

Rulemaking Efforts



WASHINGTON
**Medical
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Exclusions – Opioid Prescribing

The [CR-101](#) for amending the Exclusions sections in both the MD (WAC 246-919-851) and PA (WAC 246-918-801) chapters to expand the types of patients who are exempt from certain provisions of rule when being prescribed opioid drugs was filed with the Office of the Code Reviser on March 25, 2020.

As part of the WMC's rule making for ESHB 1427, enacted in 2017 and codified as RCW 18.71.800, the WMC received comments that adhering to the opioid prescribing rules for patients admitted to long-term acute care (LTAC) and nursing homes, is onerous. Specifically, the rules require a history and physical as well as a check of the prescription monitoring program (PMP) be completed prior to prescribing opioids. It has been stated that patients transferred to LTACs and nursing homes had a history and physical while in the previous facility and that practitioners in LTACs and nursing homes can rely on that assessment.

Inpatient hospital patients are currently exempt from the opioid prescribing rules. The WMC recognizes that patients in LTACs and nursing homes are similarly situated to hospital patients receiving inpatient treatment.

Since the rules related to ESHB 1427 became effective January 1, 2019, the WMC has continued to receive comments related to LTAC and nursing home patients. To address this issue, the WMC filed an interpretive statement: "Exempting Patients in Nursing Homes and Long-Term Acute Care Hospital from the Opioid Prescribing Rules." While the interpretive statement has helped to curb the comments and concerns from prescribers, the WMC feels this important exemption should be in rule. Furthermore, this could allow us to rescind the interpretive statement.

The WMC has also received a comment regarding patients in Residential Habilitation Centers (RHC) that they are also similarly situated to LTAC and nursing home patients. As such, the WMC may also consider exempting patients in RHCs.

Please visit our [Rules in Progress](#) page for the current schedule and draft language.

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 WMC 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. 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.



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Senate Bill (SB) 6551 – International Medical Graduates

The [CR-101](#) for creating rules related to integrating International Medical Graduates into Washington's healthcare delivery system was filed with the Office of the Code Reviser on August 6, 2020 as WSR #20-17-024.

SB 6551 permits the WMC to issue limited licenses to IMG. The bill also directs the WMC to establish requirements for an exceptional qualification waiver in rule as well as establish requirements for a time-limited clinical experience license for IMG applicants. Establishing these requirements would reduce barriers for IMG applicants obtaining residency positions in Washington.

The next step in the rulemaking process, the Proposal or CR-102, was approved at the WMC's November 19, 2021 Business meeting and is in the process of being drafted. A hearing related to this rulemaking will be held in the first half of 2022.

Chapter 246-918 WAC – Physician Assistants and SHB 2378

The WMC has updated [chapter 246-918 WAC](#) regarding physician assistants (PA) to more closely align with current industry standards, modernize regulations to align with current national industry standards and best practices, and provide clearer rule language for licensed PAs. The rule also incorporates the requirements of [Substitute House Bill \(SHB\) 2378](#) (chapter 80, Laws of 2020) and amends the rules to be in alignment with the bill. This bill combines the osteopathic PA licensing under the WMC effective July 1, 2021 and eliminates the profession of Osteopathic Physician Assistant. The bill instructs the WMC to consult with the Board of Osteopathic Medicine and Surgery when investigating allegations of unprofessional conduct by a licensee under the supervision of an osteopathic physician. The bill also reduces administrative and regulatory burdens on PA practice by moving practice agreements from an agency-level approval process to an employment level process. Employers are required to keep agreements on file. The bill requires the WMC to collect and file the agreements. Amendments also change nomenclature from "delegation" to "practice" agreement and from "supervising physician" to "participating physician" agreement. These rules were effective November 27, 2021. The rulemaking order, which includes the updated rule language, is available [here](#).

More Information

For 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.

2022 Recruitment Notice

The Washington Medical Commission (Commission) is currently accepting applications to fill upcoming vacancies. The Commission helps make sure physicians and physician assistants are competent and provide quality medical care.

We are looking for people willing to study the issues and make decisions in the best interest of the public. Our member selection reflects the diversity of the profession and provides representation throughout the state. On July 1, 2022 the Commission will have openings for:

- One physician representing Congressional District 3
- One physician representing Congressional District 5
- One physician representing Congressional District 9
- One Physician-at-Large
- One Physician Assistant
- Three Public Members

To determine what congressional district you live in, please visit this [website](#) and enter your zip code in the upper right part of the page.

The Commission consists of 21 members appointed by the governor. It meets about eight times a year, usually on Thursday and Friday every six weeks. There is an expectation to review multiple disciplinary cases between meetings, and additional meetings or hearings are often necessary. Additional information regarding commission membership and a link to the governor's application can be found on our [website](#).

Please take the time to review the valuable information on commission membership available at the above website. Applications, along with a current resume, must be received by **March 25, 2022**.

If you have any questions about serving on the Commission, please contact Amelia Boyd, Program Manager, by [email](#) or call (360) 918-6336.