WASHINGTON
Medical Commission
Licensing. Accountability. Leadership.

UPDATE!

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Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule making, and education.

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Message From the Chair

Anesthesiologist Assistants: A New Profession Coming to Washington State!

Washington State will be welcoming Certified Anesthesiologist Assistants (CAAs) to practice. After the approval of SB 5184 during the 2024 legislative session, Governor Jay Inslee signed the bill to establish the licensure and scope of practice for CAAs in WA State. For the past couple of years, there has been a severe shortage of anesthesia providers in WA state, as well as nationally. This shortage has caused operating rooms to close resulting in delays for patients undergoing elective surgeries. The WMC the Washington State Medical Association (WSMA), the Washington State Society of Anesthesiologists (WSSA), and many WA State hospitals and health care systems supported the bill. WA State will be the 20th state to establish the practice of CAAs.

Message from the Chair

WASHINGTON Medical Commission
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Anesthesiologist Assistants: A New Profession Coming to Washington State!

Karen Domino, MD, MPH

The WMC will assist in the development and implementation of this profession, who work under the medical direction of an anesthesiologist or group of anesthesiologists. Rulemaking on this profession will begin this autumn and the profession should be operational by January 1, 2026. Importantly, this law grandfathers physician assistants who are currently practicing in anesthesiology to continue their practice according to the physician assistant requirements. The WMC will also be responsible for licensing, discipline and oversight of CAAs

While CAAs are new to WA State, the profession has been around for over 40 years. Three chairs of academic anesthesiology departments formed the master's level program after analysis of anesthesia workforce needs. The first CAA training programs started in 1969 at Emory University and Case Western Reserve University. The CAA program requires a premedical college background, in contrast to a nursing background that is requires for certified nurse anesthetists (CRNAs).

Anesthesiology assistant training programs are 24–28-month graduate programs within a medical school resulting in a Master of Science in Anesthesia or Medical Science degree. Currently, there are 20 programs in the U.S., clustered within Medical Schools in the South and Midwest. At present, the University of New Mexico is the only Western CAA program. These programs are highly competitive and demanding. Upon graduation, CAA students have completed over 2000 of clinical training in anesthesia, including arterial and central venous access; airway management; general and regional anesthesia; management of medications, fluid, and blood advanced life support; and preoperative/postoperative anesthesia care, including subspecialty training. After graduation, the students must pass a certification exam offered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), with recertification every six years.

CAAs can only work under the direct in-person medical supervision of a physician anesthesiologist, who must be immediately available if needed, as required by the Center for Medicaid and Medicare Services (CMS). The need for direct physician anesthesiologist medical supervision of CAAs is unique. This need contrasts with the practice of Certified Registered Nurse Anesthetist (CRNAs), who are granted independent practice and billing for anesthesia service in many states, including WA. While there are differences in the background, education, and training requirements of CAAs and CRNAs, evidence suggests that these differences do not result in disparity of knowledge base, technical skills, or quality of care when supervised directly by a physician anesthesiologist. CAAs are recognized by CMS, Tricare and VA hospital system, all major national and regional insurers, the Anesthesia Patient Safety Foundation, the American Society of Anesthesiologists, The American Medical Association, and the American College of Surgeons.

Certified Anesthesiologist Assistants Practice Authorization

Licensure
Delegatory Authority Granted
Pa License also required

AAAA

Emergency Preparedness with Provider Bridge

Kyle Karinen, J.D., LL.M

Several years ago, I came across a copy of a book by a Washington journalist that detailed some of the geology of the Pacific Northwest. More specifically, the focus was on the near-certainty of another megathrust earthquake and tsunami similar to the one that happened in 1700. For those of us not originally from this side of the country, the idea of being in an earthquake is sort of harrowing – I grew up regularly doing tornado drills in school, but an earthquake? It is an unknown. As I read the book, it was interesting to discover my house was less than a quarter mile from the Seattle Fault. At the time I lived in Seattle and regularly commuted to the Olympia-area. While the book is not exactly a direct exhortation to do personal disaster preparedness and planning, that was certainly one of the effects.

