Vol. 13 Summer 2023

Washington Medical Commission

Update!

In This Issue...

Message from the Chair

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Leveraging Lessons Learned

Jimmy Chung, MD

It has been a great honor and privilege to serve as the chair of the WMC this past year. While every year brings new issues and changes, the past year has been uniquely challenging for the commission. This was the year of coming out of COVID-19 and transitioning back to in-person meetings, while leveraging lessons learned as opportunities to overhaul the commission's methods and processes to be more efficient. My biggest fear as we emerged from the pandemic was losing the identity and purpose we had worked so hard to build over decades. I'm thrilled that those fears never came to life and in fact, I believe we have emerged better and stronger than ever. The WMC has stepped up to become more effective and efficient, utilizing current technologies to improve workflow, access of information and meeting attendance for the public.

in our society. With diligence, we have removed many sources of implicit bias in our licensing and case investigation processes in order to reduce variability and inequity. In addition, we have recognized the value of diverse backgrounds and experiences within the WMC itself that helps our panels have much more thorough and broadened discussions and perspectives. An unusually high turnover cycle of commission seats this past year gave us the opportunity to closely examine how the WMC could become more effective by strengthening the diversity of our members.

We have also reinvigorated our focus on medical errors, error reduction, and process improvement. While sunsetting the ROME (Reduction of Medical Errors)

With diligence, we have removed many sources of implicit bias in our licensing and case investigation processes in order to reduce variability and inequity.

This past year, the WMC also faced difficult novel cases addressing COVID-19 misinformation, and complaints from both extremes that were unprecedented. As the public health emergency recedes, those cases seem to be decreasing, but we now must brace for the next wave of controversial trends such as medical legislations surrounding reproductive health and gender affirming care, criminalizing medical errors, and the rapid rise of AI and social media that pose even bigger threats of misinformation.

The WMC also has had very exciting transformations. Through a very intentional focus, we as a commission recognized the importance of diversity, equity and inclusion not just as a social responsibility and the "right thing to do" but as a critical component of removing bias that could harm both provider and patient and delivering safe care past the disparities and injustice that are inherent

committee, we launched the High Reliability Organization (HiRO) workgroup to focus on medical error reduction and applying high reliability principles both internally and externally. By supporting a Just Culture environment, we continue to steer the commission toward protecting the public by focusing on education and rehabilitation of physicians and PAs to be the best they can be rather than handing out punishments for errors made by practitioners with good intentions.

With these changes, today's commission is barely recognizable compared to what it looked like even just a year ago. We embrace change and thinking outside the box as we constantly seek opportunities to improve. I am very proud to know that even as I step down as chair, the WMC will continue to remain nimble and progressive to best serve the next generations of Washingtonians.

Executive Director Report

WASHINGTON Medical Commission
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Thank You for Nine Amazing Years

Melanie de Leon, JD, MPA

Almost nine years ago I became the Executive Director of the WMC and I will retire this September. When I applied for this position, I had been a staff attorney for the Commission seven years prior, so I understood its mission at a very high level. Little did I know that the next nine years would be the most rewarding and challenging of my career. Who would have thought that the medical profession would be part of every front-page issue that came along? I certainly did not – but I quickly learned that my perception of my new role and reality were miles apart.

As this will be my last article as the Executive Director, I wanted to highlight a few accomplishments from the last nine years. Together, the Medical Commission, its wonderful staff, our engaged stakeholders, and you, the professional, have tackled a lot:

- We drafted rules – with your help - to address the opioid epidemic.
- We were recognized as a WellBeing First Champion for 2023 by ensuring our licensure applications are free from intrusive and stigmatizing language around mental health care and treatment. This means that healthcare practitioners can seek needed care without fear of losing their license or job.
- We embraced and pursued diversity, equity and inclusion in all of our work processes and published a Discrimination in Healthcare Policy – one of the first medical boards in the world to do so. We now routinely screen complaints for discrimination in healthcare and take appropriate action when we find it.
- We implemented a new way to process cases regarding sexual misconduct and instituted a new requirement that all investigators, staff attorneys and commissioners who are assigned these types of cases first complete Trauma-Informed Sexual Assault Victim training to provide more insight and tools.
- We revamped our website using focus groups to help us tailor it for a variety of users.
- We worked diligently to pass legislation and become part of the Interstate Medical Licensure Compact to expedite licensure in multiple states.
- We helped you through the pandemic by pausing your licensing fees, reducing the documents you needed to provide for licensure and by giving you as much grace as possible as you battled COVID-19 for months and months.
- We fought for women's reproductive rights and worked to shield you from sanctions for doing something in another state that is legal in Washington.

On a personal level, I have learned throughout my career with the WMC that you have a very, very tough job. Balancing patients – their personalities and peculiarities – with treatment options, opinions about those options, time crunches, staffing shortages, insurance red tape and on and on must be exhausting. The fact that you get up every day and do it over and over again is a testament to your dedication to care for us humans to the best of your abilities and I applaud you for that.

It has been a joy and a journey to be part of the Washington Medical Commission and I look forward to seeing what transpires in the next nine years.

Washington Medical Commission Recognized for Protecting Practitioner Health

The Washington Medical Commission (WMC) has been recognized as a WellBeing First Champion for 2023 and was honored among only 21 other U.S. states at the Federation of State Medical Boards 2023 Annual Meeting.

