

# Rulemaking Efforts



WASHINGTON  
**Medical  
Commission**  
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### Chapter 246-919 WAC

The [CR-102](#) for WAC 246-919-010 through 246-919-770 (relating to allopathic physicians), was filed with the Office of the Code Reviser on June 25, 2020 as WSR #20-14-048.

The purpose of this proposal is to more closely align the chapter with current industry standards and provide clearer rule language for licensed allopathic physicians (MDs). Proposed revisions include:

- Changing the name of the WMC pursuant to SB 5764;
- Updating definitions to reference new terminology or clarify their meaning;
- Rescinding sections which are no longer relevant, utilized, or are referenced in other chapters;
- Updating references to periodicals;
- Updating physician licensing requirements to align with current standards;
- Updating section titles to more clearly state the purpose of the section; incorporating language from WMC interpretive statements;
- Adding a new section on how a military spouse may obtain a temporary practice permit pursuant to RCW 18.340.020;
- Adding a new section on the administration of deep sedation and general anesthesia by a physician in a dental office;
- Updating the timelines required for cooperating with an investigation.

A hearing was held on August 19, 2020 to review the draft language and discuss comments from stakeholders. The WMC approved the draft language on August 21, 2020 and the next step in the rules process, CR-103, which will make the language permanent. The filing of the CR-103 is pending.

### 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

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properly conduct a patient assessment or document treatment. This also allows an allopathic physician or physician assistant a structured process to quickly improve their clinical skills.

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

### Telemedicine

The [CR-101](#) for Telemedicine was filed with the Office of the Code Reviser on September 17, 2019 as WSR #19-19-072.

The WMC will consider rulemaking to address the practice of physicians and physician assistants engaging in telemedicine with Washington patients. Possible subjects the WMC may address are:

- Any requirements for licensure;
- Recordkeeping requirements;
- Establishing a patient-practitioner relationship;
- Prescribing issues;
- Standard of care.

Regulating the use of telemedicine would place the WMC in an active patient safety role.

### 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.

### Stem Cell Therapy

The [CR-101](#) for creating rules related to Stem Cell Therapy was filed with the Office of the Code Reviser on April 21, 2020 as WSR #20-09-132.

The WMC has received complaints from licensees, stakeholders, and the public about the use of stem cells. The complaints have been regarding the advertising related to stem cell therapy, practitioners using non-FDA approved

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stem cell therapy, as well as concerns stem cell therapy not being within a practitioner's scope of practice. Regulating the use of stem cell therapy would place the WMC in an active patient safety role. Rulemaking would provide clarity around this emerging medical technology and procedure 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.

### 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 CDAs 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 CDAs 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.

### Senate Bill (SB) 6551 – International Medical Graduates

The [CR-101](#) for creating rules related to integrating International Medical Graduates (IMG) 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.

### 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](#).