All of that experience came flooding back during a recent meeting with the Administrators In Medicine when the issue of disaster preparedness came up. A new service called Provider Bridge has been developed in partnership with the Federation of State Medical Boards that offers physicians and physician assistants an opportunity to assist in the event of emergencies and natural disasters. Leaving aside the scenario mentioned above, the incidence of emergencies and disasters has increased steadily in the U.S. since the 1980s. In 2023, the United States experienced 25 disasters, including a deadly wildfire in Maui and Hurricane Idalia in Florida.

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals that can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies or public health crises.

By registering for Provider Bridge, physicians and physician assistants join thousands of qualified medical providers who are ready to provide care and contribute to the effective emergency management of these disasters.

Joining the Provider Bridge platform allows you to create and own a time-stamped, digital report ("passport") that includes your name, provider type, professional school and graduation date, NPI, state license number(s), specialty or area of practice, and DEA registration(s), as well as any disciplinary history. Each license is verified via data sharing with the Federation of State Medical Boards (FSMB), the National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS).

Perhaps even more importantly, Provider Bridge also allows entities, including state medical and nursing boards, hospitals, health care institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency or deploy to a disaster site or provide telehealth services. Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states.

Currently, Provider Bridge includes physicians, PAs, and nurses and is positioned to expand to include other medical professionals, such as mental health providers (psychologists, counselors, social workers), respiratory therapists, EMS providers, and others.

Provider Bridge supports expeditious emergency response most effectively by having a large number of medical professionals registered in the platform. Registration is free and takes only a few minutes.

Once registered for Provider Bridge, there are no additional steps you need to take. You can generate a certified pdf of your passport to present at an emergency site. Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile). In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

For more information, go to https://www.providerbridge.org/.

(1) Doughton, Sandi. Full-Rip 9.0: The Next Big Earthquake in the Pacific Northwest (2013)

Positive Changes for PAs in the Near Future

Arlene Dorrough PA-C, MCHS/MPH, BCHS

Physician Assistants (PA) in Washington State, some major changes have occurred over the last quarter. There has been a multitude of people working behind the scenes and advocating on our behalf with the Washington legislative bodies, which have recently approved the compact that allows Physician Assistants to practice across state lines in other compact states without needing to acquire a license in those separate states. This is a change that will be especially significant to those who have telemedicine practices but will also be extremely helpful for PAs who have Locum Tenens practices that cross state lines. On March 13th, Governor Jay Inslee signed House Bill 1917 making Washington the fourth state to join the compact. Since then, three additional states required to enact the compact, have also joined. As of April 4th, 2024, the PA compact has been enacted in the participating seven states:

Delaware	Nebraska
Utah	Virginia
Wisconsin	Washington
West Virginia	

Before you send your application to the compact commission, keep in mind, there is still an estimated 18-to-24-month process before the compact is fully operational and PAs can apply for privilege to practice. As states become able to successfully communicate licensure and privilege information with one another through the data system, the compact commission will open applications for privileges to PAs. Other states with pending compact legislation include:

Colorado (SB 24-018)	Maine (LD 2043)
Michigan (HB 5117)	Nebraska (LB 823)
New Hampshire (SB 486)	New York (SB 7711/ AB 8172)
Ohio (SB 28)	Rhode Island (HB 7083)
Tennessee (HB 1862)	Vermont (HB 572)

More information about the interstate compact can be found: HB 1917 Adopting the physician assistant compact.

No More Practice Agreements

Other big news on the Washington PA front includes a change made to Washington state Physician Assistant practice agreements. The supervisory nature of the physician's involvement has been changed to a more collaborative one. For many PAs this has already been the case, but many employers, physicians, and laypersons, interpret the wording in the practice plan literally and it has sometimes led to a misunderstanding of the PA role in their practice of medicine. This change will go a long way toward better definition of the PA role in medical care for those who are unfamiliar with PAs.

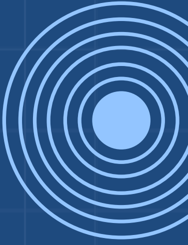
Prior to this new change it was necessary for PAs to complete a Practice Agreement that designated a supervising physician. The participating physician, physician's employer, or their designee had to verify the Physician Assistant's credentials. There were limits to the number of PAs a physician could supervise and as previously stated, the wording was limiting in its description of the relationship between PAs and the physicians with whom they work.