To receive this award, a coalition of leading health care organizations has verified that WMC licensure applications are free from intrusive and stigmatizing language around mental health care and treatment. This means that healthcare practitioners can seek needed care without fear of losing their license or job.

Election Season is Here!

Arlene Dorrough, PA-C, MCHS/MPH

It is time, once again for elections to take place at the American Academy of Physician Associates.

Not enough of us avail ourselves of the vote when the time comes around. I encourage you to head over to the AAPA website and read about the candidates that are available and what issues are affecting PAs, as well as how the candidates plan to direct resources and their insight into the future of our profession.

Voting is now open in the AAPA's 2023 Board of Directors General Election and Student Academy Board of Directors Election. I cannot overstate the importance of knowing who is directing our profession. It is important to know current issues affecting our daily practice.

The AAPA National Conference has recently convened, and the Board of Director candidates were there, actively campaigning, and answering questions about themselves and the issues that face our profession. You must be an AAPA member to have a vote in the election, so I also urge you to become a member on the national level, and of course, on the state level as well, so you can be appraised of local and national issues that are affecting our profession.

One of the issues that got a lot of lip service at the conference was diversity, equity and inclusion. Every candidate mentioned it at one time or another and there was a lot of talk about improving access to a diverse team of medical professionals and representation in the higher levels of PA governance. That being said, there was not a lot of diversity in the candidates. There are a lot of reasons for this that have nothing to do with the quality of the candidates or their ability to circumnavigate the political environs of the PA local or national levels. There are a lot of reasons for the lack of diversity in the upper management and leadership levels of most of our state and local governing bodies, many of which are being currently worked on by these same governing bodies. But does it stand to reason that, because it is being looked at and worked on, that it will get better moving forward? I would argue, no.

I can state, with immense confidence, that meeting, and discussing diversity, and inclusion will not be enough to change anybody's practice, because it has not worked so far. We have been discussing these issues for more than 40 years and we keep bumping into the same problems; why is there so little diversity in our profession, or in the leadership roles within our state and national academies? These questions are also being asked by corporations, legislative boards and medical communities throughout our country. I can also state with confidence that this problem has worsened over the last 15 years. My children have fewer protected rights than I did when I was their age. In fact, xenophobia has escalated so much in this country over the last 15 years, that my children and myself are facing similar threats to ourselves and our rights, such as have not been faced in this country since the 60's, during the Civil Rights movement. Many of the gains made by the Civil Rights movement have been methodically marched back by the current Republican Party.

The biggest difference between then and now, is that we see these changes for what they are, efforts to undo civil rights gains for women and minorities of all kinds, including sexual minorities. Talking, discussing, ruminating and hypothesizing will never change things, we must be willing to step out of what we have already done to make a real difference. I would recommend listening to minority voices for assessment of the problem and for solutions to the obstacles facing minorities wishing to ascend to leadership positions.

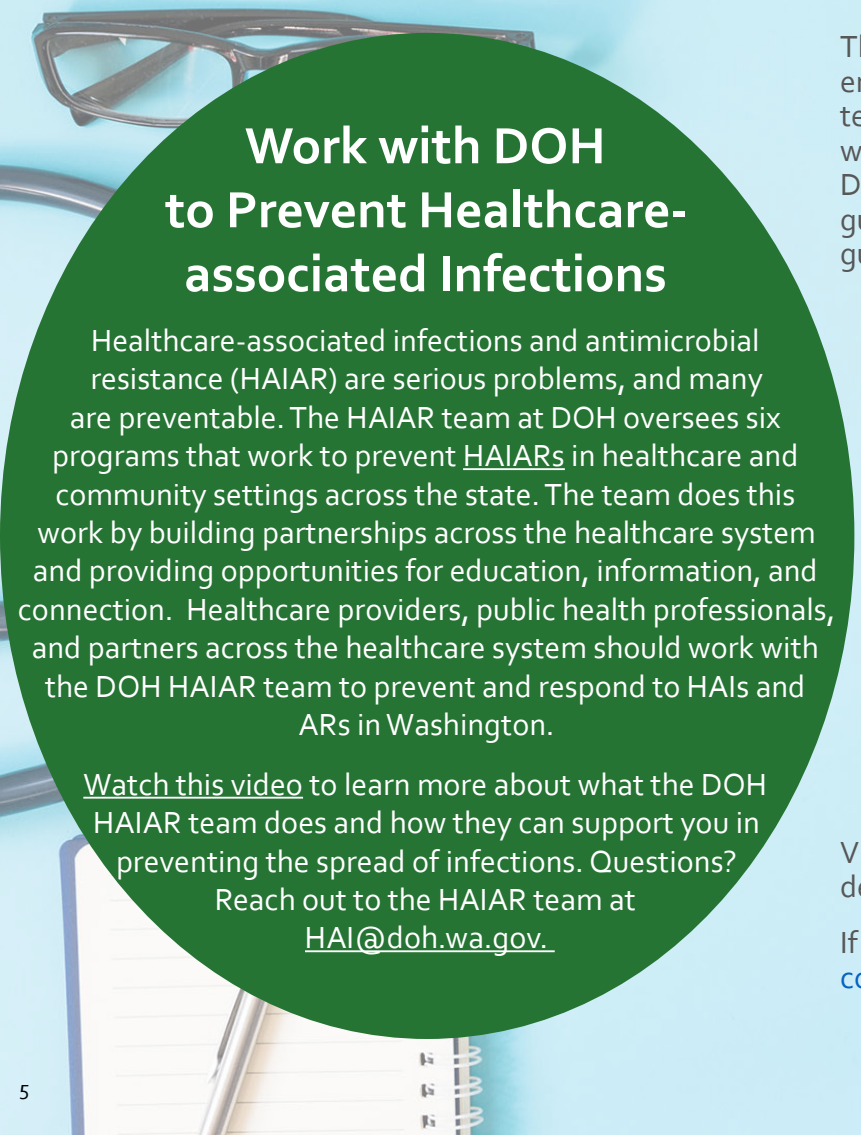
So reader, now is the time to speak up and be heard. Avail yourself of the leadership opportunities around you. We need you to get engaged and become an indispensable part of your profession.

