified  
23 under chapter 71.24 RCW is exempt from the requirements of this  
24 section if he or she receives a total of at least six hours of  
25 training in suicide assessment, treatment, and management from his or  
26 her employer every six years. For purposes of this subsection, the  
27 training may be provided in one six-hour block or may be spread among  
28 shorter training sessions at the employer's discretion.

29 **Sec. 31.** RCW 43.70.470 and 2005 c 156 s 2 are each amended to  
30 read as follows:

31 The department may establish by rule the conditions of  
32 participation in the liability insurance program by retired health  
33 care providers at clinics utilizing retired health care providers for  
34 the purposes of this section and RCW 43.70.460. These conditions  
35 shall include, but not be limited to, the following:

36 (1) The participating health care provider associated with the  
37 clinic shall hold a valid license to practice as a physician under  
38 chapter 18.71 or 18.57 RCW, a naturopath under chapter 18.36A RCW, a  
39 physician assistant under chapter 18.71A (~~or 18.57A~~) RCW, an

1 advanced registered nurse practitioner under chapter 18.79 RCW, a  
2 dentist under chapter 18.32 RCW, or other health professionals as may  
3 be deemed in short supply by the department. All health care  
4 providers must be in conformity with current requirements for  
5 licensure, including continuing education requirements;

6 (2) Health care shall be limited to noninvasive procedures and  
7 shall not include obstetrical care. Noninvasive procedures include  
8 injections, suturing of minor lacerations, and incisions of boils or  
9 superficial abscesses. Primary dental care shall be limited to  
10 diagnosis, oral hygiene, restoration, and extractions and shall not  
11 include orthodontia, or other specialized care and treatment;

12 (3) The provision of liability insurance coverage shall not  
13 extend to acts outside the scope of rendering health care services  
14 pursuant to this section and RCW 43.70.460;

15 (4) The participating health care provider shall limit the  
16 provision of health care services to primarily low-income persons  
17 provided that clinics may, but are not required to, provide means  
18 tests for eligibility as a condition for obtaining health care  
19 services;

20 (5) The participating health care provider shall not accept  
21 compensation for providing health care services from patients served  
22 pursuant to this section and RCW 43.70.460, nor from clinics serving  
23 these patients. "Compensation" shall mean any remuneration of value  
24 to the participating health care provider for services provided by  
25 the health care provider, but shall not be construed to include any  
26 nominal copayments charged by the clinic, nor reimbursement of  
27 related expenses of a participating health care provider authorized  
28 by the clinic in advance of being incurred; and

29 (6) The use of mediation or arbitration for resolving questions  
30 of potential liability may be used, however any mediation or  
31 arbitration agreement format shall be expressed in terms clear enough  
32 for a person with a sixth grade level of education to understand, and  
33 on a form no longer than one page in length.

34 **Sec. 32.** RCW 46.19.010 and 2017 c 112 s 1 are each amended to  
35 read as follows:

36 (1) A natural person who has a disability that meets one of the  
37 following criteria may apply for special parking privileges:

38 (a) Cannot walk two hundred feet without stopping to rest;

1 (b) Is severely limited in ability to walk due to arthritic,  
2 neurological, or orthopedic condition;

3 (c) Has such a severe disability that the person cannot walk  
4 without the use of or assistance from a brace, cane, another person,  
5 prosthetic device, wheelchair, or other assistive device;

6 (d) Uses portable oxygen;

7 (e) Is restricted by lung disease to an extent that forced  
8 expiratory respiratory volume, when measured by spirometry, is less  
9 than one liter per second or the arterial oxygen tension is less than  
10 sixty mm/hg on room air at rest;

11 (f) Impairment by cardiovascular disease or cardiac condition to  
12 the extent that the person's functional limitations are classified as  
13 class III or IV under standards accepted by the American heart  
14 association;

15 (g) Has a disability resulting from an acute sensitivity to  
16 automobile emissions that limits or impairs the ability to walk. The  
17 personal physician, advanced registered nurse practitioner, or  
18 physician assistant of the applicant shall document that the  
19 disability is comparable in severity to the others listed in this  
20 subsection;

21 (h) Has limited mobility and has no vision or whose vision with  
22 corrective lenses is so limited that the person requires alternative  
23 methods or skills to do efficiently those things that are ordinarily  
24 done with sight by persons with normal vision;

25 (i) Has an eye condition of a progressive nature that may lead to  
26 blindness; or

27 (j) Is restricted by a form of porphyria to the extent that the  
28 applicant would significantly benefit from a decrease in exposure to  
29 light.

30 (2) The disability must be determined by either:

31 (a) A licensed physician;

32 (b) An advanced registered nurse practitioner licensed under  
33 chapter 18.79 RCW; or

34 (c) A physician assistant licensed under chapter 18.71A (~~or~~  
35 ~~18.57A~~) RCW.

36 (3) A health care practitioner listed under subsection (2) of  
37 this section who is authorizing a parking permit for purposes of this  
38 chapter must provide a signed written authorization: On a  
39 prescription pad or paper, as defined in RCW 18.64.500; on office



1 letterhead; or by electronic means, as described by the director in  
2 rule.

3 (4) The application for special parking privileges for persons  
4 with disabilities must contain:

5 (a) The following statement immediately below the physician's,  
6 advanced registered nurse practitioner's, or physician assistant's  
7 signature: "A parking permit for a person with disabilities may be  
8 issued only for a medical necessity that severely affects mobility or  
9 involves acute sensitivity to light (RCW 46.19.010). An applicant or  
10 health care practitioner who knowingly provides false information on  
11 this application is guilty of a gross misdemeanor. The penalty is up  
12 to three hundred sixty-four days in jail and a fine of up to \$5,000  
13 or both. In addition, the health care practitioner may be subject to  
14 sanctions under chapter 18.130 RCW, the Uniform Disciplinary Act";  
15 and

16 (b) Other information as required by the department.

17 (5) A natural person who has a disability described in subsection  
18 (1) of this section and is expected to improve within twelve months  
19 may be issued a temporary placard for a period not to exceed twelve  
20 months. If the disability exists after twelve months, a new temporary  
21 placard must be issued upon receipt of a new application with  
22 certification from the person's physician as prescribed in  
23 subsections (3) and (4) of this section. Special license plates for  
24 persons with disabilities may not be issued to a person with a  
25 temporary disability.

26 (6) A natural person who qualifies for special parking privileges  
27 under this section must receive an identification card showing the  
28 name and date of birth of the person to whom the parking privilege  
29 has been issued and the serial number of the placard.

30 (7) A natural person who qualifies for permanent special parking  
31 privileges under this section may receive one of the following:

32 (a) Up to two parking placards;

33 (b) One set of special license plates for persons with  
34 disabilities if the person with the disability is the registered  
35 owner of the vehicle on which the license plates will be displayed;

36 (c) One parking placard and one set of special license plates for  
37 persons with disabilities if the person with the disability is the  
38 registered owner of the vehicle on which the license plates will be  
39 displayed; or

1 (d) One special parking year tab for persons with disabilities  
2 and one parking placard.

3 (8) Parking placards and identification cards described in this  
4 section must be issued free of charge.

5 (9) The parking placard and identification card must be  
6 immediately returned to the department upon the placard holder's  
7 death.

8 **Sec. 33.** RCW 46.61.506 and 2017 c 336 s 7 are each amended to  
9 read as follows:

10 (1) Upon the trial of any civil or criminal action or proceeding  
11 arising out of acts alleged to have been committed by any person  
12 while driving or in actual physical control of a vehicle while under  
13 the influence of intoxicating liquor or any drug, if the person's  
14 alcohol concentration is less than 0.08 or the person's THC  
15 concentration is less than 5.00, it is evidence that may be  
16 considered with other competent evidence in determining whether the  
17 person was under the influence of intoxicating liquor or any drug.

18 (2)(a) The breath analysis of the person's alcohol concentration  
19 shall be based upon grams of alcohol per two hundred ten liters of  
20 breath.

21 (b) The blood analysis of the person's THC concentration shall be  
22 based upon nanograms per milliliter of whole blood.

23 (c) The foregoing provisions of this section shall not be  
24 construed as limiting the introduction of any other competent  
25 evidence bearing upon the question whether the person was under the  
26 influence of intoxicating liquor or any drug.

27 (3) Analysis of the person's blood or breath to be considered  
28 valid under the provisions of this section or RCW 46.61.502 or  
29 46.61.504 shall have been performed according to methods approved by  
30 the state toxicologist and by an individual possessing a valid permit  
31 issued by the state toxicologist for this purpose. The state  
32 toxicologist is directed to approve satisfactory techniques or  
33 methods, to supervise the examination of individuals to ascertain  
34 their qualifications and competence to conduct such analyses, and to  
35 issue permits which shall be subject to termination or revocation at  
36 the discretion of the state toxicologist.

37 (4)(a) A breath test performed by any instrument approved by the  
38 state toxicologist shall be admissible at trial or in an

1 administrative proceeding if the prosecution or department produces  
2 prima facie evidence of the following:

3 (i) The person who performed the test was authorized to perform  
4 such test by the state toxicologist;

5 (ii) The person being tested did not vomit or have anything to  
6 eat, drink, or smoke for at least fifteen minutes prior to  
7 administration of the test;

8 (iii) The person being tested did not have any foreign  
9 substances, not to include dental work or piercings, fixed or  
10 removable, in his or her mouth at the beginning of the fifteen-minute  
11 observation period;

12 (iv) Prior to the start of the test, the temperature of any  
13 liquid simulator solution utilized as an external standard, as  
14 measured by a thermometer approved of by the state toxicologist was  
15 thirty-four degrees centigrade plus or minus 0.3 degrees centigrade;

16 (v) The internal standard test resulted in the message  
17 "verified";

18 (vi) The two breath samples agree to within plus or minus ten  
19 percent of their mean to be determined by the method approved by the  
20 state toxicologist;

21 (vii) The result of the test of the liquid simulator solution  
22 external standard or dry gas external standard result did lie  
23 between .072 to .088 inclusive; and

24 (viii) All blank tests gave results of .000.

25 (b) For purposes of this section, "prima facie evidence" is  
26 evidence of sufficient circumstances that would support a logical and  
27 reasonable inference of the facts sought to be proved. In assessing  
28 whether there is sufficient evidence of the foundational facts, the  
29 court or administrative tribunal is to assume the truth of the  
30 prosecution's or department's evidence and all reasonable inferences  
31 from it in a light most favorable to the prosecution or department.

32 (c) Nothing in this section shall be deemed to prevent the  
33 subject of the test from challenging the reliability or accuracy of  
34 the test, the reliability or functioning of the instrument, or any  
35 maintenance procedures. Such challenges, however, shall not preclude  
36 the admissibility of the test once the prosecution or department has  
37 made a prima facie showing of the requirements contained in (a) of  
38 this subsection. Instead, such challenges may be considered by the  
39 trier of fact in determining what weight to give to the test result.

1 (5) When a blood test is administered under the provisions of RCW  
2 46.20.308, the withdrawal of blood for the purpose of determining its  
3 alcohol or drug content may be performed only by a physician licensed  
4 under chapter 18.71 RCW; an osteopathic physician licensed under  
5 chapter 18.57 RCW; a registered nurse, licensed practical nurse, or  
6 advanced registered nurse practitioner licensed under chapter 18.79  
7 RCW; a physician assistant licensed under chapter 18.71A RCW; (~~an~~  
8 ~~osteopathic physician assistant licensed under chapter 18.57A RCW;~~)  
9 an advanced emergency medical technician or paramedic certified under  
10 chapter 18.71 RCW; or a medical assistant-certified or medical  
11 assistant-phlebotomist certified under chapter 18.360 RCW, a person  
12 holding another credential under Title 18 RCW whose scope of practice  
13 includes performing venous blood draws, or a forensic phlebotomist  
14 certified under chapter 18.360 RCW. When the blood test is performed  
15 outside the state of Washington, the withdrawal of blood for the  
16 purpose of determining its alcohol or drug content may be performed  
17 by any person who is authorized by the out-of-state jurisdiction to  
18 perform venous blood draws. Proof of qualification to draw blood may  
19 be established through the department of health's provider credential  
20 search. This limitation shall not apply to the taking of breath  
21 specimens.

22 (6) When a venous blood sample is performed by a forensic  
23 phlebotomist certified under chapter 18.360 RCW, it must be done  
24 under the following conditions:

25 (a) If taken at the scene, it must be performed in an ambulance  
26 or aid service vehicle licensed by the department of health under  
27 chapter 18.73 RCW.

28 (b) The collection of blood samples must not interfere with the  
29 provision of essential medical care.

30 (c) The blood sample must be collected using sterile equipment  
31 and the skin area of puncture must be thoroughly cleansed and  
32 disinfected.

33 (d) The person whose blood is collected must be seated, reclined,  
34 or lying down when the blood is collected.

35 (7) The person tested may have a licensed or certified health  
36 care provider listed in subsection (5) of this section, or a  
37 qualified technician, chemist, or other qualified person of his or  
38 her own choosing administer one or more tests in addition to any  
39 administered at the direction of a law enforcement officer. The test  
40 will be admissible if the person establishes the general

1 acceptability of the testing technique or method. The failure or  
2 inability to obtain an additional test by a person shall not preclude  
3 the admission of evidence relating to the test or tests taken at the  
4 direction of a law enforcement officer.

5 (8) Upon the request of the person who shall submit to a test or  
6 tests at the request of a law enforcement officer, full information  
7 concerning the test or tests shall be made available to him or her or  
8 his or her attorney.

9 **Sec. 34.** RCW 46.61.508 and 2017 c 336 s 8 are each amended to  
10 read as follows:

11 No physician licensed under chapter 18.71 RCW; osteopathic  
12 physician licensed under chapter 18.57 RCW; registered nurse,  
13 licensed practical nurse, or advanced registered nurse practitioner  
14 licensed under chapter 18.79 RCW; physician assistant licensed under  
15 chapter 18.71A RCW; (~~osteopathic physician assistant licensed under~~  
16 ~~chapter 18.57A RCW;~~) advanced emergency medical technician or  
17 paramedic certified under chapter 18.71 RCW; or medical assistant-  
18 certified or medical assistant-phlebotomist certified under chapter  
19 18.360 RCW, person holding another credential under Title 18 RCW  
20 whose scope of practice includes performing venous blood draws, or  
21 forensic phlebotomist certified under chapter 18.360 RCW, or  
22 hospital, or duly licensed clinical laboratory employing or utilizing  
23 services of such licensed or certified health care provider, shall  
24 incur any civil or criminal liability as a result of the act of  
25 withdrawing blood from any person when directed by a law enforcement  
26 officer to do so for the purpose of a blood test under the provisions  
27 of a search warrant, a waiver of the search warrant requirement,  
28 exigent circumstances, or any other authority of law: PROVIDED, That  
29 nothing in this section shall relieve such licensed or certified  
30 health care provider, hospital or duly licensed clinical laboratory,  
31 or forensic phlebotomist from civil liability arising from the use of  
32 improper procedures or failing to exercise the required standard of  
33 care.

34 **Sec. 35.** RCW 48.42.100 and 2000 c 7 s 1 are each amended to read  
35 as follows:

36 (1) For purposes of this section, health care carriers includes  
37 disability insurers regulated under chapter 48.20 or 48.21 RCW,  
38 health care services contractors regulated under chapter 48.44 RCW,

1 health maintenance organizations regulated under chapter 48.46 RCW,  
2 plans operating under the health care authority under chapter 41.05  
3 RCW, the state health insurance pool operating under chapter 48.41  
4 RCW, and insuring entities regulated under chapter 48.43 RCW.

5 (2) For purposes of this section and consistent with their lawful  
6 scopes of practice, types of health care practitioners that provide  
7 women's health care services shall include, but need not be limited  
8 by a health care carrier to, the following: Any generally recognized  
9 medical specialty of practitioners licensed under chapter 18.57 or  
10 18.71 RCW who provides women's health care services; practitioners  
11 licensed under (~~chapters 18.57A and~~) chapter 18.71A RCW when  
12 providing women's health care services; midwives licensed under  
13 chapter 18.50 RCW; and advanced registered nurse practitioner  
14 specialists in women's health and midwifery under chapter 18.79 RCW.

15 (3) For purposes of this section, women's health care services  
16 shall include, but need not be limited by a health care carrier to,  
17 the following: Maternity care; reproductive health services;  
18 gynecological care; general examination; and preventive care as  
19 medically appropriate and medically appropriate follow-up visits for  
20 the services listed in this subsection.

21 (4) Health care carriers shall ensure that enrolled female  
22 patients have direct access to timely and appropriate covered women's  
23 health care services from the type of health care practitioner of  
24 their choice in accordance with subsection (5) of this section.

25 (5)(a) Health care carrier policies, plans, and programs written,  
26 amended, or renewed after July 23, 1995, shall provide women patients  
27 with direct access to the type of health care practitioner of their  
28 choice for appropriate covered women's health care services without  
29 the necessity of prior referral from another type of health care  
30 practitioner.

31 (b) Health care carriers may comply with this section by  
32 including all the types of health care practitioners listed in this  
33 section for women's health care services for women patients.

34 (c) Nothing in this section shall prevent health care carriers  
35 from restricting women patients to seeing only health care  
36 practitioners who have signed participating provider agreements with  
37 the health care carrier.

38 **Sec. 36.** RCW 48.43.094 and 2015 c 237 s 1 are each amended to  
39 read as follows:

1 (1) For health plans issued or renewed on or after January 1,  
2 2017:

3 (a) Benefits shall not be denied for any health care service  
4 performed by a pharmacist licensed under chapter 18.64 RCW if:

5 (i) The service performed was within the lawful scope of such  
6 person's license;

7 (ii) The plan would have provided benefits if the service had  
8 been performed by a physician licensed under chapter 18.71 or 18.57  
9 RCW, an advanced registered nurse practitioner licensed under chapter  
10 18.79 RCW, or a physician's assistant licensed under chapter 18.71A  
11 (~~or 18.57A~~) RCW; and

12 (iii) The pharmacist is included in the plan's network of  
13 participating providers; and

14 (b) The health plan must include an adequate number of  
15 pharmacists in its network of participating medical providers.

16 (2) The participation of pharmacies in the plan network's drug  
17 benefit does not satisfy the requirement that plans include  
18 pharmacists in their networks of participating medical providers.

19 (3) For health benefit plans issued or renewed on or after  
20 January 1, 2016, but before January 1, 2017, health plans that  
21 delegate credentialing agreements to contracted health care  
22 facilities must accept credentialing for pharmacists employed or  
23 contracted by those facilities. Health plans must reimburse  
24 facilities for covered services provided by network pharmacists  
25 within the pharmacists' scope of practice per negotiations with the  
26 facility.

27 (4) This section does not supersede the requirements of RCW  
28 48.43.045.

29 **Sec. 37.** RCW 48.43.115 and 2003 c 248 s 14 are each amended to  
30 read as follows:

31 (1) The legislature recognizes the role of health care providers  
32 as the appropriate authority to determine and establish the delivery  
33 of quality health care services to maternity patients and their newly  
34 born children. It is the intent of the legislature to recognize  
35 patient preference and the clinical sovereignty of providers as they  
36 make determinations regarding services provided and the length of  
37 time individual patients may need to remain in a health care facility  
38 after giving birth. It is not the intent of the legislature to  
39 diminish a carrier's ability to utilize managed care strategies but

1 to ensure the clinical judgment of the provider is not undermined by  
2 restrictive carrier contracts or utilization review criteria that  
3 fail to recognize individual postpartum needs.

4 (2) Unless otherwise specifically provided, the following  
5 definitions apply throughout this section:

6 (a) "Attending provider" means a provider who: Has clinical  
7 hospital privileges consistent with RCW 70.43.020; is included in a  
8 provider network of the carrier that is providing coverage; and is a  
9 physician licensed under chapter 18.57 or 18.71 RCW, a certified  
10 nurse midwife licensed under chapter 18.79 RCW, a midwife licensed  
11 under chapter 18.50 RCW, a physician's assistant licensed under  
12 chapter ((18.57A or)) 18.71A RCW, or an advanced registered nurse  
13 practitioner licensed under chapter 18.79 RCW.

14 (b) "Health carrier" or "carrier" means disability insurers  
15 regulated under chapter 48.20 or 48.21 RCW, health care services  
16 contractors regulated under chapter 48.44 RCW, health maintenance  
17 organizations regulated under chapter 48.46 RCW, plans operating  
18 under the health care authority under chapter 41.05 RCW, the state  
19 health insurance pool operating under chapter 48.41 RCW, and insuring  
20 entities regulated under this chapter.

21 (3)(a) Every health carrier that provides coverage for maternity  
22 services must permit the attending provider, in consultation with the  
23 mother, to make decisions on the length of inpatient stay, rather  
24 than making such decisions through contracts or agreements between  
25 providers, hospitals, and insurers. These decisions must be based on  
26 accepted medical practice.

27 (b) Covered eligible services may not be denied for inpatient,  
28 postdelivery care to a mother and her newly born child after a  
29 vaginal delivery or a cesarean section delivery for such care as  
30 ordered by the attending provider in consultation with the mother.

31 (c) At the time of discharge, determination of the type and  
32 location of follow-up care must be made by the attending provider in  
33 consultation with the mother rather than by contract or agreement  
34 between the hospital and the insurer. These decisions must be based  
35 on accepted medical practice.

36 (d) Covered eligible services may not be denied for follow-up  
37 care, including in-person care, as ordered by the attending provider  
38 in consultation with the mother. Coverage for providers of follow-up  
39 services must include, but need not be limited to, attending  
40 providers as defined in this section, home health agencies licensed



1 under chapter 70.127 RCW, and registered nurses licensed under  
2 chapter 18.79 RCW.

3 (e) This section does not require attending providers to  
4 authorize care they believe to be medically unnecessary.

5 (f) Coverage for the newly born child must be no less than the  
6 coverage of the child's mother for no less than three weeks, even if  
7 there are separate hospital admissions.

8 (4) A carrier that provides coverage for maternity services may  
9 not deselect, terminate the services of, require additional  
10 documentation from, require additional utilization review of, reduce  
11 payments to, or otherwise provide financial disincentives to any  
12 attending provider or health care facility solely as a result of the  
13 attending provider or health care facility ordering care consistent  
14 with this section. This section does not prevent any insurer from  
15 reimbursing an attending provider or health care facility on a  
16 capitated, case rate, or other financial incentive basis.

17 (5) Every carrier that provides coverage for maternity services  
18 must provide notice to policyholders regarding the coverage required  
19 under this section. The notice must be in writing and must be  
20 transmitted at the earliest of the next mailing to the policyholder,  
21 the yearly summary of benefits sent to the policyholder, or January 1  
22 of the year following June 6, 1996.

23 (6) This section does not establish a standard of medical care.

24 (7) This section applies to coverage for maternity services under  
25 a contract issued or renewed by a health carrier after June 6, 1996,  
26 and applies to plans operating under the health care authority under  
27 chapter 41.05 RCW beginning January 1, 1998.

28 **Sec. 38.** RCW 51.04.030 and 2011 c 290 s 1 are each amended to  
29 read as follows:

30 (1) The director shall supervise the providing of prompt and  
31 efficient care and treatment, including care provided by physician  
32 assistants governed by the provisions of (~~chapters 18.57A and~~)  
33 chapter 18.71A RCW, acting under a supervising physician, including  
34 chiropractic care, and including care provided by licensed advanced  
35 registered nurse practitioners, to workers injured during the course  
36 of their employment at the least cost consistent with promptness and  
37 efficiency, without discrimination or favoritism, and with as great  
38 uniformity as the various and diverse surrounding circumstances and  
39 locations of industries will permit and to that end shall, from time

1 to time, establish and adopt and supervise the administration of  
2 printed forms, rules, regulations, and practices for the furnishing  
3 of such care and treatment: PROVIDED, That the medical coverage  
4 decisions of the department do not constitute a "rule" as used in RCW  
5 34.05.010(16), nor are such decisions subject to the rule-making  
6 provisions of chapter 34.05 RCW except that criteria for establishing  
7 medical coverage decisions shall be adopted by rule after  
8 consultation with the workers' compensation advisory committee  
9 established in RCW 51.04.110: PROVIDED FURTHER, That the department  
10 may recommend to an injured worker particular health care services  
11 and providers where specialized treatment is indicated or where cost-  
12 effective payment levels or rates are obtained by the department: AND  
13 PROVIDED FURTHER, That the department may enter into contracts for  
14 goods and services including, but not limited to, durable medical  
15 equipment so long as statewide access to quality service is  
16 maintained for injured workers.

17 (2) The director shall, in consultation with interested persons,  
18 establish and, in his or her discretion, periodically change as may  
19 be necessary, and make available a fee schedule of the maximum  
20 charges to be made by any physician, surgeon, chiropractor, hospital,  
21 druggist, licensed advanced registered nurse practitioner,  
22 physicians' assistants as defined in (~~chapters 18.57A and~~) chapter  
23 18.71A RCW, acting under a supervising physician or other agency or  
24 person rendering services to injured workers. The department shall  
25 coordinate with other state purchasers of health care services to  
26 establish as much consistency and uniformity in billing and coding  
27 practices as possible, taking into account the unique requirements  
28 and differences between programs. No service covered under this  
29 title, including services provided to injured workers, whether aliens  
30 or other injured workers, who are not residing in the United States  
31 at the time of receiving the services, shall be charged or paid at a  
32 rate or rates exceeding those specified in such fee schedule, and no  
33 contract providing for greater fees shall be valid as to the excess.  
34 The establishment of such a schedule, exclusive of conversion  
35 factors, does not constitute "agency action" as used in RCW  
36 34.05.010(3), nor does such a fee schedule and its associated billing  
37 or payment instructions and policies constitute a "rule" as used in  
38 RCW 34.05.010(16).

39 (3) The director or self-insurer, as the case may be, shall make  
40 a record of the commencement of every disability and the termination

1 thereof and, when bills are rendered for the care and treatment of  
2 injured workers, shall approve and pay those which conform to the  
3 adopted rules, regulations, established fee schedules, and practices  
4 of the director and may reject any bill or item thereof incurred in  
5 violation of the principles laid down in this section or the rules,  
6 regulations, or the established fee schedules and rules and  
7 regulations adopted under it.

8 **Sec. 39.** RCW 51.28.100 and 2007 c 263 s 1 are each amended to  
9 read as follows:

10 The department shall accept the signature of a physician  
11 assistant on any certificate, card, form, or other documentation  
12 required by the department that the physician assistant's supervising  
13 physician or physicians may sign, provided that it is within the  
14 physician assistant's scope of practice, and is consistent with the  
15 terms of the physician assistant's practice ((~~arrangement plan~~)  
16 agreement as required by ((~~chapters 18.57A and~~) chapter 18.71A RCW.  
17 Consistent with the terms of this section, the authority of a  
18 physician assistant to sign such certificates, cards, forms, or other  
19 documentation includes, but is not limited to, the execution of the  
20 certificate required in RCW 51.28.020. A physician assistant may not  
21 rate a worker's permanent partial disability under RCW 51.32.055.

22 **Sec. 40.** RCW 69.41.010 and 2019 c 358 s 6 and 2019 c 308 s 23  
23 are each reenacted and amended to read as follows:

24 As used in this chapter, the following terms have the meanings  
25 indicated unless the context clearly requires otherwise:

26 (1) "Administer" means the direct application of a legend drug  
27 whether by injection, inhalation, ingestion, or any other means, to  
28 the body of a patient or research subject by:

29 (a) A practitioner; or

30 (b) The patient or research subject at the direction of the  
31 practitioner.

32 (2) "Commission" means the pharmacy quality assurance commission.

33 (3) "Community-based care settings" include: Community  
34 residential programs for persons with developmental disabilities,  
35 certified by the department of social and health services under  
36 chapter 71A.12 RCW; adult family homes licensed under chapter 70.128  
37 RCW; and assisted living facilities licensed under chapter 18.20 RCW.

1 Community-based care settings do not include acute care or skilled  
2 nursing facilities.

3 (4) "Deliver" or "delivery" means the actual, constructive, or  
4 attempted transfer from one person to another of a legend drug,  
5 whether or not there is an agency relationship.

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

7 (6) "Dispense" means the interpretation of a prescription or  
8 order for a legend drug and, pursuant to that prescription or order,  
9 the proper selection, measuring, compounding, labeling, or packaging  
10 necessary to prepare that prescription or order for delivery.

11 (7) "Dispenser" means a practitioner who dispenses.

12 (8) "Distribute" means to deliver other than by administering or  
13 dispensing a legend drug.

14 (9) "Distributor" means a person who distributes.

15 (10) "Drug" means:

16 (a) Substances recognized as drugs in the official United States  
17 pharmacopoeia, official homeopathic pharmacopoeia of the United  
18 States, or official national formulary, or any supplement to any of  
19 them;

20 (b) Substances intended for use in the diagnosis, cure,  
21 mitigation, treatment, or prevention of disease in human beings or  
22 animals;

23 (c) Substances (other than food, minerals or vitamins) intended  
24 to affect the structure or any function of the body of human beings  
25 or animals; and

26 (d) Substances intended for use as a component of any article  
27 specified in (a), (b), or (c) of this subsection. It does not include  
28 devices or their components, parts, or accessories.

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

34 (12) "In-home care settings" include an individual's place of  
35 temporary and permanent residence, but does not include acute care or  
36 skilled nursing facilities, and does not include community-based care  
37 settings.

38 (13) "Legend drugs" means any drugs which are required by state  
39 law or regulation of the pharmacy quality assurance commission to be

1 dispensed on prescription only or are restricted to use by  
2 practitioners only.

3 (14) "Legible prescription" means a prescription or medication  
4 order issued by a practitioner that is capable of being read and  
5 understood by the pharmacist filling the prescription or the nurse or  
6 other practitioner implementing the medication order. A prescription  
7 must be hand printed, typewritten, or electronically generated.

8 (15) "Medication assistance" means assistance rendered by a  
9 nonpractitioner to an individual residing in a community-based care  
10 setting or in-home care setting to facilitate the individual's self-  
11 administration of a legend drug or controlled substance. It includes  
12 reminding or coaching the individual, handing the medication  
13 container to the individual, opening the individual's medication  
14 container, using an enabler, or placing the medication in the  
15 individual's hand, and such other means of medication assistance as  
16 defined by rule adopted by the department. A nonpractitioner may help  
17 in the preparation of legend drugs or controlled substances for self-  
18 administration where a practitioner has determined and communicated  
19 orally or by written direction that such medication preparation  
20 assistance is necessary and appropriate. Medication assistance shall  
21 not include assistance with intravenous medications or injectable  
22 medications, except prefilled insulin syringes.

