
SUBSTITUTE SENATE BILL 5514

State of Washington 52nd Legislature 1991 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators West, Niemi and L. Smith).

Read first time March 4, 1991.

1 AN ACT Relating to health care professional shortages; amending RCW
2 18.130.010, 18.120.030, 18.150.020, 18.150.030, 18.150.040, 18.150.050,
3 18.150.060, 28B.20.500, and 70.180.005; adding new sections to chapter
4 18.130 RCW; adding a new section to chapter 70.180 RCW; adding a new
5 section to chapter 18.53 RCW; adding a new section to chapter 18.35
6 RCW; adding a new section to chapter 18.50 RCW; adding a new section to
7 chapter 18.34 RCW; adding new chapters to Title 28B RCW; adding a new
8 chapter to Title 70 RCW; creating new sections; recodifying RCW
9 18.150.010, 18.150.020, 18.150.030, 18.150.040, 18.150.050, 18.150.060,
10 18.150.070, 18.150.080, 18.150.900, and 18.150.910; repealing RCW
11 18.150.080, 28B.102.010, 28B.102.020, 28B.102.030, 28B.102.040,
12 28B.102.045, 28B.102.050, 28B.102.060, 28B.102.070, 28B.102.900,
13 28B.102.905, 70.180.007, 70.180.010, 70.180.050, 70.180.060,
14 70.180.070, 70.180.080, 70.180.090, 70.180.100, and 70.180.910;
15 prescribing penalties; and declaring an emergency.

16 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

1 PART I

2 TEMPORARY PRACTICE PERMITS

3 CONTINUED HEALTH PROFESSIONAL COMPETENCY DEMONSTRATION PROJECTS

4 **Sec. 1.** RCW 18.130.010 and 1986 c 259 s 1 are each amended to read
5 as follows:

6 It is the intent of the legislature to strengthen and consolidate
7 disciplinary and licensure procedures for the licensed health and
8 health-related professions and businesses by providing a uniform
9 disciplinary act with standardized procedures for the licensure of
10 health care professionals and the enforcement of laws the purpose of
11 which is to assure the public of the adequacy of professional
12 competence and conduct in the healing arts.

13 It is also the intent of the legislature that all health and
14 health-related professions newly credentialed by the state come under
15 the uniform disciplinary act.

16 Further, the legislature declares that the addition of public
17 members on all health care boards can give both the state and the
18 public, which it has a statutory responsibility to protect, assurances
19 of accountability and confidence in the various practices of health
20 care.

21 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.130 RCW
22 to read as follows:

23 If an individual licensed in another state, that has licensing
24 standards substantially equivalent to Washington, applies for a
25 license, the disciplining authority shall issue a temporary practice
26 permit authorizing the applicant to practice the profession pending
27 completion of documentation that the applicant meets the requirements

1 for a license and is also not subject to denial of a license or
2 issuance of a conditional license under this chapter. The temporary
3 permit may reflect statutory limitations on the scope of practice. The
4 permit shall be issued only upon the disciplining authority receiving
5 verification from the states in which the applicant is licensed that
6 the applicant is currently licensed and is not subject to charges or
7 disciplinary action for unprofessional conduct or impairment.
8 Notwithstanding RCW 34.05.422(3), the disciplining authority shall
9 establish, by rule, the duration of the temporary practice permits.
10 Failure to surrender the permit is a misdemeanor under RCW 9A.20.010
11 and shall be unprofessional conduct under this chapter. The issuance
12 of temporary permits is subject to the provisions of this chapter,
13 including summary suspensions.

14 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.130 RCW
15 to read as follows:

16 The disciplinary authorities are authorized to develop and require
17 licensees' participation in continuing competency pilot projects for
18 the purpose of developing flexible, cost-efficient, effective, and
19 geographically accessible competency assurance methods. The secretary
20 shall establish criteria for development of pilot projects and shall
21 select the disciplinary authorities that will participate from among
22 the professions requesting participation. The department shall
23 administer the projects in mutual cooperation with the disciplinary
24 authority and shall allot and administer the budget for each pilot
25 project. The department shall report to the legislature in January of
26 each odd-numbered year concerning the progress and findings of the
27 projects and shall make recommendations on the expansion of continued
28 competency requirements to other licensed health professions.

1 Each disciplinary authority shall establish its pilot project in
2 rule and may support the projects from a surcharge on each of the
3 affected profession's license renewal in an amount established by the
4 secretary.

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PART 2

STATE-WIDE HEALTH PERSONNEL RESOURCE PLAN

7 NEW SECTION. **Sec. 4.** INTENT. The legislature finds that certain
8 health care professional shortages exist and result in entire
9 communities or specific populations within communities not having
10 access to basic health care services. The legislature further finds
11 that the state currently does not have a state-wide comprehensive and
12 systematic policy for the purpose of identifying shortages and
13 designing and implementing activities to address shortages. The
14 legislature declares that the establishment of higher educational
15 programming and other activities necessary to address health
16 professional shortages should be a state policy concern and that a
17 means to accomplish this should be established. The legislature
18 further declares that the development of state policy on professional
19 shortages should involve close coordination and consultation between
20 state government, institutions of higher education that conduct health
21 care research and train health care professionals, health care service
22 providers, consumers, and others. The legislature further declares
23 that the health care needs of the people of this state should be the
24 primary factor determining state policymaking designed to address
25 health professional shortages.

1 NEW SECTION. **Sec. 5.** STATE-WIDE HEALTH PERSONNEL RESOURCE PLAN.

2 (1) The higher education coordinating board, the state board for
3 community college education, the superintendent of public instruction,
4 the state department of health, and the state department of social and
5 health services, to be known for the purposes of this section as the
6 committee, shall, in consultation with appropriate entities, establish
7 and implement a state-wide health personnel resource plan. The
8 governor shall appoint a lead agency from one of the agencies on the
9 committee.

10 (2) The state-wide health resource plan shall include at least the
11 following:

12 (a) Identification of the type, number, and location of the health
13 care professional work force necessary to meet health care needs of the
14 state. A description and analysis of the composition and numbers of
15 the potential work force available for meeting health care service
16 needs of the population to be used for recruitment purposes. This
17 should include a description of the data, methodology, and process used
18 to make such determinations.

19 (b) A centralized inventory of the numbers of student applications
20 to higher education and vocational technical training and education
21 programs, yearly enrollments, yearly degrees awarded, and numbers on
22 waiting lists for all the state's publicly funded health care training
23 and education programs. The committee shall request similar
24 information for incorporation into the inventory from private higher
25 education and vocational technical training and education programs.

26 (c) A description of state-wide and local specialized provider
27 training needs to meet the health care needs of target populations and
28 a plan to meet such needs in a cost-effective and accessible manner.

29 (d) A description of how innovative, cost-effective technologies
30 such as telecommunications can and will be used to provide higher

1 education, vocational technical, continued competency, and skill
2 maintenance and enhancement education and training to placebound
3 students who need flexible programs and who are unable to attend
4 institutions for training.