Physician Assistant News

What are some of the issues that cause you to think twice about committing your time to development of your own leadership qualities? What do you hope to accomplish in your career before you retire? Thinking about these issues can guide you to a greater involvement in your profession, which in turn, would develop your leadership potential. I would also ask, what are some of the things that really bother you about your profession? What would you do to change these things? You may be the answer that we all are looking for.

I would add that diversity does not only pertain to race. There should be financial diversity in leadership, not all high school to college to advanced degree members. People who have dealt with financial hardship are some of the best suited to finding solutions that are beyond the scope of conventional thinking. Sexual minorities, women, immigrants, and people of color along all diaspora are encouraged to learn about their professional environment and make a commitment to your profession that will be long lasting and provide hope for a better future for everyone in the profession, not just a predetermined few.

I encourage you to reach for greatness, and in so doing, you can bring us along with you! With that in mind, I would like to extend my congratulations to Ed Lopez PA-C, recently elected as the WMC's Officer at Large, the first PA to attain this position. Congratulations, Ed!



Work with DOH to Prevent Healthcare-associated Infections

Healthcare-associated infections and antimicrobial resistance (HAIAR) are serious problems, and many are preventable. The HAIAR team at DOH oversees six programs that work to prevent HAIARs in healthcare and community settings across the state. The team does this work by building partnerships across the healthcare system and providing opportunities for education, information, and connection. Healthcare providers, public health professionals, and partners across the healthcare system should work with the DOH HAIAR team to prevent and respond to HAIs and ARs in Washington.

Watch this video to learn more about what the DOH HAIAR team does and how they can support you in preventing the spread of infections. Questions? Reach out to the HAIAR team at HAI@doh.wa.gov.

Stay Up to Date on Viral Hepatitis Guidelines

The Washington State Department of Health encourages providers to promote viral hepatitis testing, vaccination, and treatment. To support you, we are sharing resources and current Centers for Disease Control and Prevention (CDC) viral hepatitis guidelines and recommendations, including new guidelines for hepatitis B screening.

- New 2023 guidelines for hepatitis B screening and testing (CDC).
- Testing recommendations for hepatitis C (CDC).
- Vaccination guidelines for hepatitis A (CDC).
- Vaccination guidelines for hepatitis B (CDC).
- Treat hepatitis B and hepatitis C in primary care settings. Learn more at the University of Washington's Hepatitis B Online and Hepatitis C Online.
- Hep B Hub: hepatitis B patient resources in multiple languages.

Visit our provider information webpage for more details.

If you have questions or need support, please contact us.

2023 Legislative Summary

WASHINGTON Medical Commission
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What a Practitioner Needs to Know

Micah Matthews, WMC Deputy Executive and Legislative Director

Washington Medical Commission (WMC) was hard at work this year for the return to in-person legislative session for the first time since the COVID-19 pandemic began. Due to the toned-down nature of two prior virtual sessions, legislators hit the ground running with a deluge of early pre-filed bills.

Here is a recap of the new laws that practitioners should be aware of:

HB 1009-Military Spouses
This law requires the WMC to establish procedures that expedite the issuance of a medical license to a military spouse. The expedited licensing should begin in 2024. Rulemaking is required and some legal hurdles remain. Until then, the WMC temporary practice permit standards are in place. It should also be noted that Congress passed a law in this area as well, which instructs states to issue licenses to military personnel if they have a license in another state and deployment orders. Notably, if there is a health profession compact pathway available, the federal law requires the applicant to use the compact.

HB 1340-Health Professions, Disciplinary Authorities
This law clarifies that providing reproductive services (such as a medicinal or surgical abortion) and gender affirming care does not constitute "unprofessional conduct" under Uniform Disciplinary Act (UDA). Nor does conviction or disciplinary action based on a health care provider's violation of another state's laws prohibiting participation in these services constitute "unprofessional conduct." Therefore, these services are protected in Washington state if they meet the standard of care.

HB 1469-Health Care Services
This law provides a legal shield for those seeking and providing reproductive services (such as a medicinal or surgical abortion) and gender affirming care. The State Attorney General may bring action against those violating the act and recover costs. This bill along with HB 1340 constitutes the bulk of state efforts to protect reproductive rights. They impact all license types except the Medical Compact Licenses (IMLC). Risk mitigation efforts for IMLC holders are underway free of charge, which should launch in July.