23 (16) "Person" means individual, corporation, government or  
24 governmental subdivision or agency, business trust, estate, trust,  
25 partnership or association, or any other legal entity.

26 (17) "Practitioner" means:

27 (a) A physician under chapter 18.71 RCW, an osteopathic physician  
28 or an osteopathic physician and surgeon under chapter 18.57 RCW, a  
29 dentist under chapter 18.32 RCW, a podiatric physician and surgeon  
30 under chapter 18.22 RCW, an acupuncturist or acupuncture and Eastern  
31 medicine practitioner to the extent authorized under chapter 18.06  
32 RCW and the rules adopted under RCW 18.06.010(1)(j), a veterinarian  
33 under chapter 18.92 RCW, a registered nurse, advanced registered  
34 nurse practitioner, or licensed practical nurse under chapter 18.79  
35 RCW, an optometrist under chapter 18.53 RCW who is certified by the  
36 optometry board under RCW 18.53.010, (~~(an osteopathic physician  
37 assistant under chapter 18.57A RCW,)~~) a physician assistant under  
38 chapter 18.71A RCW, a naturopath licensed under chapter 18.36A RCW, a  
39 licensed athletic trainer to the extent authorized under chapter  
40 18.250 RCW, a pharmacist under chapter 18.64 RCW, or, when acting

1 under the required supervision of a dentist licensed under chapter  
2 18.32 RCW, a dental hygienist licensed under chapter 18.29 RCW;

3 (b) A pharmacy, hospital, or other institution licensed,  
4 registered, or otherwise permitted to distribute, dispense, conduct  
5 research with respect to, or to administer a legend drug in the  
6 course of professional practice or research in this state; and

7 (c) A physician licensed to practice medicine and surgery or a  
8 physician licensed to practice osteopathic medicine and surgery in  
9 any state, or province of Canada, which shares a common border with  
10 the state of Washington.

11 (18) "Secretary" means the secretary of health or the secretary's  
12 designee.

13 **Sec. 41.** RCW 69.41.030 and 2019 c 55 s 9 are each amended to  
14 read as follows:

15 (1) It shall be unlawful for any person to sell, deliver, or  
16 possess any legend drug except upon the order or prescription of a  
17 physician under chapter 18.71 RCW, an osteopathic physician and  
18 surgeon under chapter 18.57 RCW, an optometrist licensed under  
19 chapter 18.53 RCW who is certified by the optometry board under RCW  
20 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician  
21 and surgeon under chapter 18.22 RCW, a veterinarian under chapter  
22 18.92 RCW, a commissioned medical or dental officer in the United  
23 States armed forces or public health service in the discharge of his  
24 or her official duties, a duly licensed physician or dentist employed  
25 by the veterans administration in the discharge of his or her  
26 official duties, a registered nurse or advanced registered nurse  
27 practitioner under chapter 18.79 RCW when authorized by the nursing  
28 care quality assurance commission, a pharmacist licensed under  
29 chapter 18.64 RCW to the extent permitted by drug therapy guidelines  
30 or protocols established under RCW 18.64.011 and authorized by the  
31 commission and approved by a practitioner authorized to prescribe  
32 drugs, (~~(an osteopathic physician assistant under chapter 18.57A RCW  
33 when authorized by the board of osteopathic medicine and surgery,~~)  
34 a physician assistant under chapter 18.71A RCW when authorized by the  
35 Washington medical commission, or any of the following professionals  
36 in any province of Canada that shares a common border with the state  
37 of Washington or in any state of the United States: A physician  
38 licensed to practice medicine and surgery or a physician licensed to  
39 practice osteopathic medicine and surgery, a dentist licensed to

1 practice dentistry, a podiatric physician and surgeon licensed to  
2 practice podiatric medicine and surgery, a licensed advanced  
3 registered nurse practitioner, a licensed physician assistant, ((  
4 ~~licensed osteopathic physician assistant,~~) or a veterinarian  
5 licensed to practice veterinary medicine: PROVIDED, HOWEVER, That the  
6 above provisions shall not apply to sale, delivery, or possession by  
7 drug wholesalers or drug manufacturers, or their agents or employees,  
8 or to any practitioner acting within the scope of his or her license,  
9 or to a common or contract carrier or warehouse operator, or any  
10 employee thereof, whose possession of any legend drug is in the usual  
11 course of business or employment: PROVIDED FURTHER, That nothing in  
12 this chapter or chapter 18.64 RCW shall prevent a family planning  
13 clinic that is under contract with the health care authority from  
14 selling, delivering, possessing, and dispensing commercially  
15 prepackaged oral contraceptives prescribed by authorized, licensed  
16 health care practitioners: PROVIDED FURTHER, That nothing in this  
17 chapter prohibits possession or delivery of legend drugs by an  
18 authorized collector or other person participating in the operation  
19 of a drug take-back program authorized in chapter 69.48 RCW.

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

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

25 **Sec. 42.** RCW 69.45.010 and 2019 c 55 s 10 are each amended to  
26 read as follows:

27 The definitions in this section apply throughout this chapter.

28 (1) "Commission" means the pharmacy quality assurance commission.

29 (2) "Controlled substance" means a drug, substance, or immediate  
30 precursor of such drug or substance, so designated under or pursuant  
31 to chapter 69.50 RCW, the uniform controlled substances act.

32 (3) "Deliver" or "delivery" means the actual, constructive, or  
33 attempted transfer from one person to another of a drug or device,  
34 whether or not there is an agency relationship.

35 (4) "Department" means the department of health.

36 (5) "Dispense" means the interpretation of a prescription or  
37 order for a drug, biological, or device and, pursuant to that  
38 prescription or order, the proper selection, measuring, compounding,

1 labeling, or packaging necessary to prepare that prescription or  
2 order for delivery.

3 (6) "Distribute" means to deliver, other than by administering or  
4 dispensing, a legend drug.

5 (7) "Drug samples" means any federal food and drug administration  
6 approved controlled substance, legend drug, or products requiring  
7 prescriptions in this state, which is distributed at no charge to a  
8 practitioner by a manufacturer or a manufacturer's representative,  
9 exclusive of drugs under clinical investigations approved by the  
10 federal food and drug administration.

11 (8) "Legend drug" means any drug that is required by state law or  
12 by regulations of the commission to be dispensed on prescription only  
13 or is restricted to use by practitioners only.

14 (9) "Manufacturer" means a person or other entity engaged in the  
15 manufacture or distribution of drugs or devices, but does not include  
16 a manufacturer's representative.

17 (10) "Manufacturer's representative" means an agent or employee  
18 of a drug manufacturer who is authorized by the drug manufacturer to  
19 possess drug samples for the purpose of distribution in this state to  
20 appropriately authorized health care practitioners.

21 (11) "Person" means any individual, corporation, government or  
22 governmental subdivision or agency, business trust, estate, trust,  
23 partnership, association, or any other legal entity.

24 (12) "Practitioner" means a physician under chapter 18.71 RCW, an  
25 osteopathic physician or an osteopathic physician and surgeon under  
26 chapter 18.57 RCW, a dentist under chapter 18.32 RCW, a podiatric  
27 physician and surgeon under chapter 18.22 RCW, a veterinarian under  
28 chapter 18.92 RCW, a pharmacist under chapter 18.64 RCW, a  
29 commissioned medical or dental officer in the United States armed  
30 forces or the public health service in the discharge of his or her  
31 official duties, a duly licensed physician or dentist employed by the  
32 veterans administration in the discharge of his or her official  
33 duties, a registered nurse or advanced registered nurse practitioner  
34 under chapter 18.79 RCW when authorized to prescribe by the nursing  
35 care quality assurance commission, (~~(an osteopathic physician  
36 assistant under chapter 18.57A RCW when authorized by the board of  
37 osteopathic medicine and surgery,~~) or a physician assistant under  
38 chapter 18.71A RCW when authorized by the Washington medical  
39 commission.



1 (13) "Reasonable cause" means a state of facts found to exist  
2 that would warrant a reasonably intelligent and prudent person to  
3 believe that a person has violated state or federal drug laws or  
4 regulations.

5 (14) "Secretary" means the secretary of health or the secretary's  
6 designee.

7 **Sec. 43.** RCW 69.50.101 and 2019 c 394 s 9, 2019 c 158 s 12, and  
8 2019 c 55 s 11 are each reenacted and amended to read as follows:

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

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

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

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

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

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

23 (d) "CBD concentration" has the meaning provided in RCW  
24 69.51A.010.

25 (e) "CBD product" means any product containing or consisting of  
26 cannabidiol.

27 (f) "Commission" means the pharmacy quality assurance commission.

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

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

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

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

7 (2) The term does not include:

8 (i) a controlled substance;

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

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

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

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

22 (j) "Department" means the department of health.

23 (k) "Designated provider" has the meaning provided in RCW  
24 69.51A.010.

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

30 (m) "Dispenser" means a practitioner who dispenses.

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

33 (o) "Distributor" means a person who distributes.

34 (p) "Drug" means (1) a controlled substance recognized as a drug  
35 in the official United States pharmacopoeia/national formulary or the  
36 official homeopathic pharmacopoeia of the United States, or any  
37 supplement to them; (2) controlled substances intended for use in the  
38 diagnosis, cure, mitigation, treatment, or prevention of disease in  
39 individuals or animals; (3) controlled substances (other than food)  
40 intended to affect the structure or any function of the body of

1 individuals or animals; and (4) controlled substances intended for  
2 use as a component of any article specified in (1), (2), or (3) of  
3 this subsection. The term does not include devices or their  
4 components, parts, or accessories.

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

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

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

16 (t) "Immediate precursor" means a substance:

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

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

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

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

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

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

39 (x) "Manufacture" means the production, preparation, propagation,  
40 compounding, conversion, or processing of a controlled substance,

1 either directly or indirectly or by extraction from substances of  
2 natural origin, or independently by means of chemical synthesis, or  
3 by a combination of extraction and chemical synthesis, and includes  
4 any packaging or repackaging of the substance or labeling or  
5 relabeling of its container. The term does not include the  
6 preparation, compounding, packaging, repackaging, labeling, or  
7 relabeling of a controlled substance:

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

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

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

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

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

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

32 (aa) "Marijuana processor" means a person licensed by the state  
33 liquor and cannabis board to process marijuana into marijuana  
34 concentrates, useable marijuana, and marijuana-infused products,  
35 package and label marijuana concentrates, useable marijuana, and  
36 marijuana-infused products for sale in retail outlets, and sell  
37 marijuana concentrates, useable marijuana, and marijuana-infused  
38 products at wholesale to marijuana retailers.

1 (bb) "Marijuana producer" means a person licensed by the state  
2 liquor and cannabis board to produce and sell marijuana at wholesale  
3 to marijuana processors and other marijuana producers.

4 (cc) "Marijuana products" means useable marijuana, marijuana  
5 concentrates, and marijuana-infused products as defined in this  
6 section.

7 (dd) "Marijuana researcher" means a person licensed by the state  
8 liquor and cannabis board to produce, process, and possess marijuana  
9 for the purposes of conducting research on marijuana and marijuana-  
10 derived drug products.

11 (ee) "Marijuana retailer" means a person licensed by the state  
12 liquor and cannabis board to sell marijuana concentrates, useable  
13 marijuana, and marijuana-infused products in a retail outlet.

14 (ff) "Marijuana-infused products" means products that contain  
15 marijuana or marijuana extracts, are intended for human use, are  
16 derived from marijuana as defined in subsection (y) of this section,  
17 and have a THC concentration no greater than ten percent. The term  
18 "marijuana-infused products" does not include either useable  
19 marijuana or marijuana concentrates.

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

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

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

34 (3) Poppy straw and concentrate of poppy straw.

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

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

39 (6) Cocaine base.

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

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

6 (hh) "Opiate" means any substance having an addiction-forming or  
7 addiction-sustaining liability similar to morphine or being capable  
8 of conversion into a drug having addiction-forming or addiction-  
9 sustaining liability. The term includes opium, substances derived  
10 from opium (opium derivatives), and synthetic opiates. The term does  
11 not include, unless specifically designated as controlled under RCW  
12 69.50.201, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan  
13 and its salts (dextromethorphan). The term includes the racemic and  
14 levorotatory forms of dextromethorphan.

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

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

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

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

24 (mm) "Practitioner" means:

25 (1) A physician under chapter 18.71 RCW; a physician assistant  
26 under chapter 18.71A RCW; an osteopathic physician and surgeon under  
27 chapter 18.57 RCW; ~~((an osteopathic physician assistant under chapter~~  
28 ~~18.57A RCW who is licensed under RCW 18.57A.020 subject to any~~  
29 ~~limitations in RCW 18.57A.040;))~~ an optometrist licensed under  
30 chapter 18.53 RCW who is certified by the optometry board under RCW  
31 18.53.010 subject to any limitations in RCW 18.53.010; a dentist  
32 under chapter 18.32 RCW; a podiatric physician and surgeon under  
33 chapter 18.22 RCW; a veterinarian under chapter 18.92 RCW; a  
34 registered nurse, advanced registered nurse practitioner, or licensed  
35 practical nurse under chapter 18.79 RCW; a naturopathic physician  
36 under chapter 18.36A RCW who is licensed under RCW 18.36A.030 subject  
37 to any limitations in RCW 18.36A.040; a pharmacist under chapter  
38 18.64 RCW or a scientific investigator under this chapter, licensed,  
39 registered or otherwise permitted insofar as is consistent with those  
40 licensing laws to distribute, dispense, conduct research with respect

1 to or administer a controlled substance in the course of their  
2 professional practice or research in this state.

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

7 (3) A physician licensed to practice medicine and surgery, a  
8 physician licensed to practice osteopathic medicine and surgery, a  
9 dentist licensed to practice dentistry, a podiatric physician and  
10 surgeon licensed to practice podiatric medicine and surgery, a  
11 licensed physician assistant or a licensed osteopathic physician  
12 assistant specifically approved to prescribe controlled substances by  
13 his or her state's medical commission or equivalent and his or her  
14 supervising physician, an advanced registered nurse practitioner  
15 licensed to prescribe controlled substances, or a veterinarian  
16 licensed to practice veterinary medicine in any state of the United  
17 States.

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

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

24 (pp) "Qualifying patient" has the meaning provided in RCW  
25 69.51A.010.

26 (qq) "Recognition card" has the meaning provided in RCW  
27 69.51A.010.

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

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

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

37 (uu) "THC concentration" means percent of delta-9  
38 tetrahydrocannabinol content per dry weight of any part of the plant  
39 *Cannabis*, or per volume or weight of marijuana product, or the  
40 combined percent of delta-9 tetrahydrocannabinol and

1 tetrahydrocannabinolic acid in any part of the plant *Cannabis*  
2 regardless of moisture content.

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

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

11 **Sec. 44.** RCW 69.51A.010 and 2015 c 70 s 17 are each reenacted  
12 and amended to read as follows:

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

15 (1) (a) Until July 1, 2016, "authorization" means:

16 (i) A statement signed and dated by a qualifying patient's health  
17 care professional written on tamper-resistant paper, which states  
18 that, in the health care professional's professional opinion, the  
19 patient may benefit from the medical use of marijuana; and

20 (ii) Proof of identity such as a Washington state driver's  
21 license or identicard, as defined in RCW 46.20.035.

22 (b) Beginning July 1, 2016, "authorization" means a form  
23 developed by the department that is completed and signed by a  
24 qualifying patient's health care professional and printed on tamper-  
25 resistant paper.

26 (c) An authorization is not a prescription as defined in RCW  
27 69.50.101.

28 (2) "CBD concentration" means the percent of cannabidiol content  
29 per dry weight of any part of the plant *Cannabis*, or per volume or  
30 weight of marijuana product.

31 (3) "Department" means the department of health.

32 (4) "Designated provider" means a person who is twenty-one years  
33 of age or older and:

34 (a) (i) Is the parent or guardian of a qualifying patient who is  
35 under the age of eighteen and beginning July 1, 2016, holds a  
36 recognition card; or

37 (ii) Has been designated in writing by a qualifying patient to  
38 serve as the designated provider for that patient;



1 (b) (i) Has an authorization from the qualifying patient's health  
2 care professional; or  
3 (ii) Beginning July 1, 2016:  
4 (A) Has been entered into the medical marijuana authorization  
5 database as being the designated provider to a qualifying patient;  
6 and  
7 (B) Has been provided a recognition card;  
8 (c) Is prohibited from consuming marijuana obtained for the  
9 personal, medical use of the qualifying patient for whom the  
10 individual is acting as designated provider;  
11 (d) Provides marijuana to only the qualifying patient that has  
12 designated him or her;  
13 (e) Is in compliance with the terms and conditions of this  
14 chapter; and  
15 (f) Is the designated provider to only one patient at any one  
16 time.  
17 (5) "Health care professional," for purposes of this chapter  
18 only, means a physician licensed under chapter 18.71 RCW, a physician  
19 assistant licensed under chapter 18.71A RCW, an osteopathic physician  
20 licensed under chapter 18.57 RCW, (~~(an osteopathic physicians'  
21 assistant licensed under chapter 18.57A RCW,)~~) a naturopath licensed  
22 under chapter 18.36A RCW, or an advanced registered nurse  
23 practitioner licensed under chapter 18.79 RCW.  
24 (6) "Housing unit" means a house, an apartment, a mobile home, a  
25 group of rooms, or a single room that is occupied as separate living  
26 quarters, in which the occupants live and eat separately from any  
27 other persons in the building, and which have direct access from the  
28 outside of the building or through a common hall.  
29 (7) "Low THC, high CBD" means products determined by the  
30 department to have a low THC, high CBD ratio under RCW 69.50.375. Low  
31 THC, high CBD products must be inhalable, ingestible, or absorbable.  
32 (8) "Marijuana" has the meaning provided in RCW 69.50.101.  
33 (9) "Marijuana concentrates" has the meaning provided in RCW  
34 69.50.101.  
35 (10) "Marijuana processor" has the meaning provided in RCW  
36 69.50.101.  
37 (11) "Marijuana producer" has the meaning provided in RCW  
38 69.50.101.  
39 (12) "Marijuana retailer" has the meaning provided in RCW  
40 69.50.101.

1 (13) "Marijuana retailer with a medical marijuana endorsement"  
2 means a marijuana retailer that has been issued a medical marijuana  
3 endorsement by the state liquor and cannabis board pursuant to RCW  
4 69.50.375.

5 (14) "Marijuana-infused products" has the meaning provided in RCW  
6 69.50.101.

7 (15) "Medical marijuana authorization database" means the secure  
8 and confidential database established in RCW 69.51A.230.

9 (16) "Medical use of marijuana" means the manufacture,  
10 production, possession, transportation, delivery, ingestion,  
11 application, or administration of marijuana for the exclusive benefit  
12 of a qualifying patient in the treatment of his or her terminal or  
13 debilitating medical condition.

14 (17) "Plant" means a marijuana plant having at least three  
15 distinguishable and distinct leaves, each leaf being at least three  
16 centimeters in diameter, and a readily observable root formation  
17 consisting of at least two separate and distinct roots, each being at  
18 least two centimeters in length. Multiple stalks emanating from the  
19 same root ball or root system is considered part of the same single  
20 plant.

21 (18) "Public place" has the meaning provided in RCW 70.160.020.

22 (19) "Qualifying patient" means a person who:

23 (a) (i) Is a patient of a health care professional;

24 (ii) Has been diagnosed by that health care professional as  
25 having a terminal or debilitating medical condition;

26 (iii) Is a resident of the state of Washington at the time of  
27 such diagnosis;

28 (iv) Has been advised by that health care professional about the  
29 risks and benefits of the medical use of marijuana;

30 (v) Has been advised by that health care professional that they  
31 may benefit from the medical use of marijuana;

32 (vi) (A) Has an authorization from his or her health care  
33 professional; or

34 (B) Beginning July 1, 2016, has been entered into the medical  
35 marijuana authorization database and has been provided a recognition  
36 card; and

37 (vii) Is otherwise in compliance with the terms and conditions  
38 established in this chapter.

39 (b) "Qualifying patient" does not include a person who is  
40 actively being supervised for a criminal conviction by a corrections

1 agency or department that has determined that the terms of this  
2 chapter are inconsistent with and contrary to his or her supervision  
3 and all related processes and procedures related to that supervision.

4 (20) "Recognition card" means a card issued to qualifying  
5 patients and designated providers by a marijuana retailer with a  
6 medical marijuana endorsement that has entered them into the medical  
7 marijuana authorization database.

8 (21) "Retail outlet" has the meaning provided in RCW 69.50.101.

9 (22) "Secretary" means the secretary of the department of health.

10 (23) "Tamper-resistant paper" means paper that meets one or more  
11 of the following industry-recognized features:

12 (a) One or more features designed to prevent copying of the  
13 paper;

14 (b) One or more features designed to prevent the erasure or  
15 modification of information on the paper; or

16 (c) One or more features designed to prevent the use of  
17 counterfeit authorization.

18 (24) "Terminal or debilitating medical condition" means a  
19 condition severe enough to significantly interfere with the patient's  
20 activities of daily living and ability to function, which can be  
21 objectively assessed and evaluated and limited to the following:

22 (a) Cancer, human immunodeficiency virus (HIV), multiple  
23 sclerosis, epilepsy or other seizure disorder, or spasticity  
24 disorders;

25 (b) Intractable pain, limited for the purpose of this chapter to  
26 mean pain unrelieved by standard medical treatments and medications;

27 (c) Glaucoma, either acute or chronic, limited for the purpose of  
28 this chapter to mean increased intraocular pressure unrelieved by  
29 standard treatments and medications;

30 (d) Crohn's disease with debilitating symptoms unrelieved by  
31 standard treatments or medications;

32 (e) Hepatitis C with debilitating nausea or intractable pain  
33 unrelieved by standard treatments or medications;

34 (f) Diseases, including anorexia, which result in nausea,  
35 vomiting, wasting, appetite loss, cramping, seizures, muscle spasms,  
36 or spasticity, when these symptoms are unrelieved by standard  
37 treatments or medications;

38 (g) Posttraumatic stress disorder; or

39 (h) Traumatic brain injury.

1 (25) "THC concentration" has the meaning provided in RCW  
2 69.50.101.

3 (26) "Useable marijuana" has the meaning provided in RCW  
4 69.50.101.

5 **Sec. 45.** RCW 70.41.210 and 2008 c 134 s 14 are each amended to  
6 read as follows:

7 (1) The chief administrator or executive officer of a hospital  
8 shall report to the department when the practice of a health care  
9 practitioner as defined in subsection (2) of this section is  
10 restricted, suspended, limited, or terminated based upon a  
11 conviction, determination, or finding by the hospital that the health  
12 care practitioner has committed an action defined as unprofessional  
13 conduct under RCW 18.130.180. The chief administrator or executive  
14 officer shall also report any voluntary restriction or termination of  
15 the practice of a health care practitioner as defined in subsection  
16 (2) of this section while the practitioner is under investigation or  
17 the subject of a proceeding by the hospital regarding unprofessional  
18 conduct, or in return for the hospital not conducting such an  
19 investigation or proceeding or not taking action. The department will  
20 forward the report to the appropriate disciplining authority.

21 (2) The reporting requirements apply to the following health care  
22 practitioners: Pharmacists as defined in chapter 18.64 RCW; advanced  
23 registered nurse practitioners as defined in chapter 18.79 RCW;  
24 dentists as defined in chapter 18.32 RCW; naturopaths as defined in  
25 chapter 18.36A RCW; optometrists as defined in chapter 18.53 RCW;  
26 osteopathic physicians and surgeons as defined in chapter 18.57 RCW;  
27 (~~osteopathic physicians' assistants as defined in chapter 18.57A~~  
28 ~~RCW~~;) physicians as defined in chapter 18.71 RCW; physician  
29 assistants as defined in chapter 18.71A RCW; podiatric physicians and  
30 surgeons as defined in chapter 18.22 RCW; and psychologists as  
31 defined in chapter 18.83 RCW.

32 (3) Reports made under subsection (1) of this section shall be  
33 made within fifteen days of the date: (a) A conviction,  
34 determination, or finding is made by the hospital that the health  
35 care practitioner has committed an action defined as unprofessional  
36 conduct under RCW 18.130.180; or (b) the voluntary restriction or  
37 termination of the practice of a health care practitioner, including  
38 his or her voluntary resignation, while under investigation or the

1 subject of proceedings regarding unprofessional conduct under RCW  
2 18.130.180 is accepted by the hospital.

3 (4) Failure of a hospital to comply with this section is  
4 punishable by a civil penalty not to exceed five hundred dollars.

5 (5) A hospital, its chief administrator, or its executive officer  
6 who files a report under this section is immune from suit, whether  
7 direct or derivative, in any civil action related to the filing or  
8 contents of the report, unless the conviction, determination, or  
9 finding on which the report and its content are based is proven to  
10 not have been made in good faith. The prevailing party in any action  
11 brought alleging the conviction, determination, finding, or report  
12 was not made in good faith, shall be entitled to recover the costs of  
13 litigation, including reasonable attorneys' fees.

14 (6) The department shall forward reports made under subsection  
15 (1) of this section to the appropriate disciplining authority  
16 designated under Title 18 RCW within fifteen days of the date the  
17 report is received by the department. The department shall notify a  
18 hospital that has made a report under subsection (1) of this section  
19 of the results of the disciplining authority's case disposition  
20 decision within fifteen days after the case disposition. Case  
21 disposition is the decision whether to issue a statement of charges,  
22 take informal action, or close the complaint without action against a  
23 practitioner. In its biennial report to the legislature under RCW  
24 18.130.310, the department shall specifically identify the case  
25 dispositions of reports made by hospitals under subsection (1) of  
26 this section.

27 (7) The department shall not increase hospital license fees to  
28 carry out this section before July 1, 2008.

29 **Sec. 46.** RCW 70.54.400 and 2009 c 438 s 1 are each amended to  
30 read as follows:

31 (1) For purposes of this section:

32 (a) "Customer" means an individual who is lawfully on the  
33 premises of a retail establishment.

34 (b) "Eligible medical condition" means:

35 (i) Crohn's disease, ulcerative colitis, or any other  
36 inflammatory bowel disease;

37 (ii) Irritable bowel syndrome;

38 (iii) Any condition requiring use of an ostomy device; or

1 (iv) Any permanent or temporary medical condition that requires  
2 immediate access to a restroom.

3 (c) "Employee restroom" means a restroom intended for employees  
4 only in a retail facility and not intended for customers.

5 (d) "Health care provider" means an advanced registered nurse  
6 practitioner licensed under chapter 18.79 RCW, an osteopathic  
7 physician or surgeon licensed under chapter 18.57 RCW, (~~an~~  
8 ~~osteopathic physicians assistant licensed under chapter 18.57A RCW,~~)  
9 a physician or surgeon licensed under chapter 18.71 RCW, or a  
10 physician assistant licensed under chapter 18.71A RCW.

11 (e) "Retail establishment" means a place of business open to the  
12 general public for the sale of goods or services. Retail  
13 establishment does not include any structure such as a filling  
14 station, service station, or restaurant of eight hundred square feet  
15 or less that has an employee restroom located within that structure.

16 (2) A retail establishment that has an employee restroom must  
17 allow a customer with an eligible medical condition to use that  
18 employee restroom during normal business hours if:

19 (a) The customer requesting the use of the employee restroom  
20 provides in writing either:

21 (i) A signed statement by the customer's health care provider on  
22 a form that has been prepared by the department of health under  
23 subsection (4) of this section; or

24 (ii) An identification card that is issued by a nonprofit  
25 organization whose purpose includes serving individuals who suffer  
26 from an eligible medical condition; and

27 (b) One of the following conditions are met:

28 (i) The employee restroom is reasonably safe and is not located  
29 in an area where providing access would create an obvious health or  
30 safety risk to the customer; or

31 (ii) Allowing the customer to access the restroom facility does  
32 not pose a security risk to the retail establishment or its  
33 employees.

34 (3) A retail establishment that has an employee restroom must  
35 allow a customer to use that employee restroom during normal business  
36 hours if:

37 (a) (i) Three or more employees of the retail establishment are  
38 working at the time the customer requests use of the employee  
39 restroom; and

1 (ii) The retail establishment does not normally make a restroom  
2 available to the public; and

3 (b) (i) The employee restroom is reasonably safe and is not  
4 located in an area where providing access would create an obvious  
5 health or safety risk to the customer; or

6 (ii) Allowing the customer to access the employee restroom does  
7 not pose a security risk to the retail establishment or its  
8 employees.

9 (4) The department of health shall develop a standard electronic  
10 form that may be signed by a health care provider as evidence of the  
11 existence of an eligible medical condition as required by subsection  
12 (2) of this section. The form shall include a brief description of a  
13 customer's rights under this section and shall be made available for  
14 a customer or his or her health care provider to access by computer.  
15 Nothing in this section requires the department to distribute printed  
16 versions of the form.

17 (5) Fraudulent use of a form as evidence of the existence of an  
18 eligible medical condition is a misdemeanor punishable under RCW  
19 9A.20.010.

20 (6) For a first violation of this section, the city or county  
21 attorney shall issue a warning letter to the owner or operator of the  
22 retail establishment, and to any employee of a retail establishment  
23 who denies access to an employee restroom in violation of this  
24 section, informing the owner or operator of the establishment and  
25 employee of the requirements of this section. A retail establishment  
26 or an employee of a retail establishment that violates this section  
27 after receiving a warning letter is guilty of a class 2 civil  
28 infraction under chapter 7.80 RCW.

29 (7) A retail establishment is not required to make any physical  
30 changes to an employee restroom under this section and may require  
31 that an employee accompany a customer or a customer with an eligible  
32 medical condition to the employee restroom.

33 (8) A retail establishment or an employee of a retail  
34 establishment is not civilly liable for any act or omission in  
35 allowing a customer or a customer with an eligible medical condition  
36 to use an employee restroom if the act or omission meets all of the  
37 following:

38 (a) It is not willful or grossly negligent;

39 (b) It occurs in an area of the retail establishment that is not  
40 accessible to the public; and

1 (c) It results in an injury to or death of the customer or the  
2 customer with an eligible medical condition or any individual other  
3 than an employee accompanying the customer or the customer with an  
4 eligible medical condition.