5 (e) A strategy for assuring higher education and vocational
6 technical educational and training programming is sensitive to the
7 changing work force such as reentry workers, women, minorities, and the
8 disabled.

9 (f) A strategy and state-wide policy for the establishment of
10 preferential admissions, including such strategies as designated
11 enrollment slots, at colleges and universities for students declaring
12 an intent to serve in health professional shortage areas after
13 graduation.

14 (g) Development of uniform guidelines and policies for allowing
15 academic credit for on-the-job experience such as internships,
16 volunteer experience, apprenticeships, and community service programs.

17 (h) A strategy and implementation plan for making required
18 internships and residency programs available that are geographically
19 accessible and sufficiently diverse to meet both general and
20 specialized training needs as identified in the plan when such programs
21 are required.

22 (i) A description of the need for multiskilled health care
23 professionals and an implementation plan to restructure educational and
24 training programming to meet these needs.

25 (j) An analysis of the types and estimated numbers of health care
26 personnel that will need to be recruited from out-of-state to meet the
27 health professional needs not met by in-state trained personnel.

28 (k) An analysis of the need for educational articulation within the
29 various health care disciplines and a plan for addressing the need.

1 (l) An analysis of the training needs of those members of the long-
2 term care profession that are not regulated and that have no formal
3 training requirements. Programs to meet these needs should be
4 developed in a cost-effective and a state-wide accessible manner that
5 provide for the basic training needs of these individuals.

6 (m) A designation of the professions and geographic locations in
7 which loan repayment and scholarships should be available based upon
8 objective data-based forecasts of health professional shortages. A
9 description of the criteria used to select professions and geographic
10 locations shall be included. Designations of professions and
11 geographic locations may be amended by the department of health when
12 circumstances warrant as provided for in section 20 of this act.

13 (n) A description of needed changes in regulatory laws governing
14 the credentialing of health professionals that are necessary to meet
15 the requirements of the plan.

16 (o) A description of linguistic and cultural training needs of
17 foreign-trained health care professions to assure safe and effective
18 practice of their health care profession.

19 (p) A plan to implement the recommendations of the state-wide
20 nursing plan authorized by RCW 74.39.040.

21 (q) A description of criteria and standards that institutional
22 plans provided for in this section must address in order to meet the
23 requirements of the state-wide health personnel resource plan,
24 including funding requirements to implement the plans. The criteria
25 and standards shall be established in a manner as to provide
26 flexibility to the institutions in meeting state-wide plan
27 requirements. The committee shall establish required submission dates
28 for the institutional plans that permit inclusion of funding requests
29 into the institutions budget requests to the state.

1 (r) A description of how the higher education coordinating board,
2 state board of community college education, superintendent of public
3 instruction, department of health and department of social and health
4 services coordinated in the creation and implementation of the state
5 plan including the areas of responsibility each agency shall assume.
6 The plan should also include a description of the steps taken to assure
7 participation by the groups that are to be consulted with.

8 (s) A description of the estimated fiscal requirements for
9 implementation of the state-wide health resource plan that include a
10 description of cost saving activities that reduce potential costs by
11 avoiding administrative duplication, coordinating programming
12 activities, and other such actions to control costs.

13 (3) The committee may call upon other agencies of the state to
14 provide available information to assist the committee in meeting the
15 responsibilities under this chapter. This information shall be
16 supplied as promptly as circumstances permit.

17 (4) State agencies involved in the development and implementation
18 of the plan shall to the extent possible utilize existing personnel and
19 financial resources in the development and implementation of the state-
20 wide health personnel resource plan.

21 (5) The state-wide health resource plan shall be submitted to the
22 governor by July 1, 1992, and updated by July 1 of each even-numbered
23 year. The governor, no later than December 1 of that year, shall
24 approve, approve with modifications, or disapprove the state-wide
25 health resource plan.

26 (6) The approved state-wide health resource plan shall be submitted
27 to the legislature by December 1 each even-numbered year.

28 (7) Implementation of the state-wide plan shall begin by July 1,
29 1993.

1 (8) Notwithstanding subsections (5) and (7) of this section, the
2 committee shall prepare and submit to the higher education coordinating
3 board by June 1, 1992, the analysis necessary for the initial
4 implementation of the health professional loan repayment and
5 scholarship program created in chapter 28B... RCW (as codified pursuant
6 to section 35 of this act).

7 (9) Each publicly funded two-year and four-year institute of higher
8 education authorized under Title 28B RCW and vocational-technical
9 institution authorized under Title 28A RCW that offers health training
10 and education programs shall biennially prepare and submit an
11 institutional plan to the committee. The institutional plan shall
12 identify specific programming and activities of the institution that
13 meet the requirements of the state-wide health professional resource
14 plan. The committee shall approve the plan, reject it, or recommend
15 modifications after an assessment of whether it meets the criteria and
16 standards developed in the state-wide plan. Plans rejected or
17 recommended for modification shall be returned to the vocational
18 institutes, college or university submitting it for revision. The plan
19 shall be resubmitted to the committee until it receives approval. The
20 institutional plans shall become part of the state-wide health resource
21 plan. Each vocational-technical institution, college, or university
22 shall implement approved institutional plans.

23

PART 3

24

HEALTH PROFESSIONAL CREDENTIALING SUNRISE MODIFICATIONS

25 **Sec. 6.** RCW 18.120.030 and 1983 c 168 s 3 are each amended to read
26 as follows:

1 After July 24, 1983, if appropriate, applicant groups shall explain
2 each of the following factors to the extent requested by the
3 legislative committees of reference:

4 (1) A definition of the problem and why regulation is necessary:

5 (a) The nature of the potential harm to the public if the health
6 profession is not regulated, and the extent to which there is a threat
7 to public health and safety;

8 (b) The extent to which consumers need and will benefit from a
9 method of regulation identifying competent practitioners, indicating
10 typical employers, if any, of practitioners in the health profession;
11 and

12 (c) The extent of autonomy a practitioner has, as indicated by:

13 (i) The extent to which the health profession calls for independent
14 judgment and the extent of skill or experience required in making the
15 independent judgment; and

16 (ii) The extent to which practitioners are supervised;

17 (2) The efforts made to address the problem:

18 (a) Voluntary efforts, if any, by members of the health profession
19 to:

20 (i) Establish a code of ethics; or

21 (ii) Help resolve disputes between health practitioners and
22 consumers; and

23 (b) Recourse to and the extent of use of applicable law and whether
24 it could be strengthened to control the problem;

25 (3) The alternatives considered:

26 (a) Regulation of business employers or practitioners rather than
27 employee practitioners;

28 (b) Regulation of the program or service rather than the individual
29 practitioners;

30 (c) Registration of all practitioners;

1 (d) Certification of all practitioners;

2 (e) Other alternatives;