SB 5036-Concerning Telemedicine
This law extends the timeline, for which an interactive remote appointment may substitute for an in-person appointment for the purposes of reimbursement using audio-only telemedicine, by six-months.

SB 5120- Establishing crisis relief centers in Washington state
This law creates 23-hour crisis relief centers as a new category of behavioral health facility to provide services to voluntary clients, people brought in by first responders, and clients referred by the 988 hotline. This law aims to reduce barriers that require practitioners to give medical clearance or turn away patients due to exclusionary criteria for behavioral health facilities.

SB 5179-Death with Dignity (update)
In 2008, WA voters approved Initiative 1000, which established The Death with Dignity Act. This bill expands authorization for health care providers who perform the duties of the act to include advanced registered nurse practitioners and physician assistants. The Department of Health (DOH) has a webpage to answer questions about the Death with Dignity Act.

SB 5389-Concerning the practice of optometry
This law expands the scope of optometrists after a lengthy Sunrise Review from the DOH. The law requires that those wishing to expand their scope must receive an endorsement, which has several requirements, including entering into an agreement with a qualified physician for rapid response if complications occur. Based on changes to this law the WMC will be considering an interpretive statement to define "qualified physician".

2023 Legislative Summary

SB 5394-Malpractice Insurance Requirements for IMG Supervisors
This law removes the malpractice coverage requirement in law for those MDs who supervise a Clinical Experience License holder. We hope this will greatly expand the utilization of these licensees in more settings.

SB 5453-Female Genital Mutilation (FGM)
This law formally makes the practice of FGM grounds for "unprofessional conduct" in the UDA and includes FGM in the definition of child "abuse or neglect" that must be reported by a mandatory reporter. The DOH will establish an education program to prevent female genital mutilation and WMC will share the educational program.

2023 WMC Public Meeting Dates

WMC Meeting Type	Date & Time	Location	More Information
Policy: Interested Parties	June 30 10 am – 11 am	Virtual	Meeting Page
Policy Committee	July 5 4 pm – 5 pm	Virtual	Registration
Personal Appearances	July 13 2 pm – 5 pm	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Registration
Business Meeting	July 14 8 am – 9:30 am	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Registration
Personal Appearances	August 24 2 pm – 5 pm	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Events Calendar
Policy: Interested Parties	September 29 10 am – 11 am	Virtual	Events Calendar
Commissioner Retreat	October 6 Time: TBD	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Events Calendar
Policy Committee	October 13 10 am – 11 am	Virtual	Events Calendar
Business Meeting	October 20 9 am – 11 am	Virtual	Events Calendar
Personal Appearances	November 16 2 pm – 5 pm	Capitol Event Center (ESD 113) 6005 Tyee Drive SW, Tumwater, WA	Events Calendar
Policy: Interested Parties	December 8 10 am – 11 am	Virtual	Events Calendar
Additional Events can be found on our Meetings Page and Events Calendar			

Rulemaking Efforts

WASHINGTON Medical Commission
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Amelia Boyd
Program Manager

Health Equity Continuing Education for MDs and PAs

The WMC officially filed a CR-101 with the Office of the Code Reviser on February 10, 2023 as WSR# is 23-05-054. The WMC is considering adopting a new section in chapter 246-918 WAC (physician assistants) and 246-919 WAC (physicians) to meet the requirements of Engrossed Substitute Senate Bill 5229 (Chapter 276, Laws of 2021) regarding health equity continuing education (CE). The Department of Health created model rules, WAC 246-12-800 through 246-12-830, to comply with the bill codified in RCW 43.70.613. The WMC will consider these model rules as part of this rulemaking. The WMC will also consider whether additional CE hours and course topics should be included.

At their May 26, 2023, Business meeting, the Commissioners voted to initiate the next step in the rulemaking process, CR-102, for this rule. That is now in progress and there will be a hearing in the coming months to adopt this rule.

Postgraduate Medical Training, WAC 246-919-330

At their May 26, 2023, Business meeting, the Commissioners voted to initiate rulemaking regarding WAC 246-919-330 Postgraduate medical training. The CR-101 is now in progress and workshops will be scheduled in the coming months.

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

At their May 26, 2023, Business meeting, the Commissioners voted to initiate emergency rulemaking regarding WAC 246-919-330 Postgraduate medical training. The CR-105 is now in progress and a hearing will be scheduled in the coming months.

The emergency rulemaking is needed for the WMC to formalize its decision to use its enforcement discretion to revise the following in section of WAC 246-919-330:

"A physician must complete two ~~consecutive~~ years of postgraduate medical training ~~in no more than two programs~~."

Opioid Prescribing Rules

At their April 14, 2023, Business meeting the 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 CR-101 is now in progress and workshops will be scheduled in the coming months.

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

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

Rulemaking

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. 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.