5 **Sec. 47.** RCW 70.128.120 and 2015 c 66 s 2 are each amended to  
6 read as follows:

7 Each adult family home provider, applicant, and each resident  
8 manager shall have the following minimum qualifications, except that  
9 only applicants are required to meet the provisions of subsections  
10 (10) and (11) of this section:

11 (1) Twenty-one years of age or older;

12 (2) For those applying after September 1, 2001, to be licensed as  
13 providers, and for resident managers whose employment begins after  
14 September 1, 2001, a United States high school diploma or high school  
15 equivalency certificate as provided in RCW 28B.50.536 or any English  
16 or translated government documentation of the following:

17 (a) Successful completion of government-approved public or  
18 private school education in a foreign country that includes an annual  
19 average of one thousand hours of instruction over twelve years or no  
20 less than twelve thousand hours of instruction;

21 (b) A foreign college, foreign university, or United States  
22 community college two-year diploma;

23 (c) Admission to, or completion of coursework at, a foreign  
24 university or college for which credit was granted;

25 (d) Admission to, or completion of coursework at, a United States  
26 college or university for which credits were awarded;

27 (e) Admission to, or completion of postgraduate coursework at, a  
28 United States college or university for which credits were awarded;  
29 or

30 (f) Successful passage of the United States board examination for  
31 registered nursing, or any professional medical occupation for which  
32 college or university education preparation was required;

33 (3) Good moral and responsible character and reputation;

34 (4) Literacy and the ability to communicate in the English  
35 language;

36 (5) Management and administrative ability to carry out the  
37 requirements of this chapter;



1 (6) Satisfactory completion of department-approved basic training  
2 and continuing education training as required by RCW 74.39A.074, and  
3 in rules adopted by the department;

4 (7) Satisfactory completion of department-approved, or  
5 equivalent, special care training before a provider may provide  
6 special care services to a resident;

7 (8) Not been convicted of any crime that is disqualifying under  
8 RCW 43.43.830 or 43.43.842, or department rules adopted under this  
9 chapter, or been found to have abused, neglected, exploited, or  
10 abandoned a minor or vulnerable adult as specified in RCW  
11 74.39A.056(2);

12 (9) For those applying to be licensed as providers, and for  
13 resident managers whose employment begins after August 24, 2011, at  
14 least one thousand hours in the previous sixty months of successful,  
15 direct caregiving experience obtained after age eighteen to  
16 vulnerable adults in a licensed or contracted setting prior to  
17 operating or managing an adult family home. The applicant or resident  
18 manager must have credible evidence of the successful, direct  
19 caregiving experience or, currently hold one of the following  
20 professional licenses: Physician licensed under chapter 18.71 RCW;  
21 osteopathic physician licensed under chapter 18.57 RCW; (~~osteopathic~~  
22 ~~physician assistant licensed under chapter 18.57A RCW;~~) physician  
23 assistant licensed under chapter 18.71A RCW; registered nurse,  
24 advanced registered nurse practitioner, or licensed practical nurse  
25 licensed under chapter 18.79 RCW;

26 (10) For applicants, proof of financial solvency, as defined in  
27 rule; and

28 (11) Applicants must successfully complete an adult family home  
29 administration and business planning class, prior to being granted a  
30 license. The class must be a minimum of forty-eight hours of  
31 classroom time and approved by the department. The department shall  
32 promote and prioritize bilingual capabilities within available  
33 resources and when materials are available for this purpose. Under  
34 exceptional circumstances, such as the sudden and unexpected death of  
35 a provider, the department may consider granting a license to an  
36 applicant who has not completed the class but who meets all other  
37 requirements. If the department decides to grant the license due to  
38 exceptional circumstances, the applicant must have enrolled in or  
39 completed the class within four months of licensure.

1       **Sec. 48.** RCW 70.180.030 and 1994 sp.s. c 9 s 746 and 1994 c 103  
2 s 2 are each reenacted and amended to read as follows:

3       (1) The department, in cooperation with the University of  
4 Washington school of medicine, the state's registered nursing  
5 programs, the state's pharmacy programs, and other appropriate public  
6 and private agencies and associations, shall develop and keep current  
7 a register of physicians, physician assistants, pharmacists, and  
8 advanced registered nurse practitioners who are available to practice  
9 on a short-term basis in rural communities of the state. The  
10 department shall list only individuals who have a valid license to  
11 practice. The register shall be compiled and made available to all  
12 rural hospitals, public health departments and districts, rural  
13 pharmacies, and other appropriate public and private agencies and  
14 associations.

15       (2) Eligible health care professionals are those licensed under  
16 chapters 18.57, (~~(18.57A)~~) 18.64, 18.71, and 18.71A RCW and advanced  
17 registered nurse practitioners licensed under chapter 18.79 RCW.

18       (3) Participating sites may:

19       (a) Receive reimbursement for substitute provider travel to and  
20 from the rural community and for lodging at a rate determined under  
21 RCW 43.03.050 and 43.03.060; and

22       (b) Receive reimbursement for the cost of malpractice insurance  
23 if the services provided are not covered by the substitute provider's  
24 or local provider's existing medical malpractice insurance.  
25 Reimbursement for malpractice insurance shall only be made available  
26 to sites that incur additional costs for substitute provider  
27 coverage.

28       (4) The department may require rural communities to participate  
29 in health professional recruitment programs as a condition for  
30 providing a temporary substitute health care professional if the  
31 community does not have adequate permanent health care personnel. To  
32 the extent deemed appropriate and subject to funding, the department  
33 may also require communities to participate in other programs or  
34 projects, such as the rural health system project authorized in  
35 chapter 70.175 RCW, that are designed to assist communities to  
36 reorganize the delivery of rural health care services.

37       (5) A participating site may receive reimbursement for substitute  
38 provider assistance as provided for in subsection (3) of this section  
39 for up to ninety days during any twelve-month period. The department

1 may modify or waive this limitation should it determine that the  
2 health and safety of the community warrants a waiver or modification.

3 (6) Participating sites shall:

4 (a) Be responsible for all salary expenses for the temporary  
5 substitute provider.

6 (b) Provide the temporary substitute provider with referral and  
7 backup coverage information.

8 **Sec. 49.** RCW 70.185.090 and 1993 c 492 s 274 are each amended to  
9 read as follows:

10 (1) The department may develop a mechanism for underserved rural  
11 or urban communities to contract with education and training programs  
12 for student positions above the full time equivalent lids. The goal  
13 of this program is to provide additional capacity, educating students  
14 who will practice in underserved communities.

15 (2) Eligible education and training programs are those programs  
16 approved by the department that lead to eligibility for a credential  
17 as a credentialed health care professional. Eligible professions are  
18 those licensed under chapters 18.36A, 18.57, (~~(18.57A,)~~) 18.71, and  
19 18.71A RCW and advanced registered nurse practitioners and certified  
20 nurse midwives licensed under chapter (~~(18.88)~~) 18.79 RCW, and may  
21 include other providers identified as needed in the health personnel  
22 resource plan.

23 (3) Students participating in the community contracted  
24 educational positions shall meet all applicable educational program  
25 requirements and provide assurances, acceptable to the community,  
26 that they will practice in the sponsoring community following  
27 completion of education and necessary licensure.

28 (4) Participants in the program incur an obligation to repay any  
29 contracted funds with interest set by state law, unless they serve at  
30 least three years in the sponsoring community.

31 (5) The department may provide funds to communities for use in  
32 contracting.

33 **Sec. 50.** RCW 70.225.040 and 2019 c 314 s 23 are each amended to  
34 read as follows:

35 (1) All information submitted to the prescription monitoring  
36 program is confidential, exempt from public inspection, copying, and  
37 disclosure under chapter 42.56 RCW, not subject to subpoena or  
38 discovery in any civil action, and protected under federal health

1 care information privacy requirements, except as provided in  
2 subsections (3) through (6) of this section. Such confidentiality and  
3 exemption from disclosure continues whenever information from the  
4 prescription monitoring program is provided to a requestor under  
5 subsection (3), (4), (5), or (6) of this section except when used in  
6 proceedings specifically authorized in subsection (3), (4), or (5) of  
7 this section.

8 (2) The department must maintain procedures to ensure that the  
9 privacy and confidentiality of all information collected, recorded,  
10 transmitted, and maintained including, but not limited to, the  
11 prescriber, requestor, dispenser, patient, and persons who received  
12 prescriptions from dispensers, is not disclosed to persons except as  
13 in subsections (3) through (6) of this section.

14 (3) The department may provide data in the prescription  
15 monitoring program to the following persons:

16 (a) Persons authorized to prescribe or dispense controlled  
17 substances or legend drugs, for the purpose of providing medical or  
18 pharmaceutical care for their patients;

19 (b) An individual who requests the individual's own prescription  
20 monitoring information;

21 (c) A health professional licensing, certification, or regulatory  
22 agency or entity in this or another jurisdiction. Consistent with  
23 current practice, the data provided may be used in legal proceedings  
24 concerning the license;

25 (d) Appropriate law enforcement or prosecutorial officials,  
26 including local, state, and federal officials and officials of  
27 federally recognized tribes, who are engaged in a bona fide specific  
28 investigation involving a designated person;

29 (e) The director or the director's designee within the health  
30 care authority regarding medicaid recipients and members of the  
31 health care authority self-funded or self-insured health plans;

32 (f) The director or director's designee within the department of  
33 labor and industries regarding workers' compensation claimants;

34 (g) The director or the director's designee within the department  
35 of corrections regarding offenders committed to the department of  
36 corrections;

37 (h) Other entities under grand jury subpoena or court order;

38 (i) Personnel of the department for purposes of:

39 (i) Assessing prescribing and treatment practices and morbidity  
40 and mortality related to use of controlled substances and developing

1 and implementing initiatives to protect the public health including,  
2 but not limited to, initiatives to address opioid use disorder;

3 (ii) Providing quality improvement feedback to prescribers,  
4 including comparison of their respective data to aggregate data for  
5 prescribers with the same type of license and same specialty; and

6 (iii) Administration and enforcement of this chapter or chapter  
7 69.50 RCW;

8 (j) Personnel of a test site that meet the standards under RCW  
9 70.225.070 pursuant to an agreement between the test site and a  
10 person identified in (a) of this subsection to provide assistance in  
11 determining which medications are being used by an identified patient  
12 who is under the care of that person;

13 (k) A health care facility or entity for the purpose of providing  
14 medical or pharmaceutical care to the patients of the facility or  
15 entity, or for quality improvement purposes if the facility or entity  
16 is licensed by the department or is licensed or certified under  
17 chapter 71.24, 71.34, or 71.05 RCW or is an entity deemed for  
18 purposes of chapter 71.24 RCW to meet state minimum standards as a  
19 result of accreditation by a recognized behavioral health accrediting  
20 body, or is operated by the federal government or a federally  
21 recognized Indian tribe;

22 (l) A health care provider group of five or more prescribers or  
23 dispensers for purposes of providing medical or pharmaceutical care  
24 to the patients of the provider group, or for quality improvement  
25 purposes if all the prescribers or dispensers in the provider group  
26 are licensed by the department or the provider group is operated by  
27 the federal government or a federally recognized Indian tribe;

28 (m) The local health officer of a local health jurisdiction for  
29 the purposes of patient follow-up and care coordination following a  
30 controlled substance overdose event. For the purposes of this  
31 subsection "local health officer" has the same meaning as in RCW  
32 70.05.010; and

33 (n) The coordinated care electronic tracking program developed in  
34 response to section 213, chapter 7, Laws of 2012 2nd sp. sess.,  
35 commonly referred to as the seven best practices in emergency  
36 medicine, for the purposes of providing:

37 (i) Prescription monitoring program data to emergency department  
38 personnel when the patient registers in the emergency department; and

39 (ii) Notice to local health officers who have made opioid-related  
40 overdose a notifiable condition under RCW 70.05.070 as authorized by

1 rules adopted under RCW 43.20.050, providers, appropriate care  
2 coordination staff, and prescribers listed in the patient's  
3 prescription monitoring program record that the patient has  
4 experienced a controlled substance overdose event. The department  
5 shall determine the content and format of the notice in consultation  
6 with the Washington state hospital association, Washington state  
7 medical association, and Washington state health care authority, and  
8 the notice may be modified as necessary to reflect current needs and  
9 best practices.

10 (4) The department shall, on at least a quarterly basis, and  
11 pursuant to a schedule determined by the department, provide a  
12 facility or entity identified under subsection (3)(k) of this section  
13 or a provider group identified under subsection (3)(l) of this  
14 section with facility or entity and individual prescriber information  
15 if the facility, entity, or provider group:

16 (a) Uses the information only for internal quality improvement  
17 and individual prescriber quality improvement feedback purposes and  
18 does not use the information as the sole basis for any medical staff  
19 sanction or adverse employment action; and

20 (b) Provides to the department a standardized list of current  
21 prescribers of the facility, entity, or provider group. The specific  
22 facility, entity, or provider group information provided pursuant to  
23 this subsection and the requirements under this subsection must be  
24 determined by the department in consultation with the Washington  
25 state hospital association, Washington state medical association, and  
26 Washington state health care authority, and may be modified as  
27 necessary to reflect current needs and best practices.

28 (5)(a) The department may publish or provide data to public or  
29 private entities for statistical, research, or educational purposes  
30 after removing information that could be used directly or indirectly  
31 to identify individual patients, requestors, dispensers, prescribers,  
32 and persons who received prescriptions from dispensers. Direct and  
33 indirect patient identifiers may be provided for research that has  
34 been approved by the Washington state institutional review board and  
35 by the department through a data-sharing agreement.

36 (b)(i) The department may provide dispenser and prescriber data  
37 and data that includes indirect patient identifiers to the Washington  
38 state hospital association for use solely in connection with its  
39 coordinated quality improvement program maintained under RCW  
40 43.70.510 after entering into a data use agreement as specified in

1 RCW 43.70.052(8) with the association. The department may provide  
2 dispenser and prescriber data and data that includes indirect patient  
3 identifiers to the Washington state medical association for use  
4 solely in connection with its coordinated quality improvement program  
5 maintained under RCW 43.70.510 after entering into a data use  
6 agreement with the association.

7 (ii) The department may provide data including direct and  
8 indirect patient identifiers to the department of social and health  
9 services office of research and data analysis, the department of  
10 labor and industries, and the health care authority for research that  
11 has been approved by the Washington state institutional review board  
12 and, with a data-sharing agreement approved by the department, for  
13 public health purposes to improve the prevention or treatment of  
14 substance use disorders.

15 (iii) The department may provide a prescriber feedback report to  
16 the largest health professional association representing each of the  
17 prescribing professions. The health professional associations must  
18 distribute the feedback report to prescribers engaged in the  
19 professions represented by the associations for quality improvement  
20 purposes, so long as the reports contain no direct patient  
21 identifiers that could be used to identify individual patients,  
22 dispensers, and persons who received prescriptions from dispensers,  
23 and the association enters into a written data-sharing agreement with  
24 the department. However, reports may include indirect patient  
25 identifiers as agreed to by the department and the association in a  
26 written data-sharing agreement.

27 (c) For the purposes of this subsection:

28 (i) "Indirect patient identifiers" means data that may include:  
29 Hospital or provider identifiers, a five-digit zip code, county,  
30 state, and country of resident; dates that include month and year;  
31 age in years; and race and ethnicity; but does not include the  
32 patient's first name; middle name; last name; social security number;  
33 control or medical record number; zip code plus four digits; dates  
34 that include day, month, and year; or admission and discharge date in  
35 combination; and

36 (ii) "Prescribing professions" include:

37 (A) Allopathic physicians and physician assistants;

38 (B) Osteopathic physicians ((and ~~physician assistants~~));

39 (C) Podiatric physicians;

40 (D) Dentists; and

1 (E) Advanced registered nurse practitioners.

2 (6) The department may enter into agreements to exchange  
3 prescription monitoring program data with established prescription  
4 monitoring programs in other jurisdictions. Under these agreements,  
5 the department may share prescription monitoring system data  
6 containing direct and indirect patient identifiers with other  
7 jurisdictions through a clearinghouse or prescription monitoring  
8 program data exchange that meets federal health care information  
9 privacy requirements. Data the department receives from other  
10 jurisdictions must be retained, used, protected, and destroyed as  
11 provided by the agreements to the extent consistent with the laws in  
12 this state.

13 (7) Persons authorized in subsections (3) through (6) of this  
14 section to receive data in the prescription monitoring program from  
15 the department, acting in good faith, are immune from any civil,  
16 criminal, disciplinary, or administrative liability that might  
17 otherwise be incurred or imposed for acting under this chapter.

18 **Sec. 51.** RCW 71.05.020 and 2019 c 446 s 2, 2019 c 444 s 16, and  
19 2019 c 325 s 3001 are each reenacted and amended to read as follows:

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

22 (1) "Admission" or "admit" means a decision by a physician,  
23 physician assistant, or psychiatric advanced registered nurse  
24 practitioner that a person should be examined or treated as a patient  
25 in a hospital;

26 (2) "Alcoholism" means a disease, characterized by a dependency  
27 on alcoholic beverages, loss of control over the amount and  
28 circumstances of use, symptoms of tolerance, physiological or  
29 psychological withdrawal, or both, if use is reduced or discontinued,  
30 and impairment of health or disruption of social or economic  
31 functioning;

32 (3) "Antipsychotic medications" means that class of drugs  
33 primarily used to treat serious manifestations of mental illness  
34 associated with thought disorders, which includes, but is not limited  
35 to atypical antipsychotic medications;

36 (4) "Approved substance use disorder treatment program" means a  
37 program for persons with a substance use disorder provided by a  
38 treatment program certified by the department as meeting standards  
39 adopted under chapter 71.24 RCW;



- 1 (5) "Attending staff" means any person on the staff of a public  
2 or private agency having responsibility for the care and treatment of  
3 a patient;
- 4 (6) "Authority" means the Washington state health care authority;
- 5 (7) "Co-occurring disorder specialist" means an individual  
6 possessing an enhancement granted by the department of health under  
7 chapter 18.205 RCW that certifies the individual to provide substance  
8 use disorder counseling subject to the practice limitations under RCW  
9 18.205.105;
- 10 (8) "Commitment" means the determination by a court that a person  
11 should be detained for a period of either evaluation or treatment, or  
12 both, in an inpatient or a less restrictive setting;
- 13 (9) "Conditional release" means a revocable modification of a  
14 commitment, which may be revoked upon violation of any of its terms;
- 15 (10) "Crisis stabilization unit" means a short-term facility or a  
16 portion of a facility licensed or certified by the department, such  
17 as an evaluation and treatment facility or a hospital, which has been  
18 designed to assess, diagnose, and treat individuals experiencing an  
19 acute crisis without the use of long-term hospitalization;
- 20 (11) "Custody" means involuntary detention under the provisions  
21 of this chapter or chapter 10.77 RCW, uninterrupted by any period of  
22 unconditional release from commitment from a facility providing  
23 involuntary care and treatment;
- 24 (12) "Department" means the department of health;
- 25 (13) "Designated crisis responder" means a mental health  
26 professional appointed by the county or an entity appointed by the  
27 county, to perform the duties specified in this chapter;
- 28 (14) "Detention" or "detain" means the lawful confinement of a  
29 person, under the provisions of this chapter;
- 30 (15) "Developmental disabilities professional" means a person who  
31 has specialized training and three years of experience in directly  
32 treating or working with persons with developmental disabilities and  
33 is a psychiatrist, physician assistant working with a supervising  
34 psychiatrist, psychologist, psychiatric advanced registered nurse  
35 practitioner, or social worker, and such other developmental  
36 disabilities professionals as may be defined by rules adopted by the  
37 secretary of the department of social and health services;
- 38 (16) "Developmental disability" means that condition defined in  
39 RCW 71A.10.020(5);
- 40 (17) "Director" means the director of the authority;

1 (18) "Discharge" means the termination of hospital medical  
2 authority. The commitment may remain in place, be terminated, or be  
3 amended by court order;

4 (19) "Drug addiction" means a disease, characterized by a  
5 dependency on psychoactive chemicals, loss of control over the amount  
6 and circumstances of use, symptoms of tolerance, physiological or  
7 psychological withdrawal, or both, if use is reduced or discontinued,  
8 and impairment of health or disruption of social or economic  
9 functioning;

10 (20) "Evaluation and treatment facility" means any facility which  
11 can provide directly, or by direct arrangement with other public or  
12 private agencies, emergency evaluation and treatment, outpatient  
13 care, and timely and appropriate inpatient care to persons suffering  
14 from a mental disorder, and which is licensed or certified as such by  
15 the department. The authority may certify single beds as temporary  
16 evaluation and treatment beds under RCW 71.05.745. A physically  
17 separate and separately operated portion of a state hospital may be  
18 designated as an evaluation and treatment facility. A facility which  
19 is part of, or operated by, the department of social and health  
20 services or any federal agency will not require certification. No  
21 correctional institution or facility, or jail, shall be an evaluation  
22 and treatment facility within the meaning of this chapter;

23 (21) "Gravely disabled" means a condition in which a person, as a  
24 result of a mental disorder, or as a result of the use of alcohol or  
25 other psychoactive chemicals: (a) Is in danger of serious physical  
26 harm resulting from a failure to provide for his or her essential  
27 human needs of health or safety; or (b) manifests severe  
28 deterioration in routine functioning evidenced by repeated and  
29 escalating loss of cognitive or volitional control over his or her  
30 actions and is not receiving such care as is essential for his or her  
31 health or safety;

32 (22) "Habilitative services" means those services provided by  
33 program personnel to assist persons in acquiring and maintaining life  
34 skills and in raising their levels of physical, mental, social, and  
35 vocational functioning. Habilitative services include education,  
36 training for employment, and therapy. The habilitative process shall  
37 be undertaken with recognition of the risk to the public safety  
38 presented by the person being assisted as manifested by prior charged  
39 criminal conduct;

1 (23) "Hearing" means any proceeding conducted in open court. For  
2 purposes of this chapter, at any hearing the petitioner, the  
3 respondent, the witnesses, and the presiding judicial officer may be  
4 present and participate either in person or by video, as determined  
5 by the court. The term "video" as used herein shall include any  
6 functional equivalent. At any hearing conducted by video, the  
7 technology used must permit the judicial officer, counsel, all  
8 parties, and the witnesses to be able to see, hear, and speak, when  
9 authorized, during the hearing; to allow attorneys to use exhibits or  
10 other materials during the hearing; and to allow respondent's counsel  
11 to be in the same location as the respondent unless otherwise  
12 requested by the respondent or the respondent's counsel. Witnesses in  
13 a proceeding may also appear in court through other means, including  
14 telephonically, pursuant to the requirements of superior court civil  
15 rule 43. Notwithstanding the foregoing, the court, upon its own  
16 motion or upon a motion for good cause by any party, may require all  
17 parties and witnesses to participate in the hearing in person rather  
18 than by video. In ruling on any such motion, the court may allow in-  
19 person or video testimony; and the court may consider, among other  
20 things, whether the respondent's alleged mental illness affects the  
21 respondent's ability to perceive or participate in the proceeding by  
22 video;

23 (24) "History of one or more violent acts" refers to the period  
24 of time ten years prior to the filing of a petition under this  
25 chapter, excluding any time spent, but not any violent acts  
26 committed, in a mental health facility, a long-term alcoholism or  
27 drug treatment facility, or in confinement as a result of a criminal  
28 conviction;

29 (25) "Imminent" means the state or condition of being likely to  
30 occur at any moment or near at hand, rather than distant or remote;

31 (26) "In need of assisted outpatient behavioral health treatment"  
32 means that a person, as a result of a mental disorder or substance  
33 use disorder: (a) Has been committed by a court to detention for  
34 involuntary behavioral health treatment during the preceding thirty-  
35 six months; (b) is unlikely to voluntarily participate in outpatient  
36 treatment without an order for less restrictive alternative  
37 treatment, based on a history of nonadherence with treatment or in  
38 view of the person's current behavior; (c) is likely to benefit from  
39 less restrictive alternative treatment; and (d) requires less  
40 restrictive alternative treatment to prevent a relapse,

1 decompensation, or deterioration that is likely to result in the  
2 person presenting a likelihood of serious harm or the person becoming  
3 gravely disabled within a reasonably short period of time;

4 (27) "Individualized service plan" means a plan prepared by a  
5 developmental disabilities professional with other professionals as a  
6 team, for a person with developmental disabilities, which shall  
7 state:

8 (a) The nature of the person's specific problems, prior charged  
9 criminal behavior, and habilitation needs;

10 (b) The conditions and strategies necessary to achieve the  
11 purposes of habilitation;

12 (c) The intermediate and long-range goals of the habilitation  
13 program, with a projected timetable for the attainment;

14 (d) The rationale for using this plan of habilitation to achieve  
15 those intermediate and long-range goals;

16 (e) The staff responsible for carrying out the plan;

17 (f) Where relevant in light of past criminal behavior and due  
18 consideration for public safety, the criteria for proposed movement  
19 to less-restrictive settings, criteria for proposed eventual  
20 discharge or release, and a projected possible date for discharge or  
21 release; and

22 (g) The type of residence immediately anticipated for the person  
23 and possible future types of residences;

24 (28) "Information related to mental health services" means all  
25 information and records compiled, obtained, or maintained in the  
26 course of providing services to either voluntary or involuntary  
27 recipients of services by a mental health service provider. This may  
28 include documents of legal proceedings under this chapter or chapter  
29 71.34 or 10.77 RCW, or somatic health care information;

30 (29) "Intoxicated person" means a person whose mental or physical  
31 functioning is substantially impaired as a result of the use of  
32 alcohol or other psychoactive chemicals;

33 (30) "Judicial commitment" means a commitment by a court pursuant  
34 to the provisions of this chapter;

35 (31) "Legal counsel" means attorneys and staff employed by county  
36 prosecutor offices or the state attorney general acting in their  
37 capacity as legal representatives of public mental health and  
38 substance use disorder service providers under RCW 71.05.130;

1 (32) "Less restrictive alternative treatment" means a program of  
2 individualized treatment in a less restrictive setting than inpatient  
3 treatment that includes the services described in RCW 71.05.585;

4 (33) "Licensed physician" means a person licensed to practice  
5 medicine or osteopathic medicine and surgery in the state of  
6 Washington;

7 (34) "Likelihood of serious harm" means:

8 (a) A substantial risk that: (i) Physical harm will be inflicted  
9 by a person upon his or her own person, as evidenced by threats or  
10 attempts to commit suicide or inflict physical harm on oneself; (ii)  
11 physical harm will be inflicted by a person upon another, as  
12 evidenced by behavior which has caused such harm or which places  
13 another person or persons in reasonable fear of sustaining such harm;  
14 or (iii) physical harm will be inflicted by a person upon the  
15 property of others, as evidenced by behavior which has caused  
16 substantial loss or damage to the property of others; or

17 (b) The person has threatened the physical safety of another and  
18 has a history of one or more violent acts;

19 (35) "Medical clearance" means a physician or other health care  
20 provider has determined that a person is medically stable and ready  
21 for referral to the designated crisis responder;

22 (36) "Mental disorder" means any organic, mental, or emotional  
23 impairment which has substantial adverse effects on a person's  
24 cognitive or volitional functions;

25 (37) "Mental health professional" means a psychiatrist,  
26 psychologist, physician assistant working with a supervising  
27 psychiatrist, psychiatric advanced registered nurse practitioner,  
28 psychiatric nurse, or social worker, and such other mental health  
29 professionals as may be defined by rules adopted by the secretary  
30 pursuant to the provisions of this chapter;

31 (38) "Mental health service provider" means a public or private  
32 agency that provides mental health services to persons with mental  
33 disorders or substance use disorders as defined under this section  
34 and receives funding from public sources. This includes, but is not  
35 limited to, hospitals licensed under chapter 70.41 RCW, evaluation  
36 and treatment facilities as defined in this section, community mental  
37 health service delivery systems or community behavioral health  
38 programs as defined in RCW 71.24.025, facilities conducting  
39 competency evaluations and restoration under chapter 10.77 RCW,  
40 approved substance use disorder treatment programs as defined in this

1 section, secure withdrawal management and stabilization facilities as  
2 defined in this section, and correctional facilities operated by  
3 state and local governments;

4 (39) "Peace officer" means a law enforcement official of a public  
5 agency or governmental unit, and includes persons specifically given  
6 peace officer powers by any state law, local ordinance, or judicial  
7 order of appointment;

8 (40) "Physician assistant" means a person licensed as a physician  
9 assistant under chapter (~~18.57A or~~) 18.71A RCW;

10 (41) "Private agency" means any person, partnership, corporation,  
11 or association that is not a public agency, whether or not financed  
12 in whole or in part by public funds, which constitutes an evaluation  
13 and treatment facility or private institution, or hospital, or  
14 approved substance use disorder treatment program, which is conducted  
15 for, or includes a department or ward conducted for, the care and  
16 treatment of persons with mental illness, substance use disorders, or  
17 both mental illness and substance use disorders;

18 (42) "Professional person" means a mental health professional,  
19 substance use disorder professional, or designated crisis responder  
20 and shall also mean a physician, physician assistant, psychiatric  
21 advanced registered nurse practitioner, registered nurse, and such  
22 others as may be defined by rules adopted by the secretary pursuant  
23 to the provisions of this chapter;

24 (43) "Psychiatric advanced registered nurse practitioner" means a  
25 person who is licensed as an advanced registered nurse practitioner  
26 pursuant to chapter 18.79 RCW; and who is board certified in advanced  
27 practice psychiatric and mental health nursing;

28 (44) "Psychiatrist" means a person having a license as a  
29 physician and surgeon in this state who has in addition completed  
30 three years of graduate training in psychiatry in a program approved  
31 by the American medical association or the American osteopathic  
32 association and is certified or eligible to be certified by the  
33 American board of psychiatry and neurology;

34 (45) "Psychologist" means a person who has been licensed as a  
35 psychologist pursuant to chapter 18.83 RCW;

36 (46) "Public agency" means any evaluation and treatment facility  
37 or institution, secure withdrawal management and stabilization  
38 facility, approved substance use disorder treatment program, or  
39 hospital which is conducted for, or includes a department or ward  
40 conducted for, the care and treatment of persons with mental illness,

1 substance use disorders, or both mental illness and substance use  
2 disorders, if the agency is operated directly by federal, state,  
3 county, or municipal government, or a combination of such  
4 governments;

5 (47) "Release" means legal termination of the commitment under  
6 the provisions of this chapter;

7 (48) "Resource management services" has the meaning given in  
8 chapter 71.24 RCW;

9 (49) "Secretary" means the secretary of the department of health,  
10 or his or her designee;

11 (50) "Secure withdrawal management and stabilization facility"  
12 means a facility operated by either a public or private agency or by  
13 the program of an agency which provides care to voluntary individuals  
14 and individuals involuntarily detained and committed under this  
15 chapter for whom there is a likelihood of serious harm or who are  
16 gravely disabled due to the presence of a substance use disorder.  
17 Secure withdrawal management and stabilization facilities must:

18 (a) Provide the following services:

19 (i) Assessment and treatment, provided by certified substance use  
20 disorder professionals or co-occurring disorder specialists;

21 (ii) Clinical stabilization services;

22 (iii) Acute or subacute detoxification services for intoxicated  
23 individuals; and

24 (iv) Discharge assistance provided by certified substance use  
25 disorder professionals or co-occurring disorder specialists, including  
26 facilitating transitions to appropriate voluntary or involuntary  
27 inpatient services or to less restrictive alternatives as appropriate  
28 for the individual;

29 (b) Include security measures sufficient to protect the patients,  
30 staff, and community; and

31 (c) Be licensed or certified as such by the department of health;

32 (51) "Serious violent offense" has the same meaning as provided  
33 in RCW 9.94A.030;

34 (52) "Social worker" means a person with a master's or further  
35 advanced degree from a social work educational program accredited and  
36 approved as provided in RCW 18.320.010;

37 (53) "Substance use disorder" means a cluster of cognitive,  
38 behavioral, and physiological symptoms indicating that an individual  
39 continues using the substance despite significant substance-related  
40 problems. The diagnosis of a substance use disorder is based on a

1 pathological pattern of behaviors related to the use of the  
2 substances;

3 (54) "Substance use disorder professional" means a person  
4 certified as a substance use disorder professional by the department  
5 of health under chapter 18.205 RCW;

6 (55) "Therapeutic court personnel" means the staff of a mental  
7 health court or other therapeutic court which has jurisdiction over  
8 defendants who are dually diagnosed with mental disorders, including  
9 court personnel, probation officers, a court monitor, prosecuting  
10 attorney, or defense counsel acting within the scope of therapeutic  
11 court duties;

12 (56) "Treatment records" include registration and all other  
13 records concerning persons who are receiving or who at any time have  
14 received services for mental illness, which are maintained by the  
15 department of social and health services, the department, the  
16 authority, behavioral health administrative services organizations  
17 and their staffs, managed care organizations and their staffs, and by  
18 treatment facilities. Treatment records include mental health  
19 information contained in a medical bill including but not limited to  
20 mental health drugs, a mental health diagnosis, provider name, and  
21 dates of service stemming from a medical service. Treatment records  
22 do not include notes or records maintained for personal use by a  
23 person providing treatment services for the department of social and  
24 health services, the department, the authority, behavioral health  
25 administrative services organizations, managed care organizations, or  
26 a treatment facility if the notes or records are not available to  
27 others;

28 (57) "Triage facility" means a short-term facility or a portion  
29 of a facility licensed or certified by the department, which is  
30 designed as a facility to assess and stabilize an individual or  
31 determine the need for involuntary commitment of an individual, and  
32 must meet department residential treatment facility standards. A  
33 triage facility may be structured as a voluntary or involuntary  
34 placement facility;

35 (58) "Violent act" means behavior that resulted in homicide,  
36 attempted suicide, nonfatal injuries, or substantial damage to  
37 property.