3 (f) Why the use of the alternatives specified in this subsection
4 would not be adequate to protect the public interest; and

5 (g) Why licensing would serve to protect the public interest;

6 (4) The benefit to the public if regulation is granted:

7 (a) The extent to which the incidence of specific problems present
8 in the unregulated health profession can reasonably be expected to be
9 reduced by regulation;

10 (b) Whether the public can identify qualified practitioners;

11 (c) The extent to which the public can be confident that qualified
12 practitioners are competent:

13 (i) Whether the proposed regulatory entity would be a board
14 composed of members of the profession and public members, or a state
15 agency, or both, and, if appropriate, their respective responsibilities
16 in administering the system of registration, certification, or
17 licensure, including the composition of the board and the number of
18 public members, if any; the powers and duties of the board or state
19 agency regarding examinations and for cause revocation, suspension, and
20 nonrenewal of registrations, certificates, or licenses; the
21 promulgation of rules and canons of ethics; the conduct of inspections;
22 the receipt of complaints and disciplinary action taken against
23 practitioners; and how fees would be levied and collected to cover the
24 expenses of administering and operating the regulatory system;

25 (ii) If there is a grandfather clause, whether such practitioners
26 will be required to meet the prerequisite qualifications established by
27 the regulatory entity at a later date;

28 (iii) The nature of the standards proposed for registration,
29 certification, or licensure as compared with the standards of other
30 jurisdictions;

1 (iv) Whether the regulatory entity would be authorized to enter
2 into reciprocity agreements with other jurisdictions; (~~and~~)

3 (v) The nature and duration of any training including, but not
4 limited to, whether the training includes a substantial amount of
5 supervised field experience; whether training programs exist in this
6 state; if there will be an experience requirement; whether the
7 experience must be acquired under a registered, certificated, or
8 licensed practitioner; whether there are alternative routes of entry or
9 methods of meeting the prerequisite qualifications; whether all
10 applicants will be required to pass an examination; and, if an
11 examination is required, by whom it will be developed and how the costs
12 of development will be met; and

13 (vi) What additional training programs are anticipated to be
14 necessary to assure training accessible state-wide; the anticipated
15 time required to establish the additional training programs; the types
16 of institutions capable of providing the training; a description of how
17 training programs will meet the needs of the expected work force,
18 including reentry workers, minorities, placebound students, and others;

19 (d) Assurance of the public that practitioners have maintained
20 their competence:

21 (i) Whether the registration, certification, or licensure will
22 carry an expiration date; and

23 (ii) Whether renewal will be based only upon payment of a fee, or
24 whether renewal will involve reexamination, peer review, or other
25 enforcement;

26 (5) The extent to which regulation might harm the public:

27 (a) The extent to which regulation will restrict entry into the
28 health profession:

29 (i) Whether the proposed standards are more restrictive than
30 necessary to insure safe and effective performance; and

1 (ii) Whether the proposed legislation requires registered,
2 certificated, or licensed practitioners in other jurisdictions who
3 migrate to this state to qualify in the same manner as state applicants
4 for registration, certification, and licensure when the other
5 jurisdiction has substantially equivalent requirements for
6 registration, certification, or licensure as those in this state; and

7 (b) Whether there are similar professions to that of the applicant
8 group which should be included in, or portions of the applicant group
9 which should be excluded from, the proposed legislation;

10 (6) The maintenance of standards:

11 (a) Whether effective quality assurance standards exist in the
12 health profession, such as legal requirements associated with specific
13 programs that define or enforce standards, or a code of ethics; and

14 (b) How the proposed legislation will assure quality:

15 (i) The extent to which a code of ethics, if any, will be adopted;
16 and

17 (ii) The grounds for suspension or revocation of registration,
18 certification, or licensure;

19 (7) A description of the group proposed for regulation, including
20 a list of associations, organizations, and other groups representing
21 the practitioners in this state, an estimate of the number of
22 practitioners in each group, and whether the groups represent different
23 levels of practice; and

24 (8) The expected costs of regulation:

25 (a) The impact registration, certification, or licensure will have
26 on the costs of the services to the public; (~~and~~)

27 (b) The cost to the state and to the general public of implementing
28 the proposed legislation; and

29 (c) The cost to the state and the members of the group proposed for
30 regulation for the required education, including projected tuition and

1 expenses and expected increases in training programs, staffing, and
2 enrollments at state training institutions.

3 PART 4
4 COMMUNITY-BASED RECRUITMENT AND RETENTION PROJECTS
5 STATE-WIDE RECRUITMENT AND RETENTION CLEARINGHOUSE

6 NEW SECTION. **Sec. 7.** DEFINITIONS. Unless the context clearly
7 requires otherwise, the definitions in this section apply throughout
8 this chapter.

9 (1) "Department" means the department of health.

10 (2) "Health care professional recruitment and retention strategic
11 plan" means a plan developed by the participant and includes
12 identification of health care personnel needs of the community, how
13 these professionals will be recruited and retained in the community
14 following recruitment.

15 (3) "Institutions of higher education" means educational
16 institutions as defined in RCW 28B.10.016.

17 (4) "Local administrator" means an individual or organization
18 representing the participant who may enter into legal agreements on
19 behalf of the participant.

20 (5) "Participant" means communities, counties, and regions that
21 serve as a health care catchment area where the project site is
22 located.

23 (6) "Project" means the community-based retention and recruitment
24 project.

25 (7) "Project site" means a site selected to participate in the
26 project.

27 (8) "Secretary" means the secretary of health.

1 NEW SECTION. **Sec. 8.** STATE-WIDE RECRUITMENT AND RETENTION

2 CLEARINGHOUSE. The department, in consultation with appropriate
3 private and public entities, shall establish a health professional
4 recruitment and retention clearinghouse. The clearinghouse shall:

5 (1) Inventory and classify the current public and private health
6 professional recruitment and retention efforts;

7 (2) Identify recruitment and retention program models having the
8 greatest success rates;

9 (3) Identify recruitment and retention program gaps;

10 (4) Work with existing recruitment and retention programs to better
11 coordinate state-wide activities and to make such services more widely
12 known and broadly available;

13 (5) Provide general information to communities, health care
14 facilities, and others about existing available programs;

15 (6) Work in cooperation with private and public entities to develop
16 new recruitment and retention programs;

17 (7) Identify needed recruitment and retention programming for state
18 institutions, county public health departments and districts, county
19 human service agencies, and other entities serving substantial numbers
20 of public pay and charity care patients, and may provide to these
21 entities when they have been selected as participants necessary
22 recruitment and retention assistance including:

23 (a) Assistance in establishing or enhancing recruitment of health
24 care professionals;

25 (b) Recruitment on behalf of sites unable to establish their own
26 recruitment program; and

27 (c) Assistance with retention activities when practitioners of the
28 health professional loan repayment and scholarship program authorized
29 by this act are present in the practice setting.