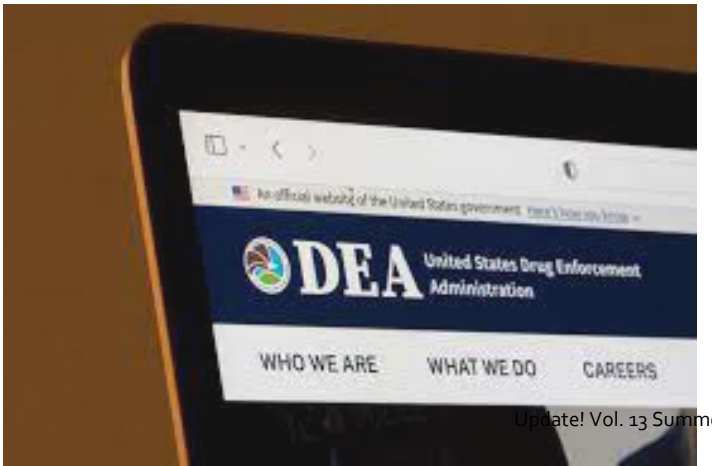
More Information

Please visit our rulemaking site and for continued updates on rule development, interested parties are encouraged to join the WMC's rules GovDelivery.

DEA Information Regarding Upcoming One-Time Training Requirement

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA) registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Pursuant to this action, the DEA recently released some information to its registrants regarding the pending requirement. According to the DEA, all DEA-registered practitioners, except for veterinarians, will be required to satisfy the new training requirement. Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form regardless of whether the registrant is completing their initial registration application or renewing their registration, affirming that they have completed the new training requirement.

The deadline for satisfying this new requirement is the date of the practitioner's next scheduled DEA registration submission, regardless of whether it is an initial registration or a renewal registration, on or after June 27, 2023. This one-time training requirement will not be a part of future registration renewals. The DEA has advised there are multiple ways that practitioners can satisfy the new training requirement. Learn More



Financial Barriers to Physician Health Program Utilization

Chris Bundy, MD, MPH
Executive Medical Director, Washington Physicians Health Program

In the Spring 2023 issue of Update!, I took a moment to celebrate WPHP advocacy efforts particularly with respect to licensure and credentialing question reform. However, I also noted concern that physicians will continue to avoid care for mental health and substance use disorders until we take measures to dismantle the processes and systems that unfairly burden them when seeking care. This is especially true for physicians and PAs needing assistance from the Washington Physician Health Program (WPHP).

Physicians who become involved with WPHP due to concerns of health-related impairment often need specialized assistance so that they can continue or be returned to safety-sensitive work. Well-defined criteria, developed by the Federation of State Physician Health Programs and referenced by the Federation of State Medical Boards, delineate the expertise and elements of evaluation and treatment that a physician health program needs to credibly verify a physician or PA's safety to practice.

Evaluators and treatment providers that serve physicians and other safety-sensitive workers must be willing and able to conduct comprehensive evaluations, including physical and mental health assessment, interviews with collateral family and workplace contacts, cognitive and psychological testing using validated metrics, clinical labs, and forensic toxicology testing. They must rigorously document their findings in exhaustive reports that include assessments of fitness to practice, consideration of the job-specific work demands of the physician, as well as any accommodations that might be required. Unfortunately, these specialized services can be costly, may not be well-covered by health insurance plans, and may be geographically distant from the health professional's residence and psychosocial supports.

In a recent publication that I co-authored, financial strain was found to be a significant barrier to accessing PHP-recommended evaluation, treatment, and monitoring, especially for medical students and physicians in training[1]. Not only does this research confirm our experience, it raises two important questions:

- Why are physicians with mental health or substance use disorders expected to bear disproportionate financial burdens for the care necessary to safely return them to practice?
- What more can the healthcare ecosystem do to ensure that financial barriers do not prevent access to needed care?

A physician or PA suffering severe injuries from a weekend skiing accident would not be expected to carry the same financial burden to treat and rehabilitate that injury as those who suffer from mental health and substance use conditions. Nor would there be any question as to the need for medical leave or time away from work. However, a physician or PA experiencing a mental health or substance use disorder faces relentless stigma and systematized biases as they attempt to navigate their way to recovery. The unfair cost burden borne by PHP-involved health professionals is not just a barrier to health professional recovery and sustainable workforce re-entry. It is, perhaps, a painful reminder that mental health stigma still haunts the house of medicine.

Removing financial barriers to recovery for PHP-involved physicians should be a key advocacy target in all efforts to promote the well-being of health professionals and workforce sustainability. For too long now, physicians and PAs (and the students and trainees of those professions) have shouldered an unfair burden of care when faced with an impairing health condition. Health insurance plans, employers, professional associations, medical schools, graduate medical education programs, and others who benefit from the work of physicians and PAs can do more to alleviate these cost burdens[1].

WPHP Report

The University of Washington School of Medicine, UW Graduate Medical Education, and MEDEX Northwest recently amended their contract with WPHP so that medical students, trainees, and PA students will have the costs of WPHP recommended evaluations, including toxicology testing, covered by the University. Within the University of Florida Health system, all employees under GatorCare are entitled to substance use disorder evaluation and treatment at the UFHealth/Florida Recovery Center at no cost. And, we are aware of at least one large, self-insured, healthcare organization in Washington that authorizes full payment for WPHP involved physicians and PAs at a nationally recognized center specializing in the care of health professionals. WPHP provides grants, fee deferral, and other need-based assistance to program participants such that no program participant is denied WPHP services due to their inability to pay. Finally, and importantly, the Massachusetts Medical Benevolent Society, which has been providing financial assistance to physicians in difficulty since 1857, is a shining example of how state medical associations, and their related foundations, can step up to support physicians in need[1].