38 **Sec. 52.** RCW 71.24.025 and 2019 c 325 s 1004 and 2019 c 324 s 2  
39 are each reenacted and amended to read as follows:



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

3 (1) "Acutely mentally ill" means a condition which is limited to  
4 a short-term severe crisis episode of:

5 (a) A mental disorder as defined in RCW 71.05.020 or, in the case  
6 of a child, as defined in RCW 71.34.020;

7 (b) Being gravely disabled as defined in RCW 71.05.020 or, in the  
8 case of a child, a gravely disabled minor as defined in RCW  
9 71.34.020; or

10 (c) Presenting a likelihood of serious harm as defined in RCW  
11 71.05.020 or, in the case of a child, as defined in RCW 71.34.020.

12 (2) "Alcoholism" means a disease, characterized by a dependency  
13 on alcoholic beverages, loss of control over the amount and  
14 circumstances of use, symptoms of tolerance, physiological or  
15 psychological withdrawal, or both, if use is reduced or discontinued,  
16 and impairment of health or disruption of social or economic  
17 functioning.

18 (3) "Approved substance use disorder treatment program" means a  
19 program for persons with a substance use disorder provided by a  
20 treatment program licensed or certified by the department as meeting  
21 standards adopted under this chapter.

22 (4) "Authority" means the Washington state health care authority.

23 (5) "Available resources" means funds appropriated for the  
24 purpose of providing community behavioral health programs, federal  
25 funds, except those provided according to Title XIX of the Social  
26 Security Act, and state funds appropriated under this chapter or  
27 chapter 71.05 RCW by the legislature during any biennium for the  
28 purpose of providing residential services, resource management  
29 services, community support services, and other behavioral health  
30 services. This does not include funds appropriated for the purpose of  
31 operating and administering the state psychiatric hospitals.

32 (6) "Behavioral health administrative services organization"  
33 means an entity contracted with the authority to administer  
34 behavioral health services and programs under RCW 71.24.381,  
35 including crisis services and administration of chapter 71.05 RCW,  
36 the involuntary treatment act, for all individuals in a defined  
37 regional service area.

38 (7) "Behavioral health provider" means a person licensed under  
39 chapter 18.57, (~~(18.57A,)~~) 18.71, 18.71A, 18.83, 18.205, 18.225, or

1 18.79 RCW, as it applies to registered nurses and advanced registered  
2 nurse practitioners.

3 (8) "Behavioral health services" means mental health services as  
4 described in this chapter and chapter 71.36 RCW and substance use  
5 disorder treatment services as described in this chapter that,  
6 depending on the type of service, are provided by licensed or  
7 certified behavioral health agencies, behavioral health providers, or  
8 integrated into other health care providers.

9 (9) "Child" means a person under the age of eighteen years.

10 (10) "Chronically mentally ill adult" or "adult who is  
11 chronically mentally ill" means an adult who has a mental disorder  
12 and meets at least one of the following criteria:

13 (a) Has undergone two or more episodes of hospital care for a  
14 mental disorder within the preceding two years; or

15 (b) Has experienced a continuous psychiatric hospitalization or  
16 residential treatment exceeding six months' duration within the  
17 preceding year; or

18 (c) Has been unable to engage in any substantial gainful activity  
19 by reason of any mental disorder which has lasted for a continuous  
20 period of not less than twelve months. "Substantial gainful activity"  
21 shall be defined by the authority by rule consistent with Public Law  
22 92-603, as amended.

23 (11) "Clubhouse" means a community-based program that provides  
24 rehabilitation services and is licensed or certified by the  
25 department.

26 (12) "Community behavioral health program" means all  
27 expenditures, services, activities, or programs, including reasonable  
28 administration and overhead, designed and conducted to prevent or  
29 treat substance use disorder, mental illness, or both in the  
30 community behavioral health system.

31 (13) "Community behavioral health service delivery system" means  
32 public, private, or tribal agencies that provide services  
33 specifically to persons with mental disorders, substance use  
34 disorders, or both, as defined under RCW 71.05.020 and receive  
35 funding from public sources.

36 (14) "Community support services" means services authorized,  
37 planned, and coordinated through resource management services  
38 including, at a minimum, assessment, diagnosis, emergency crisis  
39 intervention available twenty-four hours, seven days a week,  
40 prescreening determinations for persons who are mentally ill being

1 considered for placement in nursing homes as required by federal law,  
2 screening for patients being considered for admission to residential  
3 services, diagnosis and treatment for children who are acutely  
4 mentally ill or severely emotionally or behaviorally disturbed  
5 discovered under screening through the federal Title XIX early and  
6 periodic screening, diagnosis, and treatment program, investigation,  
7 legal, and other nonresidential services under chapter 71.05 RCW,  
8 case management services, psychiatric treatment including medication  
9 supervision, counseling, psychotherapy, assuring transfer of relevant  
10 patient information between service providers, recovery services, and  
11 other services determined by behavioral health administrative  
12 services organizations.

13 (15) "Consensus-based" means a program or practice that has  
14 general support among treatment providers and experts, based on  
15 experience or professional literature, and may have anecdotal or case  
16 study support, or that is agreed but not possible to perform studies  
17 with random assignment and controlled groups.

18 (16) "County authority" means the board of county commissioners,  
19 county council, or county executive having authority to establish a  
20 behavioral health administrative services organization, or two or  
21 more of the county authorities specified in this subsection which  
22 have entered into an agreement to establish a behavioral health  
23 administrative services organization.

24 (17) "Department" means the department of health.

25 (18) "Designated crisis responder" has the same meaning as in RCW  
26 71.05.020.

27 (19) "Director" means the director of the authority.

28 (20) "Drug addiction" means a disease characterized by a  
29 dependency on psychoactive chemicals, loss of control over the amount  
30 and circumstances of use, symptoms of tolerance, physiological or  
31 psychological withdrawal, or both, if use is reduced or discontinued,  
32 and impairment of health or disruption of social or economic  
33 functioning.

34 (21) "Early adopter" means a regional service area for which all  
35 of the county authorities have requested that the authority purchase  
36 medical and behavioral health services through a managed care health  
37 system as defined under RCW 71.24.380(6).

38 (22) "Emerging best practice" or "promising practice" means a  
39 program or practice that, based on statistical analyses or a well  
40 established theory of change, shows potential for meeting the

1 evidence-based or research-based criteria, which may include the use  
2 of a program that is evidence-based for outcomes other than those  
3 listed in subsection (23) of this section.

4 (23) "Evidence-based" means a program or practice that has been  
5 tested in heterogeneous or intended populations with multiple  
6 randomized, or statistically controlled evaluations, or both; or one  
7 large multiple site randomized, or statistically controlled  
8 evaluation, or both, where the weight of the evidence from a systemic  
9 review demonstrates sustained improvements in at least one outcome.  
10 "Evidence-based" also means a program or practice that can be  
11 implemented with a set of procedures to allow successful replication  
12 in Washington and, when possible, is determined to be cost-  
13 beneficial.

14 (24) "Indian health care provider" means a health care program  
15 operated by the Indian health service or by a tribe, tribal  
16 organization, or urban Indian organization as those terms are defined  
17 in the Indian health care improvement act (25 U.S.C. Sec. 1603).

18 (25) "Intensive behavioral health treatment facility" means a  
19 community-based specialized residential treatment facility for  
20 individuals with behavioral health conditions, including individuals  
21 discharging from or being diverted from state and local hospitals,  
22 whose impairment or behaviors do not meet, or no longer meet,  
23 criteria for involuntary inpatient commitment under chapter 71.05  
24 RCW, but whose care needs cannot be met in other community-based  
25 placement settings.

26 (26) "Licensed or certified behavioral health agency" means:

27 (a) An entity licensed or certified according to this chapter or  
28 chapter 71.05 RCW;

29 (b) An entity deemed to meet state minimum standards as a result  
30 of accreditation by a recognized behavioral health accrediting body  
31 recognized and having a current agreement with the department; or

32 (c) An entity with a tribal attestation that it meets state  
33 minimum standards for a licensed or certified behavioral health  
34 agency.

35 (27) "Licensed physician" means a person licensed to practice  
36 medicine or osteopathic medicine and surgery in the state of  
37 Washington.

38 (28) "Long-term inpatient care" means inpatient services for  
39 persons committed for, or voluntarily receiving intensive treatment  
40 for, periods of ninety days or greater under chapter 71.05 RCW.

1 "Long-term inpatient care" as used in this chapter does not include:  
2 (a) Services for individuals committed under chapter 71.05 RCW who  
3 are receiving services pursuant to a conditional release or a court-  
4 ordered less restrictive alternative to detention; or (b) services  
5 for individuals voluntarily receiving less restrictive alternative  
6 treatment on the grounds of the state hospital.

7 (29) "Managed care organization" means an organization, having a  
8 certificate of authority or certificate of registration from the  
9 office of the insurance commissioner, that contracts with the  
10 authority under a comprehensive risk contract to provide prepaid  
11 health care services to enrollees under the authority's managed care  
12 programs under chapter 74.09 RCW.

13 (30) "Mental health peer respite center" means a peer-run program  
14 to serve individuals in need of voluntary, short-term, noncrisis  
15 services that focus on recovery and wellness.

16 (31) Mental health "treatment records" include registration and  
17 all other records concerning persons who are receiving or who at any  
18 time have received services for mental illness, which are maintained  
19 by the department of social and health services or the authority, by  
20 behavioral health administrative services organizations and their  
21 staffs, by managed care organizations and their staffs, or by  
22 treatment facilities. "Treatment records" do not include notes or  
23 records maintained for personal use by a person providing treatment  
24 services for the entities listed in this subsection, or a treatment  
25 facility if the notes or records are not available to others.

26 (32) "Mentally ill persons," "persons who are mentally ill," and  
27 "the mentally ill" mean persons and conditions defined in subsections  
28 (1), (10), (39), and (40) of this section.

29 (33) "Recovery" means a process of change through which  
30 individuals improve their health and wellness, live a self-directed  
31 life, and strive to reach their full potential.

32 (34) "Research-based" means a program or practice that has been  
33 tested with a single randomized, or statistically controlled  
34 evaluation, or both, demonstrating sustained desirable outcomes; or  
35 where the weight of the evidence from a systemic review supports  
36 sustained outcomes as described in subsection (23) of this section  
37 but does not meet the full criteria for evidence-based.

38 (35) "Residential services" means a complete range of residences  
39 and supports authorized by resource management services and which may  
40 involve a facility, a distinct part thereof, or services which

1 support community living, for persons who are acutely mentally ill,  
2 adults who are chronically mentally ill, children who are severely  
3 emotionally disturbed, or adults who are seriously disturbed and  
4 determined by the behavioral health administrative services  
5 organization or managed care organization to be at risk of becoming  
6 acutely or chronically mentally ill. The services shall include at  
7 least evaluation and treatment services as defined in chapter 71.05  
8 RCW, acute crisis respite care, long-term adaptive and rehabilitative  
9 care, and supervised and supported living services, and shall also  
10 include any residential services developed to service persons who are  
11 mentally ill in nursing homes, residential treatment facilities,  
12 assisted living facilities, and adult family homes, and may include  
13 outpatient services provided as an element in a package of services  
14 in a supported housing model. Residential services for children in  
15 out-of-home placements related to their mental disorder shall not  
16 include the costs of food and shelter, except for children's long-  
17 term residential facilities existing prior to January 1, 1991.

18 (36) "Resilience" means the personal and community qualities that  
19 enable individuals to rebound from adversity, trauma, tragedy,  
20 threats, or other stresses, and to live productive lives.

21 (37) "Resource management services" mean the planning,  
22 coordination, and authorization of residential services and community  
23 support services administered pursuant to an individual service plan  
24 for: (a) Adults and children who are acutely mentally ill; (b) adults  
25 who are chronically mentally ill; (c) children who are severely  
26 emotionally disturbed; or (d) adults who are seriously disturbed and  
27 determined by a behavioral health administrative services  
28 organization or managed care organization to be at risk of becoming  
29 acutely or chronically mentally ill. Such planning, coordination, and  
30 authorization shall include mental health screening for children  
31 eligible under the federal Title XIX early and periodic screening,  
32 diagnosis, and treatment program. Resource management services  
33 include seven day a week, twenty-four hour a day availability of  
34 information regarding enrollment of adults and children who are  
35 mentally ill in services and their individual service plan to  
36 designated crisis responders, evaluation and treatment facilities,  
37 and others as determined by the behavioral health administrative  
38 services organization or managed care organization, as applicable.

39 (38) "Secretary" means the secretary of the department of health.

40 (39) "Seriously disturbed person" means a person who:

1 (a) Is gravely disabled or presents a likelihood of serious harm  
2 to himself or herself or others, or to the property of others, as a  
3 result of a mental disorder as defined in chapter 71.05 RCW;

4 (b) Has been on conditional release status, or under a less  
5 restrictive alternative order, at some time during the preceding two  
6 years from an evaluation and treatment facility or a state mental  
7 health hospital;

8 (c) Has a mental disorder which causes major impairment in  
9 several areas of daily living;

10 (d) Exhibits suicidal preoccupation or attempts; or

11 (e) Is a child diagnosed by a mental health professional, as  
12 defined in chapter 71.34 RCW, as experiencing a mental disorder which  
13 is clearly interfering with the child's functioning in family or  
14 school or with peers or is clearly interfering with the child's  
15 personality development and learning.

16 (40) "Severely emotionally disturbed child" or "child who is  
17 severely emotionally disturbed" means a child who has been determined  
18 by the behavioral health administrative services organization or  
19 managed care organization, if applicable, to be experiencing a mental  
20 disorder as defined in chapter 71.34 RCW, including those mental  
21 disorders that result in a behavioral or conduct disorder, that is  
22 clearly interfering with the child's functioning in family or school  
23 or with peers and who meets at least one of the following criteria:

24 (a) Has undergone inpatient treatment or placement outside of the  
25 home related to a mental disorder within the last two years;

26 (b) Has undergone involuntary treatment under chapter 71.34 RCW  
27 within the last two years;

28 (c) Is currently served by at least one of the following child-  
29 serving systems: Juvenile justice, child-protection/welfare, special  
30 education, or developmental disabilities;

31 (d) Is at risk of escalating maladjustment due to:

32 (i) Chronic family dysfunction involving a caretaker who is  
33 mentally ill or inadequate;

34 (ii) Changes in custodial adult;

35 (iii) Going to, residing in, or returning from any placement  
36 outside of the home, for example, psychiatric hospital, short-term  
37 inpatient, residential treatment, group or foster home, or a  
38 correctional facility;

39 (iv) Subject to repeated physical abuse or neglect;

40 (v) Drug or alcohol abuse; or

1 (vi) Homelessness.

2 (41) "State minimum standards" means minimum requirements  
3 established by rules adopted and necessary to implement this chapter  
4 by:

5 (a) The authority for:

6 (i) Delivery of mental health and substance use disorder  
7 services; and

8 (ii) Community support services and resource management services;

9 (b) The department of health for:

10 (i) Licensed or certified behavioral health agencies for the  
11 purpose of providing mental health or substance use disorder programs  
12 and services, or both;

13 (ii) Licensed behavioral health providers for the provision of  
14 mental health or substance use disorder services, or both; and

15 (iii) Residential services.

16 (42) "Substance use disorder" means a cluster of cognitive,  
17 behavioral, and physiological symptoms indicating that an individual  
18 continues using the substance despite significant substance-related  
19 problems. The diagnosis of a substance use disorder is based on a  
20 pathological pattern of behaviors related to the use of the  
21 substances.

22 (43) "Tribe," for the purposes of this section, means a federally  
23 recognized Indian tribe.

24 **Sec. 53.** RCW 71.32.020 and 2016 c 209 s 407 are each amended to  
25 read as follows:

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

28 (1) "Adult" means any individual who has attained the age of  
29 majority or is an emancipated minor.

30 (2) "Agent" has the same meaning as an attorney-in-fact or agent  
31 as provided in chapter 11.125 RCW.

32 (3) "Capacity" means that an adult has not been found to be  
33 incapacitated pursuant to this chapter or RCW 11.88.010(1)(e).

34 (4) "Court" means a superior court under chapter 2.08 RCW.

35 (5) "Health care facility" means a hospital, as defined in RCW  
36 70.41.020; an institution, as defined in RCW 71.12.455; a state  
37 hospital, as defined in RCW 72.23.010; a nursing home, as defined in  
38 RCW 18.51.010; or a clinic that is part of a community mental health  
39 service delivery system, as defined in RCW 71.24.025.



1 (6) "Health care provider" means an osteopathic physician (~~(or~~  
2 ~~osteopathic physician's assistant)~~) licensed under chapter 18.57 (~~(or~~  
3 ~~18.57A)~~) RCW, a physician or physician's assistant licensed under  
4 chapter 18.71 or 18.71A RCW, or an advanced registered nurse  
5 practitioner licensed under RCW 18.79.050.

6 (7) "Incapacitated" means an adult who: (a) Is unable to  
7 understand the nature, character, and anticipated results of proposed  
8 treatment or alternatives; understand the recognized serious possible  
9 risks, complications, and anticipated benefits in treatments and  
10 alternatives, including nontreatment; or communicate his or her  
11 understanding or treatment decisions; or (b) has been found to be  
12 incompetent pursuant to RCW 11.88.010(1)(e).

13 (8) "Informed consent" means consent that is given after the  
14 person: (a) Is provided with a description of the nature, character,  
15 and anticipated results of proposed treatments and alternatives, and  
16 the recognized serious possible risks, complications, and anticipated  
17 benefits in the treatments and alternatives, including nontreatment,  
18 in language that the person can reasonably be expected to understand;  
19 or (b) elects not to be given the information included in (a) of this  
20 subsection.

21 (9) "Long-term care facility" has the same meaning as defined in  
22 RCW 43.190.020.

23 (10) "Mental disorder" means any organic, mental, or emotional  
24 impairment which has substantial adverse effects on an individual's  
25 cognitive or volitional functions.

26 (11) "Mental health advance directive" or "directive" means a  
27 written document in which the principal makes a declaration of  
28 instructions or preferences or appoints an agent to make decisions on  
29 behalf of the principal regarding the principal's mental health  
30 treatment, or both, and that is consistent with the provisions of  
31 this chapter.

32 (12) "Mental health professional" means a psychiatrist,  
33 psychologist, psychiatric nurse, or social worker, and such other  
34 mental health professionals as may be defined by rules adopted by the  
35 secretary pursuant to the provisions of chapter 71.05 RCW.

36 (13) "Principal" means an adult who has executed a mental health  
37 advance directive.

38 (14) "Professional person" means a mental health professional and  
39 shall also mean a physician, registered nurse, and such others as may

1 be defined by rules adopted by the secretary pursuant to the  
2 provisions of chapter 71.05 RCW.

3 (15) "Social worker" means a person with a master's or further  
4 advanced degree from a social work educational program accredited and  
5 approved as provided in RCW 18.320.010.

6 **Sec. 54.** RCW 71.34.020 and 2019 c 446 s 24, 2019 c 444 s 17,  
7 2019 c 381 s 2, and 2019 c 325 s 2001 are each reenacted and amended  
8 to read as follows:

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

11 (1) "Adolescent" means a minor thirteen years of age or older.

12 (2) "Alcoholism" means a disease, characterized by a dependency  
13 on alcoholic beverages, loss of control over the amount and  
14 circumstances of use, symptoms of tolerance, physiological or  
15 psychological withdrawal, or both, if use is reduced or discontinued,  
16 and impairment of health or disruption of social or economic  
17 functioning.

18 (3) "Approved substance use disorder treatment program" means a  
19 program for minors with substance use disorders provided by a  
20 treatment program licensed or certified by the department of health  
21 as meeting standards adopted under chapter 71.24 RCW.

22 (4) "Authority" means the Washington state health care authority.

23 (5) "Behavioral health administrative services organization" has  
24 the same meaning as provided in RCW 71.24.025.

25 (6) "Child psychiatrist" means a person having a license as a  
26 physician and surgeon in this state, who has had graduate training in  
27 child psychiatry in a program approved by the American Medical  
28 Association or the American Osteopathic Association, and who is board  
29 eligible or board certified in child psychiatry.

30 (7) "Children's mental health specialist" means:

31 (a) A mental health professional who has completed a minimum of  
32 one hundred actual hours, not quarter or semester hours, of  
33 specialized training devoted to the study of child development and  
34 the treatment of children; and

35 (b) A mental health professional who has the equivalent of one  
36 year of full-time experience in the treatment of children under the  
37 supervision of a children's mental health specialist.

38 (8) "Commitment" means a determination by a judge or court  
39 commissioner, made after a commitment hearing, that the minor is in

1 need of inpatient diagnosis, evaluation, or treatment or that the  
2 minor is in need of less restrictive alternative treatment.

3 (9) "Co-occurring disorder specialist" means an individual  
4 possessing an enhancement granted by the department of health under  
5 chapter 18.205 RCW that certifies the individual to provide substance  
6 use disorder counseling subject to the practice limitations under RCW  
7 18.205.105.

8 (10) "Department" means the department of social and health  
9 services.

10 (11) "Designated crisis responder" has the same meaning as  
11 provided in RCW 71.05.020.

12 (12) "Director" means the director of the authority.

13 (13) "Evaluation and treatment facility" means a public or  
14 private facility or unit that is licensed or certified by the  
15 department of health to provide emergency, inpatient, residential, or  
16 outpatient mental health evaluation and treatment services for  
17 minors. A physically separate and separately operated portion of a  
18 state hospital may be designated as an evaluation and treatment  
19 facility for minors. A facility which is part of or operated by the  
20 state or federal agency does not require licensure or certification.  
21 No correctional institution or facility, juvenile court detention  
22 facility, or jail may be an evaluation and treatment facility within  
23 the meaning of this chapter.

24 (14) "Evaluation and treatment program" means the total system of  
25 services and facilities coordinated and approved by a county or  
26 combination of counties for the evaluation and treatment of minors  
27 under this chapter.

28 (15) "Gravely disabled minor" means a minor who, as a result of a  
29 mental disorder, or as a result of the use of alcohol or other  
30 psychoactive chemicals, is in danger of serious physical harm  
31 resulting from a failure to provide for his or her essential human  
32 needs of health or safety, or manifests severe deterioration in  
33 routine functioning evidenced by repeated and escalating loss of  
34 cognitive or volitional control over his or her actions and is not  
35 receiving such care as is essential for his or her health or safety.

36 (16) "Inpatient treatment" means twenty-four-hour-per-day mental  
37 health care provided within a general hospital, psychiatric hospital,  
38 residential treatment facility licensed or certified by the  
39 department of health as an evaluation and treatment facility for  
40 minors, secure withdrawal management and stabilization facility for

1 minors, or approved substance use disorder treatment program for  
2 minors.

3 (17) "Intoxicated minor" means a minor whose mental or physical  
4 functioning is substantially impaired as a result of the use of  
5 alcohol or other psychoactive chemicals.

6 (18) "Kinship caregiver" has the same meaning as in RCW  
7 74.13.031(19)(a).

8 (19) "Less restrictive alternative" or "less restrictive setting"  
9 means outpatient treatment provided to a minor who is not residing in  
10 a facility providing inpatient treatment as defined in this chapter.

11 (20) "Likelihood of serious harm" means either: (a) A substantial  
12 risk that physical harm will be inflicted by an individual upon his  
13 or her own person, as evidenced by threats or attempts to commit  
14 suicide or inflict physical harm on oneself; (b) a substantial risk  
15 that physical harm will be inflicted by an individual upon another,  
16 as evidenced by behavior which has caused such harm or which places  
17 another person or persons in reasonable fear of sustaining such harm;  
18 or (c) a substantial risk that physical harm will be inflicted by an  
19 individual upon the property of others, as evidenced by behavior  
20 which has caused substantial loss or damage to the property of  
21 others.

22 (21) "Managed care organization" has the same meaning as provided  
23 in RCW 71.24.025.

24 (22) "Medical necessity" for inpatient care means a requested  
25 service which is reasonably calculated to: (a) Diagnose, correct,  
26 cure, or alleviate a mental disorder or substance use disorder; or  
27 (b) prevent the progression of a mental disorder or substance use  
28 disorder that endangers life or causes suffering and pain, or results  
29 in illness or infirmity or threatens to cause or aggravate a  
30 handicap, or causes physical deformity or malfunction, and there is  
31 no adequate less restrictive alternative available.

32 (23) "Mental disorder" means any organic, mental, or emotional  
33 impairment that has substantial adverse effects on an individual's  
34 cognitive or volitional functions. The presence of alcohol abuse,  
35 drug abuse, juvenile criminal history, antisocial behavior, or  
36 intellectual disabilities alone is insufficient to justify a finding  
37 of "mental disorder" within the meaning of this section.

38 (24) "Mental health professional" means a psychiatrist,  
39 psychiatric advanced registered nurse practitioner, physician  
40 assistant working with a supervising psychiatrist, psychologist,

1 psychiatric nurse, social worker, and such other mental health  
2 professionals as defined by rules adopted by the secretary of the  
3 department of health under this chapter.

4 (25) "Minor" means any person under the age of eighteen years.

5 (26) "Outpatient treatment" means any of the nonresidential  
6 services mandated under chapter 71.24 RCW and provided by licensed or  
7 certified behavioral health agencies as identified by RCW 71.24.025.

8 (27)(a) "Parent" has the same meaning as defined in RCW  
9 26.26A.010, including either parent if custody is shared under a  
10 joint custody agreement, or a person or agency judicially appointed  
11 as legal guardian or custodian of the child.

12 (b) For purposes of family-initiated treatment under RCW  
13 71.34.600 through 71.34.670, "parent" also includes a person to whom  
14 a parent defined in (a) of this subsection has given a signed  
15 authorization to make health care decisions for the adolescent, a  
16 stepparent who is involved in caring for the adolescent, a kinship  
17 caregiver who is involved in caring for the adolescent, or another  
18 relative who is responsible for the health care of the adolescent,  
19 who may be required to provide a declaration under penalty of perjury  
20 stating that he or she is a relative responsible for the health care  
21 of the adolescent pursuant to (~~RCW 9A.72.085~~) chapter 5.50 RCW. If  
22 a dispute arises between individuals authorized to act as a parent  
23 for the purpose of RCW 71.34.600 through 71.34.670, the disagreement  
24 must be resolved according to the priority established under RCW  
25 7.70.065(2)(a).

26 (28) "Physician assistant" means a person licensed as a physician  
27 assistant under chapter (~~18.57A or~~) 18.71A RCW.

28 (29) "Private agency" means any person, partnership, corporation,  
29 or association that is not a public agency, whether or not financed  
30 in whole or in part by public funds, that constitutes an evaluation  
31 and treatment facility or private institution, or hospital, or  
32 approved substance use disorder treatment program, that is conducted  
33 for, or includes a distinct unit, floor, or ward conducted for, the  
34 care and treatment of persons with mental illness, substance use  
35 disorders, or both mental illness and substance use disorders.

36 (30) "Professional person in charge" or "professional person"  
37 means a physician, other mental health professional, or other person  
38 empowered by an evaluation and treatment facility, secure withdrawal  
39 management and stabilization facility, or approved substance use

1 disorder treatment program with authority to make admission and  
2 discharge decisions on behalf of that facility.

3 (31) "Psychiatric nurse" means a registered nurse who has  
4 experience in the direct treatment of persons who have a mental  
5 illness or who are emotionally disturbed, such experience gained  
6 under the supervision of a mental health professional.

7 (32) "Psychiatrist" means a person having a license as a  
8 physician in this state who has completed residency training in  
9 psychiatry in a program approved by the American Medical Association  
10 or the American Osteopathic Association, and is board eligible or  
11 board certified in psychiatry.

12 (33) "Psychologist" means a person licensed as a psychologist  
13 under chapter 18.83 RCW.

14 (34) "Public agency" means any evaluation and treatment facility  
15 or institution, or hospital, or approved substance use disorder  
16 treatment program that is conducted for, or includes a distinct unit,  
17 floor, or ward conducted for, the care and treatment of persons with  
18 mental illness, substance use disorders, or both mental illness and  
19 substance use disorders if the agency is operated directly by  
20 federal, state, county, or municipal government, or a combination of  
21 such governments.

