

# Rulemaking Efforts



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

## Amelia Boyd Program Manager

**Substitute Senate Bill 5380 – Concerning opioid use disorder treatment, prevention, and related services.** [Substitute Senate Bill \(SSB\) 5380](#) was passed by the legislature on April 16, 2019. The bill is concerning opioid use disorder treatment, prevention, and related services and mandates that the WMC adopt rules for both allopathic physicians and physician assistants. A stakeholder workshop was held on July 10, 2019. On July 12, 2019 the WMC approved initiating the next step in the rulemaking process, Proposed Rule Making (CR-102).

For more information about these rules, please visit our [website](#)

### Chapter 246-919 WAC

The [CR-101](#) for Chapter 246-919 WAC was filed with the Office of the Code Reviser on January 2, 2018 as WSR #18-02-079.

The WMC is considering updating the chapter to more closely align with current industry standards and provide clearer language for licensed allopathic physicians. In addition, RCW 43.70.041 requires the WMC to review its administrative rules every five years to ensure that regulations are current and relevant.

Rule amendments 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.

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For more information on this rule, please visit our [rulemaking site](#).

### Clinical Support Program

The [CR-101](#) for WAC 246-919-XXX Physicians and WAC 246-918-XXX Physician Assistants was filed with the Office of the Code Reviser on February 22, 2018 as WSR #18-06-007.

The WMC is considering creating two new rule sections, and revising related rule sections as appropriate, to establish a clinical support program (program), its criteria and procedures for allopathic physicians and physician assistants. The intent of the program is to assist practitioners with practice deficiencies related to consistent standards of practice and establish continuing competency mechanisms that will protect patients proactively through a plan of education, training and/or supervision. The WMC may resolve practice deficiencies through the program at any point in a practitioner's period of licensure.

The program would allow for quick identification of issues requiring clinical support, through practitioner or employer inquiry, referral, and including complaints that may not rise to the level of a license sanction or revocation. These issues could be resolved with voluntary participation from the allopathic physician or physician assistant in the program. The WMC is considering education, training, supervision, or a combination of the three as part of the program. Issues appropriate for clinical support would likely include but are not limited to practice deficiencies such as a failure to properly conduct a patient assessment or document treatment. This also allows an allopathic physician or physician assistant a structured process to quickly improve his or her clinical skills.

Finally, participation in this program places the commission in an active patient safety role.

For more information on this rule, please visit our [rulemaking site](#).

### More Information

For continued updates on rule development, interested parties are encouraged to join the WMC [rules GovDelivery](#).



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