These examples demonstrate that it is possible to eliminate financial barriers to recovery for physicians and PAs, that we do not lack the resources, but perhaps the will, to ensure access to the specialized care our workforce often needs. WPHP is working closely with the American Medical Association, the Lorna Breen Heroes' Foundation, and others to elevate awareness of these model programs and inspire action.

Broken healthcare is taking a toll on our physicians and PAs. If we cannot fix the system, at the very least, we need to recognize a shared responsibility to help heal those whom it participates in harming and stop asking the least fortunate among us to fend for themselves.

If you or a colleague need help with your personal health or well-being, please do not hesitate to reach out to us: www.wphp.org / 800-552-7236

References
1. Weinhouse S, Merlo LJ, Bundy CC, et al. Barriers to recovery for medical professionals: Assessing financial support through a survey of Physician Health Programs. Am J Addict. Mar 8 2023;doi:10.1111/ajad.13397

Death with Dignity Act

The Washington Legislature passed Engrossed Substitute Senate Bill (ESSB) 5179 in 2023 that made changes the Death with Dignity Act. The changes become effective on July 23, 2023.

ESSB 5179 did the following:

- Allows more licensed healthcare providers to participate in the Death with Dignity Act.
    - Added a definition of "qualified medical provider" that includes physician, physician assistant, and advanced registered nurse practitioner.
    - Added independent clinical social worker, advanced social worker, mental health counselor, and psychiatric advanced registered nurse practitioner to the "counseling" definition.
- Reduces the timeframe a qualified patient must wait to make a second oral request for medication from 15 days to 7 days.
- Allows pharmacies to accept prescriptions electronically, dispense to a person designated by the patient, and offer secure delivery.
- Allows healthcare providers to submit Death with Dignity forms electronically to the Department of Health.

The Department of Health is updating forms, webpages, processes, and rules to implement the changes. For more information about the Death with Dignity Act and implementation timeline, please visit the Death with Dignity Act | Washington State Department of Health website.

If you want to receive notices by email or have questions, contact DeathwithDignity@doh.wa.gov.

Legal Actions

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

February 1, 2023 -April 30, 2023

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				
Saadi, James A., MD MD00022398 Out of state	Order of Summary Suspension	2/17/23	Suspension of license in Missouri.	Summary suspension of license.
Formal Actions				
Ambati, Balamurali K. MD MD60668483 Out of state	Agreed Order	3/2/23	The Utah Division of Occupational and Professional Licensing restricting Licensee's Utah license.	Notify WMC if renews license; restricted from performing eye surgery, performing experimental and/or off-label procedures, and non-FDA approved materials for 3 years; compliance audits; and personal appearances.
Hiltz, William MD MD00042350 Kitsap County	Final Order on Default	4/12/23	Licensee failed to comply with an order to undergo an investigative mental examination and failed to respond to a Statement of Charges	Indefinite suspension of license.
Mullen, Bernard N. MD MD00024520 Thurston County	Agreed Order	3/2/23	Licensee is unable to practice with reasonable skill and safety due to a health condition.	Indefinite suspension of license.
Pugh, Steven MD MD00039278 Spokane County	Agreed Order	3/2/23	Licensee is unable to practice with reasonable skill and safety due to a health condition.	Indefinite suspension of license.
Paul Thomas MD MD60353591 Out of state	Agreed Order	3/2/23	The Oregon Medical Board restricted Licensee's Oregon license.	Indefinite suspension of license.

Informal Actions				
Practitioner Credential and County	**Order Type**	**Date**	**Cause of Action**	**WMC Action**
Bailey, Barb H. PA PA60694573 Out of state	STID	3/2/23	Licensee surrendered her clinical privileges at a clinic in South Dakota.	CME in medical record-keeping; paper on dangers of lapses in documentation; personal appearances; costs. May petition to terminate in one year.
Cearley, Aisling B., PA PA60697867 Snohomish County	STID	3/2/23	Alleged inability to practice with reasonable skill and safety due to a health condition.	Voluntary surrender of license.
Driver, Michael K., MD MD00025405 Benton County	STID	4/13/23	Alleged failure to diagnose stroke in a patient in the emergency department.	CME in diagnosis and management of strokes; CME in diagnosis and management of cardiac conditions; review topics covered in ACLS class; paper; personal appearances. May petition to terminate in 3 years.
Gillette, Darren L., MD MD00044993 Clark County	STID	4/13/23	Alleged submission of own specimens for laboratory testing that were not labeled or labeled under a patient's name in order to obtain test results for himself.	Course in ethics and boundaries; paper; personal appearances; costs; may petition to terminate after completing all requirements.
Goldberg, Ronald S., MD MD00017869 Pierce County	STID	3/2/23	Alleged inappropriate behavior with three patients.	Voluntary surrender of license.
Gordin, Mendel M., MD MD00028756 Whatcom County	STID	4/13/23	Alleged inappropriate comments to two patients and failure to cooperate with investigation.	Voluntary surrender of license.
Hardy, Malcolm W.G., MD MD60747884 Walla Walla County	STID	4/13/23	Alleged negligent performance of trans-obturator midurethral sling procedure to treat incontinence.	CME in urogynecology; paper; peer group presentation; personal appearances; costs. May petition to terminate in 2 years.
Hursey, Phyllis MD MD00029979 Clark County	STID	4/13/23	The Oregon Medical Board restricted Licensee's Oregon license.	Provide notice and appear before WMC prior to practicing in Washington; comply with Oregon order; restricted from prescribing controlled substances and issuing authorizations for medical cannabis until deemed qualified; costs; personal appearances. May petition for termination after termination of Oregon order.
Hurvitz, James S., MD MD60578555 Out of state	STID	4/13/23	Medical Board of California revoked license following criminal conviction.	Voluntary surrender of license.
Lapides, David A., MD MD00024520 Out of state	STID	3/2/23	License was revoked, suspended or surrendered in several states following a criminal conviction.	Voluntary surrender of license.