22 (35) "Responsible other" means the minor, the minor's parent or  
23 estate, or any other person legally responsible for support of the  
24 minor.

25 (36) "Secretary" means the secretary of the department or  
26 secretary's designee.

27 (37) "Secure withdrawal management and stabilization facility"  
28 means a facility operated by either a public or private agency or by  
29 the program of an agency which provides care to voluntary individuals  
30 and individuals involuntarily detained and committed under this  
31 chapter for whom there is a likelihood of serious harm or who are  
32 gravely disabled due to the presence of a substance use disorder.  
33 Secure withdrawal management and stabilization facilities must:

34 (a) Provide the following services:

35 (i) Assessment and treatment, provided by certified substance use  
36 disorder professionals or co-occurring disorder specialists;

37 (ii) Clinical stabilization services;

38 (iii) Acute or subacute detoxification services for intoxicated  
39 individuals; and

1 (iv) Discharge assistance provided by certified substance use  
2 disorder professionals or co-occurring disorder specialists,  
3 including facilitating transitions to appropriate voluntary or  
4 involuntary inpatient services or to less restrictive alternatives as  
5 appropriate for the individual;

6 (b) Include security measures sufficient to protect the patients,  
7 staff, and community; and

8 (c) Be licensed or certified as such by the department of health.

9 (38) "Social worker" means a person with a master's or further  
10 advanced degree from a social work educational program accredited and  
11 approved as provided in RCW 18.320.010.

12 (39) "Start of initial detention" means the time of arrival of  
13 the minor at the first evaluation and treatment facility, secure  
14 withdrawal management and stabilization facility, or approved  
15 substance use disorder treatment program offering inpatient treatment  
16 if the minor is being involuntarily detained at the time. With regard  
17 to voluntary patients, "start of initial detention" means the time at  
18 which the minor gives notice of intent to leave under the provisions  
19 of this chapter.

20 (40) "Substance use disorder" means a cluster of cognitive,  
21 behavioral, and physiological symptoms indicating that an individual  
22 continues using the substance despite significant substance-related  
23 problems. The diagnosis of a substance use disorder is based on a  
24 pathological pattern of behaviors related to the use of the  
25 substances.

26 (41) "Substance use disorder professional" means a person  
27 certified as a substance use disorder professional by the department  
28 of health under chapter 18.205 RCW, or a person certified as a  
29 (~~chemical dependency~~) substance use disorder professional trainee  
30 under RCW 18.205.095 working under the direct supervision of a  
31 certified (~~chemical dependency~~) substance use disorder  
32 professional.

33 **Sec. 55.** RCW 74.09.010 and 2017 c 226 s 5 are each amended to  
34 read as follows:

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

37 (1) "Authority" means the Washington state health care authority.

1 (2) "Bidirectional integration" means integrating behavioral  
2 health services into primary care settings and integrating primary  
3 care services into behavioral health settings.

4 (3) "Children's health program" means the health care services  
5 program provided to children under eighteen years of age and in  
6 households with incomes at or below the federal poverty level as  
7 annually defined by the federal department of health and human  
8 services as adjusted for family size, and who are not otherwise  
9 eligible for medical assistance or the limited casualty program for  
10 the medically needy.

11 (4) "Chronic care management" means the health care management  
12 within a health home of persons identified with, or at high risk for,  
13 one or more chronic conditions. Effective chronic care management:

14 (a) Actively assists patients to acquire self-care skills to  
15 improve functioning and health outcomes, and slow the progression of  
16 disease or disability;

17 (b) Employs evidence-based clinical practices;

18 (c) Coordinates care across health care settings and providers,  
19 including tracking referrals;

20 (d) Provides ready access to behavioral health services that are,  
21 to the extent possible, integrated with primary care; and

22 (e) Uses appropriate community resources to support individual  
23 patients and families in managing chronic conditions.

24 (5) "Chronic condition" means a prolonged condition and includes,  
25 but is not limited to:

26 (a) A mental health condition;

27 (b) A substance use disorder;

28 (c) Asthma;

29 (d) Diabetes;

30 (e) Heart disease; and

31 (f) Being overweight, as evidenced by a body mass index over  
32 twenty-five.

33 (6) "County" means the board of county commissioners, county  
34 council, county executive, or tribal jurisdiction, or its designee.

35 (7) "Department" means the department of social and health  
36 services.

37 (8) "Department of health" means the Washington state department  
38 of health created pursuant to RCW 43.70.020.

39 (9) "Director" means the director of the Washington state health  
40 care authority.



1 (10) "Full benefit dual eligible beneficiary" means an individual  
2 who, for any month: Has coverage for the month under a medicare  
3 prescription drug plan or medicare advantage plan with part D  
4 coverage; and is determined eligible by the state for full medicaid  
5 benefits for the month under any eligibility category in the state's  
6 medicaid plan or a section 1115 demonstration waiver that provides  
7 pharmacy benefits.

8 (11) "Health home" or "primary care health home" means  
9 coordinated health care provided by a licensed primary care provider  
10 coordinating all medical care services, and a multidisciplinary  
11 health care team comprised of clinical and nonclinical staff. The  
12 term "coordinating all medical care services" shall not be construed  
13 to require prior authorization by a primary care provider in order  
14 for a patient to receive treatment for covered services by an  
15 optometrist licensed under chapter 18.53 RCW. Primary care health  
16 home services shall include those services defined as health home  
17 services in 42 U.S.C. Sec. 1396w-4 and, in addition, may include, but  
18 are not limited to:

19 (a) Comprehensive care management including, but not limited to,  
20 chronic care treatment and management;

21 (b) Extended hours of service;

22 (c) Multiple ways for patients to communicate with the team,  
23 including electronically and by phone;

24 (d) Education of patients on self-care, prevention, and health  
25 promotion, including the use of patient decision aids;

26 (e) Coordinating and assuring smooth transitions and follow-up  
27 from inpatient to other settings;

28 (f) Individual and family support including authorized  
29 representatives;

30 (g) The use of information technology to link services, track  
31 tests, generate patient registries, and provide clinical data; and

32 (h) Ongoing performance reporting and quality improvement.

33 (12) "Internal management" means the administration of medical  
34 assistance, medical care services, the children's health program, and  
35 the limited casualty program.

36 (13) "Limited casualty program" means the medical care program  
37 provided to medically needy persons as defined under Title XIX of the  
38 federal social security act, and to medically indigent persons who  
39 are without income or resources sufficient to secure necessary  
40 medical services.

1 (14) "Medical assistance" means the federal aid medical care  
2 program provided to categorically needy persons as defined under  
3 Title XIX of the federal social security act.

4 (15) "Medical care services" means the limited scope of care  
5 financed by state funds and provided to persons who are not eligible  
6 for medicaid under RCW 74.09.510 and who are eligible for the aged,  
7 blind, or disabled assistance program authorized in RCW 74.62.030 or  
8 the essential needs and housing support program pursuant to RCW  
9 74.04.805.

10 (16) "Multidisciplinary health care team" means an  
11 interdisciplinary team of health professionals which may include, but  
12 is not limited to, medical specialists, nurses, pharmacists,  
13 nutritionists, dieticians, social workers, behavioral and mental  
14 health providers including substance use disorder prevention and  
15 treatment providers, doctors of chiropractic, physical therapists,  
16 licensed complementary and alternative medicine practitioners, home  
17 care and other long-term care providers, and physicians' assistants.

18 (17) "Nursing home" means nursing home as defined in RCW  
19 18.51.010.

20 (18) "Poverty" means the federal poverty level determined  
21 annually by the United States department of health and human  
22 services, or successor agency.

23 (19) "Primary care behavioral health" means a health care  
24 integration model in which behavioral health care is colocated,  
25 collaborative, and integrated within a primary care setting.

26 (20) "Primary care provider" means a general practice physician,  
27 family practitioner, internist, pediatrician, osteopathic physician,  
28 naturopath, physician assistant, (~~osteopathic physician assistant,~~)  
29 and advanced registered nurse practitioner licensed under Title 18  
30 RCW.

31 (21) "Secretary" means the secretary of social and health  
32 services.

33 (22) "Whole-person care in behavioral health" means a health care  
34 integration model in which primary care services are integrated into  
35 a behavioral health setting either through collocation or community-  
36 based care management.

37 **Sec. 56.** RCW 74.42.010 and 2019 c 301 s 3 and 2019 c 12 s 1 are  
38 each reenacted and amended to read as follows:

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

3 (1) "Department" means the department of social and health  
4 services and the department's employees.

5 (2) "Direct care staff" means the staffing domain identified and  
6 defined in the center for medicare and medicaid service's five-star  
7 quality rating system and as reported through the center for medicare  
8 and medicaid service's payroll-based journal. For purposes of  
9 calculating hours per resident day minimum staffing standards for  
10 facilities with sixty-one or more licensed beds, the director of  
11 nursing services classification (job title code five), as identified  
12 in the (~~center[s]~~) centers for medicare and medicaid (~~service's~~)  
13 services' payroll-based journal, shall not be used. For facilities  
14 with sixty or fewer beds the director of nursing services  
15 classification (job title code five) shall be included in calculating  
16 hours per resident day minimum staffing standards.

17 (3) "Facility" refers to a nursing home as defined in RCW  
18 18.51.010.

19 (4) "Geriatric behavioral health worker" means a person with a  
20 bachelor's or master's degree in social work, behavioral health, or  
21 other related areas, or a person who has received specialized  
22 training devoted to mental illness and treatment of older adults.

23 (5) "Licensed practical nurse" means a person licensed to  
24 practice practical nursing under chapter 18.79 RCW.

25 (6) "Medicaid" means Title XIX of the Social Security Act enacted  
26 by the social security amendments of 1965 (42 U.S.C. Sec. 1396; 79  
27 Stat. 343), as amended.

28 (7) "Nurse practitioner" means a person licensed to practice  
29 advanced registered nursing under chapter 18.79 RCW.

30 (8) "Nursing care" means that care provided by a registered  
31 nurse, an advanced registered nurse practitioner, a licensed  
32 practical nurse, or a nursing assistant in the regular performance of  
33 their duties.

34 (9) "Physician" means a person practicing pursuant to chapter  
35 18.57 or 18.71 RCW, including, but not limited to, a physician  
36 employed by the facility as provided in chapter 18.51 RCW.

37 (10) "Physician assistant" means a person practicing pursuant to  
38 chapter (~~18.57A or~~) 18.71A RCW.

39 (11) "Qualified therapist" means:

1 (a) An activities specialist who has specialized education,  
2 training, or experience specified by the department.

3 (b) An audiologist who is eligible for a certificate of clinical  
4 competence in audiology or who has the equivalent education and  
5 clinical experience.

6 (c) A mental health professional as defined in chapter 71.05 RCW.

7 (d) An intellectual disabilities professional who is a qualified  
8 therapist or a therapist approved by the department and has  
9 specialized training or one year experience in treating or working  
10 with persons with intellectual or developmental disabilities.

11 (e) An occupational therapist who is a graduate of a program in  
12 occupational therapy or who has equivalent education or training.

13 (f) A physical therapist as defined in chapter 18.74 RCW.

14 (g) A social worker as defined in RCW 18.320.010(2).

15 (h) A speech pathologist who is eligible for a certificate of  
16 clinical competence in speech pathology or who has equivalent  
17 education and clinical experience.

18 (12) "Registered nurse" means a person licensed to practice  
19 registered nursing under chapter 18.79 RCW.

20 (13) "Resident" means an individual residing in a nursing home,  
21 as defined in RCW 18.51.010.

22 **Sec. 57.** RCW 74.42.230 and 2019 c 55 s 20 are each amended to  
23 read as follows:

24 (1) The resident's attending or staff physician or authorized  
25 practitioner approved by the attending physician shall order all  
26 medications for the resident. The order may be oral or written and  
27 shall continue in effect until discontinued by a physician or other  
28 authorized prescriber, unless the order is specifically limited by  
29 time. An "authorized practitioner," as used in this section, is a  
30 registered nurse under chapter 18.79 RCW when authorized by the  
31 nursing care quality assurance commission, (~~an osteopathic physician~~  
32 ~~assistant under chapter 18.57A RCW when authorized by the committee~~  
33 ~~of osteopathic examiners,~~) a physician assistant under chapter  
34 18.71A RCW when authorized by the Washington medical commission, or a  
35 pharmacist under chapter 18.64 RCW when authorized by the pharmacy  
36 quality assurance commission.

37 (2) An oral order shall be given only to a licensed nurse,  
38 pharmacist, or another physician. The oral order shall be recorded  
39 and physically or electronically signed immediately by the person

1 receiving the order. The attending physician shall sign the record of  
2 the oral order in a manner consistent with good medical practice.

3 (3) A licensed nurse, pharmacist, or another physician receiving  
4 and recording an oral order may, if so authorized by the physician or  
5 authorized practitioner, communicate that order to a pharmacy on  
6 behalf of the physician or authorized practitioner. The order may be  
7 communicated verbally by telephone, by facsimile manually signed by  
8 the person receiving the order pursuant to subsection (2) of this  
9 section, or by electronic transmission pursuant to RCW 69.41.055. The  
10 communication of a resident's order to a pharmacy by a licensed  
11 nurse, pharmacist, or another physician acting at the prescriber's  
12 direction has the same force and effect as if communicated directly  
13 by the delegating physician or authorized practitioner. Nothing in  
14 this provision limits the authority of a licensed nurse, pharmacist,  
15 or physician to delegate to an authorized agent, including but not  
16 limited to delegation of operation of a facsimile machine by  
17 credentialed facility staff, to the extent consistent with his or her  
18 professional license.

19 **Sec. 58.** RCW 82.04.050 and 2017 3rd sp.s. c 37 s 1201 are each  
20 amended to read as follows:

21 (1)(a) "Sale at retail" or "retail sale" means every sale of  
22 tangible personal property (including articles produced, fabricated,  
23 or imprinted) to all persons irrespective of the nature of their  
24 business and including, among others, without limiting the scope  
25 hereof, persons who install, repair, clean, alter, improve,  
26 construct, or decorate real or personal property of or for consumers  
27 other than a sale to a person who:

28 (i) Purchases for the purpose of resale as tangible personal  
29 property in the regular course of business without intervening use by  
30 such person, but a purchase for the purpose of resale by a regional  
31 transit authority under RCW 81.112.300 is not a sale for resale; or

32 (ii) Installs, repairs, cleans, alters, imprints, improves,  
33 constructs, or decorates real or personal property of or for  
34 consumers, if such tangible personal property becomes an ingredient  
35 or component of such real or personal property without intervening  
36 use by such person; or

37 (iii) Purchases for the purpose of consuming the property  
38 purchased in producing for sale as a new article of tangible personal  
39 property or substance, of which such property becomes an ingredient

1 or component or is a chemical used in processing, when the primary  
2 purpose of such chemical is to create a chemical reaction directly  
3 through contact with an ingredient of a new article being produced  
4 for sale; or

5 (iv) Purchases for the purpose of consuming the property  
6 purchased in producing ferrosilicon which is subsequently used in  
7 producing magnesium for sale, if the primary purpose of such property  
8 is to create a chemical reaction directly through contact with an  
9 ingredient of ferrosilicon; or

10 (v) Purchases for the purpose of providing the property to  
11 consumers as part of competitive telephone service, as defined in RCW  
12 82.04.065; or

13 (vi) Purchases for the purpose of satisfying the person's  
14 obligations under an extended warranty as defined in subsection (7)  
15 of this section, if such tangible personal property replaces or  
16 becomes an ingredient or component of property covered by the  
17 extended warranty without intervening use by such person.

18 (b) The term includes every sale of tangible personal property  
19 that is used or consumed or to be used or consumed in the performance  
20 of any activity defined as a "sale at retail" or "retail sale" even  
21 though such property is resold or used as provided in (a)(i) through  
22 (vi) of this subsection following such use.

23 (c) The term also means every sale of tangible personal property  
24 to persons engaged in any business that is taxable under RCW  
25 82.04.280(1) (a), (b), and (g), 82.04.290, and 82.04.2908.

26 (2) The term "sale at retail" or "retail sale" includes the sale  
27 of or charge made for tangible personal property consumed and/or for  
28 labor and services rendered in respect to the following:

29 (a) The installing, repairing, cleaning, altering, imprinting, or  
30 improving of tangible personal property of or for consumers,  
31 including charges made for the mere use of facilities in respect  
32 thereto, but excluding charges made for the use of self-service  
33 laundry facilities, and also excluding sales of laundry service to  
34 nonprofit health care facilities, and excluding services rendered in  
35 respect to live animals, birds and insects;

36 (b) The constructing, repairing, decorating, or improving of new  
37 or existing buildings or other structures under, upon, or above real  
38 property of or for consumers, including the installing or attaching  
39 of any article of tangible personal property therein or thereto,  
40 whether or not such personal property becomes a part of the realty by

1 virtue of installation, and also includes the sale of services or  
2 charges made for the clearing of land and the moving of earth  
3 excepting the mere leveling of land used in commercial farming or  
4 agriculture;

5 (c) The constructing, repairing, or improving of any structure  
6 upon, above, or under any real property owned by an owner who conveys  
7 the property by title, possession, or any other means to the person  
8 performing such construction, repair, or improvement for the purpose  
9 of performing such construction, repair, or improvement and the  
10 property is then reconveyed by title, possession, or any other means  
11 to the original owner;

12 (d) The cleaning, fumigating, razing, or moving of existing  
13 buildings or structures, but does not include the charge made for  
14 janitorial services; and for purposes of this section the term  
15 "janitorial services" means those cleaning and caretaking services  
16 ordinarily performed by commercial janitor service businesses  
17 including, but not limited to, wall and window washing, floor  
18 cleaning and waxing, and the cleaning in place of rugs, drapes and  
19 upholstery. The term "janitorial services" does not include painting,  
20 papering, repairing, furnace or septic tank cleaning, snow removal or  
21 sandblasting;

22 (e) Automobile towing and similar automotive transportation  
23 services, but not in respect to those required to report and pay  
24 taxes under chapter 82.16 RCW;

25 (f) The furnishing of lodging and all other services by a hotel,  
26 rooming house, tourist court, motel, trailer camp, and the granting  
27 of any similar license to use real property, as distinguished from  
28 the renting or leasing of real property, and it is presumed that the  
29 occupancy of real property for a continuous period of one month or  
30 more constitutes a rental or lease of real property and not a mere  
31 license to use or enjoy the same. For the purposes of this  
32 subsection, it is presumed that the sale of and charge made for the  
33 furnishing of lodging for a continuous period of one month or more to  
34 a person is a rental or lease of real property and not a mere license  
35 to enjoy the same;

36 (g) The installing, repairing, altering, or improving of digital  
37 goods for consumers;

38 (h) Persons taxable under (a), (b), (c), (d), (e), (f), and (g)  
39 of this subsection when such sales or charges are for property, labor  
40 and services which are used or consumed in whole or in part by such

1 persons in the performance of any activity defined as a "sale at  
2 retail" or "retail sale" even though such property, labor and  
3 services may be resold after such use or consumption. Nothing  
4 contained in this subsection may be construed to modify subsection  
5 (1) of this section and nothing contained in subsection (1) of this  
6 section may be construed to modify this subsection.

7 (3) The term "sale at retail" or "retail sale" includes the sale  
8 of or charge made for personal, business, or professional services  
9 including amounts designated as interest, rents, fees, admission, and  
10 other service emoluments however designated, received by persons  
11 engaging in the following business activities:

12 (a) Abstract, title insurance, and escrow services;

13 (b) Credit bureau services;

14 (c) Automobile parking and storage garage services;

15 (d) Landscape maintenance and horticultural services but  
16 excluding (i) horticultural services provided to farmers and (ii)  
17 pruning, trimming, repairing, removing, and clearing of trees and  
18 brush near electric transmission or distribution lines or equipment,  
19 if performed by or at the direction of an electric utility;

20 (e) Service charges associated with tickets to professional  
21 sporting events;

22 (f) The following personal services: Tanning salon services,  
23 tattoo parlor services, steam bath services, turkish bath services,  
24 escort services, and dating services; and

25 (g) (i) Operating an athletic or fitness facility, including all  
26 charges for the use of such a facility or for any associated services  
27 and amenities, except as provided in (g) (ii) of this subsection.

28 (ii) Notwithstanding anything to the contrary in (g) (i) of this  
29 subsection (3), the term "sale at retail" and "retail sale" under  
30 this subsection does not include:

31 (A) Separately stated charges for the use of an athletic or  
32 fitness facility where such use is primarily for a purpose other than  
33 engaging in or receiving instruction in a physical fitness activity;

34 (B) Separately stated charges for the use of a discrete portion  
35 of an athletic or fitness facility, other than a pool, where such  
36 discrete portion of the facility does not by itself meet the  
37 definition of "athletic or fitness facility" in this subsection;

38 (C) Separately stated charges for services, such as advertising,  
39 massage, nutritional consulting, and body composition testing, that  
40 do not require the customer to engage in physical fitness activities



1 to receive the service. The exclusion in this subsection  
2 (3)(g)(ii)(C) does not apply to personal training services and  
3 instruction in a physical fitness activity;

4 (D) Separately stated charges for physical therapy provided by a  
5 physical therapist, as those terms are defined in RCW 18.74.010, or  
6 occupational therapy provided by an occupational therapy  
7 practitioner, as those terms are defined in RCW 18.59.020, when  
8 performed pursuant to a referral from an authorized health care  
9 practitioner or in consultation with an authorized health care  
10 practitioner. For the purposes of this subsection (3)(g)(ii)(D), an  
11 authorized health care practitioner means a health care practitioner  
12 licensed under chapter 18.83, 18.25, 18.36A, 18.57, (~~18.57A,~~)  
13 18.71, or 18.71A RCW;

14 (E) Rent or association fees charged by a landlord or residential  
15 association to a tenant or residential owner with access to an  
16 athletic or fitness facility maintained by the landlord or  
17 residential association, unless the rent or fee varies depending on  
18 whether the tenant or owner has access to the facility;

19 (F) Services provided in the regular course of employment by an  
20 employee with access to an athletic or fitness facility maintained by  
21 the employer for use without charge by its employees or their family  
22 members;

23 (G) The provision of access to an athletic or fitness facility by  
24 an educational institution to its students and staff. However,  
25 charges made by an educational institution to its alumni or other  
26 members of the public for the use of any of the educational  
27 institution's athletic or fitness facilities are a retail sale under  
28 this subsection (3)(g). For purposes of this subsection  
29 (3)(g)(ii)(G), "educational institution" has the same meaning as in  
30 RCW 82.04.170;

31 (H) Yoga, chi gong, or martial arts classes, training, or events  
32 held at a community center, park, school gymnasium, college or  
33 university, hospital or other medical facility, private residence, or  
34 any other facility that is not operated within and as part of an  
35 athletic or fitness facility.

36 (iii) Nothing in (g)(ii) of this subsection (3) may be construed  
37 to affect the taxation of sales made by the operator of an athletic  
38 or fitness facility, where such sales are defined as a retail sale  
39 under any provision of this section other than this subsection (3).

1 (iv) For the purposes of this subsection (3)(g), the following  
2 definitions apply:

3 (A) "Athletic or fitness facility" means an indoor or outdoor  
4 facility or portion of a facility that is primarily used for:  
5 Exercise classes; strength and conditioning programs; personal  
6 training services; tennis, racquetball, handball, squash, or  
7 pickleball; or other activities requiring the use of exercise or  
8 strength training equipment, such as treadmills, elliptical machines,  
9 stair climbers, stationary cycles, rowing machines, pilates  
10 equipment, balls, climbing ropes, jump ropes, and weightlifting  
11 equipment.

12 (B) "Martial arts" means any of the various systems of training  
13 for physical combat or self-defense. "Martial arts" includes, but is  
14 not limited to, karate, kung fu, tae kwon do, Krav Maga, boxing,  
15 kickboxing, jujitsu, shootfighting, wrestling, aikido, judo, hapkido,  
16 Kendo, tai chi, and mixed martial arts.

17 (C) "Physical fitness activities" means activities that involve  
18 physical exertion for the purpose of improving or maintaining the  
19 general fitness, strength, flexibility, conditioning, or health of  
20 the participant. "Physical fitness activities" includes participating  
21 in yoga, chi gong, or martial arts.

22 (4)(a) The term also includes the renting or leasing of tangible  
23 personal property to consumers.

24 (b) The term does not include the renting or leasing of tangible  
25 personal property where the lease or rental is for the purpose of  
26 sublease or subrent.

27 (5) The term also includes the providing of "competitive  
28 telephone service," "telecommunications service," or "ancillary  
29 services," as those terms are defined in RCW 82.04.065, to consumers.

30 (6)(a) The term also includes the sale of prewritten computer  
31 software to a consumer, regardless of the method of delivery to the  
32 end user. For purposes of (a) and (b) of this subsection, the sale of  
33 prewritten computer software includes the sale of or charge made for  
34 a key or an enabling or activation code, where the key or code is  
35 required to activate prewritten computer software and put the  
36 software into use. There is no separate sale of the key or code from  
37 the prewritten computer software, regardless of how the sale may be  
38 characterized by the vendor or by the purchaser.

39 (b) The term "retail sale" does not include the sale of or charge  
40 made for:

1 (i) Custom software; or

2 (ii) The customization of prewritten computer software.

3 (c)(i) The term also includes the charge made to consumers for  
4 the right to access and use prewritten computer software, where  
5 possession of the software is maintained by the seller or a third  
6 party, regardless of whether the charge for the service is on a per  
7 use, per user, per license, subscription, or some other basis.

8 (ii)(A) The service described in (c)(i) of this subsection (6)  
9 includes the right to access and use prewritten computer software to  
10 perform data processing.

11 (B) For purposes of this subsection (6)(c)(ii), "data processing"  
12 means the systematic performance of operations on data to extract the  
13 required information in an appropriate form or to convert the data to  
14 usable information. Data processing includes check processing, image  
15 processing, form processing, survey processing, payroll processing,  
16 claim processing, and similar activities.

17 (7) The term also includes the sale of or charge made for an  
18 extended warranty to a consumer. For purposes of this subsection,  
19 "extended warranty" means an agreement for a specified duration to  
20 perform the replacement or repair of tangible personal property at no  
21 additional charge or a reduced charge for tangible personal property,  
22 labor, or both, or to provide indemnification for the replacement or  
23 repair of tangible personal property, based on the occurrence of  
24 specified events. The term "extended warranty" does not include an  
25 agreement, otherwise meeting the definition of extended warranty in  
26 this subsection, if no separate charge is made for the agreement and  
27 the value of the agreement is included in the sales price of the  
28 tangible personal property covered by the agreement. For purposes of  
29 this subsection, "sales price" has the same meaning as in RCW  
30 82.08.010.

31 (8)(a) The term also includes the following sales to consumers of  
32 digital goods, digital codes, and digital automated services:

33 (i) Sales in which the seller has granted the purchaser the right  
34 of permanent use;

35 (ii) Sales in which the seller has granted the purchaser a right  
36 of use that is less than permanent;

37 (iii) Sales in which the purchaser is not obligated to make  
38 continued payment as a condition of the sale; and

39 (iv) Sales in which the purchaser is obligated to make continued  
40 payment as a condition of the sale.

1 (b) A retail sale of digital goods, digital codes, or digital  
2 automated services under this subsection (8) includes any services  
3 provided by the seller exclusively in connection with the digital  
4 goods, digital codes, or digital automated services, whether or not a  
5 separate charge is made for such services.

6 (c) For purposes of this subsection, "permanent" means perpetual  
7 or for an indefinite or unspecified length of time. A right of  
8 permanent use is presumed to have been granted unless the agreement  
9 between the seller and the purchaser specifies or the circumstances  
10 surrounding the transaction suggest or indicate that the right to use  
11 terminates on the occurrence of a condition subsequent.

12 (9) The term also includes the charge made for providing tangible  
13 personal property along with an operator for a fixed or indeterminate  
14 period of time. A consideration of this is that the operator is  
15 necessary for the tangible personal property to perform as designed.  
16 For the purpose of this subsection (9), an operator must do more than  
17 maintain, inspect, or set up the tangible personal property.

18 (10) The term does not include the sale of or charge made for  
19 labor and services rendered in respect to the building, repairing, or  
20 improving of any street, place, road, highway, easement, right-of-  
21 way, mass public transportation terminal or parking facility, bridge,  
22 tunnel, or trestle which is owned by a municipal corporation or  
23 political subdivision of the state or by the United States and which  
24 is used or to be used primarily for foot or vehicular traffic  
25 including mass transportation vehicles of any kind.

26 (11) The term also does not include sales of chemical sprays or  
27 washes to persons for the purpose of postharvest treatment of fruit  
28 for the prevention of scald, fungus, mold, or decay, nor does it  
29 include sales of feed, seed, seedlings, fertilizer, agents for  
30 enhanced pollination including insects such as bees, and spray  
31 materials to: (a) Persons who participate in the federal conservation  
32 reserve program, the environmental quality incentives program, the  
33 wetlands reserve program, and the wildlife habitat incentives  
34 program, or their successors administered by the United States  
35 department of agriculture; (b) farmers for the purpose of producing  
36 for sale any agricultural product; (c) farmers for the purpose of  
37 providing bee pollination services; and (d) farmers acting under  
38 cooperative habitat development or access contracts with an  
39 organization exempt from federal income tax under 26 U.S.C. Sec.  
40 501(c)(3) of the federal internal revenue code or the Washington

1 state department of fish and wildlife to produce or improve wildlife  
2 habitat on land that the farmer owns or leases.

3 (12) The term does not include the sale of or charge made for  
4 labor and services rendered in respect to the constructing,  
5 repairing, decorating, or improving of new or existing buildings or  
6 other structures under, upon, or above real property of or for the  
7 United States, any instrumentality thereof, or a county or city  
8 housing authority created pursuant to chapter 35.82 RCW, including  
9 the installing, or attaching of any article of tangible personal  
10 property therein or thereto, whether or not such personal property  
11 becomes a part of the realty by virtue of installation. Nor does the  
12 term include the sale of services or charges made for the clearing of  
13 land and the moving of earth of or for the United States, any  
14 instrumentality thereof, or a county or city housing authority. Nor  
15 does the term include the sale of services or charges made for  
16 cleaning up for the United States, or its instrumentalities,  
17 radioactive waste and other by-products of weapons production and  
18 nuclear research and development.

19 (13) The term does not include the sale of or charge made for  
20 labor, services, or tangible personal property pursuant to agreements  
21 providing maintenance services for bus, rail, or rail fixed guideway  
22 equipment when a regional transit authority is the recipient of the  
23 labor, services, or tangible personal property, and a transit agency,  
24 as defined in RCW 81.104.015, performs the labor or services.