With the changes, the practice agreements are being replaced with "Collaboration Agreements". Collaboration Agreements are defined as a written agreement that describes the manner in which a Physician Assistant is supervised by or collaborates with at least one physician, which must be signed by the physician assistant and one or more physicians or the Physician Assistant's employer. A Collaboration Agreement must be available at the Physician Assistant's primary location of practice and made available to the Commission (WMC) upon request. Physician Assistants are not required to file Collaboration Agreements with the Commission (WMC).

The Washington Medical Commission (WMC) hosts a model practice agreement on our website, and the practice agreement portal has been decommissioned. The WMC held a webinar to discuss the changes, the recording is available here. If you have additional questions, you can reach out to us at medical.licensing@wmc.wa.gov.

Keep yourself informed about medical changes in the state by regularly checking in to the WMC website or subscribing to our emails. Stay informed and support the administrations that supports you; Washington Medical Commission, Washington Association of Physician Assistants, and the American Academy of Physician Assistants. Take time to visit their websites and take advantage of the information and access they have to offer.

CME Invitation: Cancer Genetics



CME invitation: Cancer Genetics

As a dedicated healthcare professional, staying at the forefront of genetic advancements is crucial for providing the best care to your patients. Washington Medical Commission (WMC), in partnership with Washington Department of Health (WA DOH), is thrilled to introduce our upcoming Continuing Medical Education (CME) opportunity.

The CME will be a comprehensive five-part series designed to provide knowledge that will keep you abreast of the latest developments in the field of genetics. The goal of this training is to make cancer genetics relevant to the daily practice of various specialties, ultimately increasing access to genetic services. Each session you attend is worth a maximum of 1.0 *AMA PRA Category 1 Credit*™.

The five-part Cancer Genetics CME will be On-Demand on the WMC website.

Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards, the Washington Medical Commission, and the Washington State Department of Health. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement

The Federation of State Medical Boards designates this enduring activity for a maximum of 1 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

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Information for Providers Regarding Female Genital Mutilation and Cutting

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Mahlet Zeru, MPH
Equity and Social Justice Manager

On February 20, 2023, Governor Jay Inslee signed Senate Bill 5453 creating a new path for victims of Female Genital Mutilation/Cutting (FGM/C) to bring a civil cause of action against the person who committed FGM/C. Providers who practice genital mutilation in violation of SB 5453 may be subject to disciplinary action by the WMC. The legislation further intends to establish education and outreach initiatives to prevent female genital mutilation and provide care for victims. The passage of this bill brings civic consciousness thought to be isolated to children and women outside of the United States. It is estimated that over 500,000 women in the United States are at risk of or have undergone FGM/C, of which 25,000 reside in WA state[1]. The Seattle-Tacoma-Bellevue metro area is reported to be home to the nation's fifth largest impacted community[2]. FGM/C remains prevalent as the practice is deeply rooted in cultural, religious, and social norms of immigrant communities[3]. It is often seen as a rite of passage[4], a prerequisite for marriage[5], or a means to control female sexuality[6]. These deeply entrenched beliefs make abandonment of the harmful practice challenging.

What is FGM/C?
Female genital mutilation or cutting (FGM/C) is any procedure that involves the partial or total removal and alteration of the external female genitalia for cultural, religious, or other non-therapeutic/cosmetic reasons[3].

World Health Organization classifies types of FGM/C into four types which are divided into categories based on severity of tissue damage and the health risk associated with the FGM/C performed[3].

Type I - Partial or total removal of the clitoral glans (Type 1a) and/or the prepuce/clitoral hood.

Type II - Partial or total removal of the clitoris and the labia minora, with or without the labia majora.

Type III (Infibulation) - Narrowing of the vaginal opening with the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora. Cutting open the sealed vaginal opening (deinfibulation) is performed to allow sexual intercourse or facilitate childbirth.

Type IV - All other harmful procedures to the female genitalia for non-medical purposes- pricking, piercing, incising, scraping, and cauterizing.

Here are sample screening questions from FGM/C Provider Toolkit

Many women from your country have been cut or "closed" as children. If you don't mind telling me, were you cut or closed as a child?

Do you have any problems peeing? Does it take you a long time to pee? Note: women with Type III may take several minutes to urinate.

Do you have any pain with your period? Do you feel that the blood gets stuck?

Do you have any itching, burning or discharge from your vaginal area?

(If sexually active) Do you have ay pain or difficulty when having sex?