1 NEW SECTION. **Sec. 9.** DEPARTMENTAL DUTIES. (1) The department
2 shall establish the community-based recruitment and retention project
3 to provide financial and technical assistance to participating
4 communities. The goal of the project is to help assure the
5 availability of health care providers in rural areas of Washington
6 state.

7 (2) Administrative costs necessary to implement this project shall
8 be kept at a minimum to insure the maximum availability of funds for
9 participants.

10 (3) The secretary may contract with third parties for services
11 necessary to carry out activities to implement this chapter where this
12 will promote economy, avoid duplication of effort, and make the best
13 use of available expertise.

14 (4) The secretary may apply for, receive, and accept gifts and
15 other payments, including property and service, from any governmental
16 or other public or private entity or person, and may make arrangements
17 as to the use of these receipts, including the undertaking of special
18 studies and other projects related to the delivery of health care in
19 rural areas.

20 (5) In designing and implementing the project the secretary shall
21 coordinate the project with the Washington rural health system project
22 as authorized under chapter 70.175 RCW to consolidate administrative
23 duties and reduce costs.

24 NEW SECTION. **Sec. 10.** RULES. The department shall adopt rules
25 consistent with this chapter to carry out the purpose of this chapter.
26 All rules shall be adopted in accordance with chapter 34.05 RCW. All
27 rules and procedures adopted by the department shall minimize paperwork
28 and compliance requirements for participants and should not be complex

1 in nature so as to serve as a barrier or disincentive for prospective
2 participants applying for the project.

3 NEW SECTION. **Sec. 11.** SECRETARY'S POWERS AND DUTIES. The
4 secretary shall have the following powers and duties:

5 (1) To design the project application and selection process,
6 including a program to advertise the project to rural communities and
7 encourage prospective applicants to apply. Subject to funding, project
8 sites shall be selected that are eligible to receive funding. Funding
9 shall be used to hire consultants and perform other activities
10 necessary to meet participant requirements under this chapter. The
11 secretary may require reasonable matching funds or in-kind
12 contributions from participants. In considering selection of
13 participants eligible for seed grant funding, the secretary should
14 consider project sites where (a) existing access to health care is
15 severely inadequate, (b) recruitment and retention problems have been
16 chronic, (c) the community is in need of primary care practitioners, or
17 (d) the community has unmet health care needs for specific target
18 populations;

19 (2) To design acceptable health care professional recruitment and
20 retention strategic plans, and to serve as a general resource to
21 participants in the planning, administration, and evaluation of project
22 sites;

23 (3) To assess and approve strategic plans developed by
24 participants, including an assessment of the technical and financial
25 feasibility of implementing the plan and whether adequate local support
26 for the plan is demonstrated;

27 (4) To identify existing private and public resources that may
28 serve as eligible consultants, identify technical assistance resources
29 for communities in the project, create a register of public and private

1 technical resource services available, and provide the register to
2 participants. The secretary shall screen consultants to determine
3 their qualifications prior to including them on the register;

4 (5) To work with other state agencies, institutions of higher
5 education, and other public and private organizations to coordinate
6 technical assistance services for participants;

7 (6) To administer available funds for community use while
8 participating in the project and establish procedures to assure
9 accountability in the use of seed grant funds by participants;

10 (7) To define data and other minimum requirements for adequate
11 evaluation of projects and to develop and implement an overall
12 monitoring and evaluation mechanism for the projects;

13 (8) To act as facilitator for multiple applicants and entrants to
14 the project;

15 (9) To report to the appropriate legislative committees and others
16 from time to time on the progress of the projects including the
17 identification of statutory and regulatory barriers to successful
18 completion of rural health care delivery goals and an ongoing
19 evaluation of the project.

20 NEW SECTION. **Sec. 12.** DUTIES AND RESPONSIBILITIES OF
21 PARTICIPATING COMMUNITIES. The duties and responsibilities of
22 participating communities shall include:

23 (1) To involve major health care providers, businesses, public
24 officials, and other community leaders in project design,
25 administration, and oversight;

26 (2) To identify an individual or organization to serve as the local
27 administrator of the project. The secretary may require the local
28 administrator to maintain acceptable accountability of seed grant
29 funding;

1 (3) To coordinate and avoid duplication of public health and other
2 health care services;

3 (4) To assess and analyze community health care professional needs;

4 (5) To write a health care professional recruitment and retention
5 strategic plan;

6 (6) To screen and contract with consultants for technical
7 assistance if the project site was selected to receive funding and
8 assistance is needed;

9 (7) To monitor and evaluate the project in an ongoing manner;

10 (8) To provide data and comply with other requirements of the
11 administrator that are intended to evaluate the effectiveness of the
12 projects;

13 (9) To assure that specific populations with unmet health care
14 needs have access to services.

15 NEW SECTION. **Sec. 13.** COOPERATION OF STATE AGENCIES. (1) The
16 secretary may call upon other agencies of the state to provide
17 available information to assist the secretary in meeting the
18 responsibilities under this chapter. This information shall be
19 supplied as promptly as circumstances permit.

20 (2) The secretary may call upon other state agencies including
21 institutions of higher education as authorized under Titles 28A and 28B
22 RCW to identify and coordinate the delivery of technical assistance
23 services to participants in meeting the responsibilities of this
24 chapter. The state agencies, vocational-technical institutions, and
25 institutions of higher education shall cooperate and provide technical
26 assistance to the secretary to the extent that current funding for
27 these entities permits.

1 (3) "Eligible education and training programs" means education and
2 training programs approved by the department that lead to eligibility
3 for a credential as a credentialed health care professional.

4 (4) "Eligible expenses" means reasonable expenses associated with
5 the costs of acquiring an education such as tuition, books, equipment,
6 fees, room and board, and other expenses determined by the board.

7 (5) "Eligible student" means a student who has been accepted into
8 an eligible education or training program and has a declared intention
9 to serve in a health professional shortage area upon completion of the
10 education or training program.

11 (6) "Forgiven" or "to forgive" or "forgiveness" means to render
12 health care services in a health professional shortage area in the
13 state of Washington in lieu of monetary repayment.

14 (7) "Health professional shortage areas" means those geographic
15 areas where credentialed health care professionals are in short supply
16 as a result of geographic maldistribution or as the result of a short
17 supply of credentialed health care professionals in specialty health
18 care areas and where vacancies exist in serious numbers that jeopardize
19 patient care and pose a threat to the public health and safety. The
20 department shall determine health professional shortage areas as
21 provided for in section 20 of this act, or until June 1, 1992, as
22 provided for in section 19 of this act. In making health professional
23 shortage area designations in the state the department may be guided by
24 applicable federal standards for "health manpower shortage areas," and
25 "medically underserved areas," and "medically underserved populations."

26 (8) "Credentialed health care profession" means a health care
27 profession regulated by a disciplining authority in the state of
28 Washington under RCW 18.130.040 or by the state board of pharmacy under
29 chapter 18.64 RCW and designated by the department in section 20 of
30 this act, or until June 1, 1992, as established in section 19 of this

1 act as a profession having shortages of credentialed health care
2 professionals in the state.