25 (14) The term does not include the sale for resale of any service  
26 described in this section if the sale would otherwise constitute a  
27 "sale at retail" and "retail sale" under this section.

28 (15)(a) The term "sale at retail" or "retail sale" includes  
29 amounts charged, however labeled, to consumers to engage in any of  
30 the activities listed in this subsection (15)(a), including the  
31 furnishing of any associated equipment or, except as otherwise  
32 provided in this subsection, providing instruction in such  
33 activities, where such charges are not otherwise defined as a "sale  
34 at retail" or "retail sale" in this section:

35 (i)(A) Golf, including any variant in which either golf balls or  
36 golf clubs are used, such as miniature golf, hitting golf balls at a  
37 driving range, and golf simulators, and including fees charged by a  
38 golf course to a player for using his or her own cart. However,  
39 charges for golf instruction are not a retail sale, provided that if  
40 the instruction involves the use of a golfing facility that would

1 otherwise require the payment of a fee, such as green fees or driving  
2 range fees, such fees, including the applicable retail sales tax,  
3 must be separately identified and charged by the golfing facility  
4 operator to the instructor or the person receiving the instruction.

5 (B) Notwithstanding (a) (i) (A) of this subsection (15) and except  
6 as otherwise provided in this subsection (15) (a) (i) (B), the term  
7 "sale at retail" or "retail sale" does not include amounts charged to  
8 participate in, or conduct, a golf tournament or other competitive  
9 event. However, amounts paid by event participants to the golf  
10 facility operator are retail sales under this subsection (15) (a) (i).  
11 Likewise, amounts paid by the event organizer to the golf facility  
12 are retail sales under this subsection (15) (a) (i), if such amounts  
13 vary based on the number of event participants;

14 (ii) Ballooning, hang gliding, indoor or outdoor sky diving,  
15 paragliding, parasailing, and similar activities;

16 (iii) Air hockey, billiards, pool, foosball, darts, shuffleboard,  
17 ping pong, and similar games;

18 (iv) Access to amusement park, theme park, and water park  
19 facilities, including but not limited to charges for admission and  
20 locker or cabana rentals. Discrete charges for rides or other  
21 attractions or entertainment that are in addition to the charge for  
22 admission are not a retail sale under this subsection (15) (a) (iv).  
23 For the purposes of this subsection, an amusement park or theme park  
24 is a location that provides permanently affixed amusement rides,  
25 games, and other entertainment, but does not include parks or zoos  
26 for which the primary purpose is the exhibition of wildlife, or  
27 fairs, carnivals, and festivals as defined in (b) (i) of this  
28 subsection;

29 (v) Batting cage activities;

30 (vi) Bowling, but not including competitive events, except that  
31 amounts paid by the event participants to the bowling alley operator  
32 are retail sales under this subsection (15) (a) (vi). Likewise, amounts  
33 paid by the event organizer to the operator of the bowling alley are  
34 retail sales under this subsection (15) (a) (vi), if such amounts vary  
35 based on the number of event participants;

36 (vii) Climbing on artificial climbing structures, whether indoors  
37 or outdoors;

38 (viii) Day trips for sightseeing purposes;

39 (ix) Bungee jumping, zip lining, and riding inside a ball,  
40 whether inflatable or otherwise;

1 (x) Horseback riding offered to the public, where the seller  
2 furnishes the horse to the buyer and providing instruction is not the  
3 primary focus of the activity, including guided rides, but not  
4 including therapeutic horseback riding provided by an instructor  
5 certified by a nonprofit organization that offers national or  
6 international certification for therapeutic riding instructors;

7 (xi) Fishing, including providing access to private fishing areas  
8 and charter or guided fishing, except that fishing contests and  
9 license fees imposed by a government entity are not a retail sale  
10 under this subsection;

11 (xii) Guided hunting and hunting at game farms and shooting  
12 preserves, except that hunting contests and license fees imposed by a  
13 government entity are not a retail sale under this subsection;

14 (xiii) Swimming, but only in respect to (A) recreational or  
15 fitness swimming that is open to the public, such as open swim, lap  
16 swimming, and special events like kids night out and pool parties  
17 during open swim time, and (B) pool parties for private events, such  
18 as birthdays, family gatherings, and employee outings. Fees for  
19 swimming lessons, to participate in swim meets and other  
20 competitions, or to join a swim team, club, or aquatic facility are  
21 not retail sales under this subsection (15) (a) (xiii);

22 (xiv) Go-karting, bumper cars, and other motorized activities  
23 where the seller provides the vehicle and the premises where the  
24 buyer will operate the vehicle;

25 (xv) Indoor or outdoor playground activities, such as inflatable  
26 bounce structures and other inflatables; mazes; trampolines; slides;  
27 ball pits; games of tag, including laser tag and soft-dart tag; and  
28 human gyroscope rides, regardless of whether such activities occur at  
29 the seller's place of business, but not including playground  
30 activities provided for children by a licensed child day care center  
31 or licensed family day care provider as those terms are defined in  
32 RCW ((~~43.215.010~~)) 43.216.010;

33 (xvi) Shooting sports and activities, such as target shooting,  
34 skeet, trap, sporting clays, "5" stand, and archery, but only in  
35 respect to discrete charges to members of the public to engage in  
36 these activities, but not including fees to enter a competitive  
37 event, instruction that is entirely or predominately classroom based,  
38 or to join or renew a membership at a club, range, or other facility;

39 (xvii) Paintball and airsoft activities;

1 (xviii) Skating, including ice skating, roller skating, and  
2 inline skating, but only in respect to discrete charges to members of  
3 the public to engage in skating activities, but not including skating  
4 lessons, competitive events, team activities, or fees to join or  
5 renew a membership at a skating facility, club, or other  
6 organization;

7 (xix) Nonmotorized snow sports and activities, such as downhill  
8 and cross-country skiing, snowboarding, ski jumping, sledding, snow  
9 tubing, snowshoeing, and similar snow sports and activities, whether  
10 engaged in outdoors or in an indoor facility with or without snow,  
11 but only in respect to discrete charges to the public for the use of  
12 land or facilities to engage in nonmotorized snow sports and  
13 activities, such as fees, however labeled, for the use of ski lifts  
14 and tows and daily or season passes for access to trails or other  
15 areas where nonmotorized snow sports and activities are conducted.  
16 However, fees for the following are not retail sales under this  
17 subsection (15)(a)(xix): (A) Instructional lessons; (B) permits  
18 issued by a governmental entity to park a vehicle on or access public  
19 lands; and (C) permits or leases granted by an owner of private  
20 timberland for recreational access to areas used primarily for  
21 growing and harvesting timber; and

22 (xx) Scuba diving; snorkeling; river rafting; surfing;  
23 kiteboarding; flyboarding; water slides; inflatables, such as water  
24 pillows, water trampolines, and water rollers; and similar water  
25 sports and activities.

26 (b) Notwithstanding anything to the contrary in this subsection  
27 (15), the term "sale at retail" or "retail sale" does not include  
28 charges:

29 (i) Made for admission to, and rides or attractions at, fairs,  
30 carnivals, and festivals. For the purposes of this subsection, fairs,  
31 carnivals, and festivals are events that do not exceed twenty-one  
32 days and a majority of the amusement rides, if any, are not affixed  
33 to real property;

34 (ii) Made by an educational institution to its students and staff  
35 for activities defined as retail sales by (a)(i) through (xx) of this  
36 subsection. However, charges made by an educational institution to  
37 its alumni or other members of the general public for these  
38 activities are a retail sale under this subsection (15). For purposes  
39 of this subsection (15)(b)(ii), "educational institution" has the  
40 same meaning as in RCW 82.04.170;



1 (iii) Made by a vocational school for commercial diver training  
2 that is licensed by the workforce training and education coordinating  
3 board under chapter 28C.10 RCW; or

4 (iv) Made for day camps offered by a nonprofit organization or  
5 state or local governmental entity that provide youth not older than  
6 age eighteen, or that are focused on providing individuals with  
7 disabilities or mental illness, the opportunity to participate in a  
8 variety of supervised activities.

9 NEW SECTION. **Sec. 59.** The following acts or parts of acts are  
10 each repealed:

11 (1) RCW 18.57A.010 (Definitions) and 1979 c 117 s 17 & 1971 ex.s.  
12 c 30 s 7;

13 (2) RCW 18.57A.020 (Rules fixing qualifications and restricting  
14 practice—Interim permit—Applications—Discipline—Information about  
15 current professional practice) and 2016 c 42 s 2, 2015 c 252 s 11,  
16 1999 c 127 s 2, 1998 c 132 s 13, 1996 c 191 s 39, 1993 c 28 s 1, 1992  
17 c 28 s 1, & 1971 ex.s. c 30 s 8;

18 (3) RCW 18.57A.023 (Practice requirements—Military training and  
19 experience) and 2011 c 32 s 4;

20 (4) RCW 18.57A.025 (Application of uniform disciplinary act) and  
21 1986 c 259 s 93;

22 (5) RCW 18.57A.030 (Limitations on practice—Scope of practice)  
23 and 2016 c 155 s 24, 2013 c 203 s 3, 1993 c 28 s 2, 1986 c 259 s 95,  
24 & 1971 ex.s. c 30 s 9;

25 (6) RCW 18.57A.035 (Limitation on practice—Remote sites) and 2013  
26 c 203 s 1;

27 (7) RCW 18.57A.040 (Practice arrangements) and 2013 c 203 s 4,  
28 1993 c 28 s 3, & 1991 c 3 s 152;

29 (8) RCW 18.57A.050 (Osteopathic physician's liability,  
30 responsibility) and 1993 c 28 s 4, 1986 c 259 s 97, & 1971 ex.s. c 30  
31 s 11;

32 (9) RCW 18.57A.060 (Limitations on health care services) and 2000  
33 c 171 s 21, 1973 c 77 s 20, & 1971 ex.s. c 30 s 12;

34 (10) RCW 18.57A.070 (Physician assistant acupuncturist—Licensure)  
35 and 2000 c 93 s 41 & 1977 ex.s. c 233 s 1;

36 (11) RCW 18.57A.080 (Signing and attesting to required  
37 documentation) and 2013 c 203 s 5 & 2007 c 264 s 2;

1 (12) RCW 18.57A.090 (Pain management rules—Repeal—Adoption of  
2 new rules) and 2010 c 209 s 4;

3 (13) RCW 18.57A.100 (Down syndrome—Parent information) and 2016 c  
4 70 s 4;

5 (14) RCW 18.57A.800 (Opioid drug prescribing rules—Adoption) and  
6 2017 c 297 s 5; and

7 (15) RCW 18.57A.810 (Opioid drugs—Right to refuse) and 2019 c 314  
8 s 6.

9 NEW SECTION. **Sec. 60.** The following acts or parts of acts are  
10 each repealed:

11 (1) RCW 18.71A.035 (Limitation on practice—Remote sites) and 2013  
12 c 203 s 2; and

13 (2) RCW 18.71A.040 (Commission approval required—Application—Fee  
14 —Discipline) and 2013 c 203 s 7.

15 NEW SECTION. **Sec. 61.** Sections 1 through 10 and 60 of this act  
16 take effect July 1, 2021.

17 NEW SECTION. **Sec. 62.** Sections 12 through 59 of this act take  
18 effect July 1, 2022.

--- END ---

CERTIFICATION OF ENROLLMENT

**SENATE BILL 6551**

66th Legislature  
2020 Regular Session

Passed by the Senate February 18,  
2020

Yeas 27 Nays 19

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**President of the Senate**

Passed by the House March 3, 2020

Yeas 66 Nays 30

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**Speaker of the House of  
Representatives**

Approved

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**Governor of the State of Washington**

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SENATE BILL 6551** as passed by the Senate and the House of Representatives on the dates hereon set forth.

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**Secretary**

FILED

**Secretary of State  
State of Washington**

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**SENATE BILL 6551**

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Passed Legislature - 2020 Regular Session

**State of Washington**

**66th Legislature**

**2020 Regular Session**

**By** Senators Stanford, Saldaña, Darneille, Dhingra, Frockt, Hasegawa, and Wilson, C.

Read first time 01/22/20. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to integrating international medical graduates  
2 into Washington's health care delivery system; amending RCW 18.71.051  
3 and 18.71.095; adding new sections to chapter 18.71 RCW; and  
4 providing an expiration date.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 18.71  
7 RCW to read as follows:

8 (1) The international medical graduate implementation work group  
9 is established. The work group membership must consist of the  
10 following members appointed by the governor:

11 (a) A representative from the commission;

12 (b) A representative from the department of health, health  
13 systems quality assurance division;

14 (c) A representative from the University of Washington school of  
15 medicine graduate medical education program;

16 (d) A representative from the Washington State University Elson  
17 S. Floyd college of medicine graduate medical education program;

18 (e) A representative from the Pacific Northwest University of  
19 Health Sciences college of osteopathic medicine graduate medical  
20 education program;

- 1 (f) A representative from a statewide association representing  
2 physicians;
- 3 (g) A representative from the Washington state family medicine  
4 residency network;
- 5 (h) A representative from a primary care health care employer in  
6 a rural or underserved area of Washington;
- 7 (i) A representative from a health carrier offering coverage in a  
8 rural or underserved area of Washington;
- 9 (j) A licensed physician with experience working with  
10 international medical graduates;
- 11 (k) A representative from an organization specializing in refugee  
12 advocacy in Washington;
- 13 (l) A representative from an organization serving refugee  
14 physicians and international medical graduates;
- 15 (m) A representative from an organization offering counseling and  
16 educational programs to internationally trained health professionals;
- 17 (n) A representative from an organization representing community  
18 and migrant health centers; and
- 19 (o) At least two international medical graduates.
- 20 (2) Staff support for the work group must be provided by the  
21 department of health.
- 22 (3) The work group shall:
- 23 (a) Propose clinical readiness criteria for international medical  
24 graduates using published benchmarks for medical school graduation or  
25 residency admission;
- 26 (b) Propose a grant award process for distributing funds for  
27 approved entities to provide career guidance and clinical training to  
28 international medical graduates;
- 29 (c) Propose an evaluation process to grant a hardship waiver to  
30 international medical graduates who cannot provide all necessary  
31 documentation for licensure due to circumstances outside their  
32 control; and
- 33 (d) Provide policy recommendations to the legislature.
- 34 (4) The work group must submit an annual report to the  
35 legislature by June 30, 2021, and yearly thereafter.
- 36 (5) This section expires July 1, 2025.

37 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.71  
38 RCW to read as follows:

1 Based on recommendations from the international medical graduate  
2 implementation work group, the commission shall adopt a clinical  
3 assessment to determine the readiness of international medical  
4 graduates to apply and serve in residency programs and adopt a grant  
5 award process for distributing funds pursuant to section 3 of this  
6 act.

7 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.71  
8 RCW to read as follows:

9 Subject to appropriation by the legislature and donations  
10 received from public and private entities, the department of health  
11 shall award grant funding to:

12 (1) Approved entities for career guidance and support services to  
13 international medical graduates including, but not limited to,  
14 assistance with educational commission for foreign medical graduates  
15 certification application and United States medical licensing  
16 examination preparation; and

17 (2) Health care facilities or clinical programs to provide  
18 supervised clinical training to international medical graduates.

19 **Sec. 4.** RCW 18.71.051 and 2011 c 138 s 1 are each amended to  
20 read as follows:

21 (1) Applicants for licensure to practice medicine who have  
22 graduated from a school of medicine located outside of the states,  
23 territories, and possessions of the United States, the District of  
24 Columbia, or the Dominion of Canada, shall file an application for  
25 licensure with the commission on a form prepared by the secretary  
26 with the approval of the commission. Each applicant shall furnish  
27 proof satisfactory to the commission of the following:

28 ~~((1))~~ (a) That he or she has completed in a school of medicine  
29 a resident course of professional instruction equivalent to that  
30 required in this chapter for applicants generally;

31 ~~((2)(a))~~ (b)(i) Except as provided in (b)(ii) of this  
32 subsection, that he or she meets all the requirements which must be  
33 met by graduates of the United States and Canadian school of medicine  
34 except that he or she need not have graduated from a school of  
35 medicine approved by the commission;

36 ~~((b))~~ (ii) An applicant for licensure under this section is not  
37 required to meet the requirements of RCW 18.71.050(1)(b) if he or she  
38 furnishes proof satisfactory to the commission that he or she has:

1        ~~((i)(A))~~ (A)(I) Been admitted as a permanent immigrant to the  
2 United States as a person of exceptional ability in sciences pursuant  
3 to the rules of the United States department of labor; or

4        ~~((B))~~ (II) Been issued a permanent immigration visa; and

5        ~~((ii))~~ (B) Received multiple sclerosis certified specialist  
6 status from the consortium of multiple sclerosis centers; and

7        ~~((iii))~~ (C) Successfully completed at least twenty-four months  
8 of training in multiple sclerosis at an educational institution in  
9 the United States with an accredited residency program in neurology  
10 or rehabilitation;

11        ~~((3))~~ (c) That he or she has satisfactorily passed the  
12 examination given by the educational council for foreign medical  
13 graduates or has met the requirements in lieu thereof as set forth in  
14 rules adopted by the commission;

15        ~~((4))~~ (d) That he or she has the ability to read, write, speak,  
16 understand, and be understood in the English language.

17        (2) An applicant may obtain an exceptional qualification waiver,  
18 waiving requirements determined by the commission in rule, if they  
19 possess an acceptable body of work related to research, medical  
20 excellence, or employment, and have the recommendation of other  
21 national or international experts in the same specialty or field.

22        **Sec. 5.** RCW 18.71.095 and 2017 c 45 s 1 are each amended to read  
23 as follows:

24        The commission may, without examination, issue a limited license  
25 to persons who possess the qualifications set forth herein:

26        (1) The commission may, upon the written request of the secretary  
27 of the department of social and health services or the secretary of  
28 corrections, issue a limited license to practice medicine in this  
29 state to persons who have been accepted for employment by the  
30 department of social and health services or the department of  
31 corrections as physicians; who are licensed to practice medicine in  
32 another state of the United States or in the country of Canada or any  
33 province or territory thereof; and who meet all of the qualifications  
34 for licensure set forth in RCW 18.71.050.

35        Such license shall permit the holder thereof to practice medicine  
36 only in connection with patients, residents, or inmates of the state  
37 institutions under the control and supervision of the secretary of  
38 the department of social and health services or the department of  
39 corrections.

1 (2) The commission may issue a limited license to practice  
2 medicine in this state to persons who have been accepted for  
3 employment by a county or city health department as physicians; who  
4 are licensed to practice medicine in another state of the United  
5 States or in the country of Canada or any province or territory  
6 thereof; and who meet all of the qualifications for licensure set  
7 forth in RCW 18.71.050.

8 Such license shall permit the holder thereof to practice medicine  
9 only in connection with his or her duties in employment with the city  
10 or county health department.

11 (3) Upon receipt of a completed application showing that the  
12 applicant meets all of the requirements for licensure set forth in  
13 RCW 18.71.050 except for completion of two years of postgraduate  
14 medical training, and that the applicant has been appointed as a  
15 resident physician in a program of postgraduate clinical training in  
16 this state approved by the commission, the commission may issue a  
17 limited license to a resident physician. Such license shall permit  
18 the resident physician to practice medicine only in connection with  
19 his or her duties as a resident physician and shall not authorize the  
20 physician to engage in any other form of practice. Each resident  
21 physician shall practice medicine only under the supervision and  
22 control of a physician licensed in this state, but such supervision  
23 and control shall not be construed to necessarily require the  
24 personal presence of the supervising physician at the place where  
25 services are rendered.

26 (4) (a) Upon nomination by the dean of an accredited school of  
27 medicine in the state of Washington or the chief executive officer of  
28 a hospital or other appropriate health care facility licensed in the  
29 state of Washington, the commission may issue a limited license to a  
30 physician applicant invited to serve as a teaching-research member of  
31 the institution's instructional staff if the sponsoring institution  
32 and the applicant give evidence that he or she has graduated from a  
33 recognized medical school and has been licensed or otherwise  
34 privileged to practice medicine at his or her location of origin.  
35 Such license shall permit the recipient to practice medicine only  
36 within the confines of the instructional program specified in the  
37 application and shall terminate whenever the holder ceases to be  
38 involved in that program, or at the end of one year, whichever is  
39 earlier. Upon request of the applicant and the institutional  
40 authority, the license may be renewed. The holder of a teaching



1 research license under this subsection (4)(a) is eligible for full  
2 licensure if the following conditions are met:

3 (i) If the applicant has not graduated from a school of medicine  
4 located in any state, territory, or possession of the United States,  
5 the District of Columbia, or the Dominion of Canada, the applicant  
6 must satisfactorily pass the certification process by the educational  
7 commission for foreign medical graduates;

8 (ii) The applicant has successfully completed the exam  
9 requirements set forth by the commission by rule;

10 (iii) The applicant has the ability to read, write, speak,  
11 understand, and be understood in the English language at a level  
12 acceptable for performing competent medical care in all practice  
13 settings;

14 (iv) The applicant has continuously held a position of associate  
15 professor or higher at an accredited Washington state medical school  
16 for no less than three years; and

17 (v) The applicant has had no disciplinary action taken in the  
18 previous five years.

19 (b) Upon nomination by the dean of an accredited school of  
20 medicine in the state of Washington or the chief executive officer of  
21 any hospital or appropriate health care facility licensed in the  
22 state of Washington, the commission may issue a limited license to an  
23 applicant selected by the sponsoring institution to be enrolled in  
24 one of its designated departmental or divisional fellowship programs  
25 provided that the applicant shall have graduated from a recognized  
26 medical school and has been granted a license or other appropriate  
27 certificate to practice medicine in the location of the applicant's  
28 origin. Such license shall permit the holder only to practice  
29 medicine within the confines of the fellowship program to which he or  
30 she has been appointed and, upon the request of the applicant and the  
31 sponsoring institution, the license may be renewed by the commission.

32 All persons licensed under this section shall be subject to the  
33 jurisdiction of the commission to the same extent as other members of  
34 the medical profession, in accordance with this chapter and chapter  
35 18.130 RCW.

36 Persons applying for licensure and renewing licenses pursuant to  
37 this section shall comply with administrative procedures,  
38 administrative requirements, and fees determined as provided in RCW  
39 43.70.250 and 43.70.280. Any person who obtains a limited license  
40 pursuant to this section may apply for licensure under this chapter,

1 but shall submit a new application form and comply with all other  
2 licensing requirements of this chapter.

3 (5) The commission may issue a time-limited clinical experience  
4 license to an applicant who does not qualify for licensure under RCW  
5 18.71.050 or chapter 18.71B RCW and who meets the requirements  
6 established by the commission in rule for the purpose of gaining  
7 clinical experience at an approved facility or program.

--- END ---

CERTIFICATION OF ENROLLMENT  
**ENGROSSED SUBSTITUTE HOUSE BILL 1551**

66th Legislature  
2020 Regular Session

Passed by the House February 12, 2020  
Yeas 57 Nays 40

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**Speaker of the House of  
Representatives**

Passed by the Senate March 3, 2020  
Yeas 26 Nays 23

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**President of the Senate**

Approved

---

**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1551** as passed by the House of Representatives and the Senate on the dates hereon set forth.

---

**Chief Clerk**

FILED

**Secretary of State  
State of Washington**

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ENGROSSED SUBSTITUTE HOUSE BILL 1551

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Passed Legislature - 2020 Regular Session

State of Washington

66th Legislature

2019 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Jinkins, Cody, Stonier, Fey, Appleton, and Pollet; by request of Department of Health)

READ FIRST TIME 02/22/19.

1 AN ACT Relating to modernizing the control of certain  
2 communicable diseases; amending RCW 70.24.015, 70.24.017, 70.24.024,  
3 70.24.080, 70.24.110, 70.24.120, 70.24.130, 70.24.220, 70.24.290,  
4 70.24.325, 70.24.340, 70.24.360, 70.24.370, 9A.36.011, 18.35.040,  
5 49.44.180, 49.60.172, 43.150.050, and 74.39.005; adding new sections  
6 to chapter 70.24 RCW; repealing RCW 70.24.095, 70.24.100, 70.24.107,  
7 70.24.125, 70.24.140, 70.24.200, 70.24.210, 70.24.240, 70.24.250,  
8 70.24.260, 70.24.270, 70.24.280, 70.24.300, 70.24.310, 70.24.320,  
9 70.24.350, 70.24.380, and 70.24.410; and prescribing penalties.

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

11 **Sec. 1.** RCW 70.24.015 and 1988 c 206 s 901 are each amended to  
12 read as follows:

13 The legislature declares that sexually transmitted diseases and  
14 blood-borne pathogens constitute a serious and sometimes fatal threat  
15 to the public and individual health and welfare of the people of the  
16 state. The legislature finds that the incidence of sexually  
17 transmitted diseases and blood-borne pathogens is rising at an  
18 alarming rate and that these diseases result in significant social,  
19 health, and economic costs, including infant and maternal mortality,  
20 temporary and lifelong disability, and premature death. The  
21 legislature further finds that sexually transmitted diseases and

1 blood-borne pathogens, by their nature, involve sensitive issues of  
2 privacy, and it is the intent of the legislature that all programs  
3 designed to deal with these diseases afford patients privacy,  
4 confidentiality, and dignity. The legislature also finds that medical  
5 knowledge and information about sexually transmitted diseases and  
6 blood-borne pathogens are rapidly changing. It is therefore the  
7 intent of the legislature to provide a program that is sufficiently  
8 flexible to meet emerging needs, deals efficiently and effectively  
9 with reducing the incidence of sexually transmitted diseases and  
10 blood-borne pathogens, and provides patients with a secure knowledge  
11 that information they provide will remain private and confidential.

12 **Sec. 2.** RCW 70.24.017 and 2001 c 319 s 4 are each amended to  
13 read as follows:

14 Unless the context clearly requires otherwise, the definitions in  
15 this section apply throughout this chapter:

16 (1) (~~("Acquired immunodeficiency syndrome" or "AIDS" means the~~  
17 ~~clinical syndrome of HIV-related illness as defined by the board of~~  
18 ~~health by rule.~~) "Blood-borne pathogen" means a pathogenic  
19 microorganism that is present in human blood and can cause disease in  
20 humans, including hepatitis B virus, hepatitis C virus, and human  
21 immunodeficiency virus, as well as any other pathogen specified by  
22 the board in rule.

23 (2) "Board" means the state board of health.

24 (3) "Department" means the department of health, or any successor  
25 department with jurisdiction over public health matters.

26 (4) "Health care provider" means any person who is a member of a  
27 profession under RCW 18.130.040 or other person providing medical,  
28 nursing, psychological, or other health care services regulated by  
29 the department of health.

30 (5) "Health care facility" means a hospital, nursing home,  
31 neuropsychiatric or mental health facility, home health agency,  
32 hospice, child care agency, group care facility, family foster home,  
33 clinic, blood bank, blood center, sperm bank, laboratory, or other  
34 social service or health care institution regulated or operated by  
35 the department of health.

36 (6) (~~("HIV-related condition" means any medical condition~~  
37 ~~resulting from infection with HIV including, but not limited to,~~  
38 ~~seropositivity for HIV.)~~) "Health order" means a written directive  
39 issued by the state or local health officer that requires the

1 recipient to take specific action to remove, reduce, control or  
2 prevent a risk to public health.

3 (7) "Human immunodeficiency virus" or "HIV" means all HIV and  
4 HIV-related viruses which damage the cellular branch of the human  
5 immune (~~(or neurological)~~) system(~~(s)~~) and leave the (~~(infected)~~)  
6 person immunodeficient (~~(or neurologically impaired)~~).

7 (8) "Test for a sexually transmitted disease" means a test  
8 approved by the board by rule.

9 (9) "Legal guardian" means a person appointed by a court to  
10 assume legal authority for another who has been found incompetent or,  
11 in the case of a minor, a person who has legal custody of the child.

12 (10) "Local (~~(public)~~) health officer" (~~(means the officer~~  
13 ~~directing the county health department or his or her designee who has~~  
14 ~~been given the responsibility and authority to protect the health of~~  
15 ~~the public within his or her jurisdiction)~~) has the same meaning as  
16 in RCW 70.05.010.

17 (11) "Medical treatment" includes treatment for curable diseases  
18 and treatment that causes a person to be unable to transmit a disease  
19 to others, based upon generally accepted standards of medical and  
20 public health science, as specified by the board in rule.

21 (12) "Person" includes any natural person, partnership,  
22 association, joint venture, trust, public or private corporation, or  
23 health facility.

24 (~~(12) "Release of test results" means a written authorization~~  
25 ~~for disclosure of any sexually transmitted disease test result which~~  
26 ~~is signed, dated, and which specifies to whom disclosure is~~  
27 ~~authorized and the time period during which the release is to be~~  
28 ~~effective.))~~

29 (13) "Sexually transmitted disease" means a bacterial, viral,  
30 fungal, or parasitic (~~(disease)~~) infection, determined by the board  
31 by rule to be sexually transmitted, to be a threat to the public  
32 health and welfare, and to be (~~(a disease)~~) an infection for which a  
33 legitimate public interest will be served by providing for regulation  
34 and treatment. The board shall designate chancroid, gonorrhea,  
35 granuloma inguinale, lymphogranuloma venereum, genital herpes  
36 simplex, chlamydia, (~~(nongonococcal urethritis (NGU),)~~) trachomitis,  
37 genital human papilloma virus infection, syphilis, (~~(acquired~~  
38 ~~immunodeficiency syndrome (AIDS),)~~) and human immunodeficiency virus  
39 (HIV) infection as sexually transmitted diseases, and shall consider  
40 the recommendations and classifications of the centers for disease

1 control and other nationally recognized medical authorities in  
2 designating other diseases as sexually transmitted.

3 (14) "State ((public)) health officer" means the secretary of  
4 health or an officer appointed by the secretary.

5 **Sec. 3.** RCW 70.24.024 and 1988 c 206 s 909 are each amended to  
6 read as follows:

7 (1) Subject to the provisions of this chapter, the state and  
8 local ((public)) health officers or their authorized representatives  
9 may examine and counsel ((or cause to be examined and counseled))  
10 persons reasonably believed to be infected with or to have been  
11 exposed to a sexually transmitted disease.