Information for Providers Regarding Female Genital Mutilation and Cutting

Providers play a crucial role in screening, providing care, and counseling patients to prevent the practice of FGM/C.

Screen
Healthcare providers should learn to recognizing signs of FGM/C during routine examinations particularly those working with African and Middle east immigrants. This includes looking for physical signs and being aware of potential symptoms, such as recurrent urinary tract infections, menstrual irregularities, and chronic pelvic pain.[7,8]

Providing Care
Building a trusting relationship with patients to address medical and psychological needs is critical to survivors of FGM/C. The following resources provide best practice for practitioners.

WHO Clinical Handbook- Care for Girls & Women Living with Female Genital Mutilation

WHO Guidelines - Management of Health Complications from Female Genital Mutilation

Providers can learn more about FGM/C by reviewing The George Washington University healthcare provider toolkit.

Created by Dr. Crista Johnson-Agbakwu from Arizona State University's Southwest Interdisciplinary Research Center is great visual reference and learning tool for health care professionals.

Education and Advocacy
Educating patients, families, and communities about the dangers of FGM/C and advocating for its abandonment of this harmful cultural practice is critical. Providers should inform patients that FGM/C is considered child abuse, and that it is illegal to perform FGM/C on a child in the United States or to take a child out of the country to undergo the procedure (vacation cutting)[9]. Physicians can work with community leaders, educators, and policymakers to raise awareness and promote behavioral change. Additional organizations working to end the practice and advocate for survivors for FGM/C are Mother Africa, Sahiyo and the US End FGM/C Network which can provide more resources and context for providers.

Endnotes

1. Goldberg, H., Stupp, P., Okoroh, E., Besera, G., Goodman, D., & Danel, I. (2016). Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012. Public health reports (Washington, D.C. : 1974), 131(2), 340–347. https://doi.org/10.1177/003335491613100218
2. U.S. Women and Girls Potentially at Risk for FGM/C, by Metro Area, 2013 Preliminary Data https://www.prb.org/wp-content/uploads/2016/02/us-fgmc-all-metros-table.pdf
3. WHO Female genital mutilation https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation
4. Omigbodun, O., Bella-Awusah, T., Emma-Echiegu, N., Abdulmalik, J., Omigbodun, A., Doucet, M. H., & Groleau, D. (2022). Escaping social rejection, gaining total capital: the complex psychological experience of female genital mutilation/cutting (FGM/C) among the Izzi in Southeast Nigeria. Reproductive health, 19(1), 41. https://doi.org/10.1186/s12978-022-01348-3
5. Akweongo, P., Jackson, E. F., Appiah-Yeboah, S., Sakeah, E., & Phillips, J. F. (2021). It's a woman's thing: gender roles sustaining the practice of female genital mutilation among the Kassena-Nankana of northern Ghana. Reproductive health, 18(1), 52. https://doi.org/10.1186/s12978-021-01085-z
6. Esho, T., Kimani, S., Nyamongo, I., Kimani, V., Muniu, S., Kigondu, C., Ndavi, P., & Guyo, J. (2017). The 'heat' goes away: sexual disorders of married women with female genital mutilation/cutting in Kenya. Reproductive health, 14(1), 164. https://doi.org/10.1186/s12978-017-0433-z
7. WHO Clinical Handbook- Care for Girls & Women Living with Female Genital Mutilation https://iris.who.int/bitstream/handle/10665/272429/9789241513913-eng.pdf?ua=1
8. CDC Sexual and Reproductive Health https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/sexual-and-reproductive-health.html
9. The George Washington University healthcare provider toolkit. https://fgmtoolkit.gwu.edu/educators/fgmc-legal-us

Washington Physician Health Program Fee Update

The passage of HB 1972 Physician Health Program Fees in the 2024 Washington Legislative Session requires fee updates for Physicians, Physician Assistants, Osteopathic Physicians and Podiatric Physicians from $50 to $70 annually, effective June 5th, 2024. Veterinarians' fees will increase from $25 to $35 annually effective June 6th, 2024. Dentist's fees will increase in January 2026.