3 (9) "Credentialed health care professional" means a person
4 regulated by a disciplining authority in the state of Washington to
5 practice a health care profession under RCW 18.130.040 or by the state
6 board of pharmacy under chapter 18.64 RCW.

7 (10) "Loan repayment" means a loan that is paid in full or in part
8 if the participant renders health care services in a health
9 professional shortage area ((or medically under served areas)) as
10 defined by the department ((of health)).

11 ((+2)) (11) "Nonshortage rural area" means a nonurban area of the
12 state of Washington that has not been designated as a rural physician
13 shortage area. The department shall identify the nonshortage rural
14 areas of the state.

15 (12) "Participant" means a ((licensed)) credentialed health care
16 professional who has received a loan repayment award and has commenced
17 practice as a ((primary)) credentialed health care provider in a
18 designated health professional shortage area or an eligible student who
19 has received a scholarship under this program.

20 ((+3) "Board" means the higher education coordinating board.

21 (4) "Health professional shortage areas" means those geographic
22 areas where health professionals are in short supply as a result of
23 geographic maldistribution and where vacancies exist in serious numbers
24 that jeopardize patient care and pose a threat to the public health and
25 safety. The department of health shall determine health professional
26 shortage areas in the state guided by federal standards of "health
27 manpower shortage areas," and "medically underserved areas," and
28 "medically underserved populations."

29 (+5)) (13) "Program" means the health professional loan repayment
30 and scholarship program.

1 (14) "Required service obligation" means an obligation by the
2 participant to provide health care services in a health professional
3 shortage area for a period to be established as provided for in this
4 chapter.

5 (15) "Rural physician shortage area" means rural geographic areas
6 where primary care physicians are in short supply as a result of
7 geographic maldistributions and where their limited numbers jeopardize
8 patient care and pose a threat to public health and safety. The
9 department shall designate rural physician shortage areas.

10 (16) "Satisfied" means paid-in-full.

11 ~~((6) "Licensed health professional" means a person authorized in~~
12 ~~the state of Washington to practice medicine pursuant to chapter 18.57~~
13 ~~or 18.57A RCW or 18.71 or 18.71A RCW, to practice nursing pursuant to~~
14 ~~chapter 18.88 or 18.78 RCW, or to practice dentistry pursuant to~~
15 ~~chapter 18.32 RCW.)) (17) "Scholarship" means a loan that is forgiven~~
16 in whole or in part if the recipient renders health care services in a
17 health professional shortage area.

18 (18) "Sponsoring community" means a rural hospital or hospitals as
19 authorized in chapter 70.41 RCW, a rural health care facility or
20 facilities as authorized in chapter 70.175 RCW, or a city or county
21 government or governments.

22 **Sec. 16.** RCW 18.150.030 and 1989 1st ex.s. c 9 s 718 are each
23 amended to read as follows:

24 The health professional loan repayment and scholarship program is
25 established for ~~((licensed))~~ credentialed health professionals serving
26 in health professional shortage areas. The program shall be
27 administered by the higher education coordinating board. In
28 administering this program, the board shall ~~((have the following~~
29 duties)):

1 (1) (~~It shall~~) Select (licensed) credentialed health care
2 professionals to participate in the loan repayment portion of the loan
3 repayment and scholarship program and select eligible students to
4 participate in the scholarship portion of the loan repayment and
5 scholarship program;

6 (2) (~~It shall~~) Adopt rules and develop guidelines to administer
7 the program;

8 (3) (~~It shall~~) Collect and manage repayments from participants
9 who do not meet their service obligations under this chapter;

10 (4) Publicize the program, particularly to maximize participation
11 among individuals in shortage areas and among populations expected to
12 experience the greatest growth in the work force; (and

13 ~~(4) It shall~~) (5) Solicit and accept grants and donations from
14 public and private sources for the program; and

15 (6) Develop criteria for a contract for service in lieu of the
16 service obligation where appropriate, that may be a combination of
17 service and payment.

18 NEW SECTION. **Sec. 17.** The department may provide technical
19 assistance to rural communities desiring to become sponsoring
20 communities for the purposes of identification of prospective students
21 for the program, assisting prospective students to apply to an eligible
22 education and training program, making formal agreements with
23 prospective students to provide credentialed health care services in
24 the community, forming agreements between rural communities in a
25 service area to share credentialed health care professionals, and
26 fulfilling any matching requirements.

1 **Sec. 18.** RCW 18.150.040 and 1989 1st ex.s. c 9 s 719 are each
2 amended to read as follows:

3 The board shall establish a planning committee to assist it in
4 developing criteria for the selection of participants. The board
5 shall(~~(, at a minimum,)~~) include on the planning committee(~~(: Representatives from rural hospitals; public health districts or
6 departments; community and migrant clinics; and private providers)~~)
7 representatives of the department, the department of social and health
8 services, appropriate representatives from health care facilities,
9 provider groups, consumers, the state board of community college
10 education, the superintendent of public instruction, and other
11 appropriate public and private agencies and organizations. The
12 criteria may require that some of the participants meet the definition
13 of "needy student" under RCW 28B.10.802.
14

15 NEW SECTION. **Sec. 19.** ELIGIBLE CREDENTIALLED HEALTH PROFESSIONS
16 AND REQUIRED SERVICE OBLIGATIONS. Until June 1, 1992, the board, in
17 consultation with the department, shall:

18 (1) Establish loan repayments for persons authorized to practice
19 one of the following credentialed health care professions: Medicine
20 pursuant to chapter 18.57, 18.57A, 18.71 or 18.71A RCW, nursing
21 pursuant to chapter 18.78 or 18.88 RCW, or dentistry pursuant to
22 chapter 18.32 RCW. The amount of the loan repayment shall not exceed
23 fifteen thousand dollars per year for a maximum of five years per
24 individual. The required service obligation in a health professional
25 shortage area for loan repayment shall be three years;

26 (2) Establish a scholarship program for eligible students who have
27 been accepted into an eligible education or training program leading to
28 a credential in one of the following credentialed health care
29 professions: Nursing pursuant to chapter 18.78 or 18.88 RCW who

1 declare the intent to serve in a nurse shortage area as defined by the
2 department upon completion of an education or training program and
3 agree to a five-year service obligation. The amount of the scholarship
4 shall not exceed three thousand dollars per year for a maximum of five
5 years;

6 (3) Establish a scholarship program for eligible students who have
7 been accepted into an eligible education or training program leading to
8 a credential in one of the following credentialed health care
9 professions: Medicine pursuant to chapter 18.57 or 18.71 RCW who
10 declare an intent to serve as a primary care physician in a rural area
11 in the state of Washington upon completion of the education program and
12 agree to a five-year service obligation and who may receive a
13 scholarship of no more than fifteen thousand dollars per year for five
14 years.