12 (2) ~~((Orders or restrictive measures directed to persons with a  
13 sexually transmitted disease shall be used as the last resort when  
14 other measures to protect the public health have failed, including  
15 reasonable efforts, which shall be documented, to obtain the  
16 voluntary cooperation of the person who may be subject to such an  
17 order. The orders and measures shall be applied serially with the  
18 least intrusive measures used first. The burden of proof shall be on  
19 the state or local public health officer to show that specified  
20 grounds exist for the issuance of the orders or restrictive measures  
21 and that the terms and conditions imposed are no more restrictive  
22 than necessary to protect the public health.~~

23 ~~(3) When the state or local public health officer within his or  
24 her respective jurisdiction knows or has reason to believe, because  
25 of direct medical knowledge or reliable testimony of others in a  
26 position to have direct knowledge of a person's behavior, that a  
27 person has a sexually transmitted disease and is engaging in  
28 specified conduct, as determined by the board by rule based upon  
29 generally accepted standards of medical and public health science,  
30 that endangers the public health, he or she shall conduct an  
31 investigation in accordance with procedures prescribed by the board  
32 to evaluate the specific facts alleged, if any, and the reliability  
33 and credibility of the person or persons providing such information  
34 and, if satisfied that the allegations are true, he or she may issue  
35 an order according to the following priority to:~~

36 ~~(a) Order a person to)~~ (a) The state or a local health officer  
37 may conduct an investigation when:

1 (i) He or she knows or has reason to believe that a person in his  
2 or her jurisdiction has a sexually transmitted disease and is  
3 engaging in specified behavior that endangers the public health; and

4 (ii) The basis for the health officer's investigation is the  
5 officer's direct medical knowledge or reliable testimony of another  
6 who is in a position to have direct knowledge of the person's  
7 behavior.

8 (b) In conducting the investigation, the health officer shall  
9 evaluate the allegations, as well as the reliability and credibility  
10 of any person or persons who provided information related to the  
11 specified behavior that endangers the public health.

12 (3) If the state or local health officer determines upon  
13 conclusion of the investigation that the allegations are true and  
14 that the person continues to engage in behavior that endangers the  
15 public health, the health officer shall document measures taken to  
16 protect the public health, including reasonable efforts to obtain the  
17 person's voluntary cooperation.

18 (4) (a) If the measures taken under subsection (3) of this section  
19 fail to protect the public health, the state or local health officer  
20 may issue a health order requiring the person to:

21 (i) Submit to a medical examination or testing, ((seek)) receive  
22 counseling, or ((obtain)) receive medical treatment ((for curable  
23 diseases)), or any combination of these((, within a period of time  
24 determined by the public health officer, not to exceed fourteen days.

25 ~~(b) Order a person to~~)). If ordering a person to receive medical  
26 treatment, the health officer must provide the person with at least  
27 one additional appropriate option to choose from in the health order;  
28 or

29 (ii) Immediately cease and desist from specified ((conduct  
30 which)) behavior that endangers the public health ((of others)) by  
31 imposing such restrictions upon the person as are necessary to  
32 prevent the specified ((conduct)) behavior that endangers the public  
33 health ((of others only if the public health officer has determined  
34 that clear and convincing evidence exists to believe that such person  
35 has been ordered to report for counseling as provided in (a) of this  
36 subsection and continues to demonstrate behavior which endangers the  
37 health of others)).

38 (b) Any restriction shall be in writing, setting forth the name  
39 of the person to be restricted ((and)), the initial period of time((,   
40 not to exceed three months,)) during which the health order shall



1 remain effective, the terms of the restrictions, and such other  
2 conditions as may be necessary to protect the public health.  
3 Restrictions shall be imposed in the least-restrictive manner  
4 necessary to protect the public health. The period of time during  
5 which the health order is effective must be reasonably related to the  
6 purpose of the restriction or restrictions contained in the order, up  
7 to a maximum period of twelve months.

8 ~~((4))~~ (5)(a) Upon the issuance of ~~((any))~~ a health order ~~((by~~  
9 ~~the state or local public health officer or an authorized~~  
10 ~~representative))~~ pursuant to subsection ~~((3))~~ (4) of this section  
11 ~~((or RCW 70.24.340(4), such public)),~~ the state or local health  
12 officer shall give written notice promptly, personally, and  
13 confidentially to the person who is the subject of the order stating  
14 the grounds and provisions of the order, including the factual bases  
15 therefor, the evidence relied upon for proof of infection and  
16 dangerous behavior, and the likelihood of repetition of such  
17 behaviors in the absence of such an order~~((, and notifying))~~. The  
18 written notice must inform the person who is the subject of the order  
19 that, if he or she contests the order, he or she may file an appeal  
20 and appear at a judicial hearing on the enforceability of the order,  
21 to be held in superior court. ~~((He or she may have an attorney appear~~  
22 ~~on his or her behalf in the hearing at public expense, if~~  
23 ~~necessary.))~~ The hearing shall be held within seventy-two hours of  
24 receipt of the notice, unless the person subject to the order agrees  
25 to comply. If the person contests the order, no invasive medical  
26 procedures shall be carried out prior to a hearing being held  
27 pursuant to this subsection. ~~((If the person does not contest the~~  
28 ~~order within seventy-two hours of receiving it, and the person does~~  
29 ~~not comply with the order within the time period specified for~~  
30 ~~compliance with the order, the state or local public health officer~~  
31 ~~may request a warrant be issued by the superior court to insure~~  
32 ~~appearance at the hearing. The hearing shall be within seventy-two~~  
33 ~~hours of the expiration date of the time specified for compliance~~  
34 ~~with the original order.))~~

35 (b) The health officer may apply to the superior court for a  
36 court order requiring the person to comply with the health order if  
37 the person fails to comply with the health order within the time  
38 period specified.

39 (c) At a hearing held pursuant to (a) or (b) of this subsection  
40 (5), the person subject to the health order may have an attorney

1 appear on his or her behalf at public expense, if necessary. The  
2 burden of proof shall be on the ((public)) health officer to show by  
3 clear and convincing evidence that the specified grounds exist for  
4 the issuance of the order and for the need for compliance and that  
5 the terms and conditions imposed therein are no more restrictive than  
6 necessary to protect the public health. Upon conclusion of the  
7 hearing, the court shall issue appropriate orders affirming,  
8 modifying, or dismissing the health order.

9 ((~~(b)~~)) (d) If the superior court dismisses the health order ((~~of~~  
10 ~~the public health officer~~)), the fact that the order was issued shall  
11 be expunged from the records of the department or local department of  
12 health.

13 ((~~(5)~~ Any hearing conducted pursuant to this section shall be  
14 closed and confidential unless a public hearing is requested by the  
15 person who is the subject of the order, in which case the hearing  
16 will be conducted in open court. Unless in open hearing, any  
17 transcripts or records relating thereto shall also be confidential  
18 and may be sealed by the order of the court.))

19 NEW SECTION. Sec. 4. A new section is added to chapter 70.24  
20 RCW to read as follows:

21 A person who violates or fails to comply with a health order  
22 issued under RCW 70.24.024 is guilty of a gross misdemeanor  
23 punishable by confinement until the order has been complied with or  
24 terminated, up to a maximum period of three hundred sixty-four days.  
25 In lieu of confinement, the court may place the defendant on  
26 probation upon condition that the defendant comply with the health  
27 order, up to the length of the health order. If the defendant is  
28 placed on probation and subsequently violates or fails to comply with  
29 the health order, the court shall revoke the probation and reinstate  
30 the original sentence of confinement.

31 NEW SECTION. Sec. 5. A new section is added to chapter 70.24  
32 RCW to read as follows:

33 (1) It is unlawful for a person who knows that he or she has HIV  
34 to have sexual intercourse if:

35 (a) The person has been counseled by a health care provider or  
36 public health professional regarding the risk of transmitting HIV to  
37 others;

1 (b) The partner or partners exposed to HIV through sexual  
2 intercourse did not know that the person had HIV; and

3 (c) The person intended to transmit HIV to the partner.

4 (2) It is a defense to a prosecution under this section if:

5 (a) HIV was not transmitted to the partner; or

6 (b) The person took or attempted to take practical means to  
7 prevent transmission of HIV.

8 (3) (a) Except as provided in (b) of this subsection, violation of  
9 this section is a misdemeanor punishable as provided in RCW  
10 9A.20.021.

11 (b) Violation of this section is a gross misdemeanor punishable  
12 as provided in RCW 9A.20.021 if the person knowingly misrepresented  
13 his or her infection status to the partner.

14 (c) Violation of this section does not require registration under  
15 RCW 9A.44.130, unless the partner is a child or vulnerable adult  
16 victim.

17 (4) For purposes of this section, the following terms have the  
18 following meanings:

19 (a) "Practical means to prevent transmission" means good faith  
20 employment of an activity, behavior, method, or device that is  
21 scientifically demonstrated to measurably reduce the risk of  
22 transmitting a sexually transmitted disease, including but not  
23 limited to: The use of a condom, barrier protection, or other  
24 prophylactic device; or good faith participation in a treatment  
25 regimen prescribed by a health care provider or public health  
26 professional.

27 (b) "Sexual intercourse" has its ordinary meaning and occurs upon  
28 any penetration, however slight, of the vagina or anus of one person  
29 by the sexual organs of another whether such persons are of the same  
30 or another sex.

31 **Sec. 6.** RCW 70.24.080 and 1988 c 206 s 911 are each amended to  
32 read as follows:

33 Except as provided in sections 4 and 5 of this act, any person  
34 who (~~shall~~) violates any of the provisions of this chapter or any  
35 (~~lawful~~) rule adopted by the board (~~pursuant to the authority~~  
36 herein granted) under this chapter, or who (~~shall~~) fails or  
37 refuses to obey any lawful order issued by any state, county or  
38 municipal (~~public~~) health officer (~~, pursuant to the authority~~

1 ~~granted in~~) under this chapter(~~(7)~~) shall be deemed guilty of a  
2 gross misdemeanor punishable as provided under RCW 9A.20.021.

3 **Sec. 7.** RCW 70.24.110 and 1988 c 206 s 912 are each amended to  
4 read as follows:

5 A minor fourteen years of age or older who may have come in  
6 contact with any sexually transmitted disease or suspected sexually  
7 transmitted disease may give consent to the furnishing of hospital,  
8 medical, and surgical care related to the diagnosis or treatment of  
9 such disease; and treatment to avoid HIV infection. Such consent  
10 shall not be subject to disaffirmance because of minority. The  
11 consent of the parent, parents, or legal guardian of such minor shall  
12 not be necessary to authorize hospital, medical, and surgical care  
13 related to such disease, and such parent, parents, or legal guardian  
14 shall not be liable for payment for any care rendered pursuant to  
15 this section.

16 **Sec. 8.** RCW 70.24.120 and 1991 c 3 s 324 are each amended to  
17 read as follows:

18 (~~(Sexually transmitted)~~) (1) Disease case investigators, upon  
19 specific authorization from a physician or by a physician's standing  
20 order, are hereby authorized to (~~(perform)~~) gather specimens,  
21 including through performance of venipuncture or (~~(skin)~~) fingerstick  
22 puncture (~~(on)~~), from a person for the sole purpose of (~~(withdrawing~~  
23 blood)) obtaining specimens for use in (~~(sexually transmitted disease~~  
24 tests)) testing for sexually transmitted diseases, blood-borne  
25 pathogens, and other infections as defined by board rule.

26 (~~(The term "sexually transmitted)~~) (2) For the purposes of this  
27 section:

28 (a) "Disease case investigator" (~~(shall)~~) means only those  
29 persons who:

30 (~~((1))~~) (i) Are employed by public health authorities; and  
31 (~~((2))~~) (ii) Have been trained by a physician in proper  
32 procedures to be employed when (~~(withdrawing)~~) collecting specimens,  
33 including blood, in accordance with training requirements established  
34 by the department of health; and

35 (~~((3))~~) (iii) Possess a statement signed by the instructing  
36 physician that the training required by (a)(ii) of this subsection  
37 (~~((2) of this section)~~) has been successfully completed.

1       (~~The term~~) (b) "Physician" means any person licensed under the  
2 provisions of chapters 18.57 or 18.71 RCW.

3       **Sec. 9.** RCW 70.24.130 and 1991 c 3 s 325 are each amended to  
4 read as follows:

5       (1) The board shall adopt such rules as are necessary to  
6 implement and enforce this chapter~~((~~Rules may also be adopted by~~~~  
7 ~~the department of health for the purposes of this chapter. The rules~~  
8 ~~may include))~~, including, but not limited to, rules:

9       (a) Establishing procedures for taking appropriate action, in  
10 addition to any other penalty under this chapter, with regard to  
11 health care facilities or health care providers ~~((which))~~ that  
12 violate this chapter or the rules adopted under this chapter~~((~~The~~~~  
13 ~~rules shall prescribe))~~;

14       (b) Prescribing stringent safeguards to protect the  
15 confidentiality of the persons and records subject to this chapter,  
16 consistent with chapter 70.02 RCW;

17       (c) Establishing reporting requirements for sexually transmitted  
18 diseases;

19       (d) Establishing procedures for investigations under RCW  
20 70.24.024;

21       (e) Specifying, for purposes of RCW 70.24.024, behavior that  
22 endangers the public health, based upon generally accepted standards  
23 of medical and public health science;

24       (f) Defining, for the purposes of RCW 70.24.120, specimens that  
25 can be obtained and tests that can be administered for sexually  
26 transmitted diseases, blood-borne pathogens, and other infections;

27       (g) Determining, for purposes of RCW 70.24.340, categories of  
28 employment that are at risk of substantial exposure to a blood-borne  
29 pathogen; and

30       (h) Defining, for purposes of RCW 70.24.340, 70.24.360, and  
31 70.24.370, what constitutes an exposure that presents a possible risk  
32 of transmission of a blood-borne pathogen.

33       (2) In addition to any rules adopted by the board, the department  
34 may adopt any rules necessary to implement and enforce this chapter.

35       (3) The procedures set forth in chapter 34.05 RCW apply to the  
36 administration of this chapter, except that in case of conflict  
37 between chapter 34.05 RCW and this chapter, the provisions of this  
38 chapter shall control.

1       **Sec. 10.** RCW 70.24.220 and 1988 c 206 s 401 are each amended to  
2 read as follows:

3       The legislature finds that the public schools provide a unique  
4 and appropriate setting for educating young people about the  
5 pathology and prevention of (~~acquired immunodeficiency syndrome~~  
6 ~~(AIDS)~~) sexually transmitted diseases. The legislature recognizes  
7 that schools and communities vary throughout the state and that  
8 locally elected school directors should have a significant role in  
9 establishing a program of (~~(AIDS)~~) sexually transmitted disease  
10 education in their districts, consistent with RCW 28A.230.020 and  
11 28A.300.475.

12       **Sec. 11.** RCW 70.24.290 and 1988 c 206 s 606 are each amended to  
13 read as follows:

14       The superintendent of public instruction shall adopt rules that  
15 require appropriate education and training, to be included as part of  
16 their present continuing education requirements, for public school  
17 employees on the prevention, transmission, and treatment of (~~(AIDS)~~)  
18 blood-borne pathogens. The superintendent of public instruction, in  
19 consultation with the department of health, shall (~~(work with the~~  
20 ~~office on AIDS under RCW 70.24.250 to)~~) develop the educational and  
21 training material necessary for school employees.

22       **Sec. 12.** RCW 70.24.325 and 1989 c 387 s 1 are each amended to  
23 read as follows:

24       (1) This section shall apply to (~~(counseling and)~~) consent for  
25 (~~(HIV)~~) blood-borne pathogen testing administered as part of an  
26 application for coverage authorized under Title 48 RCW.

27       (2) Persons subject to regulation under Title 48 RCW who are  
28 requesting an insured, a subscriber, or a potential insured or  
29 subscriber to furnish the results of (~~(an HIV)~~) a blood-borne  
30 pathogen test for underwriting purposes as a condition for obtaining  
31 or renewing coverage under an insurance contract, health care service  
32 contract, or health maintenance organization agreement shall:

33       (a) Provide written information to the individual prior to being  
34 tested which explains (~~(-~~

35       ~~(i) What an HIV test is;~~

36       ~~(ii) Behaviors that place a person at risk for HIV infection;~~

1 ~~(iii))~~ which blood-borne pathogen test is being administered;  
2 and that the purpose of ((HIV)) blood-borne pathogen testing in this  
3 setting is to determine eligibility for coverage((+

4 ~~(iv) The potential risks of HIV testing; and~~

5 ~~(v) Where to obtain HIV pretest counseling))~~.

6 (b) Obtain informed specific written consent for ~~((an HIV test))~~  
7 the blood-borne pathogen test or tests. The written informed consent  
8 shall include(~~(+~~

9 ~~(i))~~ an explanation of the confidential treatment of the test  
10 results which limits access to the results to persons involved in  
11 handling or determining applications for coverage or claims of the  
12 applicant or claimant ((and to those persons designated under  
13 ~~(e)(iii) of this subsection; and~~

14 ~~(ii) Requirements under (c)(iii) of this subsection))~~.

15 (c) Establish procedures to inform an applicant of the following:

16 (i) ~~((That post-test counseling, as specified under WAC~~  
17 ~~248-100-209(4), is required if an HIV test is positive or~~  
18 ~~indeterminate;~~

19 ~~(ii) That post-test counseling occurs at the time a positive or~~  
20 ~~indeterminate HIV test result is given to the tested individual;~~

21 ~~(iii))~~ That the applicant may designate a health care provider  
22 or health care agency to whom the insurer, the health care service  
23 contractor, or health maintenance organization will provide  
24 ~~((positive or indeterminate))~~ test results indicative of infection  
25 with a blood-borne pathogen for interpretation ~~((and post-test~~  
26 ~~counseling. When an applicant does not identify a designated health~~  
27 ~~care provider or health care agency and the applicant's test results~~  
28 ~~are either positive or indeterminate, the insurer, the health care~~  
29 ~~service contractor, or health maintenance organization shall provide~~  
30 ~~the test results to the local health department for interpretation~~  
31 ~~and post-test counseling)); and~~

32 ~~((iv))~~ (ii) That ((positive or indeterminate HIV)) test results  
33 ~~((shall not))~~ indicative of infection with a blood-borne pathogen  
34 will be sent directly to the applicant.

35 **Sec. 13.** RCW 70.24.340 and 2011 c 232 s 2 are each amended to  
36 read as follows:

37 ~~((1) Local health departments authorized under this chapter~~  
38 ~~shall conduct or cause to be conducted pretest counseling, HIV~~  
39 ~~testing, and posttest counseling of all persons:~~

1 ~~(a) Convicted of a sexual offense under chapter 9A.44 RCW;~~  
2 ~~(b) Convicted of prostitution or offenses relating to~~  
3 ~~prostitution under chapter 9A.88 RCW; or~~  
4 ~~(c) Convicted of drug offenses under chapter 69.50 RCW if the~~  
5 ~~court determines at the time of conviction that the related drug~~  
6 ~~offense is one associated with the use of hypodermic needles.~~

7 ~~(2) Such testing shall be conducted as soon as possible after~~  
8 ~~sentencing and shall be so ordered by the sentencing judge.~~

9 ~~(3) This section applies only to offenses committed after March~~  
10 ~~23, 1988.~~

11 ~~(4))~~ A law enforcement officer, firefighter, health care  
12 provider, health care facility staff person, department of  
13 corrections' staff person, jail staff person, or person employed in  
14 other categories of employment (~~determined by the board in rule~~) to  
15 be at risk of (~~substantial~~) exposure (~~to HIV~~) that presents a  
16 possible risk of transmission of a blood-borne pathogen, who has  
17 experienced (~~a substantial~~) an exposure to another person's bodily  
18 fluids in the course of his or her employment, may request a state or  
19 local (~~public~~) health officer to order (~~pretest counseling, HIV~~  
20 ~~testing, and posttest counseling~~) blood-borne pathogen testing for  
21 the person whose bodily fluids he or she has been exposed to. (~~A~~  
22 ~~person eligible to request a state or local health official to order~~  
23 ~~HIV testing under this chapter and board rule may also request a~~  
24 ~~state or local health officer to order testing for other blood-borne~~  
25 ~~pathogens.~~) If the state or local (~~public~~) health officer refuses  
26 to order (~~counseling and~~) testing under this (~~sub~~)section, the  
27 person who made the request may petition the superior court for a  
28 hearing to determine whether an order shall be issued. The hearing on  
29 the petition shall be held within seventy-two hours of filing the  
30 petition, exclusive of Saturdays, Sundays, and holidays. The standard  
31 of review to determine whether the (~~public~~) state or local health  
32 officer shall be required to issue the order is whether  
33 (~~substantial~~) an exposure occurred and whether that exposure  
34 presents a possible risk of transmission of (~~the HIV virus as~~  
35 ~~defined by the board by rule~~) a blood-borne pathogen. Upon  
36 conclusion of the hearing, the court shall issue the appropriate  
37 order (~~, which may require additional testing for other blood-borne~~  
38 ~~pathogens~~).

39 The person who is subject to the state or local (~~public~~) health  
40 officer's order to receive (~~counseling and~~) testing shall be given



1 written notice of the order promptly, personally, and confidentially,  
2 stating the grounds and provisions of the order, including the  
3 factual basis therefor. If the person who is subject to the order  
4 refuses to comply, the state or local (~~public~~) health officer may  
5 petition the superior court for a hearing. The hearing on the  
6 petition shall be held within seventy-two hours of filing the  
7 petition, exclusive of Saturdays, Sundays, and holidays. The standard  
8 of review for the order is whether (~~substantial~~) an exposure  
9 occurred and whether that exposure presents a possible risk of  
10 transmission of (~~the HIV virus as defined by the board by rule~~) a  
11 blood-borne pathogen. Upon conclusion of the hearing, the court shall  
12 issue the appropriate order.

13 The state or local (~~public~~) health officer shall perform  
14 (~~counseling and~~) testing under this (~~sub~~)section if he or she  
15 finds that the exposure (~~was substantial and~~) presents a possible  
16 risk (~~as defined by the board of health by rule~~) of transmission of  
17 a blood-borne pathogen or if he or she is ordered to do so by a  
18 court.

19 The (~~counseling and~~) testing required under this (~~sub~~)section  
20 shall be completed as soon as possible after the substantial exposure  
21 or (~~after an order is issued by a court, but shall begin not later~~  
22 ~~than~~), if ordered by the court, within seventy-two hours (~~after the~~  
23 ~~substantial exposure or an order is issued by the court~~) of the  
24 order's issuance.

25 **Sec. 14.** RCW 70.24.360 and 1988 c 206 s 706 are each amended to  
26 read as follows:

27 Jail administrators, with the approval of the local (~~public~~)  
28 health officer, may order (~~pretest counseling, HIV testing, and~~  
29 ~~posttest counseling for persons~~) blood-borne pathogen testing for a  
30 person detained in the jail if the local (~~public~~) health officer  
31 determines that (~~actual or threatened~~) the detainee's behavior  
32 (~~presents a possible risk to~~) exposed the staff, general public, or  
33 other persons, and that exposure presents a possible risk of  
34 transmitting a blood-borne pathogen. (~~Approval of the local public~~  
35 ~~health officer shall be based on RCW 70.24.024(3) and may be~~  
36 ~~contested through RCW 70.24.024(4). The administrator shall~~  
37 ~~establish, pursuant to RCW 70.48.071, a procedure to document the~~  
38 ~~possible risk which is the basis for the HIV testing. "Possible~~  
39 ~~risk," as used in this section, shall be defined by the board in~~

1 ~~rule.)~~) Documentation of the behavior (~~(, or threat thereof,)~~) shall  
2 be reviewed with the person to (~~(try to assure)~~) ensure that the  
3 person understands the basis for testing.

4 **Sec. 15.** RCW 70.24.370 and 1988 c 206 s 707 are each amended to  
5 read as follows:

6 (1) (~~Department of corrections facility administrators may order~~  
7 ~~pretest counseling, HIV testing, and posttest counseling for inmates~~  
8 ~~if the secretary of corrections or the secretary's designee~~  
9 ~~determines that actual or threatened~~) The chief medical officer of  
10 the department of corrections may order blood-borne pathogen testing  
11 for an inmate if the chief medical officer or his or her designee  
12 determines that the inmate's behavior ((presents a possible risk to))  
13 exposed the staff, general public, or other inmates, and that  
14 exposure presents a possible risk of transmitting a blood-borne  
15 pathogen. The department of corrections shall establish a procedure  
16 to document the exposure that presents a possible risk of  
17 transmitting a blood-borne pathogen which is the basis for the  
18 ((HIV)) testing. (~~("Possible risk," as used in this section, shall be~~  
19 ~~defined by the department of corrections after consultation with the~~  
20 ~~board. Possible risk, as used in the documentation of the behavior,~~  
21 ~~or threat thereof, shall be reviewed with the inmate.)) The chief  
22 medical officer, or his or her designee, shall review the exposure  
23 that presents a possible risk of transmitting a blood-borne pathogen  
24 in the documentation of the behavior with the inmate to ensure that  
25 he or she understands the basis for the testing.~~

26 (2) (~~Department of corrections administrators and~~  
27 ~~superintendents who are authorized to make decisions about testing~~  
28 ~~and dissemination of test information shall, at least annually,~~  
29 ~~participate in training seminars on public health considerations~~  
30 ~~conducted by the assistant secretary for public health or her or his~~  
31 ~~designee.~~

32 ~~(3))~~) Administrative hearing requirements set forth in chapter  
33 34.05 RCW do not apply to the procedure developed by the department  
34 of corrections pursuant to this section. This section shall not be  
35 construed as requiring any hearing process except as may be required  
36 under existing federal constitutional law.

37 (~~(4) RCW 70.24.340 does not apply to the department of~~  
38 ~~corrections or to inmates in its custody or subject to its~~  
39 ~~jurisdiction.))~~

1       **Sec. 16.** RCW 9A.36.011 and 1997 c 196 s 1 are each amended to  
2 read as follows:

3       (1) A person is guilty of assault in the first degree if he or  
4 she, with intent to inflict great bodily harm:

5       (a) Assaults another with a firearm or any deadly weapon or by  
6 any force or means likely to produce great bodily harm or death; or

7       (b) Transmits HIV to a child or vulnerable adult; or

8       (c) Administers, exposes, or transmits to or causes to be taken  
9 by another, poison((, ~~the human immunodeficiency virus as defined in~~  
10 ~~chapter 70.24 RCW,))~~ or any other destructive or noxious substance;  
11 or

12       ((~~e~~)) (d) Assaults another and inflicts great bodily harm.

13       (2) Assault in the first degree is a class A felony.

14       **Sec. 17.** RCW 18.35.040 and 2014 c 189 s 4 are each amended to  
15 read as follows:

16       (1) An applicant for licensure as a hearing aid specialist must  
17 have the following minimum qualifications and shall pay a fee  
18 determined by the secretary as provided in RCW 43.70.250. An  
19 applicant shall be issued a license under the provisions of this  
20 chapter if the applicant has not committed unprofessional conduct as  
21 specified by chapter 18.130 RCW, and:

22       (a) (i) Satisfactorily completes the hearing aid specialist  
23 examination required by this chapter; and

24       (ii) Satisfactorily completes:

25       (A) A minimum of a two-year degree program in hearing aid  
26 specialist instruction. The program must be approved by the board;

27       (B) A two-year or four-year degree in a field of study approved  
28 by the board from an accredited institution, a nine-month  
29 board-approved certificate program offered by a board-approved  
30 hearing aid specialist program, and the practical examination  
31 approved by the board. The practical examination must be given at  
32 least quarterly, as determined by the board. The department may hire  
33 licensed industry experts approved by the board to proctor the  
34 examination; or

35       (b) Holds a current, unsuspended, unrevoked license from another  
36 jurisdiction if the standards for licensing in such other  
37 jurisdiction are substantially equivalent to those prevailing in this  
38 state as provided in (a) of this subsection; or

1 (c) (i) Holds a current, unsuspended, unrevoked license from  
2 another jurisdiction, has been actively practicing as a licensed  
3 hearing aid specialist in another jurisdiction for at least forty-  
4 eight of the last sixty months, and submits proof of completion of  
5 advance certification from either the international hearing society  
6 or the national board for certification in hearing instrument  
7 sciences; and

8 (ii) Satisfactorily completes the hearing aid specialist  
9 examination required by this chapter or a substantially equivalent  
10 examination approved by the board.

11 The applicant must present proof of qualifications to the board  
12 in the manner and on forms prescribed by the secretary (~~and proof of~~  
13 ~~completion of a minimum of four clock hours of AIDS education and~~  
14 ~~training pursuant to rules adopted by the board~~)).

15 (2) (a) An applicant for licensure as a speech-language  
16 pathologist or audiologist must have the following minimum  
17 qualifications:

18 (i) Has not committed unprofessional conduct as specified by the  
19 uniform disciplinary act;

20 (ii) Has a master's degree or the equivalent, or a doctorate  
21 degree or the equivalent, from a program at a board-approved  
22 institution of higher learning, which includes completion of a  
23 supervised clinical practicum experience as defined by rules adopted  
24 by the board; and

25 (iii) Has completed postgraduate professional work experience  
26 approved by the board.

27 (b) All qualified applicants must satisfactorily complete the  
28 speech-language pathology or audiology examinations required by this  
29 chapter.

30 (c) The applicant must present proof of qualifications to the  
31 board in the manner and on forms prescribed by the secretary (~~and~~  
32 ~~proof of completion of a minimum of four clock hours of AIDS~~  
33 ~~education and training pursuant to rules adopted by the board~~)).

34 (3) An applicant for certification as a speech-language pathology  
35 assistant shall pay a fee determined by the secretary as provided in  
36 RCW 43.70.250 and must have the following minimum qualifications:

37 (a) An associate of arts or sciences degree, or a certificate of  
38 proficiency, from a speech-language pathology assistant program from  
39 an institution of higher education that is approved by the board, as  
40 is evidenced by the following:

- 1 (i) Transcripts showing forty-five quarter hours or thirty  
2 semester hours of speech-language pathology coursework; and  
3 (ii) Transcripts showing forty-five quarter hours or thirty  
4 semester hours of general education credit; or  
5 (b) A bachelor of arts or bachelor of sciences degree, as  
6 evidenced by transcripts, from a speech, language, and hearing  
7 program from an institution of higher education that is approved by  
8 the board.

9 **Sec. 18.** RCW 49.44.180 and 2004 c 12 s 1 are each amended to  
10 read as follows:

11 It shall be unlawful for any person, firm, corporation, or the  
12 state of Washington, its political subdivisions, or municipal  
13 corporations to require, directly or indirectly, that any employee or  
14 prospective employee submit genetic information or submit to  
15 screening for genetic information as a condition of employment or  
16 continued employment.

17 "Genetic information" for purposes of this chapter, is  
18 information about inherited characteristics that can be derived from  
19 a DNA-based or other laboratory test, family history, or medical  
20 examination. "Genetic information" for purposes of this chapter, does  
21 not include: (1) Routine physical measurements, including chemical,  
22 blood, and urine analysis, unless conducted purposefully to diagnose  
23 genetic or inherited characteristics; and (2) results from tests for  
24 abuse of alcohol or drugs (~~, or for the presence of HIV~~).