Important message from the DOH WHALES team regarding the death registration system

We still have many providers that have not enrolled for WHALES Death Registration yet. If you are involved in patient care and may have to complete a death report, you cannot access EDRS. You MUST have a WHALES Death Registration account. Enrollment is a multi-step process, which means **the time to sign up is NOW before** you have a death to report. This will result in a quicker death registration process for all involved.
For more information, including instructions on enrollment, please see the most recent WHALES newsletter.
If you have any questions, please contact the death registration team at DeathRegistration@doh.wa.gov

Legal Actions

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February 1, 2024 – April 30, 2024

Below are summaries of interim suspensions and final actions taken by the Medical Commission. Statements of Charges, Notices of Decision on Application, Modifications to Orders and Termination Orders are not listed. We encourage you to read the legal document for a description of the issues and findings. All legal actions can be found with definitions on the Medical Commission website.

Practitioner Credential and County	Order Type	Date	Cause of Action	WMC Action
Summary Actions				
Knox, David G., MD MD.MD.00018242 Out of state	Ex Parte Order of Summary Suspension	2/29/24	Surrender of Oregon license.	Indefinite suspension.
Smith, Stephen L., MD MD.MD00019257 Benton County, WA	Ex Parte Order of Summary Action	3/31/24	Alleged treatment of family members without keeping records; inappropriate prescribing testosterone ananastrozole, unsterile reinfusion of blood into two patients, noncompliance with WMC order.	Indefinite suspension.
Formal Actions				
De, Monya, MD MD.MD.60861239 Out of state	Agreed Order	3/7/24	Failure to comply with WMC order.	Ethics assessment exam; ethics course; paper, personal appearances; fine. May petition to terminate in one year.
Hill, Simon D., PA PA.PA.10004888 Out of state	Agreed Order	3/7/24	Prescribing of controlled substances to without keeping records and while having a romantic relationship with the patient.	CME on prescribing; ethics and boundaries course; papers on maintaining professional boundaries and prescribing; personal appearances; fine. May petition to terminate in 30 months.
Houtz, Jane MD MD.MD.00038185 Out of state	Default Order	2/28/24	Failure to provide medical records to patients and failure to cooperate with investigation.	Indefinite suspension.
Miller, Richard A., MD MD.MD.00018550 King County	Default Order	3/15/24	Alleged health condition that could impair ability to practice with reasonable skill and safety.	Indefinite suspension.
Parakh, Rugvedita S., MD MD.MD.60917578 King County	Default Order	2/15/24	Disciplinary action in Indiana.	Indefinite suspension.

Practitioner Credential and County	Order Type	Date	Cause of Action	WMC Action
Pothini, Gouri, B., MD MD.MD.60729650 King County	Agreed Order	3/7/24	Prescribing a controlled substance in another person's name for his own use and having a health condition impacting his ability to practice with reasonable skill and safety.	Indefinite suspension. May petition to lift the suspension after an assessment by WPHP and compliance with recommendations.
Informal Actions				
Ferries, Michael, MD MD.MD.00029850 Spokane County	STID	3/7/24	Alleged inappropriate touching of patient.	Ethics course; boundaries course; paper; disclosure of sexual misconduct to patients; personal appearances; costs. May petition to terminate in four years.
Jackson, George F., MD MD.MD00039825 Pierce County	STID	4/5/24	Alleged negligent care and patient abuse.	CME in record keeping; ethics and boundaries course; multidisciplinary evaluation; personal appearances; costs. May petition to terminate when all terms are completed.
Lagattuta, Francis, MD MD.MD.60538273 Out of state	STID	2/23/24	Revocation of license in Oregon.	Voluntary surrender of license.
Lang, Robert G.R.,MD MD.MD.00019502 Thurston County	STID	3/7/24	Alleged health condition that could impair ability to practice with reasonable skill and safety.	Voluntary surrender of license.
Ravasia, Sajid, A., MD MD.MD.00045273 Out of state	STID	3/7/24	Alleged failure to cooperate with an investigation.	Voluntary surrender of license.
Shuster, Allison K., PA PA.PA.60656503 Clark County	STID	3/7/24	Alleged inappropriate issuance of vaccine exemptions to three children as part of new refugee intake examinations.	CME in vaccine compliance and exemptions and in recordkeeping; paper; personal appearances; costs. May petition to terminate in one year.

Order of Summary Suspension: An order suspending a license prior to a hearing based on a determination that the licensee's continued practice represents a danger to the public.

Order of Summary Restriction: An order restricting an aspect of a licensee's practice prior to a hearing based on a determination that the licensee's continued practice with an unrestricted license represents a danger to the public.