Informal Actions				
Practitioner Credential and County	**Order Type**	**Date**	**Cause of Action**	**WMC Action**
Nestor, Bryan J., MD MD60921303 Lewis County	STID	3/2/23	Alleged suspension of hospital privileges.	Voluntary surrender of license.
Ort, Joshua A., MD MD60823672 King County	STID	3/2/23	Alleged disruptive behavior.	Complete workshop on understanding disruption; paper; personal appearance; costs. May petition to terminate in one year.
Richards, Julia A., MD MD00031855 Thurston County	STID	4/13/23	Alleged failure to ascertain position of fetus prior to inducing labor.	Voluntary surrender of license.
Thompson, Matthew, G., PA PA60113828 Pierce County	STID	4/13/23	Alleged providing cannabis gummies to a family member and accessing the family member's medical record without authorization.	Ethics and boundaries course; paper; personal appearances; costs. May petition to terminate in 2 years.
Vansomphone, Boungkhong, D., MD MD60311908 Out of state	STID	4/13/23	Alleged disruptive and discriminatory behavior.	CME in clinician-patient communication given by PACE; paper; personal appearances; costs. May petition for termination in 2 years.
Vu, Danny X, MD MD61106041 Out of state	STID	4/13/23	Alleged performance of eye and cardiac examination and failure to document those exams or findings.	CME in communication, record-keeping; paper; personal appearances; costs. May petition to terminate in one year.
Yujuico, Christopher, S., PA PA60714731 Out of state	STID	3/2/23	Alleged inappropriate remarks to a patient and inappropriate examination of patient.	Undergo fitness to practice evaluation; CME in professional boundaries and ethics; paper; personal appearances; costs. May petition to terminate in 2 years.

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.

Weight Bias

WASHINGTON Medical Commission
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Mahlet Zeru, MPH
Equity and Social Justice Manager

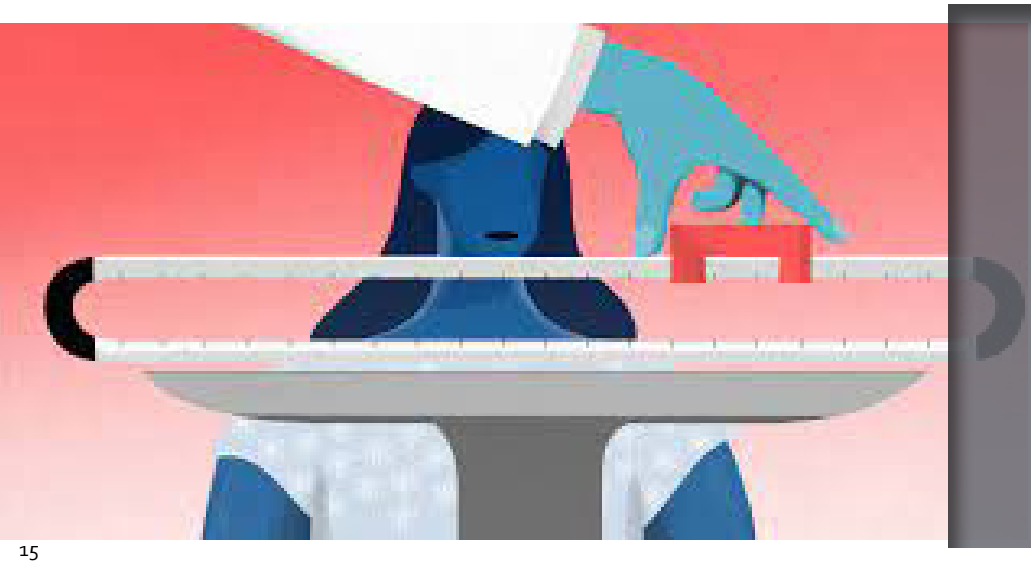
People who are overweight are highly stigmatized in our society. Negative perceptions that characterize people who are overweight as lazy, incompetent, noncompliant, sloppy, lacking in self-discipline, and willpower are pervasive[12]. Research has documented the impacts of weight-based discrimination in all realms of a person's life. Weight bias leads to distressing childhood experiences[3], inequities in employment[4], disadvantages in education[5], and disparities in health care[6].