15 In determining scholarship awards for prospective physicians, the
16 selection criteria shall include requirements that recipients declare
17 an interest in serving in rural areas of the state of Washington.
18 Preference for scholarships shall be given to students who reside in a
19 rural physician shortage area or a nonshortage rural area of the state
20 prior to admission to the eligible education and training program in
21 medicine. Highest preference shall be given to students seeking
22 admission who are recommended by sponsoring communities and who declare
23 the intent of serving as a physician in a rural area. The board may
24 require the sponsoring community located in a nonshortage rural area to
25 financially contribute to the eligible expenses of a medical student if
26 the student will serve in the nonshortage rural area;

27 (4) Establish a scholarship program for eligible students who have
28 been accepted into an eligible education or training program leading to
29 a credential in one of the following credentialed health care
30 professions: Midwifery pursuant to chapter 18.50 RCW or advanced

1 registered nurse practitioner certified nurse midwifery under chapter
2 18.88 RCW who declare an intent to serve as a midwife in a midwifery
3 shortage area in the state of Washington, as defined by the department,
4 upon completion of the education program and agree to a five-year
5 service obligation and who may receive a scholarship of no more than
6 four thousand dollars per year for three years;

7 (5) Establish a scholarship program for eligible students who have
8 been accepted into an eligible education or training program leading to
9 a credential in the following credentialed health care profession:
10 Pharmacy pursuant to chapter 18.64 RCW who declare an intent to serve
11 as a pharmacist in a pharmacy shortage area in the state of Washington,
12 as defined by the department, upon completion of the education program
13 and agree to a five-year service obligation and who may receive a
14 scholarship of no more than four thousand dollars per year for three
15 years;

16 (6) Honor loan repayment and scholarship contract terms negotiated
17 between the board and participants prior to the effective date of this
18 act concerning loan repayment and scholarship award amounts and service
19 obligations authorized under chapter 18.150, 28B.104, or 70.180 RCW.

20 NEW SECTION. **Sec. 20.** ELIGIBLE CREDENTIALLED HEALTH PROFESSIONS.
21 After June 1, 1992, the department, in consultation with the board and
22 the department of social and health services, shall:

23 (1) Determine eligible credentialed health care professions for the
24 purposes of the loan repayment and scholarship program authorized by
25 this chapter. Eligibility shall be based upon an assessment that
26 determines that there is a shortage or insufficient availability of a
27 credentialed profession so as to jeopardize patient care and pose a
28 threat to the public health and safety. The department shall consider
29 the relative degree of shortages among professions when determining

1 eligibility. This determination shall be based upon health
2 professional shortage needs identified in the health personnel resource
3 plan authorized by section 5 of this act. The department may add or
4 remove professions from eligibility based upon the determination that
5 a profession is no longer in shortage as determined by the health
6 personnel resource plan. Should a profession no longer be eligible,
7 participants or eligible students who have received scholarships shall
8 be eligible to continue to receive scholarships or loan repayments
9 until they are no longer eligible or until their service obligation has
10 been completed;

11 (2) Determine health professional shortage areas for each of the
12 eligible credentialed health care professions.

13 NEW SECTION. **Sec. 21.** REQUIRED SERVICE OBLIGATIONS. After June
14 1, 1992, the board, in consultation with the department and the
15 department of social and health services, shall:

16 (1) Establish the annual award amount for each credentialed health
17 care profession which shall be based upon an assessment of reasonable
18 annual eligible expenses involved in training and education for each
19 credentialed health care profession. The annual award amount may be
20 established at a level less than annual eligible expenses. The annual
21 award amount shall not be less than three thousand dollars per year nor
22 more than fifteen thousand dollars per year. The awards shall not be
23 paid for more than a maximum of five years per individual;

24 (2) Determine any scholarship awards for prospective physicians in
25 such a manner to require the recipients declare an interest in serving
26 in rural areas of the state of Washington. Preference for scholarships
27 shall be given to students who reside in a rural physician shortage
28 area or a nonshortage rural area of the state prior to admission to the
29 eligible education and training program in medicine. Highest

1 preference shall be given to students seeking admission who are
2 recommended by sponsoring communities and who declare the intent of
3 serving as a physician in a rural area. The board may require the
4 sponsoring community located in a nonshortage rural area to financially
5 contribute to the eligible expenses of a medical student if the student
6 will serve in the nonshortage rural area;

7 (3) Establish the required service obligation for each credentialed
8 health care profession, which shall be no less than three years or no
9 more than five years. The required service obligation may be based
10 upon the amount of the scholarship or loan repayment award such that
11 higher awards involve longer service obligations on behalf of the
12 participant;

13 (4) Determine eligible education and training programs for purposes
14 of the scholarship portion of the program;

15 (5) Honor loan repayment and scholarship contract terms negotiated
16 between the board and participants prior to the effective date of this
17 section concerning loan repayment and scholarship award amounts and
18 service obligations authorized under chapter 18.150, 28B.104, or 70.180
19 RCW.

20 **Sec. 22.** RCW 18.150.050 and 1989 1st ex.s. c 9 s 720 are each
21 amended to read as follows:

22 (1) The board may grant loan repayment and scholarship awards to
23 eligible participants from the funds appropriated for this purpose, or
24 from any private or public funds given to the board for this purpose.
25 ~~((The amount of the loan repayment shall not exceed fifteen thousand
26 dollars per year for a maximum of five years. The board may establish
27 awards of less than fifteen thousand dollars per year based upon
28 reasonable levels of expenditures for each of the health professions
29 covered by this chapter.))~~ Participants ~~((in the conditional~~

1 ~~scholarship program authorized by chapter 28B.104 RCW are ineligible to~~
2 ~~receive assistance from the program authorized by this chapter))~~ are
3 ineligible to receive loan repayment if they have received a
4 scholarship from programs authorized under this chapter or chapter
5 28B.104 or 70.180 RCW or are ineligible to receive a scholarship if
6 they have received loan repayment authorized under this chapter or
7 chapter 18.150 RCW.

8 (2) Funds appropriated for the program, including reasonable
9 administrative costs, may be used by the board for the purposes of loan
10 repayments or scholarships. The board shall annually establish the
11 total amount of funding to be awarded for loan repayments and
12 scholarships and such allocations shall be established based upon the
13 best utilization of funding for that year and based upon the health
14 personnel resource plan authorized in section 5 of this act.

15 (3) One portion of the funding appropriated for the program shall
16 be used by the board as a recruitment incentive for communities
17 participating in the community-based recruitment and retention program
18 as authorized by sections 7 through 14 of this act; one portion of the
19 funding shall be used by the board as a recruitment incentive for
20 recruitment activities in state-operated institutions, county public
21 health departments and districts, county human service agencies,
22 federal and state contracted community health clinics, and other health
23 care facilities, such as rural hospitals that have been identified by
24 the department, as providing substantial amounts of charity care or
25 publicly subsidized health care; one portion of the funding shall be
26 used by the board for all other awards. The board shall determine the
27 amount of total funding to be distributed between the three portions.