Agreed Order: a settlement resolving a statement of charges. This order is an agreement by a licensee to comply with certain terms and conditions to protect the public.

Final Order: an order issued after a formal hearing before the Commission.

Final Order on Default: an order issued after the licensee fails to respond to a statement of charges.

Final Order-Waiver of Hearing: an order issued after the licensee waives the right to a hearing on a statement of charges by the licensee to comply with certain terms and conditions to protect the public.

Stipulation to Informal Disposition (STID): a document detailing allegations, but with no findings or admissions, and containing an agreement by the licensee to comply with certain terms and conditions to protect the public.

Rulemaking Efforts

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Amelia Boyd
Program Manager

Health Equity Continuing Education for MDs and PAs

On October 20, 2023, the WMC adopted new sections of rule, WAC 246-918-195 (physician assistants) and WAC 246-919-445 (physicians) to meet the requirements of Engrossed Substitute Senate Bill 5229 (Chapter 276, Laws of 2021), codified as RCW 43.70.613, regarding health equity continuing education (CE). The CR-103, Rulemaking Order, was filed on November 29, 2023 as WSR #23-24-033. The rules were effective January 1, 2024.

Postgraduate Medical Training, WAC 246-919-330 via Standard Rulemaking

The WMC officially filed a CR-102, Proposed Rulemaking, with the Office of the Code Reviser on March 20, 2024. The WMC is proposing amendments to WAC 246-919-330(4) to remove two requirements that have become a barrier to licensure. The WSR# is 24-07-107, and includes the proposed language. **The hearing for this rulemaking was held April 26, 2024, where the rules were adopted. The next step in the rulemaking process, CR-103 or permanent rulemaking, is now in progress.**

Postgraduate Medical Training, WAC 246-919-330 via Emergency Rulemaking

The WMC has amended WAC 246-919-330(4) Postgraduate medical training via emergency rulemaking. The amendment eliminates the outdated requirement for consecutive years of training in no more than two programs. This emergency rule was filed on July 13, 2023, as WSR #23-15-056; renewed on November 9, 2023, as WSR #23-23-071; and renewed again on March 8, 2024, as WSR #24-07-019. The immediate amendment of WAC 246-919-330 was necessary for the preservation of public health, safety, and general welfare. Continued demand for health care professionals, especially qualified physicians, makes it essential that qualified applicants are able to obtain licensure. This action will result in increasing the quantity of health care professionals able to respond to current and ongoing staffing demands.

Opioid Prescribing Rules

At their April 14, 2023, business meeting the WMC Commissioners voted to initiate rulemaking for both chapter 246-918 WAC (physician assistants) and chapter 246-919 WAC (allopathic physicians) to revise the opioid prescribing rules as follows:

1. Exempting patients with Sickle Cell Disease.
2. State in rule that not all chronic pain patients need to be tapered off opioids.
3. Clearer rules regarding biological specimen testing.

The WMC officially filed a CR-101 with the Office of the Code Reviser on August 16, 2023. The WMC is considering amending the following sections to modernize the language, add clarity, and bring the rules more in line with current practice:

- WAC 246-918-801 (physician assistants) Exclusions
- WAC 246-918-845 (physician assistants) Patient Evaluation and Patient Record—Subacute Pain
- WAC 246-918-855 (physician assistants) Patient Evaluation and Patient Record—Chronic Pain
- WAC 246-918-870 (physician assistants) Periodic Review—Chronic Pain
- WAC 246-918-900 (physician assistants) Tapering Considerations—Chronic Pain
- WAC 246-919-851 (physicians) Exclusions
- WAC 246-919-895 (physicians) Patient Evaluation and Patient Record—Subacute Pain
- WAC 246-919-905 (physicians) Patient Evaluation and Patient Record—Chronic Pain
- WAC 246-919-920 (physicians) Periodic Review—Chronic Pain
- WAC 246-919-950 (physicians) Tapering Considerations—Chronic Pain.

The WSR# is 23-17-094. A CR-102, Proposed Rulemaking, was filed on March 20, 2024, as WSR #24-07-107. A hearing was held on April 26, 2024, during which these rules were not adopted. As a result, we have returned to the CR-101, Preproposal Statement of Inquiry, step in the rulemaking process. Please visit our Rules in Progress page for the current schedule and draft language.