25 **Sec. 19.** RCW 49.60.172 and 2003 c 273 s 2 are each amended to  
26 read as follows:

27 (1) No person may require an individual to take an HIV (~~(test, as~~  
28 ~~defined in chapter 70.24 RCW,)~~) or hepatitis C test, as a condition  
29 of hiring, promotion, or continued employment unless the absence of  
30 HIV or hepatitis C infection is a bona fide occupational  
31 qualification for the job in question.

32 (2) No person may discharge or fail or refuse to hire any  
33 individual, or segregate or classify any individual in any way which  
34 would deprive or tend to deprive that individual of employment  
35 opportunities or adversely affect his or her status as an employee,  
36 or otherwise discriminate against any individual with respect to  
37 compensation, terms, conditions, or privileges of employment on the  
38 basis of the results of an HIV test or hepatitis C test unless the

1 absence of HIV or hepatitis C infection is a bona fide occupational  
2 qualification of the job in question.

3 (3) The absence of HIV or hepatitis C infection as a bona fide  
4 occupational qualification exists when performance of a particular  
5 job can be shown to present a significant risk, as defined by the  
6 board of health by rule, of transmitting HIV or hepatitis C infection  
7 to other persons, and there exists no means of eliminating the risk  
8 by restructuring the job.

9 (4) For the purpose of this chapter, any person who is actually  
10 infected with HIV or hepatitis C, but is not disabled as a result of  
11 the infection, shall not be eligible for any benefits under the  
12 affirmative action provisions of chapter 49.74 RCW solely on the  
13 basis of such infection.

14 (5) Employers are immune from civil action for damages arising  
15 out of transmission of HIV or hepatitis C to employees or to members  
16 of the public unless such transmission occurs as a result of the  
17 employer's gross negligence.

18 **Sec. 20.** RCW 43.150.050 and 1992 c 66 s 5 are each amended to  
19 read as follows:

20 The center, working in cooperation with individuals, local  
21 groups, and organizations throughout the state, may undertake any  
22 program or activity for which funds are available which furthers the  
23 goals of this chapter. These programs and activities may include, but  
24 are not limited to:

25 (1) Providing information about programs, activities, and  
26 resources of value to volunteers and to organizations operating or  
27 planning volunteer or citizen service programs;

28 (2) Sponsoring recognition events for outstanding individuals and  
29 organizations;

30 (3) Facilitating the involvement of business, industry,  
31 government, and labor in community service and betterment;

32 (4) Organizing, or assisting in the organization of, training  
33 workshops and conferences;

34 (5) Publishing schedules of significant events, lists of  
35 published materials, accounts of successful programs and programming  
36 techniques, and other information concerning the field of  
37 volunteerism and citizen service, and distributing this information  
38 broadly;

1 (6) Reviewing the laws and rules of the state of Washington, and  
2 proposed changes therein, to determine their impact on the success of  
3 volunteer activities and programs, and recommending such changes as  
4 seem appropriate to ensure the achievement of the goals of this  
5 chapter;

6 (7) Seeking funding sources for enhancing, promoting, and  
7 supporting the ethic of service and facilitating or providing  
8 information to those organizations and agencies which may benefit;

9 (8) Providing information about agencies and individuals who are  
10 working to prevent the spread of the human immunodeficiency virus, as  
11 defined in chapter 70.24 RCW, and to agencies and individuals who are  
12 working to provide health and social services to persons living with  
13 (~~acquired immunodeficiency syndrome~~) the human immunodeficiency  
14 virus, as defined in chapter 70.24 RCW.

15 **Sec. 21.** RCW 74.39.005 and 1995 1st sp.s. c 18 s 10 are each  
16 amended to read as follows:

17 The purpose of this chapter is to:

18 (1) Establish a balanced range of health, social, and supportive  
19 services that deliver long-term care services to (~~chronically,~~  
20 ~~functionally disabled~~) persons with chronic functional disabilities  
21 of all ages;

22 (2) Ensure that functional ability shall be the determining  
23 factor in defining long-term care service needs and that these needs  
24 will be determined by a uniform system for comprehensively assessing  
25 functional disability;

26 (3) Ensure that services are provided in the most independent  
27 living situation consistent with individual needs;

28 (4) Ensure that long-term care service options shall be developed  
29 and made available that enable (~~functionally disabled~~) persons with  
30 functional disabilities to continue to live in their homes or other  
31 community residential facilities while in the care of their families  
32 or other volunteer support persons;

33 (5) Ensure that long-term care services are coordinated in a way  
34 that minimizes administrative cost, eliminates unnecessarily complex  
35 organization, minimizes program and service duplication, and  
36 maximizes the use of financial resources in directly meeting the  
37 needs of persons with functional limitations;

38 (6) Develop a systematic plan for the coordination, planning,  
39 budgeting, and administration of long-term care services now

1 fragmented between the division of developmental disabilities,  
2 division of mental health, aging and adult services administration,  
3 division of children and family services, division of vocational  
4 rehabilitation, (~~office on AIDS,~~) division of health, (~~and~~)  
5 bureau of alcohol and substance abuse, and the department of health;

6 (7) Encourage the development of a statewide long-term care case  
7 management system that effectively coordinates the plan of care and  
8 services provided to eligible clients;

9 (8) Ensure that individuals and organizations affected by or  
10 interested in long-term care programs have an opportunity to  
11 participate in identification of needs and priorities, policy  
12 development, planning, and development, implementation, and  
13 monitoring of state supported long-term care programs;

14 (9) Support educational institutions in Washington state to  
15 assist in the procurement of federal support for expanded research  
16 and training in long-term care; and

17 (10) Facilitate the development of a coordinated system of long-  
18 term care education that is clearly articulated between all levels of  
19 higher education and reflective of both in-home care needs and  
20 institutional care needs of (~~functionally disabled~~) persons with  
21 functional disabilities.

22 NEW SECTION. **Sec. 22.** The following acts or parts of acts are  
23 each repealed:

24 (1) RCW 70.24.095 (Pregnant women—Drug treatment program  
25 participants—AIDS counseling) and 1988 c 206 s 705;

26 (2) RCW 70.24.100 (Syphilis laboratory tests) and 1991 c 3 s 323,  
27 1979 c 141 s 95, & 1939 c 165 s 2;

28 (3) RCW 70.24.107 (Rule-making authority—1997 c 345) and 1999 c  
29 372 s 14 & 1997 c 345 s 6;

30 (4) RCW 70.24.125 (Reporting requirements for sexually  
31 transmitted diseases—Rules) and 1988 c 206 s 905;

32 (5) RCW 70.24.140 (Certain infected persons—Sexual intercourse  
33 unlawful without notification) and 1988 c 206 s 917;

34 (6) RCW 70.24.200 (Information for the general public on sexually  
35 transmitted diseases—Emphasis) and 1988 c 206 s 201;

36 (7) RCW 70.24.210 (Information for children on sexually  
37 transmitted diseases—Emphasis) and 1988 c 206 s 202;



- 1 (8) RCW 70.24.240 (Clearinghouse for AIDS educational materials)  
2 and 1988 c 206 s 601;
- 3 (9) RCW 70.24.250 (Office on AIDS—Repository and clearinghouse  
4 for AIDS education and training material—University of Washington  
5 duties) and 1988 c 206 s 602;
- 6 (10) RCW 70.24.260 (Emergency medical personnel—Rules for AIDS  
7 education and training) and 1988 c 206 s 603;
- 8 (11) RCW 70.24.270 (Health professionals—Rules for AIDS education  
9 and training) and 1988 c 206 s 604;
- 10 (12) RCW 70.24.280 (Pharmacy quality assurance commission—Rules  
11 for AIDS education and training) and 2013 c 19 s 122 & 1988 c 206 s  
12 605;
- 13 (13) RCW 70.24.300 (State and local government employees—  
14 Determination of substantial likelihood of exposure—Rules for AIDS  
15 education and training) and 1993 c 281 s 60 & 1988 c 206 s 607;
- 16 (14) RCW 70.24.310 (Health care facility employees—Rules for AIDS  
17 education and training) and 1988 c 206 s 608;
- 18 (15) RCW 70.24.320 (Counseling and testing—AIDS and HIV—  
19 Definitions) and 1988 c 206 s 701;
- 20 (16) RCW 70.24.350 (Prostitution and drug offenses—Voluntary  
21 testing and counseling) and 1988 c 206 s 704;
- 22 (17) RCW 70.24.380 (Board of health—Rules for counseling and  
23 testing) and 1988 c 206 s 709; and
- 24 (18) RCW 70.24.410 (AIDS advisory committee—Duties, review of  
25 insurance problems—Termination) and 1991 c 3 s 328 & 1988 c 206 s  
26 803.

27 NEW SECTION. **Sec. 23.** If any provision of this act or its  
28 application to any person or circumstance is held invalid, the  
29 remainder of the act or the application of the provision to other  
30 persons or circumstances is not affected.

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# Committee & Workgroup Reports

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## Committee/Workgroup Reports: May 2020

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

The subcommittee has not met recently. A meeting should be scheduled soon.

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

We are moving forward with the October Conference. Finalizing speakers for our theme of “Emerging topics in healthcare”. Please email [Jimi](#) with any suggestions. CME application has been submitted to FSMB and is awaiting approval.

**Commissioner Education Committee – Chair: None at this time  
 Staff: Melanie de Leon**

This committee is scheduled to meet at the August 2020 meeting to discuss retreat plans and topics.

**Collaborative Drug Treatment Agreement Workgroup – Chair: Dr. Roberts  
 Staff: Melanie de Leon**

We are moving forward with rulemaking; the CR 101 was approved at the February Business meeting.

**Practitioner Competence Workgroup – Chair: Dr. Roberts  
 Staff: Micah Matthews**

**Commissioner Compensation Procedure Workgroup – Chair: None at this time  
 Staff: Mike Farrell**

**Warm Handoff Workgroup – Chair: Dr. Trescott  
 Staff: Melanie de Leon**

On hold

**Osteopathic Manipulative Therapy Workgroup – Chair: None at this time  
Staff: Micah Matthews**

Workgroup reviewing latest document draft. Next meeting not scheduled at this time.

**Telemedicine Workgroup – Chair: Christine Blake  
Staff: Stephanie Mason**

Workgroup has reviewed proposed language. Currently waiting for a rules committee to review in a workshop.

<b>Executive Committee</b>
<b>Dr. Roberts, Chair</b>
<b>John Maldon, Public Member, 1<sup>st</sup> Vice Chair</b>
<b>Dr. Trescott, 2<sup>nd</sup> Vice Chair</b>
<b>Dr. Domino, Policy Committee Chair</b>
<b>Dr. Howe, Immediate Past Chair</b>
<b>Melanie de Leon</b>
<b>Micah Matthews</b>
<b>Heather Carter (AAG)</b>

<b>Newsletter Editorial Board</b>
<b>Dr. Hopkins, Pro Tem Commissioner</b>
<b>Candy Vervair, Public Member</b>
<b>Jim Anderson, PA-C</b>
<b>Jimi Bush, Managing Editor</b>
<b>Micah Matthews</b>

<b>Finance Workgroup</b>
<b>Dr. Howe, Immediate Past Chair, Cmte Chair</b>
<b>Dr. Roberts, Current Chair</b>
<b>John Maldon, 1<sup>st</sup> Vice Chair</b>
<b>Melanie de Leon</b>
<b>Micah Matthews</b>
<b>Jimi Bush</b>

<b>2020 Nominating Committee</b>
<b>Dr. Howe</b>
<b>Dr. Domino</b>
<b>TBD</b>

<b>Reduction of Medical Errors Workgroup</b>
<b>Dr. Chung, Chair</b>
<b>Dr. Howe</b>
<b>John Maldon, Public Member</b>
<b>Dr. Roberts</b>
<b>Dr. Domino</b>
<b>Dr. Jaeger</b>
<b>Christine Blake, Public Member</b>
<b>Melanie de Leon</b>
<b>Mike Farrell</b>

<b>Policy Committee</b>
<b>Dr. Domino, Chair (B)</b>
<b>Dr. Roberts (B)</b>
<b>Dr. Howe (A)</b>
<b>Jim Anderson, PA-C (A)</b>
<b>John Maldon, Public Member (B)</b>
<b>Scott Rodgers, Public Member (A)</b>
<b>Heather Carter (AAG)</b>
<b>Melanie de Leon</b>
<b>Mike Farrell</b>
<b>Amelia Boyd</b>

<b>Legislative Subcommittee</b>
<b>Dr. Roberts, Chair</b>
<b>Dr. Howe</b>
<b>Dr. Terman, Pro Tem Commissioner</b>
<b>Christine Blake, Public Member</b>
<b>Melanie de Leon</b>
<b>Micah Matthews</b>

<b>Annual Educational Conference Workgroup</b>
<b>Toni Borlas, Chair</b>
<b>Theresa Schimmels, PA-C</b>
<b>TBD</b>
<b>Jimi Bush, Organizer</b>

<b>Commissioner Education Workgroup</b>
<b>Dr. Domino</b>
<b>Dr. Chung</b>
<b>Dr. Roberts</b>
<b>Toni Borlas, Public Member</b>
<b>Scott Rodgers, Public Member</b>
<b>Dr. Terman, Pro Tem Commissioner</b>
<b>Melanie de Leon</b>
<b>Amelia Boyd</b>
<b>Jimi Bush</b>

<b>Panel L</b>
<b>John Maldon, Public Member, Chair</b>
<b>Dr. Browne</b>
<b>Dr. Roberts</b>
<b>Dr. Howe</b>
<b>Christine Blake, Public Member</b>
<b>Dr. Ashleigh, Pro Tem Commissioner</b>
<b>Theresa Schimmels, PA-C</b>
<b>Dr. Barrett, Medical Consultant</b>
<b>Kimberly Romero</b>
<b>Ariele Page Landstrom</b>
<b>Micah Matthews</b>

<b>Collaborative Drug Treatment Agreement Workgroup</b>
<b>Dr. Roberts, Chair</b>
<b>Dr. Chung</b>
<b>Dr. Small</b>
<b>John Maldon, Public Member</b>
<b>Melanie de Leon</b>
<b>Micah Matthews</b>
<b>Kyle Karinen, Staff Attorney</b>

<b>Practitioner Competence Workgroup</b>
<b>Dr. Roberts, Chair</b>
<b>Dr. Howe</b>
<b>Dr. Chung</b>
<b>Dr. Small</b>
<b>Theresa Schimmels, PA-C</b>
<b>Micah Matthews</b>
<b>Mike Farrell</b>

<b>PQAC E-prescribing Rulemaking Committee</b>
<b>Christine Blake, Public Member</b>
<b>Dr. Browne</b>
<b>Dr. Small</b>
<b>Melanie de Leon</b>
<b>Amelia Boyd</b>

<b>Commissioner Compensation Procedure Workgroup</b>
<b>Dr. Roberts</b>
<b>Dr. Howe</b>
<b>TBD</b>
<b>Melanie de Leon</b>
<b>Mike Farrell</b>
<b>Amelia Boyd</b>

<b>Warm Handoff Workgroup</b>
<b>Dr. Trescott, Chair</b>
<b>Jim Anderson, PA-C</b>
<b>Kyle Karinen, Staff Attorney</b>
<b>Jimi Bush</b>
<b>Melanie de Leon</b>

<b>Osteopathic Manipulative Therapy Workgroup</b>
<b>Dr. Howe</b>
<b>Dr. Currie</b>
<b>John Maldon, Public Member</b>
<b>Micah Matthews</b>
<b>Michael Farrell</b>
<b>Amelia Boyd</b>
<b>Heather Carter, AAG</b>

<b>Telemedicine Workgroup</b>
<b>Christine Blake, Public Member, Chair</b>
<b>Toni Borlas, Public Member</b>
<b>Dr. Howe</b>
<b>Dr. Ashleigh, Pro Tem Commissioner</b>
<b>Dr. Roberts</b>
<b>Dr. Lewis</b>
<b>Dr. Wohns</b>
<b>Stephanie McManus</b>
<b>Mike Farrell</b>
<b>Micah Matthews</b>

WMC Rules Progress Report							Projected filing dates			
Rule	Status	Date	Next step	Complete By	Notes	Submitted to RMS	SBEIS Check	CR-101	CR-102	CR-103
Clinical Support MDs & PAs (formerly Technical Assistance)	Commission approved rescinding CR-102	1/17/2020	One more workshop	Unknown	Keep Osteo updated.			Complete	TBD	TBD
Chapter 246-919 WAC Update	Re-submitted CR-102 to RMS	3/18/2020	Secretary review	April 2020	Keep DQAC updated	3/18/2020		Complete	April 2020	Unknown
Telemedicine	CR-101 filed	9/17/2019	Workshops	Unknown	Keep Osteo updated.			Complete	TBD	TBD
Stem Cells	CR-101 Filed	4/21/2020	Workshops	TBD	Keep Osteo updated.	3/13/2020		April 2020	TBD	TBD
Opioid Prescribing - LTAC, SNF patient exemption	CR-101 filed	3/26/2020	Workshops	TBD				April 2020	January 2021	April 2021
Collaborative Drug Therapy Agreements (CDTA)	Edits needed to CR-101	June 2020	File CR-101	TBD					January 2022	April 2022
Emergency Licensing Rules	Secretary Review	3/26/2020	File CR-105	TBD						
Chapter 246-918 WAC & HB 2378	Propose rulemaking to Commission	5/15/2020	File CR-101		Collaborate with Osteo on HB 2378			October 2020		
ESHB 1551 - HIV/AIDS	Propose rulemaking to Commission	5/15/2020	File CR-101	January 2021				January 2021	July 2021	December 2021
SB 6551 - IMG licensing	Propose rulemaking to Commission	5/15/2020	File CR-101	January 2021				January 2021	July 2021	December 2021

Updated: 5/6/2020

# Staff Reports

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## Staff Reports: May 2020

### Melanie de Leon, Executive Director

Staff continues to work from home as we have since March 23<sup>rd</sup>. Most of our processes are electronic enabling us to do this without too much disruption. For those processes requiring staff to go into the office, they do so sparingly, stay for a short time to pick up mail or hardcopy licensing applications and leave. During their time in the building, they are adhering to the social distancing requirements.

To stay connected to staff, virtual team meetings occur regularly, supervisors touch base with their staff and we meet virtually for socializing...we had a virtual lunch together last week. I have also had a virtual coffee break with the Pharmacy Commission's ED to touch base with what they are doing.

The FSMB held its annual House of Delegates meeting – Dr. Roberts was our delegate and he attended virtually. In February, I was selected by FSMB to be a Staff Fellow on the FSMB Board of Directors for the next 2 years. I was also asked by the new Chair, Dr. Cheryl Walker-McGill to chair **FSMB's Workgroup on Board Action Content Evaluation (BACE)** for a one-year term from May 2020-April 2021. The charge of the BACE workgroup is as follows:

- Identify recommended standards to ensure that board orders contain adequate information to identify the actions and reasons for discipline, including examples on how to write narratives of complaint and action that can be shared with state attorneys general, board attorneys, and related organizations;
- Support pilot projects to study best practices for collection and analysis of complaint data and relation to official board orders; and
- Provide recommendations to automate complaint collection and analysis process.

I will keep you informed of what that workgroup is doing as I get more involved.

We are hoping to start transitioning back to the office in June-July. That time is dependent on many factors to insure we all stay healthy. Again, you will be kept informed as we know more. Thank you for your patience and nimbleness throughout these past months as we changed the way we live and work to stay healthy and safe.

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

#### Legislation

- There will likely be a special session called during 2020 to reduce/trim budget expenditures. There will likely be across the board cuts requested. So far, WMC does not appear to be directly implicated in those requests.

## Micah Matthews, Deputy Executive Director, con't

- For the 2021 session, we are soliciting ideas for WMC requests. Items under consideration are some form of emergency powers for licensing and rule issues during states of emergency. If you have thoughts on request legislation, please email me: [Micah.Matthews@wmc.wa.gov](mailto:Micah.Matthews@wmc.wa.gov)

### Budget

- The technical problem with our AGO budget request was resolved and we have had the \$400,000 allotment added to our current budget. This is not new money, but new spending authority to cover the increased costs of prosecutions from that office.
- I do not anticipate any budget requests to the legislature for the 2021 session.

### Finance

- The new fees went into effect February 1 and collections were understandably up. However, the Secretary implemented a six month delay in paying for renewals for all health professions. The first month of this renewal fee waiver has resulted in an approximate 30 percent reduction in paid renewals. While this will not permanently impact our budget as these renewal fees are due October 1, it has significantly blunted the impact of the fee increase. As a result, it may take slightly longer to reverse the downward trend in our fund balance than anticipated. We will know more specifics as we see additional months of renewal numbers pass and reach the October 1 deadline for payment of waived renewals.
- Despite the above renewals discussion, monthly finance reports remain encouraging from the standpoint of overall budget expenditures compared to projections, cost recovery through STIDS, and indirect charges from DOH.
- Due to reduced expenditures across DOH and COVID related impacts, which generates the formula percentage for indirect rate charges to us from the agency, the indirect rate charge from HSQA is anticipated to experience a reduction. We do not know at this time what the impact will be.

### Communications

- I am regularly engaging with stakeholders on various issues relating to COVID and policy issues. The most recent as of this writing is the extension of the health care practitioner waiver proclamation by the Governor and Legislature to May 31.

### Chair Request: Keeping in Contact During COVID

During the quarantine I am using regularly scheduled video meetings with individual staff, instant messaging, and ad hoc phone meetings. On May the Fourth, I held my first in-person meeting in the office.

### Amelia Boyd, Program Manager

#### Recruitment

The following Commissioner terms end June 30, 2020:

- Congressional District 6 – Dr. Trescott’s position, eligible for reappointment
- Congressional District 8 – Dr. Harrison’s position, he moved out of state so he is no longer eligible for reappointment.
- Physician-at-Large – Dr. Domino’s position, eligible for reappointment

The application deadline for the above positions was March 20, 2020. The Executive Committee is currently reviewing the applications.

### Melissa McEachron, Director of Operations and Informatics

Operations and Informatics staff members continue to receive and work to complete contracts, expert witness contracts, and fulfill information requests, subpoenas for records, and provide assistance to our public disclosure unit.

Several processes are “going digital” and staff members completed or are in the process of completing training. Two examples: 1) using digital signatures on specific contracts and 2) digital archiving. A few members also attended virtual training on the new DOH Public Disclosure Request System that is scheduled to launch soon.

### George Heye, MD, Medical Consultant

Nothing to report.

### Morgan Barrett, MD, Medical Consultant

As most of you know, the April and May Personal Appearances were cancelled in conformity with the Governor’s Proclamation and prudent public health practices that have come to be known as “Social Distancing”. With advice from the Legal Unit, and abundant support of the Administrative Staff, we are currently exploring the potential feasibility, safety and desirability of hosting interim “Virtual Personal Appearances” (VPA) using GoToMeeting. We envision adhering to the conventional format (after the Business Meeting, Panels A and B, etc.) except for a change regarding the executive session. The first VPA will likely occur at the July Commission meeting.

### Rick Glein, Director of Legal Services

#### Legal Staff Updates:

Richelle Little joined the Medical Commission on March 16 as our newest Staff Attorney. Richelle comes to us after working as a Staff Attorney in the HSQA/OILS division of DOH and is well-versed in the disciplinary process having worked on cases for the Dental Commission, Osteopath Board, and the Chiropractic Commission. Previously, Richelle worked with Institutional Review Board (IRB) members and physicians for four years at Western IRB. She provided regulatory guidance on a variety of medical research, including pharma and device studies. Richelle’s legal experience also includes criminal law, adult guardianship, estate

planning, and clerking for the Washington State Court of Appeals. Richelle graduated from the UW School of Law in 2007.

**Orders Resulting from SOCs:**

*In re Dung X. Nguyen, MD*, Case No. M2018-716, Agreed Order. On February 20, 2019, the Commission filed a SOC against Dr. Nguyen. Dr. Nguyen operated a private practice clinic in Tacoma, Washington. During an investigation of a patient diagnosed with hepatitis C virus (HCV), staff members from the Department of Health's Healthcare Associated Infection Program and the Tacoma-Pierce County Health Department visited Dr. Nguyen's clinic and concluded that three intravenous "energy treatments" received at Dr. Nguyen's office were a likely source of the HCV infection. An Agreed Order was signed on February 27, 2020, wherein Dr. Nguyen agreed to permanently surrender his medical license.

*In re Jackie S. Shuey, PA-C*, Case No. M2018-589, Agreed Order. On August 26, 2019, the Commission filed a SOC against Ms. Shuey. The alleged incidents in the SOC all occurred during a time Ms. Shuey worked as a physician assistant-certified at a state Department of Corrections (DOC) facility. An Agreed Order was signed on April 17, 2020, which found Ms. Shuey's treatment of two patients did not meet the standard of care and Ms. Shuey failed to adequately supervise staff by allowing registered nurses and a medical assistant work outside the scope of their practices at the DOC facility. The Agreed Order provides four years of oversight and requires Ms. Shuey to work with another clinician on-site or have another clinician easily accessible; complete a CME course in professional boundaries; maintain NCCPA certification; research and write a scholarly paper; ensure submission of performance reports by her supervising physician; attend personal appearances; and pay a \$3,000 fine.

**Meeting Attendance:**

On Friday, May 1, the Legal Office held a case law roundtable with Rick, Kyle, Jen, all six of our staff attorneys, and both paralegals in attendance. Additionally, Mike Farrell and all eight staff attorneys, including Rick's counterpart, Karl Hoehn, from the Nursing Commission joined the ninety-minute call. Each of the Medical staff attorneys was given a case to present along with a series of questions that related to the practical application of the court's holding on disciplinary cases. (For example, applying Brown to a hypothetical question from licensing staff.) Presentations were limited to fifteen-minutes. The presentation also gave SAs a chance to work on their virtual presentation skills. The cases covered were: Dang, Brown, Duggal, Yoshinaka/Seymour, Miles, Wade's Gun Shop, and Nguyen/Ongom/Hardee. The response was positive and it was especially nice to have Mike and Karl there given their nearly sixty years of combined UDA experience. We may do something similar again later this summer with Nursing where we provide hypotheticals and the SAs prepare a proposed response.

**Engagement While Telecommuting:**

Kyle is meeting weekly in one-on-ones with all six staff attorneys. The calls vary from short check-in discussions to much longer focused discussions. The topics also range from relaying information from both WMC and DOH management to reviewing pending cases to talking

**Rick Glein, Director of Legal Services, con't**

about more big picture topics. Kyle and Rick also meet individually with each staff attorney on the Tuesday or Wednesday prior to case disposition call to discuss each case where the RCM is presenting, i.e. not using the consent agenda.

Jen is holding weekly virtual team meetings with the Legal support staff. In addition, Jen is checking in weekly with individual support staff along with calling them for a one-on-one chat rather than using e-mail for random discussions to stay connected. The discussions range from big picture administrative topics, such as preparing for the Commission meeting, to specific discussions about case filings. Another component of the dialogue is the support staff's overall health during this time, reminding them to effectively utilize the 30-minute wellness break offered by DOH; take consistent breaks from the computer screen; and change positions, being cognizant of stress and strain from working at their makeshift home office set-up.

**Freda Pace, Director of Investigations**

Good Morning, Commissioners!

The Investigative Unit continues to work remotely during this time. We meet virtually via Skype on a weekly basis or as unique needs arise to tackle the various business needs within our unit. We are working well in finding unique ways in adhering the Governor's Proclamation by not only practicing social distancing, but being able to successfully fulfill our very important business needs. We have an awesome and talented group of commission staff that I have the pleasure of working with on a daily basis – I am truly blessed!

Sign-up vacancies! We have clinical slots still open for CMT from July forward (except for the week of July 8<sup>th</sup>). Please visit our sign-up sheet and grace us with your insight.

Lastly, I can't go on without saying – Thank you! To all of you who are on the frontlines (and other healthcare professionals) during this pandemic, thank you for your daily commitment and care to our most vulnerable populations. Thanks for all you do.

If you have any questions or concerns regarding CMT or Investigations, please contact me directly. [Freda.pace@wmc.wa.gov](mailto:Freda.pace@wmc.wa.gov) or 360-236-2740 (Work), 360-480-4694 (Cell).

Stay safe and be well!

**Mike Farrell, Policy Development Manager**

Nothing to report other than the items on the policy committee agenda.

**Jimi Bush, Director of Quality and Engagement**

We are looking at how we can better provide information to our stakeholders. We are looking at revamping how data is visualized on our website, how communications with the general public can be improved and streamlining the licensing process. We are also putting together online educational opportunities so that we can continue to provide educational opportunities to our licensees.

Do you have a suggestion for the newsletter? From content to format, if you have a suggestion for the newsletter. We would love to hear from you.

**Jimi Bush, Director of Quality and Engagement, con't**

I am finalizing speakers and obtaining CME for the October Conference. Please let me know if you have any suggestions.

If you have any comments or suggestions, please email [Jimi](#).

**Kimberly Romero, Licensing Manager**

Total licenses issued from 11/1/2019 to 1/31/2020= 612

Credential Type	Total Workflow Count
Physician And Surgeon County/City Health Department License	0
Physician And Surgeon Fellowship License	1
Physician And Surgeon Institution License	0
Physician And Surgeon License	385
Credential Type	Total Workflow Count
Physician and Surgeon License Interstate Medical Licensure Compact	72
Physician And Surgeon Residency License	4
Physician And Surgeon Teaching Research License	2
Physician And Surgeon Temporary Permit	3
Physician Assistant Interim Permit	2
Physician Assistant License	143
Physician Assistant Temporary Permit	0
<b>Totals:</b>	<b>612</b>

Information on Renewals: November Renewals: 69.31% renewed online

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	8	8
MD	688	292	980
MDIN	0	1	1
MDRE	0	1	1
MDTR	0	1	1
PA	107	49	156
	<b>69.31%</b>	<b>30.69%</b>	<b>100.00%</b>

December Renewals: 54.77% online renewals

Credential Type	# of Online Renewals	# of Manual Renewals	Total # of Renewals
IMLC	0	15	15
MD	673	561	1234
MDRE	0	1	1
MDTR	0	6	6
PA	102	57	159
	<b>54.77%</b>	<b>45.23%</b>	<b>100.00%</b>

January 2020 renewals: 65.65% online renewals

<b>Kimberly Romero, Licensing Manager, con't</b>			
<b>Credential Type</b>	<b># of Online Renewals</b>	<b># of Manual Renewals</b>	<b>Total # of Renewals</b>
IMLC	0	10	10
MD	788	400	1188
MDTR	0	5	5
PA	112	56	168
	<b>65.65%</b>	<b>34.35%</b>	<b>100.00%</b>