28 NEW SECTION. Sec. 23. PARTICIPANT REQUIREMENT TO ACCEPT PAYMENT.
29 In providing health care services the participant shall not

1 discriminate against a person on the basis of the person's ability to
2 pay for such services or because payment for the health care services
3 provided to such persons will be made under the insurance program
4 established under part A or B of Title XVIII of the federal social
5 security act or under a state plan for medical assistance including
6 Title XIX of the federal social security act or under the state medical
7 assistance program authorized by chapter 74.09 RCW and agrees to accept
8 assignment under section 18.42(b)(3)(B)(ii) of the federal social
9 security act for all services for which payment may be made under part
10 B of Title XVIII of the federal social security act and enters into an
11 appropriate agreement with the department of social and health services
12 for medical assistance under Title XIX of the federal social security
13 act to provide services to individuals entitled to medical assistance
14 under the plan and enters into appropriate agreements with the
15 department of social and health services for medical care services
16 under chapter 74.09 RCW. Participants found by the board or the
17 department in violation of this section shall be declared ineligible
18 for receiving assistance under the program authorized by this chapter.

19 **Sec. 24.** RCW 18.150.060 and 1989 1st ex.s. c 9 s 721 are each
20 amended to read as follows:

21 Participants in the health professional loan repayment and
22 scholarship program who are awarded loan repayments shall receive
23 payment from the program for the purpose of repaying educational loans
24 secured while attending a program of health professional training which
25 led to (~~licensure as a licensed~~) a credential as a credentialed
26 health professional in the state of Washington.

27 (1) Participants shall agree to (~~serve at least three years~~) meet
28 the required service obligation in a designated health professional
29 shortage area.

1 (2) (~~In providing health care services the participant shall not~~
2 ~~discriminate against any person on the basis of the person's ability to~~
3 ~~pay for such services or because payment for the health care services~~
4 ~~provided to such persons will be made under the insurance program~~
5 ~~established under part A or B of Title XVIII of the federal social~~
6 ~~security act or under a state plan for medical assistance approved~~
7 ~~under Title XIX of the federal social security act and agrees to accept~~
8 ~~assignment under section 18.42(b)(3)(B)(ii) of such act for all~~
9 ~~services for which payment may be made under part B of Title XVIII and~~
10 ~~enters into an appropriate agreement with the department of social and~~
11 ~~health services for medical assistance under Title XIX to provide~~
12 ~~services to individuals entitled to medical assistance under the plan.~~
13 ~~Participants found by the board in violation of this section shall be~~
14 ~~declared ineligible for receiving assistance under the program~~
15 ~~authorized by this chapter.~~

16 (3)) Repayment shall be limited to ((reasonable)) eligible
17 educational and living expenses as determined by the board and shall
18 include principal and interest.

19 ((4)) (3) Loans from both government and private sources may be
20 repaid by the program. Participants shall agree to allow the board
21 access to loan records and to acquire information from lenders
22 necessary to verify eligibility and to determine payments. Loans may
23 not be renegotiated with lenders to accelerate repayment.

24 ((5)) (4) Repayment of loans established pursuant to this program
25 shall begin no later than ninety days after the individual has become
26 a participant. Payments shall be made quarterly, or more frequently if
27 deemed appropriate by the board, to the participant until the loan is
28 repaid or the participant becomes ineligible due to discontinued
29 service in a health professional shortage area or after the ((fifth

1 ~~year of services~~) required service obligation when eligibility
2 discontinues, whichever comes first.

3 ((+6)) (5) Should the participant discontinue service in a health
4 professional shortage area payments against the loans of the
5 participants shall cease to be effective on the date that the
6 participant discontinues service.

7 ((+7)) (6) Except for circumstances beyond their control,
8 participants who serve less than (~~three years~~) the required service
9 obligation shall be obligated to repay to the program an amount equal
10 to twice the total amount paid by the program on their behalf in
11 addition to any payments on the unsatisfied portion of the principal
12 and interest. The board shall determine the applicability of this
13 subsection.

14 ((+8)) (7) The board is responsible for the collection of payments
15 made on behalf of participants from the participants who discontinue
16 service before (~~their three-year~~) completion of the required service
17 obligation. The board shall exercise due diligence in such collection,
18 maintaining all necessary records to ensure that the maximum amount of
19 payment made on behalf of the participant is recovered. Collection
20 under this section shall be pursued using the full extent of the law,
21 including wage garnishment if necessary.

22 ((+9)) (8) The board shall not be held responsible for any
23 outstanding payments on principal and interest to any lenders once a
24 participant's eligibility expires.

25 NEW SECTION. Sec. 25. PARTICIPANT OBLIGATION--SCHOLARSHIPS. (1)
26 Participants in the health professional loan repayment and scholarship
27 program who are awarded scholarships incur an obligation to repay the
28 scholarship, with interest, unless they serve the required service

1 obligation in a health professional shortage area in the state of
2 Washington.

3 (2) The terms of the repayment, including deferral and rate of
4 interest, shall be consistent with the terms of the federal guaranteed
5 student loan program.

6 (3) The period for repayment shall coincide with the required
7 service obligation, with payments accruing quarterly commencing no
8 later than nine months from the date the participant completes or
9 discontinues the course of study or completes or discontinues the
10 required residency.

11 (4) The entire principal and interest of each payment shall be
12 forgiven for each payment period in which the participant serves in a
13 health professional shortage area until the entire repayment obligation
14 is satisfied or the borrower ceases to so serve. Should the
15 participant cease to serve in a health professional shortage area of
16 this state before the participant's repayment obligation is completed,
17 payments on the unsatisfied portion of the principal and interest shall
18 begin the next payment period and continue until the remainder of the
19 participant's repayment obligation is satisfied. Except for
20 circumstances beyond their control, participants who serve less than
21 the required service obligation shall be obliged to repay to the
22 program an amount equal to twice the total amount paid by the program
23 on their behalf.

24 (5) The board is responsible for collection of repayments made
25 under this section and shall exercise due diligence in such collection,
26 maintaining all necessary records to ensure that maximum repayments are
27 made. Collection and servicing of repayments under this section shall
28 be pursued using the full extent of the law, including wage garnishment
29 if necessary, and shall be performed by entities approved for such
30 servicing by the Washington student loan guaranty association or its

1 successor agency. The board is responsible to forgive all or parts of
2 such repayments under the criteria established in this section and
3 shall maintain all necessary records of forgiven payments.

4 (6) Receipts from the payment of principal or interest or any other
5 subsidies to which the board as administrator is entitled, which are
6 paid by or on behalf of participants under this section, shall be
7 deposited with the board and shall be used to cover the costs of
8 granting the scholarships, maintaining necessary records, and making
9 collections under subsection (5) of this section. The board shall
10 maintain accurate records of these costs, and all receipts beyond those
11 necessary to pay such costs shall be used to grant scholarships to
12 eligible students.