Rulemaking Efforts

2SHB 1009 Military Spouse Temporary Practice Permits
Second Substitute House Bill (2SHB) 1009 Concerning military spouse employment was passed during the 2023 legislative session. The WMC has a section in both the physician's chapter, WAC 246-919-397, and the physician assistant's chapter, WAC 246-918-076, which address how a military spouse can obtain a temporary practice permit. Both WACs are identical except for references to physician or physician assistant in their respective chapters. 2SHB 1009 provides additional information for issuing this temporary permit, a different definition of military spouse, and other items that are not included in the WACs. The WMC will consider amending these WACs to align with the bill more closely. The CR-101 for this rulemaking was filed on September 12, 2023, as WSR #23-19-029.

At their October 20, 2023, business meeting, the WMC Commissioners approved initiating the next step in the rulemaking process, CR-102, Proposed Rulemaking. The hearing for this rulemaking is tentatively scheduled for October 11, 2024. Please visit our Rules in Progress page for the current schedule.

Collaborative Drug Therapy Agreements

The CR-101 for creating rules related to Collaborative Drug Therapy Agreements was filed with the Office of the Code Reviser on July 22, 2020 as WSR #20-16-008.

One aspect of the practice of medicine is working with pharmacists to deliver drug therapy to patients. This coordination can take many forms, but the WMC's concern involves treating patients under a collaborative drug therapy agreement (CDTA). These arrangements occur pursuant to a written agreement entered into by an individual physician or physician assistant and an individual pharmacist.

The Pharmacy Quality Assurance Commission has adopted a rule that governs CDTAs from the pharmacy perspective, however there are no statutes or rules that govern a physician's responsibilities under a CDTA. A rule is needed to define the roles and responsibilities of the physician or physician assistant who enters into a CDTA, any defined limit to the number of pharmacists who may have a CDTA with any one physician or physician assistant, and how the physician or physician assistant and pharmacist can best collaborate under these agreements.

Regulating the use of CDTAs would place the WMC in an active patient safety role. Rulemaking would provide clarity around this issue to help avoid potential discipline and increase patient safety. The new sections being considered will potentially benefit the public's health by ensuring participating providers are informed and regulated by current national industry and best practice standards. Workshops for this rulemaking are ongoing. Please visit our Rules in Progress page for the current schedule and draft language.

Establishing the use of nitrous oxide in office based surgical settings, WAC 246-919-601

The WMC is considering amending WAC 246-919-601 to exempt the use of nitrous oxide in office-based surgical settings under certain circumstances. Additionally, the WMC is considering adding a new subsection to further address the use of nitrous oxide in such settings. The CR-101, Preproposal Statement of Inquiry, for this rulemaking was filed on May 17, 2024, as WSR #24-11-104. Workshops for this rulemaking are ongoing. Please visit our Rules in Progress page for the current schedule and draft language.

Upcoming Rulemakings

At their October 20, 2023, business meeting, the WMC Commissioners approved initiating rulemaking on the following:

- Regarding SSB 5389 – define "qualified physician"

The CR-101, Preproposal Statement of Inquiry, for this rulemaking is in progress. Workshops will be held sometime this year. Please visit our Rules in Progress page for the current schedule.

At their April 26, 2024, business meeting, the WMC Commissioners approved initiating rulemaking on the following:

- Standard rulemaking in response to SB 5184 concerning licensure of certified anesthesiologist assistants.
- Expedited rulemaking (CR-105) in response to ESHB 2041 concerning physician assistant collaborative practice.
- Expedited rulemaking (CR-105) for technical edits to WAC 246-919-945 and WAC 246-918-895.

More Information

Please visit our rulemaking site and for continued updates on rule development, interested parties are encouraged to join the WMC's rules GovDelivery. WMC rulemaking comments or questions may be emailed to medical.rules@wmc.wa.gov.

