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**Health Care & Wellness Committee**

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**HB 2343**

**Brief Description:** Concerning limited licenses for medical school graduates who are not participating in a residency program.

**Sponsors:** Representatives Cody and Jenkins.

**Brief Summary of Bill**

- Allows medical school graduates who have not completed a residency program to engage in the supervised practice of medicine.

**Hearing Date:** 1/15/16

**Staff:** Jim Morishima (786-7191).

**Background:**

Medical Residency Programs.

The Medical Quality Assurance Commission (MQAC) and the Board of Osteopathic Medicine and Surgery (BOMS) license and discipline physicians and osteopathic physicians, respectively. A physician or osteopathic physician who graduates from a medical school within the United States or Canada must meet a variety of qualifications, including passage of an examination and completion of at least two years of post-graduate training approved by the MQAC or the BOMS.

Both allopathic and osteopathic medical school graduates are matched into residency programs in a nation-wide process called "the Match." Allopathic medical school graduates who fail to match may participate in the Supplemental Offer and Acceptance Program to find unfilled residency slots. Osteopathic medical school graduates who fail to match may independently contact residency programs with available slots; osteopathic residency programs may likewise contact unmatched graduates.

The United States Medical Licensing Examination.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

The United States Medical Licensing Examination (USMLE) is a national examination that medical school graduates must complete prior to licensure. The examination has three steps:

- Step I of the USMLE assesses an individual's understanding and ability to apply scientific concepts basic to the practice of medicine. Step I is usually completed after the second year of medical school.
- Step II of the USMLE assesses an individual's ability to apply medical knowledge, skills, and understanding of clinical science essential for supervised practice and includes a clinical skills component. Step II is usually completed during the fourth year of medical school.
- Step III of the USMLE assesses an individual's ability to apply medical knowledge and understanding of biomedical and clinical science essential for unsupervised practice. Step III is usually completed at the end of the first year of residency.

### Limited Licenses.

The MQAC may issue a limited license without examination to medical school graduates who are participating in a residency program, serving as a teaching-research faculty member at the University of Washington School of Medicine, or are completing a fellowship. The BOMS may issue a postgraduate training license to a medical school graduate participating in a residency program.

### **Summary of Bill:**

No person may practice or represent himself or herself as an associate physician or associate osteopathic physician without having a license to do so. The MQAC and the BOMS may issue an associate license to a person who:

- is a Washington resident;
- meets all requirements for licensure other than the two years of post-graduate training;
- is not participating in a residency program;
- has successfully completed steps I and II of the USMLE prior to graduating from medical school;
- graduated from medical school no more than two years prior to applying for licensure; and
- is not subject to discipline for unprofessional conduct or unlicensed practice.

An associate physician or associate osteopathic physician:

- must practice pursuant to a collaborative supervision arrangement with a licensed physician or osteopathic physician;
- may provide only primary care services pursuant to the collaborative supervision arrangement;
- may prescribe schedule III through V controlled substances pursuant to the collaborative supervision arrangement (in which case he or she must register with the United States Food and Drug Administration); and

- must keep his or her license and collaborative supervision arrangement available for inspection at his or her primary place of business and wear a name tag identifying himself or herself as an associate physician or associate osteopathic physician.

A physician or osteopathic physician may enter into a collaborative supervision arrangement with up to three associate physicians or associate osteopathic physicians. A collaborative supervision arrangement must be filed with, and approved by, the MQAC or the BOMS prior to the associate physician or associate osteopathic physician practicing. The MQAC and the BOMS must develop model forms for the arrangements. In addition, each collaborative supervision arrangement must:

- delegate to the associate physician or associate osteopathic physician the authority to provide primary care treatment or prescribe schedule II through V controlled substances, if consistent with the associate physician or associate osteopathic physician and the supervisor's skill, training, and competence;
- indicate the settings in which the associate physician or associate osteopathic physician may practice;
- include the contact information for both the associate physician or osteopathic physician and the supervisor;
- include a statement by the supervisor that he or she will supervise the associate physician or associate osteopathic physician in accordance with statutory and administrative requirements; and
- be signed by both the associate physician and osteopathic physician and the supervisor.

A supervising physician or osteopathic physician must:

- be licensed in good standing;
- be identified on all prescriptions and orders issued by the associate physician or associate osteopathic physician; and
- ensure that the associate's physician's scope of practice is appropriate to the associate's competence and listed in the collaborative supervision arrangement, that the relationship and access to the supervisor is defined, and that an evaluation process is established.

Supervision of an associate physician or associate osteopathic physician must be continuous and the supervising physician or osteopathic physician must be present at the location where services are rendered. The supervising physician or osteopathic physician must designate backup supervisors.

An associate physician or associate osteopathic physician is the agent of his or her supervisor in the performance of all practice-related activities. A patient care order generated by an associate physician or associate osteopathic physician has the same force and effect as if the order was generated by the supervising physician or osteopathic physician, as long as the supervisor's name is identified in the order; the order must be complied with and carried out as if the order had been issued by the supervisor.

**Appropriation:** None.

**Fiscal Note:** Requested on January 8, 2016.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.