13 (7) Sponsoring communities who financially contribute to the
14 eligible financial expenses of eligible medical students may enter into
15 agreements with the student to require repayment should the student not
16 serve the required service obligation in the community as a primary
17 care physician. The board may develop criteria for the content of such
18 agreements with respect to reasonable provisions and obligations
19 between communities and eligible students.

20 (8) The board may make exceptions to the conditions for
21 participation and repayment obligations should circumstances beyond the
22 control of individual participants warrant such exceptions.

23 **Sec. 26.** RCW 28B.20.500 and 1990 c 271 s 9 are each amended to
24 read as follows:

25 The school of medicine at the University of Washington shall
26 develop and implement a policy to grant admission preference to
27 prospective medical students from rural areas of the state who agree to
28 serve for at least five years as primary care physicians in rural areas
29 of Washington after completion of their medical education and have

1 applied for and meet the qualifications of the program under ((RCW
2 70.180.050)) chapter 28B.50 (codified pursuant to section 35 of this
3 act). Should the school of medicine be unable to fill any or all of
4 the admission openings due to a lack of applicants from rural areas who
5 meet minimum qualifications for study at the medical school, it may
6 admit students not eligible for preferential admission under this
7 section.

8 **Sec. 27.** RCW 70.180.005 and 1990 c 271 s 1 are each amended to
9 read as follows:

10 The legislature finds that a health care access problem exists in
11 rural areas of the state ((~~due to a lack of practicing physicians,~~
12 ~~physician assistants, pharmacists, and advanced registered nurse~~
13 ~~practitioners. In addition, many of these~~)) because rural health care
14 providers are unable to leave the community for short-term periods of
15 time to attend required continuing education training or for personal
16 matters because their absence would leave the community without
17 adequate medical care coverage. The lack of adequate medical coverage
18 in geographically remote rural communities constitutes a threat to the
19 health and safety of the people in those communities.

20 The legislature declares that it is in the public interest to
21 recruit and maintain a pool of physicians, physician assistants,
22 pharmacists, and advanced registered nurse practitioners willing and
23 able on short notice to practice in rural communities on a short-term
24 basis to meet the medical needs of the community.

25 NEW SECTION. **Sec. 28.** DEDICATED ACCOUNT--TRUST FUND. (1) Any
26 funds appropriated by the legislature for the health professional loan
27 repayment and scholarship program or any other public or private funds

1 intended for loan repayments or scholarships under this program shall
2 be placed in the account created by this section.

3 (2) The health professional loan repayment and scholarship program
4 fund is created in custody of the state treasurer. All receipts from
5 the program shall be deposited into the fund. Only the higher
6 education coordinating board, or its designee, may authorize
7 expenditures from the fund. The fund is subject to allotment
8 procedures under chapter 43.88 RCW, but no appropriation is required
9 for expenditures.

10 NEW SECTION. **Sec. 29.** A new section is added to chapter 70.180
11 RCW to read as follows:

12 DEFINITIONS. Unless the context clearly requires otherwise, the
13 definitions in this section apply throughout this chapter.

14 (1) "Department" means the department of health.

15 (2) "Rural areas" means a rural area in the state of Washington as
16 identified by the department.

17 PART 6

18 CREDENTIALING BY ENDORSEMENT

19 NEW SECTION. **Sec. 30.** A new section is added to chapter 18.53 RCW
20 to read as follows:

21 CREDENTIALING BY ENDORSEMENT--OPTOMETRY. An applicant holding a
22 credential in another state may be credentialed to practice in this
23 state without examination if the board determines that the other
24 state's credentialing standards are substantially equivalent to the
25 standards in this state.

- 1 (1) RCW 18.150.080 and 1989 1st ex.s. c 9 s 723;
- 2 (2) RCW 28B.102.010 and 1987 c 437 s 1;
- 3 (3) RCW 28B.102.020 and 1987 c 437 s 2;
- 4 (4) RCW 28B.102.030 and 1987 c 437 s 3;
- 5 (5) RCW 28B.102.040 and 1987 c 437 s 4;
- 6 (6) RCW 28B.102.045 and 1988 c 125 s 7;
- 7 (7) RCW 28B.102.050 and 1987 c 437 s 5;
- 8 (8) RCW 28B.102.060 and 1987 c 437 s 6;
- 9 (9) RCW 28B.102.070 and 1987 c 437 s 7;
- 10 (10) RCW 28B.102.900 and 1987 c 437 s 9;
- 11 (11) RCW 28B.102.905 and 1987 c 437 s 10;
- 12 (12) RCW 70.180.007 and 1990 c 271 s 5;
- 13 (13) RCW 70.180.010 and 1990 c 271 s 6;
- 14 (14) RCW 70.180.050 and 1990 c 271 s 7;
- 15 (15) RCW 70.180.060 and 1990 c 271 s 8;
- 16 (16) RCW 70.180.070 and 1990 c 271 s 10;
- 17 (17) RCW 70.180.080 and 1990 c 271 s 11;
- 18 (18) RCW 70.180.090 and 1990 c 271 s 12
- 19 (19) RCW 70.180.100 and 1990 c 271 s 13; and
- 20 (20) RCW 70.180.910 and 1990 c 271 s 19.

21 NEW SECTION. **Sec. 35.** RCW 18.150.010, 18.150.020, 18.150.030,
22 18.150.040, 18.150.050, 18.150.060, 18.150.070, 18.150.900, and
23 18.150.910 are each recodified as a new chapter in Title 28B RCW.

24 NEW SECTION. **Sec. 36.** Sections 17, 19, 20, 21, 23, 25, and 28 of
25 this act are each added to the new chapter in Title 28B RCW created by
26 section 35 of this act.

1 NEW SECTION. **Sec. 37.** Sections 4 and 5 of this act shall
2 constitute a new chapter in Title 28B RCW.

3 NEW SECTION. **Sec. 38.** Sections 7 through 14 of this act shall
4 constitute a new chapter in Title 70 RCW.

5 NEW SECTION. **Sec. 39.** Section captions and part headings as used
6 in sections 4, 5, 7 through 14, 19 through 21, 23, 25, 28 through 33,
7 and 34 through 39 of this act constitute no part of the law.

8 NEW SECTION. **Sec. 40.** This act is necessary for the immediate
9 preservation of the public peace, health, or safety, or support of the
10 state government and its existing public institutions, and shall take
11 effect immediately.

12 NEW SECTION. **Sec. 41.** If funding for the purposes of this act,
13 referencing this act by bill number, is not provided by June 30, 1991,
14 in the omnibus appropriations act, this act shall be null and void.

15 NEW SECTION. **Sec. 42.** Nothing in this act is intended to change
16 the scope of practice of any health care profession referred to in this
17 act.