Washington State Department of HEALTH

Tax Exemptions for Medical Cannabis Patients

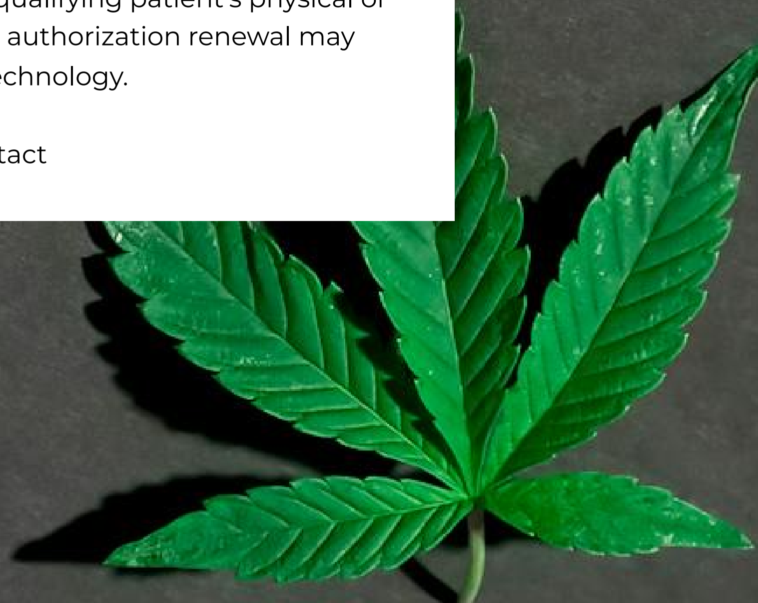
WA DOH

This year, the legislature passed HB 1453, which grants a tax exemption for medical cannabis patients who are registered in the Department of Health (DOH) Medical Cannabis Registry. We anticipate an increase in prospective patients reaching out to healthcare providers (HCPs) who are permitted to authorize the medical use of cannabis. Due to this change, we would like to remind you of the laws you must follow when authorizing a medical cannabis patient.
The governing boards and commission developed Medical Cannabis Authorization Practice Guidelines (PDF) that provide guidance on these laws and on best practices. Complete laws on HCP requirements can be found in **RCW 69.51A.030.**

You must:

- **Conduct an in-person** physical exam to evaluate the patient for medical use of cannabis.
- **Document** in the patient's record:
  - That you have established a provider-patient relationship, as a principal care provider or specialist for their condition.
  - The patient's terminal or debilitating medical condition that may benefit from the use of medical cannabis.
  - That you provided the patient information about other treatment options.
  - Attempted measures taken or treatments that do not involve the use of medical cannabis.
- **Complete the DOH Medical Cannabis Authorization Form** using the Medical Cannabis Authorization Form Guidelines (PDF).
- **Renew** the authorization upon completion of an in-person physical examination; **unless** you determine and document in the patient record that follow-up exams would likely result in severe hardship because of the qualifying patient's physical or emotional condition. In this case, follow-up exams for authorization renewal may occur through the appropriate use of telemedicine technology.

If you have any questions about this change, please contact medicalcannabis@doh.wa.gov.



WMC Public Meetings

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

WMC Offices Closed – July 4, 2024

Personal Appearances - July 11, 2024 10:00am to 12:00pm
Virtual Meeting

Business Meeting - July 19, 2024
9:00am to 11:00am
Virtual Registration

WMC Offices Closed – September 2, 2024

Policy: Interested Parties - September 5, 2024
10:00am to 11:00am
Virtual Registration

Personal Appearances - September 12, 2024
10:00am to 12:00pm
In-Person, Location TBD

Policy: Interested Parties - September 19, 2024
10:00am to 11:00am
Virtual Registration

Policy Committee - September 26, 2024
4:00pm to 5:00pm
Virtual Registration

Business Meeting - October 11, 2024
9:00am to 11:00am
Virtual Registration

Members

Medical Commission Members
Karen Domino, MD - Chair
Terry Murphy, MD - Chair Elect
Ed Lopez, MD - Officer-at-Large

Michael Bailey
Christine Blake, CPMSM
Toni L. Borlas
Po-Shen Chang, MD
Jimmy Chung, MD
Diana Currie, MD
Anjali D'Souza, MD
Arlene Dorrough, PA-C
Harlan Gallinger, MD
April Jaeger, MD
Jamie Koop
Sarah Lyle, MD
Elisha Mvundura, MD
Robert Pullen
Scott Rodgers, JD
Claire Trescott, MD
Richard Wohns, MD

Update! Editorial Board
Diana Currie, MD
Jimmy Chung, MD
Micah Matthews
Richard Wohns, MD
Jimi Bush, Managing Editor

WMC Mission

Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule making, and education.

WMC Vision

Advancing the optimal level of medical care for the people of Washington State.