The overt weight bias observed in society continues into the clinic. Weight bias in a clinical setting refers to the negative attitudes, stereotypes, and discriminatory behaviors that healthcare professionals may exhibit towards patients based on their weight or body size[7]. A study published in 2020 analyzed a representative sample and concluded that 72% of respondents reported experiencing weight-based discrimination at least once in the health care system, confirming weight discrimination appear more common than previously recognized[8]. Research also indicates that providers account for the most commonly reported (69%) of interpersonal sources of weight bias.[9]

Healthcare providers may hold biased attitudes and beliefs towards patients with higher body weights[10]. This can include assumptions that weight is solely a result of personal choices, laziness, or lack of willpower[11]. Such attitudes can lead to stigmatizing or judgmental interactions with patients.

Weight bias leads healthcare providers to attribute all health concerns to a patient's weight, forgoing thorough investigation and evaluation of the patient's reported ailment[12]. This diagnostic overshadowing results in delayed or missed diagnoses for other health conditions. Treatment disparities impact people who are overweight by influencing treatment options resulting in disparate care[13]. Healthcare providers may focus solely on weight loss as a solution to all health issues, overlooking other evidence-based treatments or interventions that may be more appropriate for the patient's overall health[14]. Addressing weight bias in a clinical setting is vital to provide equitable and patient-centered care.

Patient-provider relationships are impacted by weight bias, hindering effective communication between healthcare providers and patients. Patients may feel stigmatized, ashamed, or judged, which can lead to reluctance in discussing their concerns or health behaviors. This can impair the patient-provider relationship and limit the effectiveness of healthcare interventions. A study conducted with physicians affiliated with the Texas Medical Center in Houston found the weight of a patient significantly affected how physicians viewed and treated them. Although physicians prescribed more tests for heavier patients, they simultaneously indicated that they would spend less time with them and viewed them significantly more negatively on 12 of the 13 indices[15].



"Addressing weight bias in a clinical setting is vital to provide equitable and patient-centered care."

Weight Bias

Weight bias contributes to disparities in preventive care[16]. Patients with higher body weights may be less likely to receive recommended screenings, vaccinations, or health promotion interventions due to assumptions about their health or priorities[17]. Research from the Health and Retirement Study (HRS) and the Asset and Health Dynamics Among the Oldest Old (AHEAD) found higher weight to be associated with less frequent receipt of preventive services among middle-aged white women and elderly white women and men[18].

The psychological impacts of weight bias in a clinical setting and the lasting negative psychological effect on patients have also been well documented[19]. Weight gain can lead to feelings of shame, embarrassment, low self-esteem, and body dissatisfaction[20]. These emotional impacts can further contribute to psychological distress and hinder overall well-being of people who are overweight[21]. Patients reported resorting to binge eating as a coping mechanism and other risky behaviors[22].

The following are strategies and best practices providers can employ to reduce the impacts of weight bias.

Education
Partaking in training programs that raise awareness on the impacts of weight bias and provides resources to provide equitable care is a proven strategy. The Rudd Center has online learning modules to further educate providers about the consequences of weight bias for health and healthcare. Obesity Action has a guide for providers working with people who are impacted by obesity[23]. Education should focus on promoting empathy, cultural sensitivity, and a patient-centered approach[24].

Other Available Education
American Academy of Physician Associates: Overcoming Bias and Stigma in Obesity CME
American Medical Association: Recognizing and Eliminating Weight Stigma and Bias in Health Care CME

Reflective Practice
Healthcare providers should take time to reflect on their own biases and attitudes towards weight and body size. This self-reflection can help identify and challenge preconceived notions and stereotypes[25].

Language and Communication
Promoting the use of neutral and non-stigmatizing language when discussing weight-related topics. Healthcare providers should focus on health behaviors, well-being, and addressing specific health concerns rather than solely focusing on weight. Using people first language should be incorporated in all forms of communication[26].

Inclusive Healthcare Environment
Working together with administrators to ensure healthcare settings are inclusive and free from physical barriers or biases is important to promote acceptance. This includes providing appropriately sized seating, gowns, and examination equipment that can accommodate patients of all sizes in all healthcare areas.

Building Trust and Rapport
Healthcare providers should strive to create a safe and non-judgmental environment where patients feel comfortable discussing their health concerns, goals, and challenges. The George Washington University has a guide to discussing obesity and health with your patients. Building trust and rapport with patients is essential for effective care.

By addressing weight bias in a clinical setting, healthcare providers can contribute to more equitable and patient-centered care, promote positive health outcomes, and reduce health disparities based on weight.

See Page 18 for Endnotes

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May Business Meeting Elects New Leadership and Announces Changes

On May 25, 2023 the Washington Medical Commission (WMC) announced its new leadership for 2024. New members were elected for positions of Chair, Vice Chair and Officer-at-Large and voted on by the entire commission.

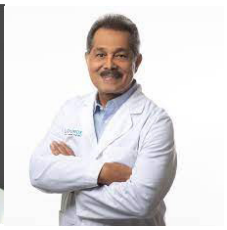
The role of Chair, previously held by Dr. Jimmy Chung has been assigned to Dr. Karen Domino who was the commission's Vice Chair.

Taking her former position as Vice Chair will be Dr. Terry Murphy.

The position of Officer-at-Large was also up for change as that was Dr. Murphy's role. Officer-at-large will be assumed by Physician Assistant Ed Lopez.

Karen Domino, MD

Terry Murphy, MD



Ed Lopez, PA-C

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.

Weight Bias Endnotes

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